



Department
of Health &
Social Care

From Nadine Dorries MP
Minister of State for Patient Safety,
Suicide Prevention and Mental Health

39 Victoria Street
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Mr Zafar Siddique
HM Senior Coroner, Black Country
Black Country Coroner's Court
Jack Judge House
Halesowen Street
Oldbury
West Midlands B69 2AJ

21 June 2021.

Dear Mr Siddique,

Thank you for your correspondence of 18 March 2021 and the Prevention of Future Deaths report relating to the death of Lisa Grant. I am responding as Minister responsible for mental health services and I am grateful for the additional time in which to do so.

Firstly, I would like to say how sorry I was to read the circumstances of Ms Grant's death and I would like to take this opportunity to offer my sincere condolences to the family, friends and loved ones of Ms Grant. It is important that we take the learning from what happened to Ms Grant to improve the safety and quality of NHS care.

I have noted carefully your concerns about the increased risks of deep vein thrombosis (DVT) to patients with a severe mental illness who are prescribed the antipsychotic drug, risperidone.

In preparing this response, my officials have made enquiries with NHS England and NHS Improvement (NHSE/I) and the National Institute for Health and Care Excellence (NICE).

As your report identifies, venous thromboembolism (VTE) is a known side-effect of risperidone and other anti-psychotic medicines. This is noted in the Summary of Product Characteristics and the British National Formulary and prescribers are expected to take known side-effects into account when making prescribing decisions with their patients.

NICE guidance (*Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism*, NG89¹) is clear that all acute psychiatric patients should be assessed to identify their risk of VTE and bleeding:

¹ [venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism](#)

- As soon as possible after admission to hospital, by the time of the first consultant review, or if their clinical condition changes; and,
- Using a tool published by a national UK body, professional network or peer-reviewed journal.

The Guideline references a tool commonly used in the NHS for hospital patients: the Department of Health risk assessment for VTE (see recommendation 1.9.1). NICE notes in the Guideline that the tool has not been validated or tested against other tools to evaluate its diagnostic accuracy or effectiveness at correctly identifying people at risk of VTE. The NICE guideline committee made a research recommendation in this area, reflecting the uncertainty in the evidence for one risk tool over another.

You may wish to note that in May 2021, NICE updated the Guideline in response to an investigation report, [Management of venous thromboembolism risk in patients following thrombolysis for an acute stroke²](#), published by the Healthcare Safety Investigation Branch (HSIB).

The update clarified that the role of the risk assessment tool is to aid the development of the treatment plan. The national tool acknowledges that the risk factors identified are not exhaustive, and clinicians may consider additional risks in individual patients and offer thromboprophylaxis as appropriate.

I am advised by NICE that it will consider the use of specific tools for acute psychiatric patients at its next review of National Guideline 89.

Due to the metabolic disturbance associated with anti-psychotic medication, such as risperidone, NICE recommends that patients prescribed these drugs are regularly monitored for side-effects with a comprehensive annual physical health assessment for patients with a severe mental illness (SMI), [Ongoing care for adults with psychosis or schizophrenia](#).

This health-check addresses the key drivers of reduced life expectancy in people with SMI, including cardiovascular disease and metabolic disorders. Where risks are identified, it is recommended that patients should be transferred to the relevant care pathway, for example, the diabetes pathway.

More specifically, when anti-psychotics are initiated³, baseline measurements should be taken in secondary care with the patient remaining under the responsibility of the secondary care team for the first 12 months. Regular monitoring should then be completed in primary care.

Meeting the physical health-needs of people with SMI is a key component of the new and integrated models of care. During 2021/22, the NHS is investing an additional £24 million to incentivise the completion of these checks in primary care via the Quality and Outcomes

² [Management of venous thromboembolism risk in patients following thrombolysis for an acute stroke - Healthcare Safety Investigation Branch \(hsib.org.uk\)](#)

³ [Monitoring | Prescribing information | Psychosis and schizophrenia | CKS | NICE](#)

Framework (QOF). This will ensure that people with SMI are supported to access vital health-checks which will prevent and manage physical health conditions.

In addition, 390,000 people with SMI are expected to access a comprehensive annual physical health-check and follow-up interventions by 2023/24, this is supported by significant government investment.

Finally, I am pleased to note the learning that has been taken locally from the circumstances of the death of Ms Grant. My officials have been made aware of the following actions taken by the Black Country Healthcare NHS Foundation Trust

- The need to evidence through documentation that patient risk has been considered and planned accurately;
- That patient physical health care plans should be as comprehensive as possible. That care plans should provide guidance for the patient and their support network when a patient's health deteriorates;
- The need for more frequent refresher simulations to promote and improve life support skills training for staff;
- Clinical documentation standard to be improved including the physical health monitoring, progress notes, and handover information.

In addition, recommendations arising from the Trust's investigation into the care and treatment provided to Ms Grant include having medical cover to attend emergencies at Hallam Street hospital; and Immediate Life Support algorithm to be followed during medical emergencies with delivery of timely interventions.

I hope this information is helpful and explains the actions being taken to address the matters of concern. Thank you for bringing these matters to my attention.



NADINE DORRIES