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Dear Ms Andrews

I write in response to your Regulation 28 report, dated 13 May 2025, setting out your concerns after hearing evidence at the Inquest in relation to the death of Margaret Reece.

I wish to begin by extending my sincere condolences to Margaret Reece's family and friends. The inquest proceedings must have been an extremely difficult time for them.

I address your concern below, following consultation with senior commissioners in the digital, data, analysis and technology team:

In the absence of information being available to the GP there is a risk that patients will not receive any medication or will receive excessive amounts of medication due to duplicate prescribing.

The usual method of communicating the changes in a patient's care and in particular changes to their medication with GPs is by sending a letter or email update to the GP's surgery. This method is standard practice following admissions and outpatient appointments to reflect the changes to a patient's treatment regime and summarise the care required. In addition, if the patient attends an appointment with a GP, a recent history will usually be taken directly from them. There is no statutory requirement in the Health Act 2022 for Integrated Care Boards to implement shared care records or to ensure particular organisations have access to them.

NHS Sussex is in the process of rolling out the shared care record to primary care in this financial year (2025/2026). In the coming years the information NHS providers will be able to access about a patient will be replaced by the national Shared Care Record which NHS England is currently developing.

Shared care records are a summary of patient details and interactions with health and care services. A shared care record is not a tool for collating or sharing correspondence between NHS organisations or a communication channel between NHS providers. For patients with unclear, complex or rapidly changing needs, clinicians will continue to need to communicate with one another via other methods to ensure they have a full picture to support their clinical decisions.

The different health care services use a number of different systems, and the shared care record allows the information to be drawn together across the different systems. It is a way for the GPs to see patient interactions with the different providers who submit data to the shared care records. However, the version being rolled out by the ICB this year will only show the interactions with health care professionals and will not include access to the letters or other documents. It will be developed to include more detailed information over time but in the early stages will only show that there has been interaction with another NHS service and will not include the details.

We are aware that the Sussex Partnership NHS Foundation Trust (SPFT) will be moving over to using Electronic Patient Records later this year which will enable them to share more detailed records with GPs and others health services.

Thank you for bringing your concerns to my attention. I hope that we have provided you and Margaret Reece' family with some assurance that NHS Sussex ICB has is taking steps to address the concerns outlined in your report and that we are continuing to take action to prioritise patient safety.

Please do not hesitate to contact me if I can be of any further assistance.

Yours sincerely



Chief Nursing Officer

On behalf of NHS Sussex