

Mr Edward Steele
HM Assistant Coroner
East Riding and Hull Coroners Service
The Guildhall
Aldred Gelder Street
Hull
HU1 2AA

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

11 July 2025

Dear Mr Steele,

Re: Regulation 28 Report to Prevent Future Deaths – John Charles Spencer who died on 21 May 2024.

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 19 May 2025 concerning the death of John Charles Spencer on 21 May 2024. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to John’s family and loved ones. NHS England are keen to assure the family and yourself that the concerns raised about John’s care have been listened to and reflected upon.

Your Report raises concerns over the interoperability of different computer systems used in the health system, in this case EMIS and SystmOne, which led to key medical information not being shared between the registered GP Practice and the urgent out-of-hours (OOH) treatment centre attended by John.

I am advised by my digital clinical governance colleagues at NHS England that the SystmOne out-of-hours system, provided by [TPP](#), can be configured to enable access to the EMIS system. This feature is enabled in many areas in England and is dependent on local configuration and set up.

The [National Care Records Service \(NCRS\)](#) enables access to the patient’s [Summary Care Record](#) (SCR) which can also be accessed out of hours. In the event that the patient is not able to provide ‘Permission to View’ their SCR, an emergency access option is available to clinicians.

The local OOH service would have access to a patient’s SCR either via TPP’s SystmOne, which includes an integrated SCR viewer, or via the NCRS, which is internet based, accessible via a web browser, as a standalone service. As a minimum, the SCR contains important information from the patient’s GP record about their current medications, allergies and details of any previous reactions to medicines. In addition, the SCR may also contain ‘additional information’ which includes significant medical history (past and present), reason for medication, anticipatory care information (such as information about the management of long-term conditions) and any end-of-life care information recorded there.

As of 19 May 2025, 88% of the population of England (approximately 59 million patients) have a SCR with additional Information. It is not known to NHS England whether the SCR or NCRS was accessed in John's case, nor what the content of his SCR was, so we are unable to provide further comment on this matter.

However, in addition to the SCR, there are many different mechanisms that enable the sharing of GP records which include:

- [GP Connect](#) Direct Care Application Programming InterAPIs
- [Medical Interoperability Gateway \(MiG\)](#)
- [Shared Care Records](#) (ShCR)
- Local mechanisms for sharing records directly between out of hours and registered GPs.

NHS England is aware of the challenge in sharing medical records between providers during the in-hours and out-of-hours period and the variability between areas using different technologies. We are also aware that use of the NCRS is variable across different care settings.

We are therefore working across the health system to support greater integration and awareness of record sharing between in-hours and OOH providers. We are also working with the ShCR Programme to support wider access to relevant patient information.

At present, [Integrated Care Boards](#) (ICBs) are responsible for commissioning, implementation and integration of in-hours and out-of-hours primary care solutions.

The newly published [Fit for the future: 10 Year Plan for England](#), which sets out the government's plan for healthcare in England over the next 10 years, also sets out a commitment to give patients 'a single, secure and authoritative account of their data – a single patient record – to enable more coordinated, personalised and predictive care.'

My Regulation 28 Leads for the North East & Yorkshire region have engaged with Holderness Health on the concerns raised in your Report. We note that their practices, included the Hedon Group Practice where John was registered, have now migrated from EMIS to TPP SystmOne, with GP Connect enabled, and that a key reason for doing so was interoperability between local community systems.

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 John, 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,



Co-National Medical Director
(Primary Care)