

## **Mr Edward Steele**

HM Assistant Coroner East Riding of Yorkshire and City of Kingston Upon Hull

Sent by email to:

09 July 2025

Dear Mr Steele

Regulation 28 Report to Prevent Future Deaths - touching on the death of Mr John Charles Spencer on the 21 May 2024

I was sorry to hear of the tragic death of Mr Spencer and our condolences go to his family. You have asked us to comment on the matter of concern relating to access of the GP record during the out of hours period, the different computer systems and the technological reasons which prevented the exchange of information into the GP Out of Hours Urgent Care Setting.

The Royal College of General Practitioners works to improve patient care by encouraging the highest possible standards in general medical practice by supporting members, setting standards, providing education and training promoting research and advocating and representing the College.

We recognise that in this individual case that the standards of care fell short, in part relating to the lack of interoperability between General Practice IT systems. In this case there were two different clinical EPR (electronic patient record) systems, the system used to record the patients GP record (EMIS) including the GP medical summary and the system used to record Out of Hours record (System One). We recognise that the GP Practice 'Holderness Health' have written to you confirming that they had a planned clinical IT system migration from EMIS to TPP System One on the 13 May 2024 (see letter dated 27 May 2025). This planned migration, had it occurred, could have enabled the sharing of records through GP Connect and avoided the tragic circumstances.

GP IT systems have existed since the 1970s, however since 1990 there was an exponential growth in the number of practices using computerised systems leading to 100% of practices being computerised by the end of the century. General Practice has a role in coding and summarising information from other parts of the health system including hospitals who often still share paper records rather than an electronic records. The GP summary held by in hours General Practice contains one of the most comprehensive health records in the world.

The innovation in General Practice IT systems has been led partly by a government strategy to create a Plurality of GP IT Providers by increasing the diversity in the marketplace through NHS frameworks like the GP IT Futures Framework and more recently the Tech Innovation Framework. The new Tech Innovation framework has even brought in a new provider into the marketplace in the last few weeks called Medicus Health. It is therefore not possible for all GP IT systems across both the in and out of hours period to be the same. Recognising that there would be patient benefit to other areas of the health system such as the Hospital Emergency Departments for access to the GP Summary work has been carried out to provide interoperability. This work currently falls under NHS England who own the dedicated Interoperability strategy as well as GP Connect which is a new national service which enables healthcare staff to view GP patient records significantly improving data sharing between General Practice and other parts of the NHS. It is recognised that as technology progresses the sharing of records improves but within a robust information governance structure and data sharing agreements.

The RCGP is aware of the issues of Interoperability and has a Health Informatics group which acts as an advisory group but also works together with the British Medical Association to form the Joint GP IT Committee (JGPITC). This committee represents the view of GPs from across the four nations and influences negotiations and discussions with NHS England and other national bodies.

Although the EPR records for out of hours services have improved leading to improved safety through the continuity of the GP record by individual providers (originally highlighted by the case of Penny Campbell 20 yrs ago), there is still more progress needed by the whole health system to share records more widely.

As a College our action shall be to highlight this tragic case to our health informatics group so they can use it to influence discussions with NHS England. It is important that the area of Health informatics is not lost with the reorganisation of NHS and that the government both prioritise and progress action in this work. We shall also highlight your concerns to The Professional Record Standards Body (PRSB) who are dedicated to the development and implementation of health and care information standards and for whom this area on interoperability is relevant.

Yours sincerely

