



Department
of Health &
Social Care

[REDACTED]
Minister of State for Care

*39 Victoria Street
London
SW1H 0EU*

20 May 2026

Our ref: [REDACTED]

HM Coroner Alan Anthony Wilson
Blackpool and Fylde
PO Box 1066
Blackpool FY1 1GB

By email: [REDACTED]

Dear Mr Wilson,

Thank you for the Regulation 28 report of 11 March sent to the Secretary of State about the death of Mark Simpson. I am replying as the Minister with responsibility for Primary Care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Simpson's death and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

The report raises concerns over the failure of information relating to an NHS 111 consultation to be relayed to a clinician or added to Mr Simpson's medical record at his GP surgery. The information was considered by a member of staff who was not medically qualified.

In preparing this response, my officials have made enquiries with NHS England to ensure we adequately address your concerns. NHS England in turn made enquiries with Lancashire and South Cumbria ICB. The ICB has reported that following an in-house investigation in the completion of a Significant Event Analysis, the GP practice has made changes to how clinical information is reviewed from external providers. The practice has revised its workflow so that all clinical documents received from providers, including NHS 111 and out-of-hours services, are now reviewed by a clinician rather than administrative staff. Under the new process, all incoming 111 and out-of-hours documents are attached to the patient record and sent as a clear task directly to a clinician as part of their daily workflow to ensure that all relevant clinical information is reviewed by a member of staff with appropriate medical knowledge. The GP practice now ensures that all consultation notes and reports are added to the patient's medical record. Relevant information will be coded and free-texted into the record by the clinician, ensuring it is easily accessible for review during future contacts without the need to open attached documents. The practice will undertake an audit within three to six months to assess the effectiveness of this new process and learning from this work will be shared across GP practices within Lancashire and South Cumbria.

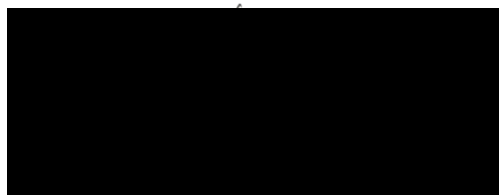
The practice has also decided to review the process of practice nurses requesting ECGs for patients and consider whether the patient could have been asked to book a GP appointment for a further review, assessment and consideration of an ECG. The ICB has been advised that the practice will also implement a system to inform all patients by text about their referral. Two-week wait, urgent and routine referrals will all receive an appropriate electronic message to confirm their referral with additional information.

The NHSE GP Contracts Team has outlined several relevant points on GMC Good Medical Practice on record keeping, as well as the GP contract and underpinning regulations on record keeping, referrals, ongoing care requires and handling clinical information.

In summary: (1) GMC Good Medical Practice requires clear, accurate and contemporaneous records and emphasises continuity of care and information sharing before referral; (2) regulation 67 specifically requires GP contractors to keep adequate records and include clinical reports from other services/professionals; (3) the GP contract makes referral part of essential services and includes explicit requirements to review NHS 111 "Post Event Messages" and out-of-hours clinical details within specified timescales. These standards and contractual requirements are directly relevant to the handling and incorporation of NHS 111/out-of-hours information into the patient record and to the responsibilities that continue while a patient is awaiting specialist care. We expect ICBs, as commissioners of GP contracts, to monitor GP practice compliance with, and performance against, the contract. ICBs will take appropriate action if a GP practice is in breach of its contract.

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

Yours sincerely,

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MINISTER OF STATE FOR CARE