



[REDACTED]  
**Vice Chair Member Standards**

Mr Alan Anthony Wilson  
Senior Coroner for Blackpool and Fylde

[REDACTED]

10 May 2026

Dear Mr Wilson

**Regulation 28 Report to Prevent Future Deaths - regarding the death of Mr Mark Simpson**

We are grateful for this Regulation 28 report and write to respond formally within the required timeframe. We offer our sincere condolences to Mr Simpson's family. The circumstances of his death, and the systemic failures identified at the inquest, are of the utmost concern to the Royal College of General Practitioners (RCGP), and we take our responsibility to respond constructively very seriously.

**About the RCGP**

By way of brief background, the RCGP sets professional standards and the curriculum for GP training and supports the career-long development of GPs. Its core purpose is to encourage, foster and maintain the highest possible standards in general medical practice. While the commissioning and regulation of individual GP practices sits with NHS England through Integrated Care Boards and the Care Quality Commission respectively, the RCGP has a significant role in shaping professional norms, guidance and education across general practice.

**Responding to the two areas of concern**

**Concern 1: Triage of clinical correspondence by non-clinical staff**

The RCGP agrees that clinical correspondence, including reports received from NHS 111, must be reviewed by a clinician before any decision is made about whether it requires further action. The responsibility of GPs to respond to letters, test results and clinical correspondence in a timely manner, to maintain safe patient pathways, is reflected in our curriculum under '[Being a General Practitioner and Continuity of Care](#)', and in the Clinical Topic Guides on [Cardiovascular Health](#) and [Urgent and Unscheduled Care](#). This principle is further supported by CQC guidance through [GP Myth Buster 46](#) on managing test results and clinical correspondence, which makes clear that where non-clinical staff are involved in

workflow tasks, there must be appropriate safeguards, supervision, training and audit in place and that the responsible clinician must take action when appropriate.

We recognise, however, that the existence of curriculum content and regulatory guidance does not in itself ensure safe practice at the level of individual practices. It is clear from the evidence at the inquest that the systems in this practice failed to route the '111 report' to the responsible GP at the appropriate time. The RCGP takes seriously its role in reinforcing professional standards through guidance and communication to its membership.

### **Concern 2: 111 consultation reports not added to the patient record**

The RCGP agrees that any report received by a GP practice following an NHS 111 consultation must be added to the patient's medical record. This is fundamental to continuity of care and patient safety. A GP reviewing a patient's record must be able to see the full clinical picture, including any recent contact with 111, in order to make appropriate clinical decisions.

General practice currently holds some of the most advanced electronic health record systems in the NHS. Information received at a practice is ordinarily filed and coded to ensure it remains clinically accessible. The failure identified in this case, where a 111 report was neither routed to the responsible clinician nor added to Mr Simpson's record, represents a breakdown in what should be a routine and mandatory process.

### **Action being taken**

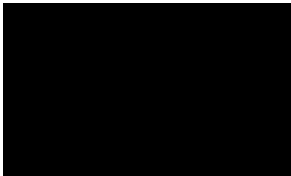
In taking action, I shall bring these concerns around systems of workflow, coding of information, and the timely availability of correspondence within the clinical record as an agenda item to the Health Informatics Group within the next three months. The RCGP will ask the Group to examine why 111 consultation reports are not consistently recorded in the patient record, and to determine whether action is required to take this forward to the Joint GP IT Committee, to communicate with the wider membership, or both.

The Joint GP IT Committee is a contractually mandated committee jointly constituted by the RCGP and the General Practitioners Committee of the BMA. It represents the views of GPs from all four nations, working with NHS England on the use and management of GP systems and data. Bringing these concerns through this route represents a meaningful and appropriate escalation with the potential to achieve systemic improvement.

We also recognise that General Practice is currently bearing significant risk for many patients due to unsatisfactory and timely pathways to specialist care, and that policy changes such as 'Advice and Guidance' and increasing numbers of rejected referrals by secondary care providers may add further pressure. The RCGP has published its policy position on the [interface between primary and secondary care](#) and on [Advice and Guidance](#), and we remain committed to advocating for safer patient pathways.

We are committed to learning from Mr Simpson's death. The RCGP will ensure this case informs our guidance, our communications to members, and our engagement with system partners on the safe handling of clinical correspondence. We would welcome the opportunity to update the Coroner on the outcomes of these actions in due course.

Yours faithfully



**Vice President Member Standards**