



Department
of Health

From Norman Lamb MP
Minister of State for Care and Support

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Mr Andrew Walker,
North London Coroner's Court
29 Wood Street
Barnet
EN5 4BE

27 FEB 2015

Dear Andrew Walker,

Thank you for your letter regarding matters of concern arising from the inquest into the death of Mr John Ioannou.

I understand that Mr Ioannou committed suicide at his home while under the care of Barnet, Enfield, and Haringey Mental Health Trust for Bipolar Affective Disorder. Mr Ioannou's medication for Bipolar Affective Disorder was prescribed by his GP and the last prescription was written in August 2013, approximately eight months prior to Mr Ioannou's death.

You raised a concern that there is no guidance in place for GPs to use when a patient does not collect medication prescribed to treat a mental health condition. I note you have previously raised concerns about the difficulty of ensuring patients are taking prescribed medications for mental health conditions in relation to the deaths of Duncan Lockhart and Dean Elie. The same legislation applies in this case. That is; under the Mental Health Act 1983 a person in England or Wales with a 'mental disorder' can be admitted to hospital, detained, and treated without consent either for the safety of the individual or for the protection of other people.

The decision to detain a person to hospital or put a person under supervised community treatment is taken by clinicians and other health professionals following specific procedures. There is also provision for a court or judge to make an order to admit a person to hospital.

The Mental Health Act 1983 aims to protect people who cannot make decisions for themselves. People are assumed to have capacity to make their own decisions, unless a lack of such capacity can be established. Capacity is based on a person's ability to

understand relevant information, retain relevant information, use or weigh relevant information, and communicate decisions. It is important to note that where a person has capacity to make their own decisions the person may do so, even if their decisions are considered unwise. People with and without mental health conditions might make decisions considered to be unwise or not in their own best interest. It was not established that Mr Ioannou lacked capacity; therefore he was free to make his own decisions.

Health and care services have a duty to ensure that patients receive adequate support. This means that all patients must receive relevant information about treatments, including any potential consequences of not following a course of treatment.

The National Institute for Health and Clinical Excellence (NICE) has published guidelines which set out best practice for the treatment of Bipolar Disorder. This includes guidance that where a patient is being treated solely in a primary care setting (e.g. by a GP) the patient should be re-referred to secondary care if treatment adherence is poor. The guidelines also state that in managing crisis, risk and challenging behaviour in adults with Bipolar Disorder secondary care providers should develop a risk management plan and share it with the patient's GP.

We expect all GPs to follow best practice guidance when caring for patients with Bipolar Disorder, and therefore to re-refer a patient back to a secondary care provider when that patient is not consistently taking medication prescribed for the treatment of Bipolar Disorder.

However, there is a larger question of how a GP would become aware that a patient had stopped taking medication, particularly if medication is prescribed on a repeat prescription which allows patients to order re-fills without seeing their GPs. Over one billion prescription items are issued by general practices each year and it would therefore be a large and complex task to monitor individual patients. Aside from the practicalities, there would be issues of appropriate data sharing, patient consent, and the right to refuse treatment. NHS England advises that it has sought the advice of its Primary Care Patient Safety Expert Group and Mental Health Patient Safety Expert Group on what action might feasibly be taken in this area. NHS England will be able to provide an update on these discussions by the end of April 2015.

It is also worth noting that, although not the case with Mr Ioannou, patients might collect prescriptions (or have them collected on their behalf by a friend or family member) but not actually take the medication. It is therefore very difficult to be sure that any patient with capacity is actually taking prescribed medication.



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Thank you for bringing this matter to my attention. I trust this reply has addressed your concerns.

L. → success.



NORMAN LAMB