

Care Quality Commission  
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Ms Judith Leach,  
HM Assistant Coroner for Oxfordshire  
Oxfordshire Coroner's Court  
County Hall  
New Road  
Oxford  
Sent by email to

[REDACTED]

08 August 2025

Our reference: [REDACTED]

Dear HM Assistant Coroner Ms Judith Leach,

**Re: Regulation 28 Report following the inquest into the death of Oscar Michael Thomas Keenan**

Thank you for raising the Regulation 28 report with us, following the inquest into the sad death of Oscar Michael Thomas Keenan on 26 June 2024 that occurred following his admission to the emergency department at the John Radcliffe part of the Oxford University Hospitals NHS Foundation Trust.

I note the legal requirement upon the CQC to respond to your report within 56 days, and I would like to express my gratitude for kindly providing us with two days' extension.

I would like to express my deepest condolences to Oscar's parents and wider family for their loss.

Following the receipt of your letter the local inspection team reviewed the risk profile of the service and all information we held including any other concerns received.

We contacted Unity Health, the provider who confirmed they launched an investigation and were reviewing how to improve their systems to prevent reoccurrence. We also shared these concerns you flagged up with the relevant Integrated Care Board for the area.

You identified the following three areas of concern which I responded to below:

**The misunderstanding and miscommunication that registration with a GP cannot take place until a birth is registered.**

GP practices in England that offer NHS services do this through a GP contract that is held between the practice and the relevant Integrated Care Board (ICB). As part of this contract, practices are mandated to provide emergency treatment to anyone within their practice area, regardless of whether they are registered with the practice or not.

The Care Quality Commission does not regulate against the GP contract, and therefore the oversight of this process is better placed with the practice's ICB as the commissioner.

Anyone can register and consult with a GP without charge, as outlined within the NHS Constitution, however, specific points regarding how the registration process should operate, and when practices can refuse a patient's registration request are outlined within the GP contract. Practices should not refuse a patient's registration if they cannot provide proof of identity or immigration status. Therefore, practices should not typically be refusing a patient's registration if a birth certificate cannot be produced. However, this would again be for the ICB to oversee as the Care Quality Commission does not have jurisdiction over when practices register or do not register patients.

We may include aspects of practices' registration processes as part of our inspection, under the 'Equity in Access' quality statement. However, we would not be able to take enforcement action against practices, purely around the registration of new patients, as it is not within our regulations to do so. Where we comment on registration concerns, it could be due to a practice excluding a particular patient group such as homeless patients, because of a lack of ID or fixed address. In such circumstances, we may need to take action from an equity perspective.

**Communication between the GP surgery and the external filtering company.**

We are unable to comment on the communication between the GP surgery and the external filtering company, and the practice is best placed to provide this information.

**That Instructions to commence treatment can be lost in similar circumstances.**

It is not in the Care Quality Commission's powers to implement or enforce a uniform process whereby treatment of patients is transferred from hospitals to other providers to avoid a similar incident occurring in the future.

We recognise this may be a particular concern for other patients who may not be registered with GPs, such as Travellers, those with no fixed abode or people non-resident in the UK. Therefore, the hospital should have procedures in place to ensure aftercare can be provided to these patient groups.

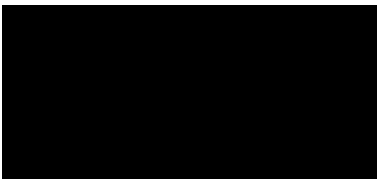
Integrated Care Boards and NHS England will be better placed to assist with implementation of a uniform process to avoid a situation such as this occurring in the future.

We contacted the provider in question, and they confirmed they promptly reviewed their processes and implemented a new system, when as soon as they're notified about a birth, they will create a new profile i.e. 'Baby (Surname)'. The provider recognised this approach was not completely fail safe, as it could potentially mean there is a duplicate account at another provider for said child, should the parents wish to register their child elsewhere.

We have already flagged this issue with the ICB for the area and will continue liaising with them and the local NHS England teams. The ICB and NHS England will be able to consider how to address these concerns via their contracting processes and how to disseminate this to other practices.

We will be sharing details of this incident and the associated findings with the Care Quality Commission's Primary Care inspection teams at our monthly update and upskilling call. We will continue to monitor the intelligence about the practice in line with our regulatory processes.

Yours sincerely,

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Deputy Director