

Ms Rachael Clare Griffin
HM Senior Coroner
Coroner's Office for the County of Dorset
BCP Civic Centre
Bourne Avenue
Bournemouth
BH2 6DY

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

22 January 2025

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Emma Victoria Sanders who died on 19 March 2023.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 26 November 2024 concerning the death of Emma Victoria Sanders on 19 March 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Emma's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Emma's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused Emma's family or friends. I realise that responses to Coroner Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones, and I appreciate this will have been an incredibly difficult time for them.

Your Report raised concerns over delays in accessing a patient's hospital record and history when they are taken to hospital by a paramedic, depending on the method of booking in and triage, and that the Summary Care Record does not detail care plans in place for individuals in Dorset, the wider South West region and possibly nationally.

The Royal College of Emergency Medicine (RCEM) have developed guidance that addresses case management of frequent attendance in the Emergency Department, including multi-agency care plans. The guidance can be found here: [Frequent Attendance in the Emergency Department v1.pdf](#)

The [Summary Care Record \(SCR\)](#) is a national database that holds electronic records of important patient information such as current medication, allergies and details of any previous bad reactions to medicines. It is created from GP medical records so whenever a GP record is updated, the changes are synchronised to the SCR. It can be seen and used by authorised staff in other areas of the health and care system who are involved in the patient's direct care, but do not need access to the patient's full record. As such, the SCR is intended to provide a summary of the patient's GP record, including the key information most likely to be of benefit to patients during an unscheduled care encounter.

The SCR can include more detailed information in addition to the patient's current medication, allergies and reactions to medicines, which is referred to as 'Additional Information'. This Additional Information may include significant medical history, anticipatory care information (such as information about the management of long-term conditions), immunisations or specific communications needs. This information is now included by default for patients with an SCR, unless they have previously told the NHS that they did not want this information to be shared. It can also include any history of deliberate self-harm, suicide attempts or suicidal ideation.

The SCR is not intended to include the full detail of a patient's care plan, and the design / format of the SCR does not support this. However, the SCR can include a signpost to the existence of a care plan by using a relevant code for the following, or otherwise a free-text entry:

- Emergency health care plan
- Liaison psychiatry care plan
- Mental health crisis plan
- Crisis plan
- Treatment escalation plan
- Community mental health care plan

The SCR content is only authored from the patient's registered GP Practice. For information about the existence of a care plan to be shared in this way, the patient's GP Practice needs to be made aware of the care plan and then enter this information using an appropriate specific clinical code.

With regards to the SCR, at present, approximately 88.1% of the population have a Summary Care Record with Additional Information, 7.3% have a Core Only SCR (Allergies and Medications only) and 1.5% have opted out of having a SCR. Furthermore, where possible, patients need to provide their 'Permission to View' before their SCR can be accessed. However, an Emergency Access option is available for scenarios where a patient is not able to provide their 'Permission to View' e.g. the patient is unconscious.

Additional to the SCR, NHS England's [National Record Locator \(NRL\) service](#) allows health or social care workers to find and access patient information shared by other health and social care organisations across England, to support the direct care of a patient. It does this by recording the location of digital (and paper) records within the NHS and providing an index of pointers/bookmarks that contain the information required to retrieve key patient information from the source.

The NRL removes the need for organisations to create duplicate copies of information across [systems](#) and organisations, by facilitating access to up-to-date information directly from the source. It also provides users with an indication of the organisations with which a patient currently has a care relationship, to enable a user to contact the service responsible for a plan to support the individual in the event of a crisis.

It is important to note that the author of NRL documents is the creator of the document (e.g. a Mental Health Trust), whereas the author of the SCR is the patient's registered GP Practice. Mental Health Crisis plans are one of the pointer types supported by the NRL Service. NRL does not store any of the Mental Health data, but points users to where they can find it. NRL Information can be consumed from source through the [National Care Records Service \(NCRS\)](#).

The NCRS is an additional service that allows health and social care professionals to access and update a range of patient and safeguarding information, which is available across regional Integrated Care System (ICS) boundaries. The service provides a summary of health and care information for care settings where the full patient record is not required to support their direct care.

The services available in NCRS include the Summary Care Record and the National Record Locator. A full list of services is available here:

<https://digital.nhs.uk/services/national-care-records-service#what-we-deliver>

In addition, the [Connecting Care Records \(ConCR\) programme](#), previously known as the Shared Care Record programme, could also be used to share these care plans. The NCRS complements ConCR which is a way of bringing separate records from different health and care organisations together digitally in one place and joining up information based on an individual rather than one organisation. ConCR can include care plans and will typically hold more information about an individual than a Summary Care Record.

Responsibility for delivering shared care records sits with local Integrated Care Boards (ICBs). Each ICB's shared care records are developed in response to the health and care needs of the local area, existing systems, and future planning. This means some of their shared care records are available to neighbouring ICBs, while others are only supported within their own ICB.

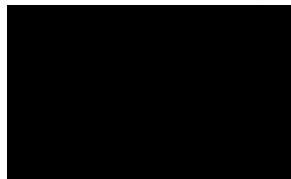
A number of Mental Health Trusts (currently 15 out of the 50 in England) also provide access to their patients' Crisis Plans via the National Record Locator (NRL). When trusts choose to share their patients' information, their Electronic Patient Record (EPR) system automatically creates a "pointer" on the NRL, which tells another clinician (such as a Paramedic) that a record exists. Most of the trusts connected to the NRL also allow a real-time pdf of the care plan document itself to be retrieved by the clinician.

NHS England understands that Dorset Healthcare University NHS Foundation Trust does not currently share their crisis plans through the NRL, although their EPR system supplier are accredited to connect to it. However, to our knowledge, the South Western Ambulance Service does use NCRS and NRL widely and would be able to receive it. We refer the Coroner to the response from the Chief Executive of NHS Dorset for further information on local and regional arrangements.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Emma, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



National Medical Director