



Department
of Health &
Social Care

From Nadine Dorries MP
Parliamentary Under Secretary of State for Mental Health,
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Our Ref: PFD-1178134

David Reid
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Dear David,

03 September 2019

Thank you for your correspondence of 23 May to Matt Hancock about the death of Sasha Sabrina Forster. I am replying as Minister with responsibility for mental health and I am grateful for the additional time in which to do so.

Firstly, I would like to say how deeply saddened I was to read of Ms Forster's death. I can appreciate this must be a very distressing time for her family and loved ones and I offer my sincerest condolences.

Where concerns are raised about the standard of care provided, we must do all we can to learn from those incidents and make improvements where they are necessary and I am grateful to you for bringing these concerns to my attention.

You issued three separate Prevention of Future Deaths Reports to the Secretary of State and others, with matters of concern around leave of absence from hospital and revocation of that leave (sections 17 and 18 of the Mental Health Act 1983¹), as well as access to patient records across private GP practitioners. I will respond to each area of concern in turn.

In relation to leave of absence from hospital, you may wish to note that the Department does not agree that care providers have a legal responsibility to arrange for the return to hospital of patients whose section 17 leave has been revoked.

¹ <https://www.legislation.gov.uk/ukpga/1983/20/section/17>

Section 18 of the Mental Health Act gives hospitals the power to take a patient into custody for return to the hospital or place of treatment. However, it does not place a legal responsibility on hospitals to arrange this. As such, it is for care providers to decide on the best way to facilitate such returns from within the resources available to them.

Section 18 of the Mental Health Act 1983 sets out that, where section 17 leave is revoked, the patient may be taken into custody and returned to the hospital or place of treatment by any approved mental health professional, any officer on the staff of the hospital, any constable, or any person authorised in writing by the managers of the hospital.

The Department therefore expects care providers to ensure that those members of staff involved in the return of a patient following revocation of section 17 leave are aware of their powers and responsibilities towards that patient and that these are applied in a consistent manner. Wherever possible, all organisations involved in an individual's care and safety should work together to ensure the safe and timely return and readmission of patients absent without leave. I hope this clarification is helpful.

The Government remains committed to reforming mental health law and will publish a White Paper by the end of the year, which will set out the Government's response, in full, to the independent review of the mental health act, and pave the way for new legislation.

Turning to the matter of concern relating to the prescribing of propranolol. My officials have made enquiries and I am aware that the General Medical Council (GMC) has responded to you to explain that its prescribing guidance² is clear that a doctor must only prescribe when they have adequate knowledge of the patient's health. This should involve making an assessment together with the patient of their condition and having, or taking, an adequate history. A patient's consent to contact their GP should be sought if more information, or confirmation of the information available, is needed before prescribing. The GMC is confident that its guidance, when followed, ensures safe practice and protects patient safety.

As you will know, the GMC is the independent regulator of medical doctors in the UK. All doctors must register with the GMC, hold a license to practise and meet set professional standards to work in the UK. The GMC guidance, *Good Medical*

² <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/prescribing-and-managing-medicines-and-devices>

*Practice*³ describes what is expected of all doctors registered with the GMC, with supporting, explanatory guidance, *Good Practice in Prescribing and Managing Medicines and Devices*, expanding on this advice. A serious or persistent failure to follow the guidance may put a doctor's registration with the GMC, and their licence to practice at risk.

I hope this response is helpful.



NADINE DORRIES

³ <https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice>

