

## Manor Field Surgery

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01 August 2017

Ms N J Mundy  
Senior Coroner  
South Yorkshire (East District)  
Coroner's Court and Office  
Crown Court  
College Road  
Doncaster  
DN1 3HS

Dear Ms Mundy,

**Re: Craig Stuart HAMILTON (Deceased)**

**DOB: 07.08.1980 DOD: 08.12.2016**

Further to your letter and report in respect of the above named, please find our response and actions as below:

We took immediate action on the afternoon of the inquest to identify the patients being prescribed tramadol and extended the search to other medicines with the potential for self-harm. All electronic prescriptions were changed to paper format and passed to the doctors for review before signing. All names of patients identified were passed to one of the partners to perform a review of the computer notes and make a recommendation. The inspection included

- \* the indication for the medicine
- \* the recommended dose on the prescription
- \* the recent historical issue pattern

The recommended outcome was one of the following:

- \* Immediate action to contact the patient
- \* Request for early review
- \* No change in current prescribing

We have met several times as partners. We have sought advice from the Clinical Commissioning Group, particularly the Medicines Management Team. We asked the Drugs and Alcohol Team for advice and assistance in dealing with more difficult cases. Our local pharmacist was alerted to the problem and invited to provide information on prescriptions his team thought problematic.

The issue has been escalated to a significant event through the national reporting system, 'STEIS (Executive Information System)', via the local Clinical Commissioning Group. This report will be copied to them and contains extra information to allow them to complete their

proforma.

The search showed that 79 of our 90 patients taking tramadol were not abusing the drug. Action has been taken to limit the potential over-users by calling them in for early review.

We have discovered that our procedures for issue and review of medication were not satisfactory.

We have completed a thorough review of the medication ordering/ review procedure and found two problems that may have led to the death.

- Our receptionists were skipping a computer dialog box reminding them of early issue of medication
- Our doctors had insufficient time in the consultation for review of complex problems

Since this incident our practice attitude has changed. We have changed our policy for repeat prescribing of all medication, not just tramadol.

We enclose an amended 'Repeat Prescribing Policy and Procedure' and 'Acute Prescribing Protocol'. There are significant changes from our previous policy. I draw your attention to the specific instruction on the dialog box and to changes in the way the GP consultations are structured in time and process.

The enclosed protocols have been examined by GP partners and practice manager. I am to explain to all staff in the practice, in protected time, the changes within 10 days.

I hope the enhancements cover your Matters of Concern.

Yours sincerely



  
GP Partner

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