



Department
of Health

Rt Hon Alistair Burt MP
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Ms M. Mulrennan,
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Dear Ms Mulrennan,

Thank you for your letter of 22 October 2015, following the inquest into the death of Harry Mellor. I was sorry to hear of Harry's death and wish to extend my condolences to his family.

Your concerns in this case focus on the system of registration and de-registration of patients with General Practitioners. You are worried that the practice of de-registering a patient, particularly a child patient as in this case, could lead to children being put at risk and ask that we consider the following:

- There is no legal requirement to register or re-register a child with a General Practitioner.
- There is no reliable system in place to identify when a child has been de-registered from a General Practice.
- There are potential safeguarding concerns if a General Practitioner can de-register a child, particularly a child with chronic health needs, before a new General Practitioner has been identified and notified of the proposed de-registration.
- The paediatric team and physiotherapy services were not directly informed that Harry was going to be de-registered or had been de-registered.

I was extremely concerned on reading your report that a vulnerable child could lose touch with services so quickly and without anyone apparently becoming aware of it. While the GP de-registration is relevant, the failure by King's Mill Hospital to follow up the complete loss of contact is, in my view, more serious. There is perhaps an assumption that the patient or the patient's parents will always maintain contact with services: Harry's case however demonstrates clearly that this cannot be taken

for granted. Harry's mother retained her parental authority to make decisions about his care, and legal proceedings would have been needed to change that position. It seems however that the NHS lost contact with Harry, but was unaware of the loss of contact and therefore no action followed.

I intend to ask the Department of Health and NHS England to look at current processes in the NHS to ensure that the possibility of anything like this reoccurring is reduced as far as possible and preferably eliminated. It would however be useful to describe the current system.

There is no legal requirement for any person (adult or child) to be registered with a GP, and there are no plans to make registration compulsory. There is also no legal power to require any individual with capacity to receive medical treatment. The NHS Constitution allows patients and the public to register with a GP practice. In addition, patients and the public have inherent rights under the same constitution:

- *..... to choose your GP practice, and to be accepted by that practice unless there are reasonable grounds to refuse in which case you will be informed of those reasons.*

Reasonable grounds for refusal include, amongst other things, a patient not living in the GP practice area. These are also grounds for a patient (whether adult or child) to be removed from a GP practice list, with the necessary notice being provided to the patient or guardian.

When a patient is to be de-registered from a GP practice list, the practice and NHS England should notify the patient that they will be removed from the practice's list and advise them to register with another practice.

Although the information we have on the case is limited, it seems reasonable for the GP to have de-registered Harry once his family moved out of the practice area. There was nothing to prevent Harry's mother registering him with another GP, although there was no legal obligation on her to do so. Had Harry been re-registered with a GP the break in contact with paediatric services should have been picked up.

There are other opportunities for ensuring a child receives basic health care. For example, when a child starts school, as Harry did, the school is required to hold certain pupil records which include details of the relevant GP and whether the child has specific health problems or needs. School nursing services visit schools to administer vaccines and offer health advice, and therefore have an opportunity to ascertain whether a child has any unmet health needs.

Whilst the above information explains the current system of patient GP registration and the opportunities available for protecting a child's health needs, no-one in this case, even the physiotherapist who had remained in contact with Harry throughout, was aware of the loss of contact with the paediatric service at Kings Mill Hospital.

As indicated above, I am concerned that King's Mill hospital failed to realise that Harry had not had a further paediatric review, and that no action was taken in the intervening period by the paediatric service at the hospital to re-establish contact with Harry.

Information regarding missed appointments and the break in contact should have come to light via Harry's case records. From the information you have sent, it appears that the hospital relied on each successful appointment triggering the next. The use of an appropriate IT system by the Sherwood Forest Hospitals NHS Foundation Trust to regularly collate and review Harry's case records and ensure automatic follow-up letters ought to have indicated his missed appointments. It would also have enabled the sharing of this information with all those involved in his care.

I am grateful to you for bringing the circumstances of Harry's death to my attention and hope that you find this reply helpful.

My condolences again to Harry's family

In sincerity

Alist Burt

ALISTAIR BURT

