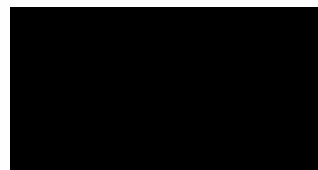


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09-Jan-2017

Joanne Kearsley
Acting Senior Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG



Dear Miss Kearsley,

Re: Miss Rachal Marie Murphy

In response to the death of the above young lady and an internal review of her case, the Practice has put into place measures to avoid the issues noted about the failure to check her liver function blood tests (LFTs) and how CAF documentation is handled.

1. The British National Formulary issue 72 advises that LFTs "should be checked before sodium valproate therapy is commenced and during the first 6 months of treatment, especially in patients most at risk". Although the BNF does not advise checking LFTs annually for patients on sodium valproate, we all accept this would be good practice in view of the risk of hepatic dysfunction and have agreed to adopt this policy within the Practice.

I have done a search of the Practice list for all patients currently prescribed sodium valproate and noted when their last LFTs were checked. If this has not been within the last year, they have been sent a letter inviting them in for a blood test.

An alert has also been added to each set of notes detailing when their annual LFT is due and all administrative staff who issue prescriptions have been made aware

to check the blood test is up to date before issuing a prescription. Should patients decline to have a blood test or not respond to the invitation, this will then be escalated by the member of administrative staff to the patient's usual GP to contact the patient and determine further action as appropriate.

In the case of children under 18 years of age, all contact would be sent to the parent/guardian. Failure to respond to monitoring invitations would be escalated to the lead safeguarding GP to assess and consider whether the child is at risk and determine whether a referral to safeguarding is indicated.

2. Since the CAF document from 2014 was received and scanned into Rachal's notes as file-only, a new member of staff has been employed by the Practice and trained to scan all paperwork received. She also attends annual training days on Docman, the software used to scan surgery letters.

CAF documents received through the post will now be given to the duty doctor on the day they arrive, to determine whether any action is required that day, such as responding to CAF meeting invitations, liaising with any other colleagues involved in the patient's care or arranging any follow up required at the Practice. Should no same-day response be needed, the document is then scanned and sent to all regular GP's at the practice to read, in order that they are all made aware of the information contained.

We trust that these new procedures will help avoid a repeat of the circumstances involved in this tragic case.

Yours sincerely,

Howard


Salaried GP
Grosvenor Medical Centre