Saville Town Medical Centre.

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Katie Lee
Coroner's Services Team Leader
His Majestys Coroners Office
The Coroners Courts, Burgage Square,
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Sent via email to:

Your Ref: Date: 28/01/2025

Dear Katie

Thank you for sharing the report.

Mrs. Khanam was registered with Leigh View Medical Practice from 2008 until July 2023. During this time, she had several comorbidities, including uncontrolled asthma, hypertension, type 2 diabetes mellitus (T2DM), and chronic kidney disease (CKD) stage 3. Being a GP myself, I observed that her clinical needs were not adequately met, particularly regarding her uncontrolled asthma and hypertension.

Both Mrs Khanam and I were registered at Leigh View Medical Practice, but we were dissatisfied with the care provided, which led us to leave the practice and seek care elsewhere. Mrs. Khanam chose to register with Savile Town Medical Centre, where a team of Health care professionals including GPs could share the workload, ensuring better care. Mrs. Khanam also worked as a senior administrator at this practice.

Prior to joining Savile Town Medical Centre, Mrs. Khanam was seen by a Nurse Practitioner at her former practice, but she expressed dissatisfaction with the care provided. She felt the treatment was inadequate and not aligned with current clinical pathways or NICE guidelines.

After discussing her concerns with another colleague GP at Savile Town Medical Centre, I referred Mrs. Khanam to a respiratory physician for her uncontrolled asthma—something that had not been addressed at her previous practice. Additionally, based on her clinical symptoms, I also referred her to an ENT specialist.

Once she has seen respiratory physician at the hospital, where her treatment management was reviewed with commencing of new medication which resulted her Well control of Asthma.

Also, with hypertension management when she was prescribed new medication her blood pressure became well controlled.

Mrs khanum was only issued repeat prescriptions for her Asthma and a couple of referrals to secondary care for treatment management, as mentioned above.

However, I have discussed this with the GP partner and management, on how to avoid this happening again in the future. The practice is to adopt a protocol/procedure immediately to ensure a GP must not treat immediate family members according to GMC guidelines and current Good Medical Practice guidelines.

