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Ref: [redacted]
21st October 2026

PRIVATE & CONFIDENTIAL

Dear HM Assistant Coroner Karen Henderson,

I write in response to your report dated 11 May 2026, which was subsequently circulated to us on 29 July 2026 regarding the death of Jaxon Oliveira. On behalf of all at North West Surrey Integrated Care Service ('NICS'), I would like to again express our sincere condolences to Jaxon's family and loved ones.

I wish to assure both HM Coroner and Jaxon's family that we have treated Jaxon's tragic passing and the Inquest proceedings incredibly seriously and hope to assure that NICS has appropriate systems and safeguards in place in an effort to avoid risk of future deaths.

In the Regulation 28 Report, two specific concerns relating to NICS have been identified, namely:

1. *North West Surrey Integrated Care Service, the Acute Illness clinic and deployment of allied medical staff to assess undifferentiated paediatric patients*

2. *Abdominal examination by a general practitioner*

I set out below the response to the concerns raised.

1. ***North West Surrey Integrated Care Service, the Acute Illness clinic and deployment of allied medical staff to assess undifferentiated paediatric patients***

It has been widely acknowledged that advanced practitioners are a key workforce level for delivering the ambitions of the NHS 10 Year Health Plan and as a result, Advanced Nurse Practitioners (ANPs) are commonly practising autonomously in primary care settings.

There is significant guidance and frameworks in place regarding the deployment of allied medical staff, and in particular for ANPs. An ANP is a nurse with Level 7 MSc qualifications in clinical assessment, which includes history taking, physical assessment and independent prescribing. As endorsed by the Care Quality Commission (CQC)[1], nurses working in this role must show capability against the Core Capabilities Framework for Advanced Clinical Practice (Nurses) Working in General Practice / Primary Care in England[i2].

[1] GP mythbuster 66: Advanced Nurse Practitioners (ANPs) in primary care - Care Quality Commission
[2] ACP Primary Care Nurse Fwk 2020.pdf

The framework (linked in footnotes) sets out the core clinical skills and key clinical presentations that nurses working in general practice/primary care at the level of Advance Clinical Practice (ACP) need to manage in general practice/primary care, according to the scope of their role. Page 53 of this guidance sets out the core clinical skills required for paediatrics, which is applicable to children over the age of 2 years.

The NHS England *Network Contract specification 2025/26 – PCN requirements and entitlements*[3] requires that the Primary Care Network (PCN) must ensure that each Advanced Practitioner has the following additional key responsibilities in delivering heath services:

a. Assess and triage patients, including same day triage, and as appropriate provide definitive treatment (including prescribing medications following policy, patient group directives, NICE (national) and local clinical guidelines and local care pathways) or make necessary referrals to other members of the primary care team;
b. manage undifferentiated undiagnosed condition and identify red flags and underlying serious pathology and take appropriate action;
c. use complex decision making to inform the diagnosis, investigation, complete management of episodes of care within a broad scope of practice;
d. actively take a personalised care approach and population centred care approach to enable shared decision making with the presenting person; and
e. complete the relevant training in order to provide multi-professional clinical practice and CPD supervision to other roles within primary care, for example first contact practitioners and the personalised care roles.

Within NICS, every non-medical clinician (including ANPs) is assessed to determine their competencies. NICS has a standard Non-medical Clinician Core Competency Assessment Procedure which is for use by all staff working in NICS Acute Illness Clinics who are not a GP. This procedure has been developed in accordance with local and national guidance. This assessment procedure, combined with consideration of the practitioner's clinical experience, enables NICS to determine the scope of practice for the individual clinician. NICS only employs clinicians with Advanced Clinical Practice level qualification who have undertaken prescribing modules. Non-medical prescribers are subject to additional reviews so that their scope of practice concerning their prescribing is separately determined. NICS also acknowledges that it is appropriate for competencies to remain subject to scrutiny and annual reviews are therefore carried out with staff to determine whether their scope of practice remains appropriate.

In respect of the ANP specifically concerned in this report, a copy of their competency assessment form has been enclosed along with their Non-Medical Prescriber Scope of Practice form. A copy of their job description has also been enclosed.

In addition to competency assessments, all new employees, including ANPs, employed by NICS are subject to an induction process which includes a period of shadowing and a standard 3-month probation period to ensure the safe introduction of members of staff. A copy of NICS Induction and Probation Policy has been enclosed. NICS is a relatively unique primary care service and our induction and shadowing process is extensive in comparison to other primary care providers to ensure that the type of work undertaken within NICS is appropriate for the clinician; the process is designed not only to ensure that the clinician is comfortable with the working environment, but that NICS is satisfied that the clinician possesses the necessary skills

[3] Network Contract DES - Contract specification 2025/26 – PCN requirements

to undertake the types of cases that present to it. At the end of this process, approximately one third of the prospective workforce are either rejected by NICS or opt not to progress, often due to the suitability of the environment and their skills.

In addition to the initial assessments that a clinician faces, NICS is committed to ensuring ongoing competence. This is achieved not only through the annual competency reviews referred to above, but also through note audits of all clinicians which are undertaken on a quarterly basis. NICS has implemented an adapted version of the Royal College of General Practitioners Urgent and Emergency care toolkit to undertake the audits. In circumstances where any concerns are identified in the audit, the audits will increase in frequency to monthly and if concerns persist, the clinician can be stopped from practising if training and education provided/supported by NICS have been ineffective in ensuring improvement. A copy of our consultation notes audit policy is attached.

An audit of the consultation notes of the ANP concerned has been undertaken since the conclusion of this Inquest and they score an average of 100%.

Furthermore, NICS undertake annual appraisals of all staff either directly or indirectly employed within NICS. This is not obligatory, but a process that NICS introduced as an additional safeguard for patient safety, ensure high standards of care and documentation. A copy of our currently supervision and appraisal policy has been enclosed, although an updated version is currently under review.

An appraisal of the ANP concerned was undertaken in June 2026 and no ongoing concerns regarding their competence or performance was identified. The ANP has extensively reflected upon their involvement in Jaxon's care both personally and with leadership in NICS. NICS are of the view that the ANPs evidence during the Inquest was likely impacted by nervousness and following the practitioner's reflection, appraisal and audit, no ongoing concerns are held in respect of their competency.

It should also be noted that whilst this ANP is sufficiently competent in the opinion of NICS, all clinician both medical and non-medical have access to colleague support during all clinical sessions. It is acknowledged and encouraged by NICS that where a clinician feels that a second opinion would assist their attendance upon a patient, then that clinician ought to do so. GPs work across all our services alongside Advanced Care Practitioners meaning that a medically qualified clinician will be available at any time a clinician may require their assistance.

Furthermore, as an additional safeguard, NICS have introduced a policy so that any second presentation of a paediatric patient is seen by a GP.

2. Abdominal examination by a general practitioner

We note the Regulation 28 report identifies that the GP that saw Jaxon on 22 March 2025 *"had not post-graduate qualifications in paediatrics".* For completeness, we wish to clarify that the MRCGP which is the post-graduate qualification required to qualify as a General Practitioner includes paediatrics in its curriculum. It is estimated by the British Journal of GPs that 26% of all GP consultations consist of seeing children and young people under the age of 18.

It is also noted, for completeness, that the GP concerned had completed two rotations (equating to 8 months) in hospital-based paediatrics during the first two years of their GP training. Whilst this level of training is not mandated by the MRCGP, we wish to ensure that the training relevant to this GP is clear. Furthermore, all qualified GPs will have undertaken a year of primary care practice before qualification, which will include primary care assessment of paediatric patients.

NICS acknowledges the concern within the Regulation 28 Report in relation to the abdominal examination that was undertaken in Jaxon's case on his father's lap. It is accepted that best practice and, in most circumstances, optimal examination will be undertaken where a patient, including a child, is positioned on an examination couch. It is however, also acknowledged that in some circumstances, particularly when unwell children present to healthcare settings, that such an examination cannot be completed in this manner due to the practical difficulties of ensuring a child, particularly of a young age, will allow this. It is therefore not uncommon in these circumstances for examinations to be undertaken on a caregiver's lap and literature has identified some benefits of examination in this manner[4]. NICS has delivered service wide training to remind clinicians of best practice when undertaking abdominal examinations. However, an important aspect is for clinicians to utilise their clinical judgement on how to achieve the most effective examination in the circumstances presented.

In relation to the GP concerned, since the conclusion of the Inquest proceedings, they have not undertaken any work in the Urgent Treatment Centre operated by NICS. For the avoidance of doubt, this decision has been made by the practitioner and is not a decision imposed by NICS. However, in the interim, NICS has obtained information to satisfy itself that of this GP's ongoing competence.

It is understood by NICS that the GP requested peer reviewed shifts at the practice where he undertakes 8 clinical sessions per week and NICS are informed that no concerns have been identified with his practice. It is also understood that the GP has undertaken relevant CPD, including a course 'Spotting a sick child' and that he will reflect on the Inquest at his next appraisal. NICS are also aware that the GP self-referred to his NHS employers and his regulator in light of the findings made.

As explored above, whilst undertaking work at NICS, the GP concerned was subject to consultation note audits in accordance with our policy and no concerns were identified.

Conclusion

We hope that this letter reassures HM Coroner and Jaxon's family that NICS has robust systems in place that accord with national guidance to ensure that allied medical staff are sufficiently assessed to ensure they are competent to assess undifferentiated paediatric patients and that this assurance remains subject to ongoing review.

NICS has also introduced an internal policy for any second presentation of paediatric patients to be seen by a GP as an additional safeguard.

In addition, we hope that the above information clarifies the circumstances in which an examination of a child may occur on a caregiver's lap but that NICS has delivered specific training on this issue for the benefit of all clinical staff.

NICS has also taken steps to assure itself of the ongoing competence of the two specific staff members concerned in this case, both of whom have extensively reflected on the tragic circumstances of Jaxon's death.

NICS would be happy to provide any further information or supporting documentation should this be required.

[4] Managing acute abdominal pain in pediatric patients: current perspectives - PMC

Yours sincerely,



[redacted]
Medical Director , North West Surrey Integrated Care Services (NICS)