



Department
of Health &
Social Care

Minister of State for Care

39 Victoria Street
London
SW1H 0EU

Our ref: [REDACTED]

HM Coroner Alison Mutch
1 Mount Tabor Street
Stockport
SK1 3AG

By email: [REDACTED]

13 January 2025

Dear Ms Mutch

Thank you for the Regulation 28 report of 17th October sent to the Department of Health and Social Care about the death of Mr Leslie Andrew Swindells. I am replying as the Minister of State for Care, responsible for primary care and general practice.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Swindells's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

Upon review, many concerns fall within the remit of the provider and their responsibility as an employer to meet the fundamental standards set out in Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

As the report raises several concerns regarding the care of those with suicidal ideation and complex mental health, Departmental officials have made enquiries with NHS England and the Care Quality Commission (CQC) to ensure we adequately address your concerns. NHS England has reviewed each of the concerns and provided relevant information / context to inform DHSC's response. This is based on the information available. Without further information from the provider specifying the role function and the employment arrangements of the practitioner who saw Mr Swindells, we are unable to comment further on their training or any minimum role requirements.

Mr Swindells was a patient at Hattersley Group Practice, in Cheshire, which partnered with GTD Healthcare in April 2016. Hattersley Group Practice was last inspected in March 2019, and received a rating of Good. In June 2024, the CQC were contacted by a whistleblower, raising concerns about the management of Hattersley Group Practice, by GTD Healthcare. Other concerns included outstanding workflow and a backlog of tasks not being managed safely. Operations colleagues contacted the practice to gain assurance on this matter. The practice submitted evidence of the actions they were taking to mitigate the issues.

In August the CQC received communication from the provider regarding Mr Swindells's death, and they supplied additional information in September 2024 – including a timeline of events and initial action taken. In this list of actions from the provider they advised they had made changes to how they manage patients with an acute mental health problem, and they have carried out training with staff about supporting patients with suicidal tendencies.

The provider contacted the CQC in October 2024 to update on the actions they proposed following Mr Swindells's death. The CQC will continue to monitor progress on these actions.

The practitioner who saw Mr Swindells had very limited training in mental health and was employed in a role described as a mental health assistant practitioner.

NHS assistant practitioners are generally experienced staff who have skills and experience in a particular area of clinical practice who must always work under the direction of a registered/regulated health professional but are permitted to work alone without direct supervision.

Assistant practitioners in the health and care sectors undertake higher education at academic Level 5 via an apprenticeship: [Assistant practitioner \(health\) / Institute for Apprenticeships and Technical Education](#). However, there are a number of roles with similar job titles, which span nursing and the allied health professions. As the employer, GTD Healthcare would therefore need to specify the role function and university course undertaken for NHS Workforce Training and Education to provide details regarding training content. It may be helpful to note that the role of the assistant practitioner is commonly remunerated at or equivalent to [NHS Agenda for Change](#) Band 4.

A lack of understanding of mental health meant that the practitioner did not recognise the level of risk Mr Swindells posed.

The Institute for Apprenticeships and Technical Education states "The broad purpose of the occupation is to work alongside registered healthcare professionals in providing high quality and person-centred compassionate healthcare and support to individuals. On a daily basis, Assistant Practitioners will assist registered healthcare professionals in total patient assessment, and in the coordination of care (including referrals to other practitioners) as well as [within the limits of their competence] undertaking clinical, diagnostic and therapeutic activities according to local population and service needs".

While in this case, the practitioner is described as a 'mental health assistant practitioner', it is difficult to identify the level of skills and knowledge required to enable their competence, until the role function has been identified by employer.

The appointment had been booked via the reception team with no triage by a doctor following a telephone call to the practice. The evidence was that a shortage of trained reception/admin staff meant that an agency worker was screening calls that day and had a limited understanding of how patients needed to be allocated.

Without further information from the provider, it is not known whether the practitioner was employed directly by the GP practice or by the local primary care network (PCN) under the Additional Roles Reimbursement Scheme (ARRS). The Network Contract DES requires that

Additional Roles must have access to appropriate clinical supervision and administrative support.

NHS England has published [Supervision Guidance](#) for PCNs and practices. The purpose of the guidance is to support PCNs and GP practices to provide effective supervision for their growing multidisciplinary teams (MDTs). While the focus of the guidance is for staff hired by PCNs via ARRS, the principles outlined could be applicable to other members of general practice teams. As guidance, it does not set out any contractual requirements of employers.

PCNs and GP practices are encouraged to read the guidance in conjunction with other relevant guidance from NHS England, regulatory bodies, royal colleges and professional bodies, as it does not seek to duplicate or supersede the existing guidance / requirements.

The documentation of the practitioner was poor.

These concerns should be addressed by the provider and neither NHS England nor the CQC were able to respond.

Practitioners such as the one who saw Mr Swindell's are not part of a professional /supervisory body.

The mental health assistant practitioner role is not currently regulated by either the Health & Care Professions Council (Allied Health Professions) or the Nursing & Midwifery Council, and there are no known plans to bring the role into regulation. Clinical responsibility and liability, therefore, for actions taken by the practitioner sits with the supervising GP, who is part of a professional and supervisory body.

A link to the guidance follows: <https://www.england.nhs.uk/long-read/supervision-guidance-for-primary-care-network-multidisciplinary-teams/>.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

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