

Caroline Saunders
Senior Coroner (Gwent)



15th September 2025

Dear Ms Saunders

Re: Regulation 28 Report received by Aneurin Bevan University Health Board further to the inquest touching on the death of Isaac Arlan Ingle-Gillis which concluded on 18 July 2025

Thank you for your Regulation 28 Report dated 22 July 25 and received by the Health Board on 24 July 25. I am writing to provide you with the Health Board's response to the Regulation 28 Report, which was issued following the inquest into the death of Isaac Arlan Ingle-Gillis.

As requested, the information presented below is intended to describe the actions which have been taken/are being taken by Aneurin Bevan University Health Board to mitigate the risk of future deaths.

During the inquest you heard evidence that the Crisis Resolution and Home Treatment Team (CRHTT) do not have access to the GP records. Though you could not determine on balance of probabilities that access to additional information recorded by the GP in their consultation with Isaac on 9/2/2025 would have changed the assessment made by the CRHTT on this occasion. However, you are concerned that in future this information (or lack of it) may be vital.

You require the Health Board to provide you with the following information:

You have asked the Health Board to confirm whether there are plans to allow secondary care practitioners access to GP records.

I would support the view that it is desirable for clinicians working across boundaries to have as much access to the patients wider medical records as possible in order to ensure that relevant clinical information is available.

A summary/precis version of the GP record is available to clinicians working in secondary care via the Welsh Clinical Portal, until now that availability has been restricted to the medical staff in the Mental Health and Learning Disability Division. Work has commenced to broaden that access to other clinicians including those who work in the CRHTT. This information is a summary/precis record and it is a high-level summary of key diagnoses, medications, allergies and other selected coded information. It may not convey all of the information that could be potentially useful to clinicians from outside the practice.



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It is important that clinicians in secondary care continue to liaise directly with a patients GP if they require supplementary information. Ordinarily a significant information is included in referral letters generated by the GP system when patients are referred electively. As you will appreciate emergency referrals may be by telephone as opposed to the electronic letter.

Notwithstanding that the Health Board has made the summary GP record available to all clinicians working in secondary care in the Health Board. Training will be provided to staff, with initial priority given to those in the Mental Health and Learning Disability Division who work in crisis and emergency clinics.

The availability of the summary GP record cannot substitute for the full detail available in the GP record. Unfortunately, there are barriers to making this routinely available for clinicians working outside a GP practice. These include legal and practical barriers.

The integration of records across the architecture of clinical IT systems in Wales, including the scope of shared data, is centrally co-ordinated by Digital Health and Care Wales. We are not aware of any immediate plans to allow full access to systems to users across different agencies with the emphasis being on ensuring that key information can be shared without the need for all clinicians to have individual user access across multiple platforms. The scope of which data is shared via the Welsh Clinical Portal is also determined nationally.

The key hurdle to overcome is that each practice (other than those directly managed by the Health Board) is an independent data controller. Consequently, each practice would have to authorise individual users to access the system remotely. Nationally the GP community is resistant to less restricted access to the data for which they are legally responsible. There are also logistical barriers in so much as the records are currently configured such that external users would require a unique log-in and password for multiple GP practice systems and each practice could potentially be responsible for thousands of users of its system over whom they have no direct control.

Nonetheless it is accepted nationally that we need to overcome these barriers. Welsh Government and Digital Health and Care Wales (who are commissioned to manage the systems utilised by GP Practices) are working to overcome the legal and logistical barriers to wider access to the fuller information held in the GP system. There is also ongoing work to allow patients fuller access to the medical information held by their GP via the rollout and access to increased functionality of the NHS App. The pace of change in respect of such developments is outside the direct control of the Health Board but is something which we fully support and embrace.

These actions are underpinned by a recommendation in the report of the Ministerial Advisory Group on NHS Wales Performance and Productivity, published earlier this year and the positive response from Welsh Government



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Recommendation 26

The Cabinet Secretary should work with ministerial colleagues to prioritise the need to address Wales's data sharing policy and associated framework position with a view to accelerating the incorporation of datasets into the National Data Resource. Timescale – within 12 months.

Welsh Government Response: Accept

A plan has been developed with the activities and actions required to provide the required clarity to the system through a combination of legislative and policy proposals.

(See [NHS Wales performance and productivity: independent review | GOV.WALES](#))

There is a clear strategy to store all healthcare information in the National Data Resource and make this available to applications so that healthcare professionals have access to the information they need. This would be supported by an Information Governance framework so we can be assured that Caldicott principles in relation to information governance are being followed.

In the meantime, we remain committed to ensuring staff in secondary care are aware of the availability of the summary GP record whilst understanding that it may be necessary to contact the patients registered GP practice if further information is required.

I trust that this information reassures you with regard to the matters raised, however, if you require any further information or assurance, please do not hesitate to contact me.

Yours sincerely

Chief Executive