



National Audit Office

Report

by the Comptroller
and Auditor General

NHS England

Investigation into clinical correspondence handling in the NHS

What this investigation is about

1 In March 2016 NHS Shared Business Services (NHS SBS) informed NHS England and the Department of Health that it had discovered a backlog of approximately 435,000 items of unprocessed clinical correspondence. NHS England declared a national incident as soon as it discovered the backlog. We reported on the origin and handling of this backlog in *Clinical correspondence handling at NHS Shared Business Services* in June 2017.

2 On occasion organisations or individuals writing to GPs about their patients misdirect clinical correspondence, for example when patients have changed GP practice or correspondence is sent to the wrong practice. **Figure 1** shows that up to 31 May 2015, NHS SBS was one of a number of NHS and private providers responsible for redirecting correspondence that GPs received in error. In May 2015 NHS England introduced new arrangements and since that date GPs are to return misdirected correspondence to the sender. NHS SBS and private providers ceased responsibility for redirecting correspondence from 31 March 2016. NHS England is responsible for arranging primary care support services in England and for the process for redirecting clinical correspondence.

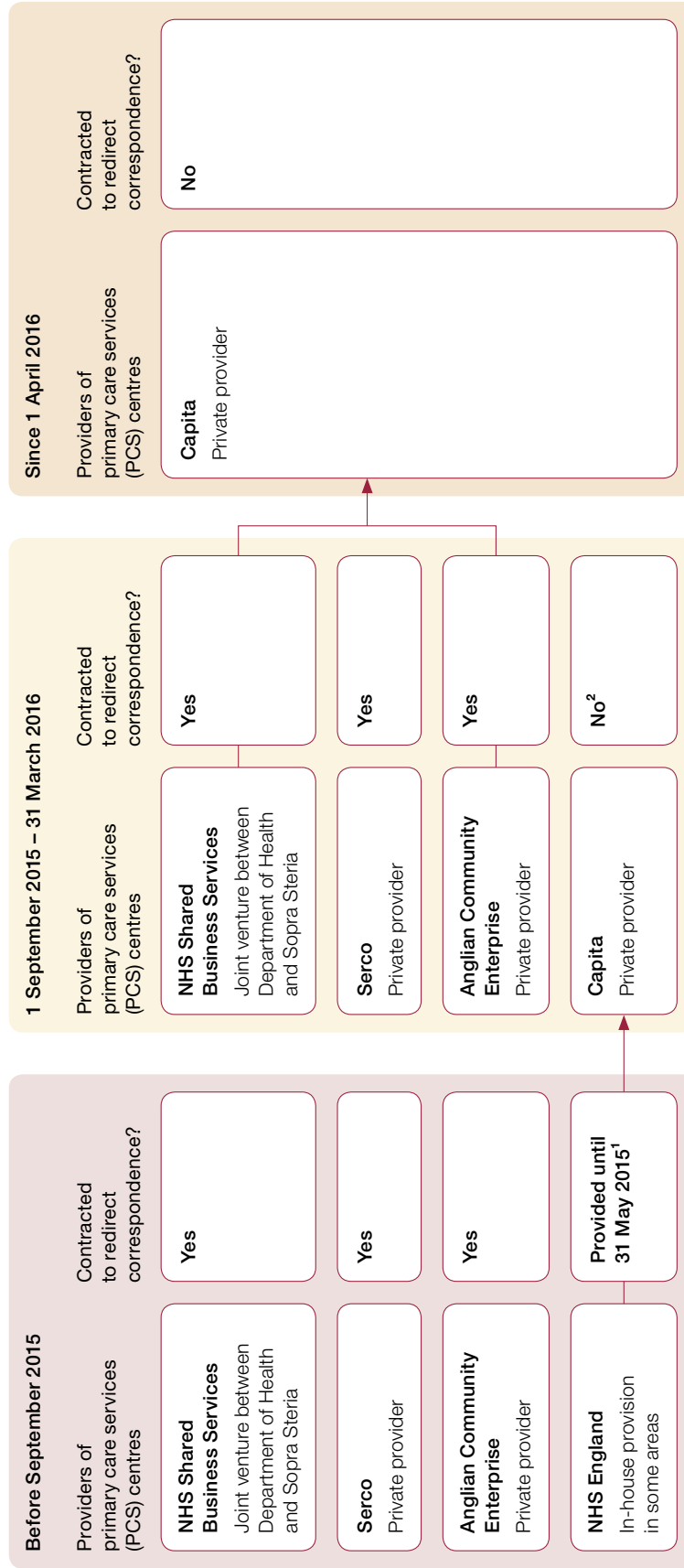
3 At the October 2017 hearing of the Committee of Public Accounts to consider our investigation into NHS SBS, NHS England informed the Committee that it had discovered a new backlog of 162,000 items of clinical correspondence that had not been redirected. NHS England stated that a small proportion of GPs had not been complying with guidance and had erroneously been sending clinical correspondence and other material to Capita, the current provider of primary care support services for NHS England.¹ Capita has no contractual responsibility for redirecting clinical correspondence.

4 This investigation is therefore a follow-up to our previous work on clinical correspondence. It will set out:

- responsibilities for redirecting clinical correspondence;
- the build-up of the backlog of clinical correspondence within Capita; and
- action taken by NHS England and Capita to investigate, understand and rectify the problem.

¹ The performance of Capita in delivering the Primary Care Services contract for NHS England is the subject of separate work by the Comptroller and Auditor General and is not discussed in this report.

Figure 1
 Responsibility for redirecting clinical correspondence within primary care support services
 In May 2015 NHS England introduced new arrangements for redirecting clinical correspondence that GPs receive in error



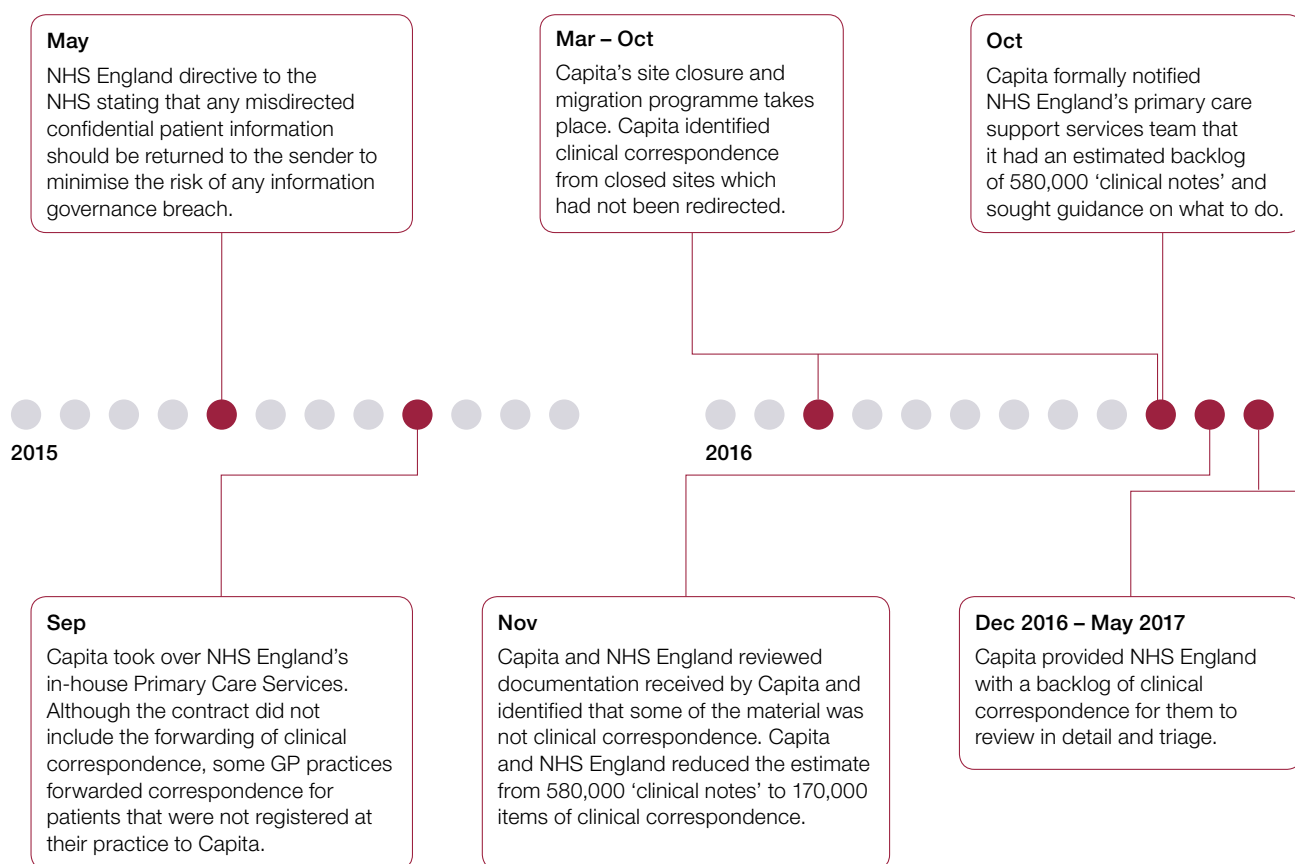
➔ Responsibility for providing primary care support services transferred to another provider

Notes

- 1 Before 31 May 2015 NHS England's guidance was for GP practices to forward correspondence for patients that are not registered at their practice to their local PCS centre, which would attempt to redirect the mail. In May 2015 NHS England introduced new arrangements. Since 31 May 2015 GPs are to return misdirected correspondence directly to the sender.
- 2 Capita was not contracted to deliver mail redirection services. However, it told us that once it took over PCS sites on 1 September 2015, it continued until March 2016 to operate the procedures it inherited for redirecting mail at those sites.
- 3 NHS England's contract with Capita includes moving patient records between practices and archiving records for patients. Therefore, Capita may need or be required to match clinical correspondence to patient records that are stored in its archive.

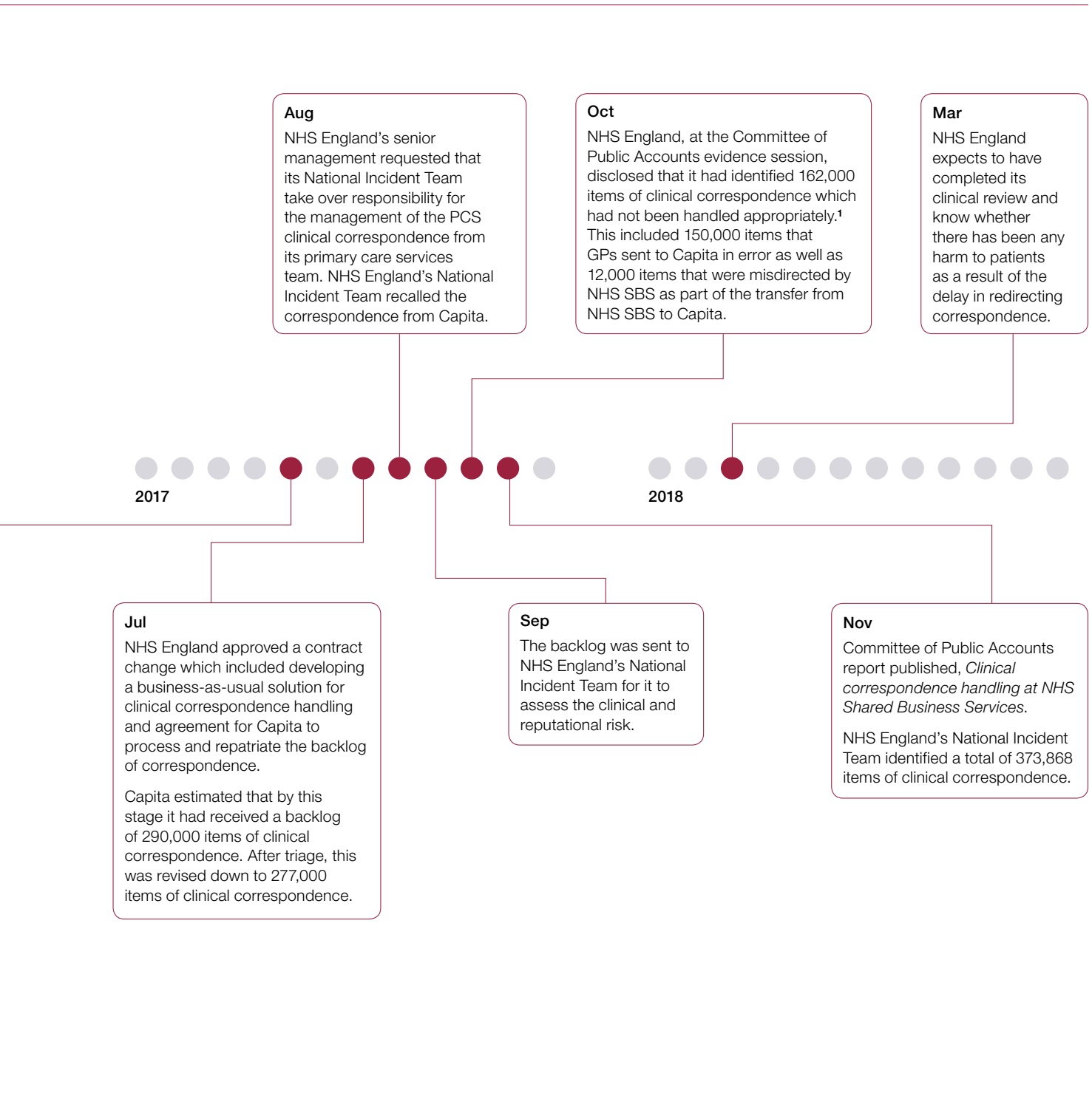
Key events

Figure 2
Timeline of key events in the handling of clinical correspondence in the NHS



Note

1 This figure represents the number of items of correspondence that NHS England had identified as needing further triage by a GP, excluding those items that were discounted as non clinical correspondence items.



2017

2018

Aug
 NHS England's senior management requested that its National Incident Team take over responsibility for the management of the PCS clinical correspondence from its primary care services team. NHS England's National Incident Team recalled the correspondence from Capita.

Oct
 NHS England, at the Committee of Public Accounts evidence session, disclosed that it had identified 162,000 items of clinical correspondence which had not been handled appropriately.¹ This included 150,000 items that GPs sent to Capita in error as well as 12,000 items that were misdirected by NHS SBS as part of the transfer from NHS SBS to Capita.

Mar
 NHS England expects to have completed its clinical review and know whether there has been any harm to patients as a result of the delay in redirecting correspondence.

Jul
 NHS England approved a contract change which included developing a business-as-usual solution for clinical correspondence handling and agreement for Capita to process and repatriate the backlog of correspondence.

 Capita estimated that by this stage it had received a backlog of 290,000 items of clinical correspondence. After triage, this was revised down to 277,000 items of clinical correspondence.

Sep
 The backlog was sent to NHS England's National Incident Team for it to assess the clinical and reputational risk.

Nov
 Committee of Public Accounts report published, *Clinical correspondence handling at NHS Shared Business Services*.

 NHS England's National Incident Team identified a total of 373,868 items of clinical correspondence.

Summary

Key findings

Responsibilities for redirecting clinical correspondence

1 NHS England introduced new arrangements in May 2015 for handling correspondence that GPs receive in error. Until 31 May 2015 the guidance was for GP practices to forward correspondence for patients that are not registered at the practice to local Primary Care Services (PCS) centres, which would attempt to redirect the mail. After that date recipients of incorrectly addressed clinical correspondence were to return mail to senders to comply with legislation and NHS England information governance (paragraphs 1.2 and 1.3).

2 On 1 September 2015 Capita took over the provision of PCS centres from NHS England. Services from three other private providers transferred to Capita on 1 April 2016. The new PCS contract with Capita did not require it to redirect clinical correspondence, as the May 2015 change in policy should have removed the need for any redirection service (paragraph 1.4).

The incident

3 Between 1 June 2015 and 31 March 2016 an unknown number of GP practices continued to send mail to their previous PCS centres for redirection. Capita told us that during this period it operated procedures it inherited from the 36 PCS centres it was then managing. As these sites were closed under Capita's PCS transformation plans from March 2016 onwards, Capita made an inventory of all records at each site and shared this with NHS England. The inventories made reference to 'clinical notes' but at this point no one identified these notes as unprocessed clinical correspondence.² Capita stored the correspondence in its archive (paragraphs 2.1 and 2.2).

² 'Clinical correspondence' is a record of a patient's interaction with a healthcare professional or service. 'Clinical notes' is a much wider category which can include a range of material which is less sensitive than 'clinical correspondence'. Where we use 'clinical notes' in this report this was the description used at the time.

- 4 GP practices continued to send mail to Capita for redirection after 1 April 2016.** In line with its contract, Capita did not forward the mail. Capita informed a member of NHS England's primary care support team in May 2016 that there was a problem with an unquantified accumulation of clinical notes (paragraphs 2.3 and 2.4).
- 5 In October 2016 Capita reported the incident to NHS England. In its report, Capita estimated that there were 580,000 clinical notes.** Capita told us that, with hindsight, it believes it could have reported the backlog sooner (paragraph 2.6).
- 6 In November 2016 Capita and NHS England carried out initial checks on the reported backlog of 580,000 clinical notes; these checks identified an estimated 170,000 items of clinical correspondence.** NHS England's primary care support team sought clinical advice and reviewed a small sample of the correspondence. Following the review, NHS England considered that the clinical correspondence was low-risk, and advised internally that Capita should simply send the correspondence to the relevant GPs. However, NHS England did not ask or contract Capita to return the correspondence at this point (paragraphs 2.7 and 2.8).
- 7 By July 2017 Capita and NHS England had identified and logged 277,000 items of clinical correspondence.** The logging of clinical correspondence was part of an agreed process to return correspondence to the correct GP. NHS England and Capita made a formal contractual change, with set rates for processing the backlog and reviewing and returning high-priority clinical correspondence (paragraph 3.2).
- 8 NHS England paused the review and return of clinical correspondence in August 2017.** This followed an incident in which NHS England sent clinical correspondence containing the child protection notes of three children to a practice without showing the name of the practice in the address. The package was delivered to a supermarket with the same postcode, which then passed the package to the practice. The incident triggered wider knowledge within NHS England of the return of correspondence and as a result it immediately paused the work. Capita sent the backlog of clinical correspondence to NHS England's National Incident Team in September 2017, for it to assess clinical and reputational risk (paragraphs 3.4 and 3.5).

NHS England's response

9 NHS England's National Incident Team has now identified and clinically reviewed a backlog of 373,000 items of unprocessed clinical correspondence.

Following initial clinical review, by 20 November 2017 NHS England had sent 18,829 items of misdirected correspondence to relevant GPs, so that they could assess whether there had been any actual harm to patients. Clinicians within the National Incident Team reviewed another 8,343 items for patients that were deceased or did not have a GP. NHS England plans to complete its clinical review by the end of March 2018. It estimates that it will cost £2.4 million to review clinical correspondence for evidence of harm, including £0.3 million that it will pay to GPs. No actual harm has been identified yet (paragraphs 2.12, 3.8, 3.9 and 3.11).

10 NHS England is only paying GPs for reviewing items of clinical correspondence after they have confirmed they have done the work. In its report, *Clinical correspondence handling at NHS Shared Business Services*, the Committee of Public Accounts reported that NHS England had paid GPs in advance for reviewing correspondence, and had assumed without evidence that no patients had been harmed as a result of the delay.³ NHS England told us that as a result of its own learning from the SBS incident-handling and the Committee's report, it has stopped the practice of paying GPs in advance for reviewing the current backlog (paragraph 3.13).

11 NHS England has not yet stopped GPs from sending clinical correspondence to Capita in error. NHS England told us that since September 2017, it has continued to receive boxes of clinical correspondence from Capita, running at approximately 5,000 to 10,000 items of clinical correspondence a month. NHS England told us that it is planning an information campaign to reinforce its earlier communication and ensure that GPs understand the guidance for handling correspondence for patients that are not registered at their practice (paragraph 3.14).

12 NHS England has not finalised its process with Capita for handling any correspondence that Capita receives in error. In November 2016 and January and March 2017 Capita continued to request guidance from NHS England on how to handle the correspondence it receives. An interim process is now in place to ensure correspondence is properly handled and forwarded by Capita (paragraph 3.15).

13 NHS England has agreed a process for assuring itself that there are no more boxes of unprocessed correspondence in archives. It has commissioned its National Incident Team to undertake a review, in conjunction with Capita, of records held for archive storage in order to confirm that all potential sources of unprocessed correspondence have now been identified and processed. Where there is any cause for concern the archive will be physically inspected. This process was due to have been completed during January 2018 (paragraph 3.16).

³ HC Committee of Public Accounts, *Clinical correspondence handling at NHS Shared Business Services*, Fourth Report of Session 2017–2019, HC 396, November 2017. Available at: <https://publications.parliament.uk/pa/cm/201719/cmselect/cmpubacc/396/396.pdf>