

Your reference: MJL/YD/104-18 Our reference: PFD 1125206

Professor M Jennifer Leeming
HM Senior Coroner, Manchester West
HM Coroner's Court
Paderborn House
Howell Croft North
Bolton
BL1 1QY

\\ May 2018

Thank you for your letter of 19 March to the Secretary of State for Health and Social Care about the death of Mrs Jean Griffiths. I am responding as Minister with responsibility for patient safety.

I was very saddened to read of the circumstances surrounding Mrs Griffith's death. Please pass my condolences to her family and loved ones. I appreciate this must be a difficult time for them.

Your Report raises a matter of concern in relation to oxygen prescribing practice in the NHS. Although I note there was no evidence that lack of an oxygen prescription in Mrs Griffith's case was in any way causative of, or contributory to, her death, I am grateful to you for raising the concerns given in evidence at the Inquest that this is an area of patient safety risk.

I have noted carefully the comments in your Report and the findings of the 2015 British Thoracic Society national emergency oxygen audit report.

While it is encouraging that there has been a steady rise in the number of patients with a prescription, from 32 per cent in 2008 to 57.5 per cent in 2015, I appreciate the importance of making further progress to improve patient safety and reduce the risk of increased mortality.

I am advised that the British Thoracic Society (BTS) updated its 2008 guideline for emergency oxygen use in adult patients in 2017¹, broadening its remit from emergency oxygen use to most other oxygen use in healthcare settings, as well as short term oxygen use by healthcare professionals outside healthcare settings.

I am further advised that the guidance is supported by increasing evidence of its effectiveness in improving patient outcomes and reducing avoidable deaths. The guidance is widely endorsed by professional bodies, societies and colleges and forms an important resource for ensuring patient safety in the use of oxygen.

In terms of disseminating best practice and use of the BTS guideline, I understand the BTS has taken action to establish a network of Oxygen Champions within all hospitals, has produced e-learning modules and learning resources for ambulance services, and importantly, continues to undertake clinical audits. I commend the excellent work done by the BTS in this area and encourage that to continue in partnership with the relevant Royal College's and societies.

To see what further action might be taken in this area, my officials have sought advice from the National Institute for Health and Clinical Excellence (NICE).

NICE guideline CG101 Chronic obstructive pulmonary disease² includes a section on oxygen therapy, which includes recommendations regarding appropriate patient assessment. The guideline is in the process of being partially updated and oxygen prescribing is one of the areas included in the update. While the focus of the update has been on safety (regarding the risk of explosions), NICE considers that a tightening of prescribing practice in this area is appropriate and will bring this to the attention of the guideline developers.

The updated draft guidance is currently expected to go out for consultation with stakeholders in the summer. I am informed that the stakeholders include the BTS as well as relevant Royal Colleges. The BTS and other stakeholder organisations will have the opportunity to participate in the development of the guideline, and to comment on the draft guidance when it goes out for consultation in the summer. This provides potential for a further opportunity to ensure that guidance on oxygen prescribing reaches healthcare professionals.

¹ https://www.brit-thoracic.org.uk/standards-of-care/guidelines/bts-guideline-for-emergency-oxygen-use-in-adult-patients/

² https://www.nice.org.uk/guidance/cg101



I hope that you find this information helpful. Thank you for bringing the circumstances of Mrs Griffith's death to my attention.

CAROLINE DINENAGE MP