

30 June 2017

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To: General Practitioners.

Birmingham, Solihull & Black Country, Coventry, Warwickshire,
Herefordshire & Worcestershire

Dear Colleague,

**COMMUNICATION FROM YOUR RESPONSIBLE OFFICER
ACTION REQUIRED**

We are writing to all GPs following the tragic death of an infant with sickle cell disease who died from pneumococcal sepsis. A significant contributing factor was the lack of vaccination against pneumococcal disease. I know many of you will already have received communication from the LMCs on this matter.

Whilst there were multi factorial issues in this case, the Coroner who conducted the inquest was highly critical of the NHS and those involved in this case. Circulation of this letter to you is one of a series of actions the NHS has committed to in response to the coroners letter to the NHS.

There are three key learning areas from this case that every GP needs to consider as a consequence and I would like to share that with you.

Record Keeping

It was noted that record keeping was poor with no adequate READ coding and with little recording of actions taken in relation to hospital letters received, and therefore no adequate call and recall system in place to ensure vaccination. This is explicitly required by the influenza and pneumococcal vaccination DES and whilst the childhood immunisations and 'imms and vacs additional services' regulations do not contain such an explicit requirement, a robust call and recall system would be good practice to ensure maximum uptake.

ACTION

- **Please ensure that your record keeping is of the standard required under the GMC "Good Medical Practice"**
- **Please ensure that necessary call and recall systems are in place to ensure maximum uptake of vaccinations**

Managing Hospital letters

The hospital wrote on 4 separate occasions to the practice requesting vaccination of the child. There were inadequate systems in place to manage incoming letters and ensure that actions were undertaken. It appears that the GP was unaware of the request for vaccination. There was therefore no contact from the practice to the parents requesting an appointment for vaccination.

ACTION

- **Please review your systems for incoming information to ensure that actions required are noted, recorded in the notes and an appropriate action taken and recorded**

Vaccination Advice

It was noted that the hospital requested vaccination with 'Pneumovax23'. The practice failed to realise that this was the same as 'Polysaccharide Pneumococcal Vaccine' which they had in stock. As a result the practice, when request by the parents for vaccination, thought they had the wrong vaccine. Although they attempted to seek clarification from the hospital, a call to the immunisation team would have corrected that misunderstanding but that call was not made.

ACTION

- **Please ensure that the members of staff, usually your nurses, are aware of the contact details as below for ANY vaccination query**

england.wmid-imms@nhs.net

All enquiries to this email are expected to be reviewed within 1 working day with a reply within 3 days, although in 90% of cases the reply is the same working day.

We are taking the unusual step of sending this letter with a read receipt so that we can inform the coroner that all GPs have been notified.

We also recommend that you put this letter into your appraisal portfolio to ensure that the contents are reflected upon and any actions required from this reflection are put in place.

We will also be asking CCGs to consider the content of this letter and any learning and training that may be required within their practices to support this.

We are also circulating this amongst ROs across England and asking them to disseminate to their GPs

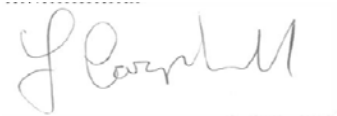
Regards,



Dr Kiran Patel
Medical Director
(NHSE West Midlands)



Dr Sarah Marwick MBChB FRCGP
Associate Medical Director,
Professional Regulation and
Revalidation
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