Graeme Irvine
East London Coroners Court
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E17 8QP

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
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[redacted] [redacted]

25 July 2023

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Thelma Houghton who died on 14 April 2022.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 16 May 2023 concerning the death of Thelma Houghton on 14 April 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Thelma's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Thelma's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused to Thelma's family. I realise that responses to Coroner Reports can form part of the important process of family and loved ones coming to terms with what has happened and appreciate this will have been an incredibly difficult time for them.

Resourcing

NHS England published its Long Term Workforce Plan on 30 June 2023. This focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history. It is hoped that the plan, over its 15 year-timeframe, will help to combat the workforce shortages and resourcing issues currently being experienced by the NHS, and which you also reference in your Report.

Integration between 111 service providers

In your Report, you raised a concern over the absence of a facility in the 111-computer system that would allow Clinical Assessment Service (CAS) providers to review previous notes and records on a patient. I have engaged with my NHS England Urgent & Emergency Care (UEC) colleagues on this matter.

While 111 service providers cannot routinely see records taken by other 111 providers, a system called the Repeat Caller Service escalates those who have called more than three times within 96 hours to a clinician for a call-back (providing this is still needed). At this point the responsible clinician is presented with the two or more past records, irrespective of which 111 services the patient had spoken to previously.

All NHS 111 calls are logged and stored against the time and date of presentation, rather than stored against a patient (although call-backs can and are linked). On completion of the encounter a Post Event Message (PEM) is sent to the patient's GP and that is what updates the patient record. If a clinician in 111 requires access to the patient record, they can access NHS Spine services such as Summary Care Records and local care records systems. They should also be able to access the patient's GP record using GP Connect, and are advised to do so wherever possible.

NHS England have also engaged with Northwest London Integrated Care Board, the commissioner of the 111 Service Provider (Practice Plus Group (PPG)) on this matter. They have been advised that the majority of PPG's referrals to other providers are made via an Interoperability Toolkit (ITK), which does allow systems to communicate with each other. They will also receive confirmation if a referral has been received by a provider, and an alert if not.

Within London, where there are multiple 111 service providers in operation, there is a regional system in place which will recognise a caller's number when they place a repeat call to 111. This ensures continuity of care as the caller is directed to their previous service provider, where the call handler will be aware of and have access to the earlier call record. This system is dependent on the caller using the same number for repeat calls.

Issues with smartcard used by clinical adviser

You raised a concern that the clinical adviser in this matter did not have a functioning smartcard which would allow them to review the patient's GP records or to book a GP appointment for the caller. This does not fall within NHS England's remit. We are advised by PPG that all their clinical advisers are expected to have a functioning smartcard and that there are clear processes in place to resolve issues and ensure they are used correctly.

At a national level, if a clinical adviser is unable to book a required GP appointment for any reason the policy is that they would call the surgery or, where possible, ask the caller to book an appointment themselves. Sometimes this is because the GP surgery does not allow the CAS provider access to their booking system.

Communication between the 111 service and the GP

It is not within NHS England's remit to respond to the concern raised around the letter streaming/triaging process at the GP surgery, who are the appropriate organisation to respond to this concern. However, there has been engagement between NHS England and the GP Surgery. They have put in place new processes to ensure that PEMs or correspondence from a 111 service is opened the day it is received and reviewed by the on-call GP.

As referenced above, a PEM is sent to a patient's GP surgery following any encounter with a 111 service. It should be noted that this is for information purposes, and it is not expected that any urgent referrals or appointments would be made this way. PPG have advised my colleagues at North West London ICB that a member of their administration team will call a GP to flag a patient's case where there is a level of

urgency, and, where they do not have access to a GP's booking system, that they will also call a GP surgery on behalf of a patient to make an appointment if they believe the patient is unable to do so themselves.

NHS England has also heard from London region Integrated Urgent Care (IUC) on this matter, who have considered this case and identified learnings, including around risk management of patients reluctant to go to hospital.

I would also like to provide further assurances on national NHSE 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 preventable deaths are shared across the NHS at both a national and regional level and helps us 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,

[redacted]

National Medical Director