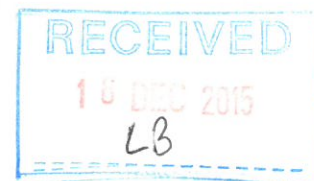


11 December 2015

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Dear Ms Mulrennan

Our ref: SR1-1280119182

Thank you for your letter dated 22 October 2015 which recommended we review procedures for the registration of children with general practitioners, following your investigation into the death of Harry Mellor. We are sorry to hear of Harry's death and understand your concern to consider whether organisations that have a role in healthcare delivery might be able to take some form of preventative action.

In your letter, you set out four matters of specific concern and recommended we review procedures around the registration of children with general practitioners (GPs). In responding to the recommendations, it may be helpful to set out our role and functions. We are an independent organisation that helps to protect patients and improve medical education and practice across the UK:

- We decide which doctors are qualified to work here and we oversee UK medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action when we believe a doctor may be putting the safety of patients, or the public's confidence in doctors, at risk.

We publish guidance setting out the professional values and standards of practice expected of all doctors working in the UK - our core guidance is [Good medical practice](#) which is supported by a range of explanatory guidance on topics such as patient [confidentiality](#), [consent to treatment](#), [child protection](#) and other issues in healthcare practice. We do not have a direct role in the design and operation of healthcare services and the systems for managing patients' clinical care, although the standards in our guidance will touch on doctors responsibilities for ensuring

that organisational systems and services operate in a way that provides safe and effective standards of care , as explained below.

Responsibility for registration of a child with a GP

Our guidance sets out a number of duties on doctors which are relevant to Harry's case, as they concern responsibilities for managing or participating in organisational systems set up to prevent and reduce harm to patients, and responsibilities to work with child patients and their parents or guardians in ways that ensure the health needs of children are met and action is taken on child protection concerns. We do not have any powers to create obligations for parents or guardians such as requiring them to register their children with a GP or to notify their GP when leaving the practice area.

Doctors' responsibilities for ensuring continuity of care for child patients

Good Medical Practice (GMP) provides guidance on doctors' roles in ensuring continuity of care and this makes clear that doctors are expected to provide all relevant information about a patient to those taking over a patient's care (see [paragraphs 44-45](#)). It alerts doctors to the need to:

'...check, where practical, that a named clinician or team has taken over responsibility when your role in providing a patient's care has ended. This may be particularly important for patients with impaired capacity or who are vulnerable for other reasons.'

However, this is in the context of situations where, for example, a doctor is going off duty, or delegates care to another practitioner, or knows that a patient's care has been transferred to another practitioner.

Doctors have a number of responsibilities in relation to patient support and protection from harm, set out in GMP and related explanatory guidance which, taken together, require them to:

- contribute to the safe handover of care between different providers (in *Good medical practice* 44 and *Ending your professional relationship with a patient* 6.d)
- support vulnerable patients, contribute to their protection and help them if their rights have been denied (in *Good medical practice* 27, and *Protecting children and young people* 8, and *Confidentiality* paragraph 63)
- support patients and families to ensure their health needs are met (in *Good medical practice* 49 and 51 and *Protecting Children and young people* paragraphs 1b and 8)
- participate in systems to share information about children at risk of serious harm (in [0-18 years: guidance for all doctors](#) paragraphs 61 and 63 *Protecting Children and young people* paragraphs 5 and 25)

- to act on concerns where they suspect that a child may be at risk of neglect or abuse (Child protection paragraphs 6-8, 32).

We believe it's clear from our guidance that, if a GP suspects that a child may be at risk of neglect or abuse, s/he would have a responsibility to act to protect the interests of the child. And more broadly, GPs have a responsibility to work with parents in ways that support them to provide a good standard of care to their children for example by sign-posting or referring parents to local advice and support services. Other organisations provide more detailed guidance on how GPs can meet their obligations, for example the Royal College of General Practitioners (RCGP) and NSPCC provide [clinical guidance](#) in the form of a safeguarding toolkit to assist GPs to make decisions about what assessments to offer and when to raise concerns, including when children who are the subject of safeguarding concerns leave the GP practice.

Responsibility for systems and processes around the transfer of care

We understand that, the NHS doesn't impose a requirement on patients to notify their GP that they are leaving the practice, nor is there an obligation to be registered with a GP. So a GP may be unaware that a patient has left a practice area for a long time after the patient has moved on. They may also be unaware of the patient's new location. Requests to transfer a patient's records are triggered when a patient registers with a new GP, and it may be months or years before this takes place. We also understand that it is standard practice for GPs to remove patients from their lists should they become aware that they have left the practice area, which is described as 'administrative removal'. GPs in England are expected to notify their Primary Care Organisation of administrative removals.

Bearing this in mind, it seems that a GPs ability to make a judgement about whether a deregistration notification or a decision about administrative removal should trigger child protection action, may be constrained by having no or limited knowledge of a patients circumstances at that point in time.

The design and management of national systems of clinical monitoring and quality in England are the responsibility of [NHS England](#). NHS England is also the primary care organisation responsible for receiving administrative removals from GP practices and the recipient of any requests for records to be transferred once a patient has registered with a new practice. NHS England is currently developing a system to improve the protection of children who have previously been identified as vulnerable by social services, the Child Protection – Information Sharing (CP-IS) project. More information about NHS systems, including the CP-IS project are available from NHS England, and information about how these services work at the local level can be obtained from the GP contracting team at NHS England.

We have discussed the issues raised by your correspondence with the RCGP as the body responsible for setting clinical standards for primary care and they advised that:

- There are potential safeguarding concerns if a General Practitioner can administratively de-register a child with chronic health needs, before a new General Practitioner has been identified as taking over the care of that child.
- Work is ongoing to improve the clinical guidance available to doctors to support decision making in relation to children with long term conditions. The Royal College of Paediatrics and Child Health is working to produce standards for the care of children with long term health conditions (with input from the RCGP). Publication is due for 2017.
- In cases of child deaths where abuse or neglect is thought to be factor, the [national system for carrying out a serious case review](#) offers an effective way of engaging local and national organisations in a process to evaluate existing systems and identify any need for change.

Conclusions

While our standards make it clear that doctors need to take steps to ensure the care of their patient is transferred safely, clearly their ability to do so is bound up with the systems they work within, so you may wish to pursue your concerns with the NHSE, RCGP and RCPCH who are better placed to advise on whether and how systems and processes within the NHS in England can be changed to address your concerns.

Finally, from your correspondence, you have not indicated that any individual doctor has failed in their duty of care or has been criticised by your inquiry. However, if your investigation has identified concerns about individual doctors including any concerns that they have failed to follow our guidance on good practice, we would appreciate your providing us with any relevant information so we can consider whether action is needed through our [fitness to practise procedures](#).

I hope you find this response helpful to the process.

Yours sincerely,



[REDACTED]
Interim Director of Education and Standards
Responsible Officer and Senior Medical Adviser

Telephone [REDACTED]