

22nd March 2018

Meg Hillier MP
Chair
Committee of Public Accounts
House of Commons
London
SW1A 0AA

Via email to pubaccom@parliament.uk

Dear Chairman,

CLINICAL CORRESPONDENCE HANDLING IN THE NHS

I am writing to you in advance of the hearing on Monday 26th March to provide an update on progress with NHS clinical correspondence handling. This follows an update letter sent to you on 23rd January 2018 and will encompass responses to recommendations 3 and 4 of the Committee's report on Clinical Correspondence Handling at NHS Shared Business Services.

Update on progress

Since the hearing in October 2017 our National Incident Team has undertaken a rigorous and exhaustive process to repatriate all misdirected documents to the appropriate location and to establish whether any harm to patients had arisen from the delays experienced in the SBS incident and the additional backlogs accumulated by Capita following site closures and as a result of misdirected correspondence by GPs. The relevant processes were set out in the NAO reports relating to these incidents, and in both cases we have taken additional action to reach a definitive outcome for those cases, where no response was received from the patient's GP.

The total number of documents requiring review following the SBS and PCS clinical correspondence incidents was 1,132,043. This is made up as follows:

- 708,259 documents from the SBS incident (described as "just under 709,000 in the NAO's June report)
- 373,868 documents from site closures and GP returns to Capita, as set out in my January letter and the NAO's February report
- 22,282 documents from site closures identified through the further verifications set out in our response to recommendation 2 of your report on the October hearing, which is now complete

- 22,787 further documents received from GPs prior to the resumption of routine redirection services from January 2018
- 4,847 documents recently forwarded by the NHS in Scotland

Our initial triage processes was able to exclude 109,772 of these documents from further review, predominantly because they were non-clinical in nature, showed evidence of appropriate processing or related to a specific practice closure in London which is being managed by the responsible primary care provider.

Of the remaining 1,022,271 documents:

- I am pleased to report that 1,016,378 (99.4%) have now been definitively and positively closed off following appropriate clinical review by either the patient's GP or NHS England appointed doctors, supplemented by expert reviews from our National Clinical Directors and consultants in relevant fields where necessary to form a definitive evaluation.
- In 4,070 cases (0.4%), despite extensive efforts involving both the patient's GP and direct contact from NHS England, the necessary patient consent has not been gained to access their clinical notes in order to undertake the more detailed expert review. Notes have therefore been included on these patients' medical records to prompt a review when they next contact their GP.
- As at 22nd March 2018, we are seeking to close 1,821 cases (0.2%), where further information is required, predominantly in the form of clinical notes which have recently been requested following receipt of patient consent or where further clarification is required from patients. These will be completed as soon as we have the relevant information.
- There are 2 cases where expert consultant review has concluded that patient harm cannot be definitively ruled out. These cases continue to be investigated.

Whilst writing, may I take this opportunity to address one other issue relating to the information given to the Committee at the hearing in October 2017. NHS England provided a figure of 162,000 in relation to the number of items requiring action in the PCS incident. This represented the number of items of correspondence which the National Incident Team had identified as needing further triage at that point in the process, having already excluded a substantial number of items which were non-clinical, previously processed or requiring no action. Once the central triage process was completed, the volume of documents requiring detailed GP review fell significantly further – to 30,328.

Next steps

NHS England and Capita have agreed a business- as- usual process to deal with the handling of any correspondence that Capita receives in error. From May 2018, Primary Care Support England (PCSE) will provide a service to handle and process any clinical correspondence which is received by them.

Any documents which are received by PCSE will be sorted, using guidance provided by NHS England, and then repatriated to the patient's current registered GP practice or archived, if the patient is deceased or no longer registered with a

GP. In the interim, an equivalent facility is being provided by the National Incident Team.

A communication strategy has been developed to support the implementation of the new service, and as part of its introduction we will be communicating with GP practices to remind them about good handling practices for clinical notes.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P. Baumann', with a horizontal line underneath.

Paul Baumann
Chief Financial Officer