



Department  
of Health &  
Social Care

*From Jo Churchill MP  
Parliamentary Under Secretary of State for Prevention,  
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Our Reference: PFD-1196897

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09/03/2020

Dear Caroline,

Thank you for your letter of 15 November 2019 to the Department of Health and Social Care about the death of Ms Joanna Flynn. I am replying as the Minister with responsibility for primary care and I am grateful for the additional time in which to do so.

Firstly, I would like to say how very saddened I was to read the circumstances of Ms Flynn's death and I extend my deepest sympathies to her family and loved ones. I agree, we must do all we can to learn from these deeply regrettable incidents to prevent future deaths.

In 2017, Public Health England (PHE) was commissioned to conduct an evidence review to identify the scale, distribution and causes of prescription drug dependence, and what might be done to address it. PHE's report of the review was published in September 2019<sup>1</sup>.

The report acknowledged that work to tackle this issue has already started or is planned. For example, England's Chief Pharmaceutical Officer, Dr Keith Ridge, was asked by the Secretary of State for Health and Social Care, Matt Hancock, to review overprescribing in the NHS, problematic use of multiple medications concurrently, and how to help patients come off repeat prescriptions they no longer need.

In addition, the Department asked the National Institute for Health and Care Excellence (NICE) to develop guidance on the safe prescribing of drugs associated with dependence

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<sup>1</sup> <https://www.gov.uk/government/publications/prescribed-medicines-review-report>

(such as opioids) and the careful management of withdrawing from these drugs<sup>2</sup>. NICE is also currently developing guidance on *Chronic pain: assessment and management*<sup>3</sup>. To prescribe safely, medical practitioners are expected to keep up to date with information sources, such as the British National Formulary (BNF), that includes information on controlled drugs and drug dependence<sup>4</sup> and to take into account NICE guidelines. The Care Quality Commission (CQC) looks for evidence of how providers of healthcare services are using NICE guidelines and quality standards when it conducts inspections.

Recommendations made by the PHE review include:

- Increasing the availability and use of data on the prescribing of medicines that can cause dependence or withdrawal to support greater transparency and accountability and help ensure practice is consistent and in line with guidance;
- Enhancing clinical guidance and the likelihood it will be followed;
- Improving information for patients and carers on prescribed medicines and other treatments, and increasing informed choice and shared decision making between clinicians and patients;
- Improving the support available from the healthcare system for patients experiencing dependence on, or withdrawal from, prescribed medicines; and,
- Further research on the prevention and treatment of dependence on, and withdrawal from, prescribed medicines.

The Medicines and Healthcare products Regulatory Agency (MHRA) is currently undertaking a review of opioid medicines and the risk of addiction and dependence and has sought advice from an Expert Working Group of the Commission on Human Medicines (CHM). In April and June 2019, the Expert Working Group made recommendations, which have been endorsed by the CHM, for regulatory action to better support appropriate use of prescription opioids and to increase awareness of risks for both healthcare professionals and patients.

The Summary of Product Characteristics (SmPC) of a medicine is intended to provide information for healthcare professionals. Although the SmPC for oxycodone (you reference oxycodone toxicity in your report), currently contains warnings on the risks of dependence, addiction and tolerance, this information is being updated to highlight that patients and healthcare professionals should discuss a treatment regimen that includes planning for cessation of treatment. The information will be consistent for all opioid medicines and similar information will also be provided in the patient information leaflet. The MHRA will communicate this information in a forthcoming publication of its drug safety

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<sup>2</sup> <https://www.nice.org.uk/guidance/indevelopment/gid-ng10141>

<sup>3</sup> <https://www.nice.org.uk/guidance/indevelopment/gid-ng10069>

<sup>4</sup> <https://bnf.nice.org.uk/guidance/controlled-drugs-and-drug-dependence.html>

bulletin, Drug Safety Update, which will also cover how to report cases of dependence to the MHRA Yellow Card Scheme<sup>5</sup>.

In addition, the labels for all opioid medicines, including oxycodone, have been updated to inform the patient that their medicine 'contains opioid', and that it 'can cause addiction'. Opioid medicines with these updated warnings are now starting to be delivered to pharmacies and received by patients.

As part of the review of opioid medicines, the MHRA is also looking at the availability of medicines containing codeine for purchase in pharmacies.

In the UK, strict legal requirements apply to the retail sale and supply of medicines for example, Prescription Only (POM) and Pharmacy (P) medicines may only be legally sold or supplied to the public through registered pharmacy premises, by or under the supervision of a pharmacist and POMs may only be sold or supplied in response to a prescription from an authorised healthcare professional (such as a doctor, dentist, or certain trained nurses and pharmacists). Legal controls apply without distinction to medicines sold online and much is being done by healthcare regulators to protect the public and improve the safety of medicines online. The Department is working closely with healthcare regulatory partners to support this work.

The MHRA is working with stakeholders to better support appropriate use of prescription opioids and provide better guidance and consistent information for healthcare professionals. This includes the development of an independent leaflet for patients, to be available either directly from pharmacists or online, and the MHRA expects this to be available in the coming months.

This case has been added to the MHRA's Yellow Card database (reference ADR 24467546) and will contribute to the evidence base for taking regulatory action and engaging further with stakeholders as described above.

In relation to the education and training of GPs on supporting patients dependent on prescribed medicines, it is for individual medical schools to set their own undergraduate medical curriculum. These have to meet the standards set by the General Medical Council (GMC), which monitors and checks to make sure that the standards are maintained.

The curricula for postgraduate specialty training, which includes training for GPs, is set by individual royal colleges and faculties, and the GMC approves curricula and assessment systems for each training programme. Training curricula for doctors emphasise the skills and approaches that a doctor must develop in order to ensure accurate and timely diagnoses and treatment plans for their patients.

The Royal College of General Practitioners sets the curriculum for GPs. The current version of the GP curriculum<sup>6</sup> includes a topic guide that sets out the issues relating to

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<sup>5</sup> The Yellow Card Scheme is the UK system for collecting and monitoring information on the safety of medicines.

<sup>6</sup> <https://www.rcgp.org.uk/-/media/Files/GP-training-and-exams/Curriculum-2019/Curriculum-Topic-Guides-300819.ashx?la=en>

improving the quality and safety of prescribing and states, *“it is important to apply effective strategies for communicating about and reducing the risk of dependency or addition to medicines where this may occur (e.g. opioids, benzodiazepines, GABA drugs) as well as supporting and managing patients who have become dependent on medications, seeking specialist advice and intervention where appropriate”*.

Finally, the provision of specialised services to support people dependent on prescription medicines is a matter for local commissioners. I am aware that the Mid-Essex Clinical Commissioning Group (CCG) has responded to your report explaining the services that are in place locally to support patients and GPs. This includes the new Management of Prescribed Opioid Dependence Locally Enhanced Service (referenced in your report), that is anticipated to be in place from 1 April 2020. I am advised that other measures are being taken locally to promote better prescribing and reduce the amount of opioids being prescribed.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Kind regards,

A handwritten signature in black ink, appearing to be 'Jo Churchill', with a long horizontal flourish extending to the right.

**JO CHURCHILL**