



**Bedfordshire
Clinical Commissioning Group**

Mr Tom Osbourne
HM Coroner's Office
The Court House
Woburn Street
Amphill
Bedfordshire MK45 2HX

Bedfordshire Clinical Commissioning Group
Suite 1, Capability House
Wrest Park
Silsoe
Bedfordshire MK45 4HR
Tel: [REDACTED]
Email: [REDACTED]
Website: www.bedfordshireccg.nhs.uk

15 JAN 2015

Your reference: [REDACTED]

Dear Mr Osbourne,

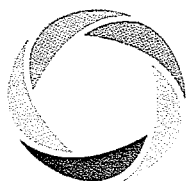
**Re: Inquest touching the death of James Duncan Stewart
Inquest held on 03 November 2014 at Coroner's Office, Amphill**

I am writing in response to your Regulation 28 Report to Prevent Further deaths in connection with the above case. Bedfordshire Clinical Commissioning Group was aware of the case and was involved in the work to address issues identified at Manton Heights Care Home. The two matters of concern that you have raised are recognised by our General Practitioner members and our Medicines Management Team:

(1) There is currently no standardised system for when a GP practice is requested to prescribe medication for a new patient at a nursing home to include checks with the previous practice. Practices have developed local processes to facilitate accurate prescribing, however these remain subject to inconsistencies and interpretation. The main current IT software (called System One) in primary care does not have a process to share an accurate list of prescribed medicines and there is a delay in transfer of records to the new registered GP. This remains a national IT issue further complicated when GP practices are utilising IT systems which are not compatible

(2) It is agreed by our GP members that it is the responsibility of the prescribing GP that the correct medication is prescribed to meet the clinical needs of the person and it should not be dependent upon non-clinical staff in Care Homes to challenge the accuracy of this process.

The National Institute for Health and Care Excellence published Guidance SC1, entitled; 'Managing Medicines in Care Homes', in March 2014. Section 1.7 outlines the roles and responsibilities for medicines reconciliation when a person is transferred into a Care Home. Following this publication a number of initiatives were implemented to ensure safe transfer of patients including accurate information on prescribed medication. However, there remains the potential for error and mistakes, and incidents are identified through complaints, incidents and safeguarding alerts.



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Use of Information Technology (IT) solutions is key to standardising practice and improving patient safety particularly in relation to medicines management. Initiatives relating to electronic prescribing in acute and primary care which are in discussion stages but are currently underdeveloped across Health and Social Care and remain a barrier to efficient communication processes. We will continue to endeavour to improve IT systems as far as possible locally to improve communication between care providers.

In the meantime, in liaison with GP colleagues, Bedfordshire Clinical Commissioning Group have developed a protocol for reconciliation of medications when people are transferred into care homes and are registered with a new GP. The protocol is under consultation with stakeholders in primary and social care. This will also be shared with the commissioners of General Practitioners, NHS England Area Team, for them to consider whether contractual actions can be taken to strengthen compliance with the protocol. An action plan has been written to drive this work forward and progress will be monitored by our Patient Safety and Quality Committee.

Please find attached the action plan and draft protocol under consultation. Bedfordshire Clinical Commissioning Group is committed to improving medicines management across the interface of health and social care.

Yours sincerely



**Chief Operating Officer
Bedfordshire Clinical Commissioning Group**

Attachments: Action plan and Draft Protocol