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Dear Miss Kearsley

Regulation 28 Report – Mr David Anthony Baddeley

Thank you for your Regulation 28 Report regarding the death of Mr David Anthony Baddeley and the concerns with regard to avoidable harms.

1. NHS England, GPs and Clinical Commissioning Groups have also identified the risks to patients where records do not make obvious the key diagnoses, blood tests, allergies or other significant clinical matters.
2. Since the advent of the new GMS contract, circa 2004, Primary Care practices have been incentivised and contracted to apply accurate electronic READ coded items (READ codes are fixed and specific codes used to record patient diagnoses, blood test results, allergies and so on within the clinical system). GP contract terms require IT systems to be approved and demonstrate compliance to these IT standards.
3. Where records are transferred electronically, the READ codes are to be used by the recipient practice to establish for themselves, in conjunction with any medical records summary, the clinical needs and concerns relating to that patient. The sending practice has a data governance obligation in ensuring accuracy.
4. Today, the electronic transfer of patient records within England takes place using GP2GP. This is the consistent single tool for practices to transfer all READ coded items automatically to the receiving clinical system. All narrative data is also transferred. This occurs regardless of the computer system used, providing that both of the practices are GP2GP enabled (currently 98% of GP practices in England have GP2GP capability). I can confirm that the two practices involved are GP2GP enabled.

14. NHS England has recently procured Capita to manage its Primary Care Support Services. One of the work streams is the management of medical records. From June 2016 it is planned that practices will be able to track records and see expected delivery dates. In the meantime, practices can, when necessary, request paper records urgently.
15. Electronic records can be summarised in the usual way at the receiving GP practice. If there is a concern about a patient, the practice may prioritise the summarising of a particular set of notes, usually at the request of the clinician who may be looking after them at new practice, especially if it is felt that the patient may have a complex medical history.
16. Note summarising was included as part of the national GP contract as part of the Quality and Outcome Framework. This ceased at the end of 2012/13 when it was retired on the grounds that it was standard good practice and would be maintained. This standard for this indicator was that 80% of newly registered patients had their notes summarised within 8 weeks of receipt by the practice.
17. Practices will be reminded to ensure that when patients are seen at new patient health checks that they are screened for serious psychiatric illness.
18. Practices will be reminded to ensure that when a patient deregisters and transfers to another practice, that the patient record, both electronic and paper, should be checked to ensure that significant diagnoses are recorded, highlighted and correctly coded.

My apologies for the small delay in sending this response. This response is on behalf of NHS England Lancashire and Greater Manchester. I have shared this letter with the North of England Medical Director to learn if this response can be on behalf of NHS England more widely. I am awaiting a response.

Yours sincerely



Dr Raj Patel
Medical Director, Lancashire & Greater Manchester
Director of Commissioning, Lancashire