CLCH ACADEMY
Experts in Community Healthcare

NHS
Central London
Community Healthcare
NHS Trust

Chief Nursing & Chief People Officer
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Coroner ME Hassell
Senior Coroner
Inner North London
St Pancras Coroner's Court
Poplar Coroner's Court
Bow Coroner's Court

18th September 2025

Dear Mr Hassell,

Re: Response to Prevention of Future Deaths Report - Norah McGLYNN aka Noreen Philomena McGLYNN (died 03.02.25)

Thank you for your Prevention of Future Deaths (PFD) report dated 11 July 2025, following the conclusion of your investigation into the death of Noreen McGlynn. Please accept my sincere condolences to the family and all those affected by this loss.

We have carefully reviewed the matters raised in your report. Below is the detailed response from Central London Community Healthcare NHS Trust (CLCH) addressing the concerns you outlined.

1. Summary of Issues Raised

Your enquiry specifically considered whether rehydration could have been offered at home in the care of Ms. McGlynn, and whether this could be a viable option for other patients in the future.
Ms. McGlynn's home environment was well-supported by a full-time carer and close family members. The family considered hospital admission only when they felt that she was becoming dehydrated. They expressed that if the rapid response team or GPs had been able to provide rehydration at home, this would have been a preferable option for Ms. McGlynn and her family.

2. CLCH Involvement

I note that a statement dated 7 July 2025 was provided in preparation for the inquest. This statement summarises that on 29 January 2025, the Rapid Response Team received an urgent referral via the Single Point of Access (SPOA) to assess Ms. McGlynn for blood and urine tests. Ms. McGlynn had a Do Not Attempt Resuscitation (DNAR) order in place, and the referral stipulated that she was not to be conveyed to hospital. During the visit, the clinician found Ms.

McGlynn alert but mostly non-verbal, with swallowing difficulties, reduced oral intake, and clinical signs suggestive of infection. The rapid response team clinician reported her findings and assessment via discharge letter to the GP that evening. The SPOA consultant had also sent the referral to the GP. The agreed clinical plan which was to be as coordinated by SPOA, family, and healthcare providers was to avoid hospital admission, undertake blood tests, and have her GP review the results the following day, to consider antibiotics and other treatments.

3. Could rehydration have been offered at home?

The current service specification commissioned by Barnet Clinical Commissioning Group for Urgent Community Response (UCR) services does include the administration of IV fluids. It states that treatment at home may be appropriate for serious illnesses when it aligns with the patient's preferences. Although this is included in the service specification, decisions around commencing IV fluid infusion need to be made with the clear understanding that the diagnostic and support services available in the community may not match those provided in a hospital setting, including considerations of the need for continuous observations during infusion. For IV fluids to be initiated a medical doctor would need to prescribe the fluids and equipment (whilst UCR clinicians may be non-medical prescribers, prescribing IV fluids falls outside of their current scope of practice).

In this instance, the clinical plan did not include the provision of IV fluids. If the SPOA doctor had decided that IV fluid treatment was needed, they would have prescribed it and the UCR team would seek to procure the treatment.

4. Could rehydration be offered to others in the future?

Typically, patients requiring IV rehydration or showing any signs of physical deterioration are conveyed to A&E or secondary care for its administration. This approach is also in accordance with our deteriorating patient procedure which states that if a patient's condition is causing concern, then action needs to be taken either through an assessment by a doctor, appropriately qualified senior clinician, advanced practitioner or the patient should be transferred to A&E or secondary care for further care.

On the occasion that a patient is severely dehydrated, the quickest and most effective treatment would be to go to hospital for IV fluid replacement. If the patient wishes to stay at home and makes that decision during GP working hours, the GP could prescribe IV fluids which could be administered by the rapid response team. Community teams would also always advise and support patients/families on oral care which can be provided by family or carers.

As a Trust, we acknowledge the importance of the issues raised and are committed to ongoing improvement to prevent future occurrences. We welcome the opportunity to collaborate with relevant agencies and stakeholders to enhance patient safety and standards of care.

Please do not hesitate to contact me should you require any further information or clarification.

Yours sincerely

[redacted]

Chief Nursing & Chief People Officer