



Department
of Health

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Mr D Winter
Senior Coroner
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28 April 2015

Dear Mr Winter

Thank you for your letter following the inquest into the death of Paige Bell.

I was very sorry to hear of Ms Bell's death and wish to extend my sincere condolences to her family.

Matters revealed at the inquest have led you to raise the following concerns:

- That case notes were not held in one place and not all transferred with the patient. You ask if there are plans to allow medical personnel to have immediate access to all notes electronically rather than notes following the patient, as they contain essential information for patient care and treatment.
- The Trust concerned is due to implement a new Engagement and Observation Policy. You ask if there are plans for a National policy or template to ensure consistency between Trusts.
- You ask if there are plans to update guidance on the treatment and management of patients with Borderline Personality Disorder – you are aware that National Institute for Health and Care Excellence (NICE) guidelines were published in 2009.

The benefits of electronic patient records have long been known. Such electronic systems help healthcare staff to treat patients more effectively by giving quicker and easier access to up-to-date information about medical treatment and history.

The Summary Care Record (SCR) was introduced to improve the safety and quality of patient care. The SCR is an electronic record which gives healthcare staff access to essential information about patients, and ensures patients receive safe treatment during an emergency or when a GP surgery is closed.

An SCR contains information about prescription medications a patient is taking, including allergies and reactions to medicines prescribed in the past. The information is derived from GP records. By August 2014, 40 million patients had a SCR and the number is constantly increasing.

Only the healthcare staff directly involved in a patient's care can see that patient's SCR. Information is obtained by use of a smartcard with a chip and pass code, similar to a bank card and PIN.

Healthcare staff only see the information they need to do their job, and need to ask permission of the patient to read the SCR.

If the patient's permission cannot be obtained because, for example, the patient is unconscious, staff are able to read the SCR without permission. However, if this happens, the system records the access and a note would have to be made on the SCR to show why the record has been accessed without permission from the patient.

In addition, there are a number of versions of electronic patient record and health record systems being used in many hospitals across the UK. These systems are being used to provide **accurate, up-to-date, and complete information about patients** at the point of care. However, the choice and implementation of these systems is a matter for individual NHS Trusts.

You ask if there is national policy on patient engagement and observation. NHS England is planning to update its Suicide Prevention Audit Tool for Emergency Care, in light of learning from suicides in acute care settings. This stresses the importance of engagement with the patient, the recording of observations and timeliness of mental health assessment.

Further guidelines for patient observation are contained in the Mental Health Act 1983 Code of Practice. This has recently been reviewed by the Department of Health and the revised edition came into effect on 1st April 2015. Within this code is a section which advises on enhanced observation for patients in hospital wards and services.

The Code of Practice provides a legal framework for the NHS. Individual NHS Trusts are expected to develop and implement their own patient observation policies that are appropriate to the needs of their patients and in line with this statutory guidance.

Lastly, you refer to a NICE publication on the treatment and management of patients with Borderline Personality Disorder. We assume you are referring to NICE guideline CG78, "*Borderline personality disorder: Treatment and management*" which was published in January 2009.

NICE very recently reviewed this guidance. In January 2015 it concluded that the guideline **did not need to be updated at present, and will next review the guideline in March 2017. NICE would be happy to answer any further questions you might have about this.**

I hope that this response is helpful and I am grateful to you for bringing the circumstances of Ms Bell's death to my attention.

Yours sincerely

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TAMARA FINKELSTEIN