

Protecting and improving the nation's health

Public Accountability Unit Wellington House 133-155 Waterloo Road London SE1 8UG

Т	
W۷	vw.gov.uk/phe

By email

Mr Nigel Parsley, Senior Coroner c/o

Our ref:

13 January 2021

Dear Nigel Parsley,

Re: Inquest into the death of Matthew Colin Fitten

Thank you for sending the attached report for Public Health England's (PHE) consideration.

Under the Coroners and Justice Act 2009, please find below PHE's response in relation to the investigation of the death of Matthew Colin Fitten.

Public Health England's (PHE's) COVID-19 guidance to the drug and alcohol treatment sector (COVID-19: guidance for commissioners and providers of services for people who use drugs or alcohol) was developed with senior medical, pharmacy and other representatives from the sector, including from Turning Point. The process started from calls with treatment providers on 17 and 18 March 2020 and the guidance was developed until the first iteration was published on 15 April 2020.

The aim of this guidance was to protect services (treatment services and community pharmacies) and their service users from COVID-19 infection risks. This included protecting services from patient demand they might have struggled to meet during quickly imposed lockdown restrictions and increasing staff absence. It was also in the context of some pharmacy chains abruptly withdrawing the availability of supervised consumption of opioid substitution treatment medication.

The guidance included advice to minimise face-to-face contacts, including reducing or stopping supervised consumption, and/or reducing the frequency of medication collection, for most patients. It made clear that some patients, or their circumstances, present such a risk that frequent pick-ups should be continued, or other mitigations put in place to protect them and others.

The guidance made clear that these actions should only be considered "after assessing and mitigating risks to patients and their households" and "in consultation"

with their commissioners, community pharmacies and the Local Pharmaceutical Committee (LPC)."

National guidance like this is only guidance. It should be used to guide decisions made by clinicians, but it is necessarily secondary to the prescribing clinician's judgement and will inevitably not apply in all cases.

To prevent future deaths, PHE has often reiterated to drug and alcohol treatment providers the need for individualised risk assessments before changing medication dispensing arrangements and strengthened these lines in subsequent iterations of its published guidance this year. PHE has also worked closely with the Care Quality Commission (CQC), whose inspectors are actively monitoring registered drug treatment services. The CQC has investigated the changes in practice that the pandemic has required, to make sure that there is no blanket application of these changes.

Please do not hesitate to contact PHE should we be of any further assistance in this matter.

Yours sincerely,

FOI Team