BIRCHILLS Health Centre

BIRCHILLS HEALTH CENTRE
23-37 Old Birchills
Walsall
West Midlands

Dear Mr Zafar Siddique,

I am writing today on behalf of Birchills Health Centre in response to the PFD reports following the sad death of J.A.

We wanted to firstly express our deepest condolences to J.A's family and his foster guardians as this will be an extremely difficult time for them.

We have reviewed J.A's case in our clinical meeting on 19.01.2023 and more recently on 02.02.2026 as part of our child protection meeting. This later meeting was attended by our practice clinicians. The clinician who assessed J.A on 28.12.2022 no longer works at our surgery but he was a salaried doctor with us at the time. We reviewed the records we had available including record keeping and telephone calls (all which have been previously submitted).

Specific points that we identified for learning are;

1. After reviewing the notes we had available to us, we felt that more comprehensive record keeping including clearer details of fluid intake should be recorded in assessing any child with risk of dehydration.

2. Your report highlighted the insensitivity of CRP as a way to identify dehydration. We have had a presentation on identification of dehydration in children to help remind clinicians on most effective ways of assessing hydration status. The presentation highlighted that a clear record of fluid intake and output is required as well as considering recording weight as a more accurate clinical indicator to help identify dehydration- useful if there are other readings to compare to. Other things to consider include a urine dipstick if possible. This child was reviewed at the local accident and emergency department on 25.12.22. The discharge summary had no information about the clinical assessment of this child. It may have been useful to have this information for comparison although in this case its unlikely it would have made a difference to the clinical management as this was based on the assessment on the day. If it was deemed necessary we would have made attempts to chase this information, but this process can take days to week to receive.

3. We have discussed the links between autism and ARFID. In addition, we have also discussed ARFID in other risk groups. If there is a suspicion or a formal diagnosis of neurodevelopmental disorders and ARFID, we discussed the need for lower suspicion of dehydration in these cases despite normal clinical findings and having a lower threshold for secondary care assessment.

4. We have reviewed our equipment in the surgery to ensure we all items are relevant, working and calibrated annually. Additionally, we have purchased specific paediatric assessment equipment such as infant & child BP cuffs, and new paediatric sats probes in addition to the current ones in the surgery.

5. This child was registered with our surgery on 23.12.22 by his foster carers. We received his full records on 29.12.22. The foster parents contacted our surgery on 28.12.22 at 13:28 requesting a review with a clinician as the child was unwell. They were given an appointment at 17:00

and the GP did an assessment of their acute illness. We reviewed our policy with regarding new patients with complicated histories without full records being available. We usually do contact other providers if we feel more information is needed to help clinical management. In this case it would not be relevant, but we will continue to consider to chase relevant information if needed.

We would like to thank Mr Siddique for his detailed report, and any further ongoing recommendations would be gratefully received.

Yours Sincerely,

GP Partner
(On behalf of GP Partners)