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1/20.
593/2015

Partners:

Mr John Pollard
Senior Coroner
Mount Tarbor
Mottram Street
Stockport
SK1 3PA



Monday, 28 December 2015

Dear Mr Pollard,

Regulation 28 Report to prevent future Deaths following the inquest of Thomas Anthony Collins who died on the 15th July 2015.

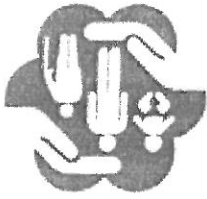
I write further to your letter dated 25th November 2015 enclosing a Regulation 28 report issued at the conclusion of the inquest into the death of Thomas Collins, which took place on the 18th November 2015. I am sorry that you found cause to issue this report and I hope to address the concerns raised to your satisfaction in this letter.

I note that during the course of the inquest you had three areas of concern, two of which are directed to Haughton Thornley Medical Centres for response. I have addressed the concerns as set out in Schedule 5 of your Regulation 28 Report as follows:

The GP attended the patient on the 24th June and she assumed that he had been seen by a doctor on the 22nd because the records showed that he had been seen by a 'practitioner'. In fact he had only been seen by the paramedic. This assumption very much detrimentally influenced her subsequent decision making.

██████████ was aware that the patient had only been seen by a paramedic on the 22nd July 2015 and apologises for her reference to a "practitioner", which may give the impression that it was her understanding that the patient was seen by a doctor.

On the attendance on the 24th, the doctor noted that the patient had had a fall, but she did not realise it was an unwitnessed fall, so the force and detail thereof was not known by anyone. She noted that the patient found it 'too painful for him to move or to sleep', and she said it was 'evident that he was in agony with pain for him to turn in bed' (sic). She did not ascertain from the care staff that the



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Haughton Thornley Medical Centres

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patient's chest was 'pulsating when breathing', a classic sign of flail chest. She conceded that facing the same situation now, she would have admitted him to hospital. This is clearly an area where further training is required.

As a practice we undertook a Significant Event Analysis on the 29th of July 2015 and we have undertaken a further Significant Event Analysis on receipt of your report on the 2nd December 2015. The following learning points and changes that we have identified and implemented are outlined below. Dates indicated in the brackets are either planned or completed:

- When accidents happen in homes and care homes, we will ensure we record very clearly our findings and in particular whether the accident was witnessed or unwitnessed and we will obtain more information surrounding the circumstances of a fall. The presence of a flail chest is not part of clinical history taking so it is not a question we would ask or ascertain from care home staff or witnesses. It is a clinical observation taken on inspection of a patient's chest and was not present during the consultation on the 24th June 2015. The nursing staff became aware of the patient's pulsating chest on the 25th June 2015, the day after [redacted] attended (29th July 2015). We will have a lower threshold for admitting patients to hospital following unwitnessed falls and ongoing symptoms within days of the fall. This particularly applies to vulnerable patients such as those in care homes and elderly patients who live alone, and patients with pathologies that might make them susceptible to complications (29th July 2015).
- We will have a lower threshold to speak to GP colleagues for a second opinion about patients if we have concerns (29th July 2015)
- [redacted] has undertaken the following training in response to the outcome of this case and discussed relevant issues raised with her appraiser. This will be reflected on further formally as part of her annual appraisal due in 2016.
- Updated clinical knowledge in the area of thoracic trauma with personal reading (BMJ article Thoracic Trauma 2014) and subsequent reflection on this reading (August 2015).
- Attendance at a medical record keeping course for GPs on the 8th October 2015 with subsequent reflection on this course (October 2015).
- Online learning module about the interpretation of abnormal liver function tests (December 2015).
- Personal reading and updates on the assessment and management of falls (NICE Guidance CG 161: Falls in Older people, assessing risk and prevention, 2013). There are no current local or national published guidelines on the management of falls of younger patients or those in care homes but relevant information from this guidance has been reflected upon (December 2015).
- [redacted] is also planning to meet with a local consultant physician to reflect on this case further and specifically to look for advice with the management of falls for patients in care homes. This meeting may highlight further learning or educational topics that may assist her in this matter. This will subsequently be presented back to the GPs within the practice.

- All of the practice GPs will undertake personal reading and update their clinical knowledge on thoracic trauma and management of falls and share this learning within our next monthly educational meeting. At this meeting, [redacted] will present learning needs and actions plans identified from her personal training and discuss any further changes that can be made to the practice as a whole as a result (January 2016).
- (January/February 2016)

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- We will share this incident's findings and learning with our local GP colleagues at the next locality meeting, to help prevent further deaths of this nature occurring (January/February 2016).
- [redacted] has self-referred to the General Medical Council and informed NHS England of the outcome of this inquest. (December 2015)

I hope that this reassures you that the practice takes all deaths and significant incidents extremely seriously.

Should you have any further questions arising from the contents of this letter please contact me. I apologise that your investigation into this death caused you such significant concern to issue a Regulation 28 report, however I hope that you are now suitably reassured.

Yours sincerely



Practice manager, Haughton Thornley Medical Centres



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