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Mrs Mary Hassell
Senior Coroner
Inner London North

Sent by Email Only

16 March 2020

Our Ref: JCS1/FMB/900100.13112

Your Ref:

22904082v3

Dear Madam

Inquest Touching the death of Ms Shante Turay-Thomas
Response to Regulation 28 report

We continue to be instructed to act on behalf of the three G.Ps that were interested persons in the above matter.

We are writing in response to the Learned Coroner's Prevention of Future Deaths Report dated 27 January 2020, issued pursuant to Regulation 28 of the Coroner's (Investigations) Regulations 2013.

We note the matters of concern that the Coroner has identified. As the Coroner is aware, we set out the action that has been taken by the Winchmore Hill Practice ("the Practice") and that proposed, within the witness statements of the GPs (particularly the supplementary statement of Dr Takla) and the PFD submissions (enclosed.) We summarise these below and also set out the additional steps that have and will be taken in response to this matter as follows:

1. Following Ms Turay-Thomas' death, the Practice undertook an audit in October 2019 of all patients who were being prescribed Emerade to ensure that the dosage was in accordance with the BNF based on the respective patients' weight and age. Indeed, all patients who use AAI pens have had their doses reviewed. Patients have been contacted to ensure that they have the correct dose and appropriate knowledge about the use and storage of the pen. Letters were sent to patients on Emerade, which included up to date advice from the MHRA in July 2019, December 2019 and March 2020. In respect of patients taking Jext and Epipen, letters were sent to them in January 2020.

2. All prescriptions for AAIs are now dealt with as acute prescriptions, as opposed to repeat prescriptions. This ensures that each prescription is scrutinised in detail to ensure that the type of pen and dose of adrenalin is appropriate for the patient. On the face of any AAI prescription, it is expressly stated for the avoidance of any doubt that a patient should carry two AAI pens on their person at all times and ensure that they are familiar with the use of the pen. There is also some safety netting advice in the event of an emergency. We have enclosed a sample prescription to illustrate this change. In addition, each prescription is accompanied by an AAI brand specific letter to the patient providing the most important details about the AAI pens to enable a patient to use it safely and effectively. We have also enclosed a copy of a standard letter in this regard.

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3. The Practice has taken significant steps to ensure that it is up to date with anaphylaxis management and the use of AAI pens. It arranged in-house training for all clinical staff on 9 December 2019, which was delivered by a Nurse, [redacted] This training included demonstrations as to how to use the three most common AAI pens, namely Emerade, JEXT and EpiPen, advice as to the different dosages available, instructions and demonstrations as to the different methods of administration for each brand. This was all based on the respective brands' advice/instruction on their own explanatory posters and the demonstrations were done by Nurse [redacted] She has since confirmed that she has also seen a few patients who have attended the Practice to obtain some training on the use of their AAI. Following this training, the Practice has ensured that there are sample pens for all three brands available to the Practice nurses in order so that they are able to demonstrate to any patient who has been prescribed an AAI pen for the first time or those that are unsure as to how to use the pens the correct method of administration. The Practice actively encourages all patients who are prescribed AAIs to arrange an appointment with the practice nurse or pharmacist in order to obtain proper training in the use of the pen.

4. In addition to the in-house training, mandatory basic life support training was held at the Practice on 27 February 2020. This was delivered by an external provider, Mr[redacted] of [redacted] and Associates Healthcare Training and Education. The basic life support training always includes a segment on anaphylaxis management. However, the Practice contacted the training provider prior to the course in order to emphasise that a more extensive section was required on anaphylaxis management. We **enclose** a copy of the e-mail in this regard. The basic life support training lasted two and a half hours in duration. It included a 40 minute section on anaphylaxis management which encompassed recognising symptoms, the imperative of carrying two pens at all times and the different administration of the three types of pens available.

5. The Practice has received a number of alerts from the MHRA explaining defects pertaining to the Emerade AAIs. All relevant information has been disseminated to patients who have been prescribed Emerade. The Practice recently received a further alert from the MHRA confirming that all Emerade 150mcg AAIs are to be recalled as a result of the potential for the pen to malfunction. The Practice has ensured that all patients who were prescribed Emerade 150mcg have been switched to an alternative brand. Patients were sent letters with an alternative script on 9 March 2020.

6. It was recognised by the Practice that some patients will not be inclined to attend the Practice in order to obtain advice and training in the use of an AAI pen. To mitigate this, links to training videos and the relevant websites have been included within the letters to patients to encourage them to check that they are familiar with AAI self-administration and advice. Furthermore, all clinical staff at the Practice have been instructed to ensure that any patient who attends (regardless of the purpose of their attendance) and who is being prescribed adrenalin has their AAI prescription as well as their understanding in relation to the use of the pen reviewed. This includes checking whether the patient is receiving appropriate care and support from secondary care.

7. In addition, whenever a patient who has an allergy turns eighteen, the Practice will ensure that as part of any medication review, a check is undertaken as to whether the patient is appropriately transitioned into the care of adult allergy specialists if this is deemed necessary. This will guard

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against the possibility that a patient is left without specialist allergy care, which is crucial to safeguarding their health and well-being.

8. The Practice recruited an in-house pharmacist who commenced work in December 2020. This appointment will prove conducive in ensuring that both patients and clinicians have up to date information in relation to AAI awareness. The pharmacist is also on hand to provide training to any patients in relation to the correct use of an AAI. There is accordingly now two layers of protection in that guidance is offered to a patient when prescribing the AAI as well as when dispensing it.

9. The Practice has undertaken a rigorous review of all patients that have been prescribed AAI pens so as to ensure that the correct dose and pen is being prescribed. The Practice has nominated one of the Pharmacists to act as the 'Practice Anaphylaxis Champion.' This role will include ensuring staff awareness, training and regular surveillance of appropriate prescribing practices and adherence to practice protocols. The Pharmacist will also contact all patients prescribed AAIs to undertake regular reviews of their condition, treatment and training.

10. The Practice has cascaded the learning from this matter to other practices within the Primary Care Network. The AAI policy together with patient information leaflets and messages on prescriptions have been shared.

11. The Practice has shared learning with the CCG medicine management team and the message on scriptswitch has been amended as follows:

- All strengths of Emerade devices will be unavailable for the foreseeable future.
- Review patient to ensure Adrenaline auto-injector (AAI) appropriate according to current guidelines
- Alternative brand of AAI must be prescribed (Epipen or Jext)
- Dose should be checked to ensure it is appropriate for the patient especially in children as they age and increase in weight, or for patients whose condition changes.
- Patients should be given robust training about carrying two AAI pens with them at all times, and administering the second dose 5-15 minutes after the first if their condition does not improve. (Document in patient notes that this advice has been given).
- Patient (or representative where appropriate) must be counselled on change of device and trained on how to use the new device.
- For children - ensure an allergy action plan is in place and to ensure patient/carer can follow: https://www.bsaci.org/about/download-paediatric-allergy-action-plans
- Any proposed changes to be made by CCG Pharmacist, will need to be approved by a Senior doctor at the practice.

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The Practice has also continued to liaise closely with the CQC and has co-operate fully with its investigation. The Practice will also provide the CQC with a copy of this response.

The Practice is firmly of the view that the actions undertaken thus far and those proposed moving forward will serve to minimise the likelihood of any similar unfortunate incidents occurring in the future and will also enable them to provide an enhanced service to any patients requiring anaphylaxis management. There have been valuable lessons learned from the tragic death of Ms Turay-Thomas.

Please do not hesitate to contact us if you have any queries.

Yours faithfully

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