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Manchester 08.12.2014

Mrs. L J Hashmi
Assistant Coroner
Greater Manchester North
HM Coroner's Court
The Phoenix Centre
Church Street
Heywood
OL10 1LR

09 DEC 2014

Dear Madam,

Re: Mr. Lukasz Lewandowski (Deceased)
Regulation 28 Report

Response to a report on action to prevent other deaths (Regulation 29 – The Coroners (Investigations) Regulations

We write regarding the matter in reference and further to the Regulation 28 Report to prevent future deaths pursuant to the investigation and inquest into the death of Mr. Lukasz Lewandowski.

We have now had the opportunity to carefully consider your report and will seek to address the matters of concern which have been raised and which can be addressed by Green Surgery and will deal with those in the order in which they appear in the report.

1.The psychiatric practice's failure and reluctance to correspond with a patient's GPs and / or other healthcare professionals following consultation, jeopardising continuity of care:

There is at present within the surgery a policy to refer patients to other health professionals, where appropriate and justified and bearing in mind the informed consent of any patient on such referrals.

Bearing in mind the particular circumstances and lessons from this case, a protocol is now being implemented specifically in relation to psychiatric practice so that a clear risk assessment must be recorded on the patient's notes and such risk assessment to be acted upon and communicated to other relevant healthcare professionals.

This assessment will be reviewed at appropriate intervals where concerns such as a lack of compliance with medication are raised.

In instances such as the present case, it is now envisaged to follow – up any report of compliance failure with an invitation to an appointment being made so as to discuss the impact of failure to follow medication as well as to perform a re-assessment of the risks that the patient may present to her / himself as a direct result of the non – compliance.

This measure is to be implemented with immediate effect.

2.Clinical decision – making by a non-qualified Practice Manager:

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All decisions to refer patients for clinical purposes to another health professional are taken by the medical practitioner under whose care the patient is. It will not be appropriate for the Practice Manager or any manager (unless clinically trained and significantly involved in the care of the patient in a clinical capacity) to form a view as to the appropriateness of a referral to another healthcare professional.

At present, the Practice Manager may be involved in facilitating the process of referral, but any such steps will only be taken as a complementary action to the assessment and subsequent referral made by the treating clinician and is strictly limited to administrative and logistical support in making such referral.

With immediate effect, where such referral is made, the patient's note must clearly show the name and identifiers of the clinician making the referral and the extent of any action by a non-clinician must be made clear in the notes.

Responsibility for the patient's treatment including referrals must fully rest with the treating clinician.

3.The view of the physician – that responsibility for maintaining a patient's safety and well being within the community rests entirely with the family and / or patient rather than the clinician:

Green Surgery seeks to provide a holistic approach to its patients' treatment.

With this in mind, it is accepted that it is imperative that the clinician and the practice are fully involved in efforts to keep patient's safe and well within the community.

This, it is agreed, means an ongoing engagement and wherever possible, a fact-finding exercise of the patients' health support package and needs.

In view of this, the referral system within the surgery is being improved to include specific "flag –raising occurrence" (e.g. failure to attend a follow – up appointment, reports of medication non-compliance) additionally, the surgery will with immediate effect encourage a more inclusive and participating approach from clinicians in the care of their patients.

At present, literature and information is being prepared to clearly indicate the community links and resources that can be accessed by patients and their families and how far the surgery can go in their assistance, this to be given a place of prominence within the surgery.

It is expected that such literature is to be ready and circulated within the surgery within the next three (3) months.

Additionally, patients and their families currently have access to an out of hour's emergency number and this practice is to continue.

We hope that the above clarifications are of assistance, however, please rest assured of our continued assistance if need be.

Yours sincerely,

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Compliance Officer
Green Surgery Limited