

**Private & Confidential**

Mr David Ridley  
HM Senior Coroner for Swindon and Wiltshire

13 November 2025

Dear Mr Ridley,

**Inquest into the death of Christopher Bird**

Thank you for your letter dated 23 September 2025 and your report to prevent future deaths.

Your concern is rooted in the means of communication on 28<sup>th</sup> August 2024 from the Trust to the GP, White Horse Medical Centre. That communication was an email that followed a referral from the GP to the Trust. The email was sent from an Oxford Health email to an nhs.net email. The email contained medication advice from a Trust consultant. The GP gave evidence that the practice does not have any evidence that the email was safely received. You accepted that evidence and you explored the impact that this had on Chris. Your judgement was that Chris's mental state deteriorated over the three weeks between 28 August 2024 and his death, contributed to by Chris's frustration that he did not know what was happening in relation to his referral to mental health services. You heard from Chris's GP that they spoke to Chris on 17 September 2024, and that the GP did not have sight of the 28 August 2024 email when they spoke to Chris.

You heard evidence that three Trust services had contact with Chris – (1) Oxfordshire Talking Therapies (2) the Didcot, Wantage and Faringdon Primary Mental Health Hub and (3) the South Oxfordshire Adult Mental Health Team. You heard evidence in person from a Primary Care Mental Health Worker, who is a member of the Trust's Hub service and who is based at the White Horse Medical Practice.

Each of the services has reflected on your concern –

### **1. Oxfordshire Talking Therapies**

The Oxfordshire talking therapies service was commissioned by the CCG/general practitioners for Oxfordshire, with an established practice by which the service communicates with GPs. This is a system called DocMan. That system has been the agreed process for many years and the Trust's position is that it provides effective, timely and secure communication between Oxfordshire Talking Therapies and GPs.

### **2. Primary Care Mental Health Hubs**

The manager of the Didcot, Wantage and Faringdon Hub ("DWF Hub") attended the inquest and provided you with some evidence on the day. They have introduced an immediate change to the practice at the DWF Hub. The change is that the DWF Hub has changed its practice, and now also uses the DocMan system as the means of communication with GPs with regard to the outcome of a referral. The team no longer uses email, save where there is an explicit request for email to be used by the referrer.

DocMan works through the electronic health records system called RiO, which is the electronic health records system used by the Hub. A letter is created on RiO and, on completion, is saved to RiO and at the same time sent by automated process to the GP's system. The DWF Hub manager reports that the change has been very well-received by members of their team.

There are seven other Hub teams in Oxfordshire (eight in total with the DWF Hub being one). The plan is for the Trust to evaluate the use of DocMan by the DWF Hub and we will then utilise Trust governance processes to make a decision on whether the new process is adopted in each of the hubs.

### **3. Adult Mental Health Teams (AMHTs)**

I have been informed that the Trust's Associate Director of Adult & Older Adult Mental Health and Partnerships spoke to Service Manager colleagues on 2nd October 2025 about Chris's case and the issue with email and use of DocMan. Service Managers identified some issues and concerns and were not at that stage in a position to say that the AMHTs will move across to using DocMan in AMHTs and Older Adult services.

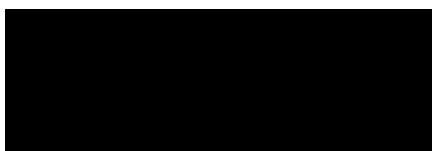
Service Managers agreed to talk to their teams about how communication with GPs is happening and whether anything can/should be done to make an

improvement. Email communication with GPs is commonplace across AMHTs and the Trust must apply diligence to any decision to direct staff to change their practice. That is particularly so because managers are not aware of any similar incidents between AMHTs and GPs and the Trust is reticent to make what could be a significant change without being confident that it will have utility for service users of AMHT services.

The Trust has decided that we will complete a review to identify what changes to current practice are available as options and which of those options may add to the controls in place to prevent the risk of a GP not receiving an important communication from the AMHT in a timely way. We will not implement any changes without a clear understanding of the potential consequences. We will also consider a wider consultation with GP representatives and the Integrated Care Board in order to gain a broader understanding of the perspective of GPs.

The Trust's participation in Chris's inquest has been invaluable for the Trust to understand the learning points and opportunities to make improvement in the communication between services. I can assure you that all staff and managers involved have reflected at some length on the findings of the inquest and we are striving to make changes with real utility for our staff and those that use OHFT's services.

Yours sincerely,

A large black rectangular box redacting the signature of the Chief Executive Officer.A small black rectangular box redacting the name of the Chief Executive Officer.

**Chief Executive Officer**  
**Oxford Health NHS Foundation Trust**