

Mr Edward Steele, Assistant Coroner
East Riding of Yorkshire & City of Kingston Upon Hull Coroners Service
The Guildhall
Alfred Gelder Street
Hull
HU1 2AA


8 July 2025

Dear HM Coroner,

Prevention of future death report following inquest into the death of John Charles Spencer

Thank you for sending Care Quality Commission a copy of the prevention of future death report issued following the death of John Charles Spencer in which CQC was named as a respondent.

Following receipt of your report CQC has been in contact with both the GP practice (Holderness Health) and Out of Hours provider (City Health Care Partnership) to establish the full circumstance surrounding this sad case and action the providers intend to take to prevent recurrence.

We have been assured by Holderness Health Centre that Mr Spencer's hernia repair procedure was correctly coded in his medical record on 30 December 2010.

The practice informed us that the usual practice is for a coded procedure to default to 'inactive' after a specified period of time (usually between 3-12 months, but this can be individually set) in circumstances where:

- a surgical procedure has been a planned procedure,
- the postoperative recovery period has been completed with no ongoing problems, and
- the procedure does not relate to another ongoing condition that the patient remains under treatment or surveillance for (for example a cancer, ongoing cardiac treatment).

Unfortunately, details of the hernia repair procedure did not appear on Mr Spencer's summary care record that was accessed by the out of hours service as it was recorded as an inactive problem due to the passage of time since his hernia repair procedure was undertaken.

The practice advised that if Mr Spencer had presented to the practice with symptoms relating to the hernia procedure subsequently, the relevant code would have been reactivated as an 'ongoing' episode which would have ensured the information was included in the summary care record which would have been visible to out of hours clinicians via the NHS Spine.

Mr Spencer had no attendances at his GP practice relating to his hernia surgery since it was performed in 2010, and other than routine vaccinations, was last by the practice in 2019 for symptoms relating to earwax.

The Out of Hours service clinician did access the NHS Spine and Mr. Spencer's summary care record during his consultation with Mr. Spencer. Unfortunately, due to the reasons listed above this did not include details of the hernia repair procedure and this was not mentioned by Mr. Spencer during the consultation.

It is not within the CQC's role or remit to dictate the computer systems that providers operate or the IT infrastructure in use as this is a commissioning matter and not something we have any direct control over.

As CQC is aware that computer systems across healthcare providers are often unable to communicate with each other we have taken steps to mitigate this issue. For example, we ensure that we look closely at how providers deal with incoming correspondence (e.g. letters from secondary care or other health and social care providers), coding, sharing of information with other healthcare providers and patient pathways during our inspection and monitoring activity. We also look closely at how they identify, record and learn from significant events such as this one and were satisfied with the significant event analysis undertaken by City Health Care Partnership in relation to this matter.

Holderness Health Centre was last inspected in October 2022 when it was rated as good overall and for all key lines of enquiry. The inspection report reflects that we were satisfied with the systems and processes they had in place to assess, monitor and manage risks to patient safety. This included ensuring that systems were in place to share information with other agencies to enable them to deliver safe care and treatment. At present we have no concerns about the practice.

We have not yet inspected the out of hours service provided by City Health Care Partnership as they only registered with CQC under this provider in December 2024. At present we have no known concerns about this service which will be inspected in line with our current inspection priorities. In the meantime, we will continue to monitor the service.

I hope this response addresses your concerns and clarifies the role and remit of CQC in relation to this matter but if you have any further concerns or queries please contact the CQC via email at CQCInquestsandCoroners1@cqc.org.uk quoting reference [REDACTED]

Yours sincerely



Operations Manager – SYB1

