NHS England

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9th July 2026

Dear Ms Hayes,

Re: Regulation 28 Report to Prevent Future Deaths – Lacey Carole Anne Heath who died on 16th February 2025.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 28th May 2026 concerning the death of Lacey Carole Anne Heath on 16th February 2025. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Ms Heath's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Ms Heath's care have been listened to and reflected upon.

Your Report raises the following concerns:

1. Although Ms Heath's experienced clinical team recommended an at home monitor be utilised to attempt to achieve a therapeutic INR range due to the complexities of her case, NICE Guidance on anticoagulation states that at home monitor is not funded by the NHS and there is no obligation for General Practitioners to fund the testing strips and incidentals required to facilitate testing. This means patients, such as Ms Heath who was on a low income, are prohibited from using this tool to attempt to achieve a therapeutic range with appropriate oral medications.
2. No application for funding was made on behalf of Ms Heath by the Trust nor was this explained to Ms Heath. There was no consideration if Ms Heath had any learning difficulties and it was noted that there was developmental delay in her medical records.
3. Ms Heath was at increased risk of developing complications with her INR results, but this was not escalated and so her clinic appointment with INR testing remained the same.
4. Hospital Medical records were not compliant with the requirements of healthcare regulators and led to a lack of appreciation of Ms Heath's concerns, the complexity of her case and the ongoing risk to Ms Heath. Staff used an electronic platform to record INR and medication dose and have no other place to record anticoagulation records within the anticoagulation clinic. Evidence was these records are not compliant with the requirements of healthcare regulators and led to a lack of appreciation of Ms Heath's concerns and the complexity of

her case. One entry stated Ms Heath had been “unwell” with no clarification or further information on what the problem was and/or how this may have impacted on her condition.

Concern 1 and 2: Funding for home monitoring for anticoagulation

Funding responsibility for at-home INR monitoring, can sit across different parts of the system depending on the clinical pathway and who held responsibility for ongoing anticoagulation management. From an anticoagulation perspective, commissioning of services is the responsibility of Integrated Care Boards (ICBs).

INR machines are not prescribable on an NHS primary care prescription, and may or may not be included within routine anticoagulation service specifications. Most commonly, patients are asked to provide their own INR machine, and then the strips and other consumables are provided by the NHS on prescription via the anticoagulation service directly or via their GP. However, this will vary by ICB.

This case is exceptional, however, as there was a clear clinical need for an INR home testing machine. As such an approach for funding should have been made by the anticoagulation service to the ICB for this individual, if not routinely included in the service specification.

While at-home INR monitoring is not routinely commissioned, an Individual Funding Request (IFR) process exists to enable consideration of funding in cases of clinical exceptionality. In circumstances such as Ms Heath’s, an IFR application could have been submitted by the responsible specialist clinician to support access to non-routinely commissioned interventions where there is evidence of exceptional clinical need. However, no application was made in this case.

We are aware you have also directed your Report to Essex ICB who will be providing a detailed response. They have, however, informed the NHS England East of England regional team that whilst they do not routinely commission at-home INR testing they are always happy to receive IFR requests for exceptional cases.

Essex ICB have contacted providers to reinforce the role of the IFR process in supporting access to non-routinely commissioned interventions where standard policies do not meet the needs of clinically complex patients. They have reiterated that requests must be made prospectively by the responsible clinician, and they must ensure that patients are appropriately supported to understand available options where treatments fall outside routine commissioning.

The ICB will continue to work with provider organisations to promote consistent understanding and application of the IFR process, supporting equitable access to care and reducing the risk of similar circumstances arising in future.

Concern 3: Lack of escalation

We note that you have also addressed your Report to Mid & South Essex NHS Foundation Trust, who would be best placed to answer this concern as it relates to the practice of specific practitioners.

Concern 4: Medical Records Non-Compliance

We note that you have also addressed your Report to Mid & South Essex NHS Foundation Trust, who would be best placed to answer this concern as it relates to practice of specific practitioners.

It is not clear from the Report which staff were non-compliant with keeping accurate medical records, but both the General Medical Council's Good Medical Practice and Nursing and Midwifery Council's Standards detail what is required of doctors and nurses when keeping contemporaneous records.

I would also like to provide further assurances on the national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Ms Heath's, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

National Medical Director
NHS England