NHS
North East and North Cumbria

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Strictly Confidential
Mr Andrew Hetherington
HM Senior Coroner Northumberland
County Hall
Morpeth
Northumberland
NE61 2EF

01 July 2025

Dear Mr Hetherington

[redacted]

I write in response to your Regulation 28 Report to Prevent Future Deaths, dated 23 June 2025, concerning the tragic death of [redacted]. I would like to extend my heartfelt condolences to her family and loved ones. We recognise that this must be an incredibly painful time, and we are deeply sorry for their loss. We have noted the contents of the report, and the matters of concern raised for a response from NHS North East and Cumbria Integrated Care Board, as follows:

1. Patient care records are held on different care record systems within the NHS which are not universally accessible to healthcare organisations, healthcare professionals or patients. There is not one accessible system for weights, heights, and BMI.

The primary patient record is held within General Practice. Locally GP practices use either SystmOne (provided by TPP) or EMIS (provided by Optum), depending on the practice's preference. All healthcare providers are expected to contribute key clinical patient information to these records, including height, weight, and BMI.

In the North East and North Cumbria region, the majority of the large health and social care providers, including Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust and Northumbria Healthcare NHS Foundation Trust, have access to primary care records through the Great North Care Record (GNCR). The GNCR is supported by the national GP Connect service and provides a live view of records from an increasing number of health and care providers. This allows clinicians to view comprehensive patient data in real time, thereby supporting better-informed clinical decisions. The type and extent of data accessible from each provider differs but ongoing development and increased provider participation are steadily improving the breadth and depth of available information.

2. There is a lack of clarity regarding oversight of care in an outpatient setting. There is no

specific guidance regarding oversight of care within the NHS. No one department or clinician has overall responsibility or accountability.

Based on the timeline detailed in your report, it appears at the time of [redacted] death, she was under the care of the dietician. The GP remains responsible for the overall medical care of the patient, whilst the dietician would manage the specific around the patient's weight. If the dietician had concerns it would be expected that these would be escalated to a senior dietician, the GP, or emergency care services, depending on severity.

Once a patient is under the care of a medical specialty they will have a named consultant, which is clearly recorded in correspondence between primary care, secondary care, and the patient.

The General Medical Council's (GMC) *Professional Standards on Delegation and referral* (January 2024) sets out the key expectations when a clinician refers a patient to another professional or service. The report is available via *https://www.gmc-uk.org/-/media/documents/gmc-guidance-for-doctors---delegation-and-referral_pdf-58834134.pdf*. The guidance states that patients should be informed of:

- Who is responsible for their overall care if this is not the referring clinician.
- The reasons for the referral and what should happen next.
- When they can expect to be seen by the new professional.
- Who to contact with any questions or concerns about their care.

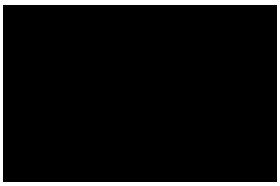
Furthermore, the GMC's *Professional Standards for Leadership and Management* (March 2012) outlines that most medical professionals work within multidisciplinary teams, where the primary focus is always the needs and safety of patients. While a formal leader (such as named consultant) is accountable for the overall performance of the team, the responsibility for identifying issues, addressing them, and taking appropriate action is shared collectively by all team members. The report is available via https://www.gmc-uk.org/-/media/documents/leadership-and-management-for-all-doctors---english-48903400.pdf

NHS England published the *Outpatient services: a clinical and operational improvement guide* in September 2024, with the most recent update issued in May 2025. This guide was developed in collaboration with the Royal College of Physicians and the Patients Association and provides a national framework that directly addresses the lack of clarity around clinical oversight and accountability in outpatient care. It sets out clear expectations for providers to define and document clinical responsibility, implement structured handovers and escalation protocols, and ensure that every patient has a designated clinician or team responsible for their care at each stage of the outpatient journey.

The guide also promotes the use of improvement analytics and local insight to monitor outcomes, identify risks, and support continuous learning. These measures are designed to reduce the risk of fragmented care, missed follow-ups, and harm due to unclear ownership of care. For patients, this means greater transparency, improved communication, and safer, more coordinated treatment.

I hope this response addresses the concerns outlined in your report. Please do not hesitate to contact me should you require any further information.

Yours sincerely,



[redacted]
Executive Medical Director
North East and North Cumbria ICB