

Knowle House Surgery
4 Meavy Way
Crownhill
Plymouth
Devon PL5 3JB
Tel: 01752 705090
Fax: 01752 754600



Tamerton Surgery
Harwood Avenue
Tamerton Foliot
Plymouth
Devon PL5 4NU
Tel: 01752 775470
Fax: 01752 759992

22nd March 2016

Private & Confidential

Mr A Cox
Assistant Coroner
Plymouth, Torbay and South Devon
1 Derriford Park
Derriford Business Park
Plymouth
PL6 5QZ

Dear Mr Cox

Ref: Regulation 28 report to Prevent Future Deaths.
Patient: Mr Michael John Valentine dob: 26.03.69 dod: 16.09.15.

Thank you for your letter dated 3rd February 2016 addressed to Dr Hall. Dr Hall has passed your correspondence to me as the person best suited in the Practice to arrange the actions to be taken.

An audit of post was taken on 23/2/16. 235 pieces of correspondence were referred on this day. 216 were distributed to the GPs working that day. 1 GP does not routinely work that day and 19 pieces of correspondence were reviewed by the Duty Doctor for urgency and 18 pieces of correspondence were deemed safe to leave for the doctors return one day later.

A re-audit was undertaken on 22/3/16. 209 pieces of correspondence were received on this day. 175 were distributed to the GPs working that day. 2 GPs were not working that day 100% (34) of their correspondence was reviewed by the Duty Doctor for safety and 33 pieces of correspondence were deemed safe to wait for the GPs to return to review.

On balance we are happy that we now have robust procedures for reviewing post and electronic communication within the Practice to keep our patients safe.

We met with our Secondary Care Psychiatry colleagues on 18th March 2016 and discussed the rejection process as well as carrying out a Significant Event analysis on Mr Valentine's death.

I enclose copy of the minutes and outcomes of that meeting.

Yours sincerely

Practice Manager

RECEIVED
24 MAR 2016
CORONER'S OFFICE

that although this referral was urgent due to the hunger strike they did not feel that this required an immediate response due to the time it would take to carry out his stated action. The Psychiatric Team present maintained that they felt that a physical assessment was still appropriate at this time.

It was discussed between the parties that any urgent referrals rejected should be phoned through to the surgery and this should be confirmed by DRSS as Mental Health Services triage referrals on their behalf.

In this case Dr Lindsay stated that she felt apprehensive about going to the house alone to visit Mr Valentine and that she knew the MH Team would approach him in pairs and would be able to assess his capacity.

Outcome:

After discussion it was confirmed that the referral requested was a Mental Capacity Assessment and not a Mental Health Act Assessment. Although the referral was put through as urgent the fact that he was on hunger strike meant that his suicide was likely to be slow and the request for a physical health examination was reasonable.

Due to his past history and mental health problems perhaps 'alarm bells' should have rung.

Mental health offered him an appointment but it is not clear why they did not follow him up after a second phone call to him.

The rejection was not phoned through to the surgery meaning the GP did not have this information until a few days later and did not follow up the referral believing the Mental Health Team had seen him.

It was agreed that both parties would write to the head of DRSS and request the review of their procedures so all urgent mental health referrals that are rejected are telephoned through to the requesting GP as well as rejected through electronic communication (Choose & Book).