

Professor Stephen Powis
National Medical Director
Skipton House
80 London Road
SE1 6LH

Mrs Caroline Beasley-Murray
HM Senior Coroner
County Hall
Seax House
Victoria Road South
Chelmsford
CM1 1QH

24 December 2019

Dear Mrs Beasley-Murray,

Re: Regulation 28 Report to Prevent Future Deaths – Ms Joanna Clare Alice Flynn

Thank you for your Regulation 28 Report dated 14th November 2019 concerning the death of Ms Joanna Clare Alice Flynn. Firstly, I would like to express my deep condolences to Ms Flynn's family.

Following the inquest you raised concerns in your Regulation 28 Report to NHS England:

The General Practitioner who gave evidence told the court that there was a lacuna in the healthcare provided for patients such as the deceased in terms of giving assistance for weaning off addictive prescription drugs such as opiates. It was clear that General Practitioner's require highly specialised assistance in order to help such patients and agencies within the healthcare system to which they refer them. This was all lacking in this particular sad set of circumstances. The court was informed about a proposed pilot scheme – a substance misuse Locally Enhanced Service for people with dependencies to prescribed opiates. There was no assurance that this had commenced or indeed yet been funded. I would like an assurance that this hopeful initiative has got off the ground and indeed I would like to have information about any other initiatives to endeavour to address this dreadful problem. I would also like to hear what strides have been taken to improve training and education for general practitioners and GP practices in this worrying area of care.

NHS England/Improvement are aware of this important issue and the need for work at a national level, to provide guidance and support across the NHS.

A review group has been established in response to the recent Public Health England review of dependence on, and withdrawal from, prescribed medicines. The group has senior NHSE/I input including Keith Ridge (Chief Pharmaceutical Officer) and Nikki Kanani (Medical Director for Primary Care) as well as other system stakeholders. It will include opiate prescribing. I do not have details of the case other than as outlined in your Regulation 28 report but hopefully the following

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comments are relevant to the context and cover appropriate issues for consideration by the review group.

JF was known to have a number of longstanding medical conditions and a history of hoarding. Patients addicted to prescribed medicines often have associated physical, psychological or socioeconomic needs and can be significantly complex for primary care to support. As highlighted by the GP in your report, the availability of resources to support primary care vary across the country. The needs of patients with addiction to prescribed medications often differ from those with other chemical addictions and are likely to need multidisciplinary input including a specialised pain service with embedded psychological practitioners. Many of these patients will require input beyond 'conventional' general practice, usually via a CCG commissioned service that could take the form of a Locally Commissioned Service (in effect an enhanced GP service) or through a contract with an alternative provider, usually across a CCG footprint.

In addition to considering service provision, NHSE is aware of the need to facilitate primary care clinicians offering best practice to include appropriate prescribing of all medicines of addiction and misuse such as benzodiazepines, pregabalin/gabapentin as well as opiates. Implicit in this is a need for robust processes of monitoring prescriptions issued given the risks of hoarding or misuse.

It is important to acknowledge the current pressures on primary care. NHSE continues to support primary care with additional funding, staff and organisational development to ensure time and resources are available to care for these vulnerable patients who are potentially high risk and will often need input from the most experienced staff.

NHSE is committed to fully understanding contributing factors to this serious problem and ensuring that all appropriate expertise and resources are universally available to support these patients and reduce the likelihood of future associated morbidity and mortality.

Yours sincerely,



Professor Stephen Powis
National Medical Director
NHS England and NHS Improvement

