Department of Health & Social Care

[redacted]
Parliamentary Under-Secretary of State
for Public Health and Prevention

39 Victoria Street
London
SW1H 0EU

HM Coroner Graeme Irvine
Walthamstow Coroner's Court
Queens Road Walthamstow
E17 8QP

[redacted]

28 January 2026

Dear Mr Irvine,

Thank you for the Regulation 28 report of 09 December sent to the Secretary of State / the Department of Health and Social Care about the death of Urielle Mayila Kuyenga. I am replying as the Minister with responsibility for Public Health and Prevention.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Urielle's death, and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are hugely concerning, and I am grateful to you for bringing these matters to my attention. Your report raises two major concerns:

1. Insufficient communication between Urielle's General Practitioner (GP) and specialist doctor as to whether Urielle was receiving her prescribed prophylactic penicillin treatment. This allowed for Urielle's mother to choose not to collect or administer the penicillin and mislead the GP on these actions.

2. Three separate GPs did not adequately read Urielle's clinical records when treating her upper respiratory tract infection. If they had, they would have been made aware of her prescribed prophylactic penicillin treatment, and that she had a sickle cell diagnosis, which made her predisposed to fatal consequences of a respiratory infection. You noted that Urielle's mother did not inform the doctor of Urielle's sickle cell diagnosis.

In preparing this response, my officials made enquiries with NHS England (NHSE), the Care Quality Commission (CQC), and the General Medical Council (GMC) to ensure we adequately address your concerns. I have also included comments on other issues raised by Urielle's experiences.

Concern 1: Insufficient communication between Urielle's GP (GP) and specialist doctor on whether she was receiving her prescribed medication.

As you note in your first concern there was a breakdown in communication between Urielle's specialist doctor and GP. We are aware that the transfer from secondary to primary care can sometimes cause misunderstandings, resulting in prescriptions not being issued by the prescriber or left uncollected by the patient. To limit these misunderstandings, health professionals often use the recommended approaches of the Discharge Medicines

Service (DMS) and Shared Care Protocols (SCPs). I note that whilst both approaches are commonly used, it is not specified in your report whether they were used in this case.

Discharge Medicines Service (DMS)

The DMS is offered by all community pharmacy contractors in England. It enables hospitals to refer discharged patients to a community pharmacy, with clear information about medication changes. This allows for greater support for the patient and can help reduce the risk of newly prescribed items being missed. It is recommended that clinical staff refer eligible patients to this service, but there is currently no contractual requirement for NHS trusts to participate.

If the DMS had been used, the community pharmacy would have been alerted that Urielle had been newly prescribed prophylactic penicillin in hospital. The pharmacy team would then have had the opportunity to raise any issues with the GP or hospital when the prescription was subsequently not collected. However, if a clinically valid prescription for penicillin was received from the GP, dispensed by the pharmacy, but not collected by Urielle's mother, then the use of the DMS may not have impacted the outcome of this case. Whilst pharmacies will regularly check uncollected prescriptions as part of their stock management processes, it is unclear if this would have taken place within the required timeframe to impact the outcome of this case.

Shared Care Protocols (SCPs)

SCPs are commonly used agreements that set out responsibility for prescribing and monitoring long-term treatments between specialists and GPs. These improve patient safety, access, and integration between primary and secondary care. 'Shared Care' between specialists and GPs is not explicitly defined in the General Practice contracts as individual GPs and other prescribers in general practice would need to be confident that they have the necessary skills, knowledge and expertise to enter Shared Care Protocols.

In the absence of an SCP, clear lines of communication should have been established between Urielle's specialist in the hospital and GP. The overall responsibility for her care, including monitoring and issuing the prescription, should have remained with the hospital. The government is committed to improving this communication between primary and secondary care as outlined in the 10 Year Health Plan in the section on the 'Red Tape Challenge' recommendations. These include work to improve information technology through initiatives such as increasing access to shared care records and developing greater interoperability of electronic patient records (EPRs), starting with the sharing of structured medication information.

Concern 2: Inadequate review of Urielles clinical notes by three separate GPs

Your second concern highlighted that Urielle's clinical notes were not appropriately reviewed by the GPs that saw her. To practice medicine in the UK, all doctors must meet the GMC's professional standards, which set out the principles and values of the professional behaviour expected. Whilst the GMC expect GPs to appropriately review

patients' notes, we know that in some cases, patients are treated when there has not been an adequate review of their history, resulting in the omission of significant clinical details.

Ensuring that health care professionals meet expected standards is of utmost importance. We have identified that CQC were not made aware of the issues surrounding Urielle's death. CQC have written to Maylands Healthcare Surgery for their Significant Event Analysis (SEA) and have requested the SEA from the urgent treatment centre. Once CQC have received this information, they will be able to monitor both providers' learning from the events and what changes have been implemented as a result.

Further concerns highlighted by the coroner's report

You reference wider concerns around continuity of care and patient safety. This includes Urielle's contact with three separate GPs, which we have understood to mean three different clinicians in the same practice. Seeing multiple GPs in quick succession raises concerns about continuity of care. Evidence shows continuity supports better diagnosis, safer prescribing and stronger patient-clinician relationships, especially for people with complex or long-term conditions. In the 2025/26 GP contract, we introduced an incentive for GPs to identify patients who would benefit most from continuity, with a named GP where appropriate. This aims to ensure that patients with long-term conditions or high care needs receive consistent, personalised care.

To further improve the safety of patients, we have implemented a new initiative in September 2025 called "Jess's Rule: Three Strikes and Rethink". This has been published jointly with the Royal College of General Practitioners and NHSE. Under Jess's Rule, clinicians in general practice are encouraged to take a structured approach to critically re-evaluate symptoms, diagnoses and patient concerns if after three consultations the patient's condition remains unexpectedly unresolved, their symptoms are escalating and/or they have no clear diagnosis. We know this practice is commonplace in many settings, and GPs, and others use their clinical discretion every day to find the underlying cause of unclear cases. By reiterating this principle, and explicitly encouraging clinicians to revisit patient records, challenge initial assumptions and remain alert to subtle warning signs, Jess's Rule aims to reduce diagnostic delays, support clinical intuition and encourage proactive intervention.

NHSE is also working to improve care and outcomes of all sickle cell patients through the Sickle Cell and Thalassaemia Improvement Programme. This new programme aims to improve education and awareness of sickle cell disease amongst healthcare staff. It also seeks to strengthen education for patients, parents and carers to support effective self-management. Resources will be developed and made available later this year.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,