

Our Ref: GY/ACG

3 July 2019

PRIVATE AND CONFIDENTIAL

SIGNIFICANT EVENT REPORT AND ACTION RE:

Geoffrey Duke DOB 27/4/1960 DOD 20/12/2017

Late of 

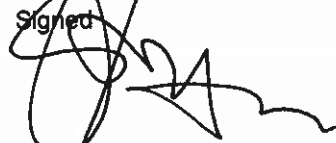
Geoffrey Duke, a patient registered at this practice died in the Royal Stoke Hospital on 20 December 2017. This followed a prolonged period of illness, during which it was unclear quite what was wrong with him. Eventually, and unfortunately too late to prevent his demise, this was found to be as a result of infection arising from his pacemaker leads. This is seemingly an extremely unusual occurrence and was not thus recognised in several hospital admissions that had taken place prior to this final admission to hospital in Stoke.

As the GP who was responsible for seeing Mr Duke during most of his visits to the surgery ahead of his death, I have been tasked to write this report, advocated by the coroner at his inquest, given that it was felt there needs to be a structured plan to consider this possibility, should there be any further future instance thereof in any other individual.

The clinicians at Darwin Medical Practice have met and discussed in depth this case on Thursday 20 June 2019, as part of our regular Clinical Governance Meeting.

The practice shared the information from HM Coroner and looked back, in detail, through Mr Duke's medical record. It was agreed that this was an extremely unusual occurrence. It was agreed that the clinicians concerned in Primary Care had made all appropriate steps to try and elucidate. However, during his attendances at the surgery, there could be seen no way that this could have been picked up earlier within Primary Care. Mr Duke had attended on a number of occasions with relatively non-specific symptoms of malaise, with the only finding being of raised inflammatory markers; rightly this had been noted and documented and was being addressed and followed up. In fact, at the last time he was seen at the surgery, he had improved in himself, as indeed had these clinical markers. It was noted that he was concurrently having hospital admissions and attendances.

Given the rareness and the unexpected nature of the eventual outcome, the learning from this in Primary Care was that this is now perceived as a possibility, where it may not have been considered before; the cause for Mr Duke's malaise. It was felt the remit for the final diagnosis lay probably more within Secondary Care, but that the lesson to be learned from this was that situations, even as unusual as this, are possible and should be considered in any future similar scenario.

Signed 

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