

Meeting with NNCCG on 17th May 2013

Averil Hart died less than three months after starting university at UEA near Norwich, during her recovery from severe Anorexia Nervosa (AN).

During this time, her parents raised concerns about her health, her fellow students raised concerns and even the cleaner at her flat told us that she thought Averil should have been in “hospital on a drip” weeks before the 999 call was made.

Averil wanted more than anything to stay at University, she had worked hard to get out of hospital and arranged a transfer from Durham to UEA to be near her family and friends. All she needed to maintain her health at University was the implementation of her discharge plan by the outpatient services at UEA medical centre and NCEDS. The simple checks and balances to ensure and maintain Averil’s health appear not to have been undertaken.

Whilst we await the outcome of the SI enquiry I am particularly concerned that other patients and young AN sufferers are being placed at risk due to the non-conformity of the service providers.

Questions for the new North Norfolk commissioning group for the services that they are providing and which relate directly to patient safety and quality of service :

	Event / Non-conformance area	Quality checks and audit by NNCCG / N&WFT	Corrective action to enhance patient safety and quality of service
1a	Two previous near misses of patients being cared for in the Norfolk area and the recent tragedy that has occurred to our daughter Averil.	What investigations are the North Norfolk Clinical Commissioning Group undertaking (or have undertaken) themselves outside the current SI enquiry to review patient safety and quality of care after SI’s and near misses. Was a serious incident review carried out after the previous near miss incidents ?	What if any corrective actions have NNCCG undertaken to ensure that a similar tragedy does not occur ? How are you assured that learning and appropriate system changes take place after serious incidents ? When the NCEDS service was originally commissioned from CPFT, what if any changes were made over prior arrangements to improve the patient safety, staffing and quality standards ?
1b	Quality standards	What quality checks did NWFT undertake to ensure that the service provided for my NCEDS / CPFT was in fact meeting minimum safety and quality standards ? What areas of non-conformity (if any) were found in quality audits of NCEDS and CPFT completed by N&WFT ?	What remedial action was undertaken by N&WFT in areas of non-compliance ? How do you assure yourself that in the care of patients with AN that the processes of monitoring (mental state, physical state and risk) are carried out so that very sick patients are recognised with appropriate communication and escalation of concern and that appropriate management is undertaken by competent staff ?
2a	Following of basic medical instructions from secondary specialist unit.	What quality checks are undertaken by NNCCG to ensure that the services and service providers that they commission are following basic requests from referring specialist units such as Addenbrooke’s S3	Where non conformity has been or is established (ie basic health checks not carried out), what actions are NNCCG taking to ensure patient safety and quality of service ?
2b	Communication and Co-ordination of services for “at risk” patients. Despite Averil’s discharge risk assessment and request for both NCEDS and the UEA medical centre for basic weekly health checks these appear not to have been undertaken.	What measures are in place to ensure that patients at risk are having basic checks undertaken by NCEDS or a primary health care provider ?	Where non conformity with regard to basic health checks is established, what measures do NNCCG have in place to correct current practice, change weak teams and restore faith to patients and families ?

2c	Team leadership, Medical reviews and overall capability of specialist teams.	What ongoing checks are undertaken to ensure that the leadership, care processes and overall team capability are in place to provide a safe and high quality of specialist services ?	Where the strength of leadership, overall team capability and the systems for specialist services commissioned by NNCCG are shown to be below an acceptable standard, what measures do NNCCG have in place to make quick changes to ensure patient safety ?
2d	Resources Lack of resources have been cited to me personally by a number of key staff members of Addenbrooke's and NCEDS as being a major factor in terms of service provision.	Have resource issues been raised recently or in the past to NNCCG or N&WFT ?	If resources issues have been raised, what measures have been undertaken or are being undertaken to address this issue ? Has quality of service been adversely affected and has this been reported recently or in the past ?
2e	Co-ordination between primary and secondary specialist services	What checks are NNCCG undertaking to ensure proper co-ordination between primary care units such as at UEA medical centre and at NCEDS or services that are commissioned by NNCCG ?	Where there is a lack of medical co-ordination between services, what steps are NNCCG undertaking to ensure patient safety and quality of service ?
2f	NICE and MARSIPAN guidelines and patient risk assessments	What quality checks are being undertaken by NNCCG to ensure that the services that they commission are following NICE and MARSIPAN guidelines particularly in patients considered to be at risk ?	Where specialist services are found not to be following basic MARSIPAN and NICE guidelines what measures are NNCCG undertaking to ensure patient safety ?
2g	Emergency procedures	What checks are being undertaken by NNCCG to ensure that the specialist services they commission like NCEDS have proper emergency plans in place for patients at high risk that may need hospitalization ? (Particularly with regard to weekend cover and psychiatric liaison with hospital acute wards).	Where proper emergency plans are not found to be in place what step are NNCCG taking to ensure patient safety ?
2h	Hospital liaison and specialist services	Where patients are hospitalised for emergency care, what checks are carried out to ensure the rapid liaison between the hospital acute ward and the specialist psychiatric services commissioned by NNCCG and that the liaison is appropriate and to a high standard ?	Where the liaison between acute emergency and psychiatric specialist services is found not to conform to basic standards what remedial action is carried out by NNCCG ?
2i	Family communication	Where patients are being cared for in the community, what checks are in place to ensure that specialist units have the contact details of family members for both routine and emergency contact ?	Where specialist services are found not to have basic communication details of a patients relatives or family members, what corrective action is undertaken by NNCCG to ensure that specialist services can communicate with patients family members ?

General questions relating to N&WFT and NNCCG service provision and integration with other health service providers:

3. On reviewing the SI report on the death of Averil Hart who will be ultimately responsible for ensuring that the lessons learned are carried out and that if significant failings to the current commissioned services are found that the current service contract is reviewed ?

4. Given that the NCEDS service was commissioned by Norfolk and Waveney FT:-

Where does the ultimate liability for patients services provided by the community eating disorder team lie ? is it with the providers CPFT/NCEDS or the commissioning body N&WFT / NNCCG ?

5. The UEA medical centre were requested to undertake weekly checks of Averil's health. This they apparently failed to do. Since Averil died they have also failed to respond to questions and letters from Averil's family. Their last letter of the 5th April stated "we are on holiday until 15th April". As of 16th May 2013, we have heard nothing further.

What can the Norfolk commissioning group do to help ensure that where patients that are being cared for by secondary care commissioned by NNCCG, that the important primary care provided by services such as the UEA medical centre meets basic standards and respond to patients and their families needs ?

6. To help our understanding of the service resources / pressures please provide the following general information under the Freedom Of Information Act (2000), we would like to request :

- a) What is the current annual cost to N&WFT / NNCCG to operate the NCEDS service ?
- b) What is the structure and team composition of NCEDS ?
- c) Who is directly responsible at NNCCG for overseeing the quality and safety of the NCEDS operation ?
- d) What population does NCEDS serve ?
- e) What average case load for NCEDS at any one time (current case load) and total number of referrals per annum?

Nic Hart

16th May 2013