13eb

DAVYHULME MEDICAL CENTRE

[redacted]

KGW/LG

23 April 2015

[redacted]

Secretary
Telephone [redacted]

Joanne Kearsley
H M Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

Dear Joanne Kearsley

Mr Bryan Whitby [redacted]
DOB: 10/07/1926 NHS No: [redacted]
Telephone No: [redacted]

Thank you for your letter dated 25th March 2015 with your report regarding investigation into the death of Mr Bryan Herbert Whitby (deceased).

First of all we would like to clarify the detail regarding Mr Whitby's renal function blood results. He was diagnosed with chronic kidney disease stage 3 on 31 January 2013 due to a deterioration in his kidney function.

At that stage his eGFR had dropped to 34mls per minute. However, this improved over the next few weeks up to the mid 50's. On 7th April 2014 it was 60. In general practice it is quite common to see a reasonable amount of variation in the eGFR test and he had had several blood tests done in order to monitor this. Mr Whitby made a telephone appointment at the practice and spoke to [redacted] on 6 May who noticed that a blood test taken on 2nd May showed a drop in his eGFR from 60mls per minute (creatinine 105umol/L) to 40mls per minute (creatinine 148umol/L) . He had already had his CT scan at that stage.

Our records show Mr Whitby mentioned that his diarrhoea had improved and confirmed that he hadn't stopped his metformin, also according to contemporaneous notes documented at the time, Mr Whitby's records also confirm that [redacted] spoke to the on-call medical registrar at Trafford General Hospital in order to obtain advice due to her concern about the drop in eGFR. The medical registrar advised [redacted] to prescribe oral magnesium supplements for a week due to his low magnesium and suggested that he may need intravenous magnesium and if he did not improve the blood test should be repeated. When he

130 Broadway, Davyhulme, Manchester M41 7WJ
Telephone 0844 499 0845/0161 748 5559 Fax 0161 747 1997
www.davyhulmemedicalcentre.co.uk
Email: davyhulmemedicalcentre@nhs.net

was asked for advice regarding his medication, particularly the furosemide, the registrar advised [redacted] to leave this at the current dose.

Regarding the matters of concern raised in your letter:

1. As a GP practice we are not usually informed of dates that patients are given for their investigations by the hospital unless the patient happens to mention this during a consultation with the GP. We were therefore not aware of the date of his CT scan.

2. The audit trail of the blood tests confirms that the renal function result was sent to the GP practice automatically on Friday 2nd May at 14.03. However this was not seen by [redacted] to whom it was allocated until Tuesday 6th May at 9.30am due to this being a bank holiday weekend.

Mr Whitby's case was discussed at a Significant Event meeting at the practice and has been further discussed by the GP's and managers in recent weeks. Attached is a bullet point list of the actions that we have and will undertake related to this. In line with normal practice across the Primary care sector we have not in the past had a policy of checking every result on the day that it arrives. We have felt that there was a strong argument to maintain a level of continuity of care with results being seen by the GP who has ordered them but we have now reviewed this policy in light of Mr Whitby's case.

The practice relies upon the lab to phone through any abnormal results if urgent attention is required. These are then passed onto the on call doctor and are dealt with on the day. It was not felt practical to be able to guarantee to check all results as they come in continuously. Neither this nor the subsequent kidney function result was phoned through as urgent. We understood from the hospital critical incident report that the lab at Trafford General was aware of this and would be reviewing this system. It was also felt that in view of a previous drop in renal function to a lower level of 34, which had subsequently recovered, most of the GP's felt they would have arranged to repeat the blood test in the first instance. [redacted] clinical biochemist at Trafford General Hospital has confirmed that the laboratory protocol at this time was to telephone practices if a creatinine result is above 500umol/L. The eGFR is a calculated number derived from the creatinine, an indicator of kidney function.

It was also clarified that as a practice we are not able to see results put on to the hospital system automatically unless we search for them on a named patient basis. We do not automatically know about abnormal results in the hospital therefore. In fact [redacted] who noted the abnormal results did ring the medical registrar to obtain further advice. As a result of the significant event meeting it was agreed that all GP's would read the NICE Guidance on acute kidney injury to improve our management and awareness of this condition in the future. The need to consider stopping medication potentially toxic to the kidney in high risk patients was highlighted, as was the need to check blood results on a daily basis to avoid missing abnormal results.

The GP's are aware of the need to consider a potential diagnosis of acute kidney injury in high risk patients and to discuss with the renal team if they have any concerns regarding potential acute kidney injury.

130 Broadway, Davyhulme, Manchester M41 7WJ
Telephone 0844 499 0845/0161 748 5559 Fax 0161 747 1997
www.davyhulmemedicalcentre.co.uk
Email: davyhulmemedicalcentre@nhs.net

3. A repeat blood test result for kidney function requested by [redacted] arrived at the practice on 7th May 2014 and was assigned to [redacted] at seven o'clock in the morning. This was viewed by [redacted] at one o'clock in the afternoon and he discussed this with the medical registrar at Trafford General Hospital. In view of a further drop in eGFR to 11mls per minute, he arranged for an ambulance to take Mr Whitby to Trafford General Hospital.

4. The patient was admitted as a matter of urgency when [redacted] who viewed the results, clearly recognised their seriousness.

Since this case occurred, in response to an NHS England Patient Safety Alert to tackle acute kidney injury an electronic alert system has been introduced nationally in adult patients which was introduced locally on 9 March 2015. This will help to highlight future sudden reductions in kidney function.

Yours sincerely

[redacted]

[redacted]

130 Broadway, Davyhulme, Manchester M41 7WJ
Telephone 0844 499 0845/0161 748 5559 Fax 0161 747 1997
www.davyhulmemedicalcentre.co.uk
Email: davyhulmemedicalcentre@nhs.net