

Executive Headquarters / Pencadlys Gweithredol

Woodland House Maes-y-Coed Road Cardiff CF14 4HH

Ty Coedtir Ffordd Maes-y-Coed Caerdydd CF14 4HH

Eich cyf/Your ref: 15077 Ein cyf/Our ref: LR-jb-11-7759 Welsh Health Telephone Network; Direct Line/Llinell uniongychol: 02921 836010

Len Richards
Chief Executive

15 November 2019

Private & Confidential

Dr Sarah-Jane Richards
Her Majesty's Assistant Coroner
South Wales Central Coroner Area
Coroner's Office
The Old Courthouse
Courthouse Street
Pontypridd
CF37 1JW

Dear Dr Richards

Regulation 28 report – Mr Christopher Summerhayes

Thank you for your letter, dated 27 August 2019, following the inquest into Mr Summerhayes death.

I have reviewed the points you have raised within the Regulation 28 report which relates to the very sad death of Mr Summerhayes. My response has been informed by colleagues within the Clinical Diagnostics and Therapeutics, Primary Care and Intermediate Care and Mental Health Clinical Boards. I am grateful to you for agreeing an extension to respond to you whilst information was gathered to support our response.

I recognise that this will have been a difficult time for Mr Summerhayes family and would wish to offer my sincere condolences on behalf of the University Hospital Board (UHB).

For ease of reference, I will respond to each of the matters of concern you have raised in turn:

 An adverse event report should be filed with the Medicines and Healthcare products Regulatory Agency in respect of Clozapine and the death of Mr Summerhayes.

I can confirm that the matter has been reported to the Medicines and Healthcare products Regulatory Agency (MHRA).



I am able to advise that there is a requirement for patients taking Clozapine to be registered with a service to monitor the medicine during the course of their treatment with it. Additionally, when a patient who is taking Clozapine dies or ceases to take it, the manufacturer supplying the medication must be informed. The monitoring service currently in place for Cardiff and Vale University Health Board is via the Zaponex Treatment Access System (ZTAS) which is provided by the medicine's manufacturer that we currently use, called Leyden Delta. The necessary information was shared at the time via ZTAS.

• Where more than 5 medications are prescribed the drugs be examined by an associate physician or pharmacist for adverse interactions, either alone or in combination, which give rise to medical conditions which themselves predict hospitalisation and shorten longevity. Consideration would be for automatic referral to an individual qualified to assess i) drug-drug interactions; ii) the risks posed to the specific patient taking into account age, conditions suffered, lifestyle and the length of time the drug has been prescribed; iii) dosing levels to be 'signed off' by the qualified individual; iv) all prescribing parties and the patient to be advised of the assessment outcome.

The UHB has a Medicines Code in place and this was updated in 2018. It contains a section on medicines reconciliation. It sets out the responsibilities of various healthcare professionals in this process, including doctors, the pharmacy team and other prescribers.

The Pharmacy Directorate has a system in place of dedicated pharmacists aligned to clinical directorates and Clinical Boards to provide a source of support and expertise in medicines management. A specialist mental health pharmacist supports prescribing in in-patient mental health settings. The Primary Care and Intermediate Care Clinical Board has a Medicines Management and Prescribing Team who support related issues in primary care settings.

Guidance from the National Institute of Health and Care Excellence (NICE) for assessing physical health of patients on Clozapine is available on their website (www.nice.org.uk) and monitoring arrangements are in place in line with this in the UHB.

The All Wales Medicines Strategy Group has produced a number of guidance documents to promote polypharmacy reviews. These documents can be viewed on their website which is www.awmsq.org

Polypharmacy reviews are actively promoted to healthcare professionals by the Pharmacy Directorate in secondary care and the Medicines Management and Prescribing Team in primary care.



Certain complex medicines are subject to formal shared care arrangements to ensure that roles and responsibilities are clearly defined.

The Primary Care and Intermediate Care team established a Medicines Management Incentive Scheme with GPs to ensure that medicines prescribed across care settings are added to the GP record so there is a complete medicines record for patients on the GP systems. The driver for this project was to promote patient safety but it has seen cost-benefits. Education is provided to staff within GP practices who are then required to identify their local process to ensure that a patient's medication history is accurately updated prospectively. Practices have also been asked to retrospectively add certain complex medicines to the GP systems to ensure they are clearly recorded.

 To de-prescribe where appropriate rather than accruing an increasing list of daily medications whereby further protectant medications are required to be prescribed with the risk of medication induced hospital admissions and risk to life.

Principles for de-prescribing are embedded within the aforementioned documents available regarding polypharmacy reviews at www.awmsg.org

The Primary Care and Intermediate Care team has also developed criteria to stop various medicines in a number of patient pathways of care. The criteria are designed to guide healthcare professionals in de-prescribing processes. An example of where this may be used is in relation to analgesia that has been subject to long-term use.

 Where there are two or more prescribing organisations (primary and secondary care) drug monitoring should be undertaken as mandated; by the responsible parties; and the information promptly shared with all prescribers and their patients.

Prescribing in relation to Clozapine is undertaken as mandated. The process is in place via ZTAS as outlined previously. The Primary Care and Intermediate Care Clinical Board maintains a list of over 300 patients who are currently prescribed Clozapine within the UHB. The team actively checks systems in GP surgeries to monitor the records of all patients who are known to have Clozapine prescribed in secondary care to ensure an interface with primary care.

The Medicines Management Incentive Scheme that I referred to earlier was designed to ensure there is an accurate record of a patient's medication within the GP's records and all practices in the Cardiff and Vale UHB area are currently participating in this Scheme.



A project proposal is in development by Mental Health Clinical Board, Pharmacy and Information Technology to develop an interface between PARIS (patient management and information software in use in Mental Health and community services) and PMS (patient management system) to improve the transfer of information. The project aims to improve the interface between these systems and introduce Medicines Transcribing and e-Discharge to mental health wards with use of the Welsh Clinical Portal.

Your findings at Mr Summerhayes inquest are of relevance to all Clinical Boards in the UHB. A copy of your Regulation 28 report and my response will be shared with the Clinical Boards and Medication Safety Executive Group. The Patient Safety and Quality Department will include the learning from Mr Summerhayes sad death in a forthcoming newsletter.

I hope that the information set out in this letter provides you with the assurance that the Health Board has fully considered the issues raised as a consequence of Mr Summerhayes death, and has taken appropriate action in response.

Yours sincerely

Martin Driscoll

Deputy Chief Executive

M Drux

on behalf of Len Richards

Chief Executive

