

Greater Manchester Health and Social Care Partnership
4th Floor
3 Piccadilly Place
London Road
Manchester M1 3BN



Date: 17 January 2022

Mr C Morris
HM Senior Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

Dear Mr Morris

Re: Regulation 28 Report to Prevent Future Deaths – Michelle Jeffries 27/03/21

Thank you for your Regulation 28 Report dated 22/11/21 concerning the sad death of Michelle Jeffries on 27/03/21. Firstly, I would like to express my deep condolences to Michelle Jeffries' family.

The inquest concluded that Michelle's death was a result of the combined toxic effects of pain medications.

Following the inquest you raised concerns in your Regulation 28 Report to Greater Manchester Health and Social Care Partnership (GMHSCP) that there is a risk future deaths will occur unless action is taken.

This letter addresses the issues that fall within the remit of GMHSCP and how we can share the learning from this case.

Point 1 – the circumstances in which GP's can safely oversee the prescription of multiple analgesics in high doses in the community, attempting to reduce reliance on such medications as indicated.

The Trafford CCG Medicines Optimisation team support prescribers with many aspects of prescribing including repeat prescribing to ensure robust and safe processes for managing patients repeat medication are in place. Included as part of this are systems for reviewing patients on "high risk" medication, which supports prescribers to ensure that patients on these medicines have regular medication reviews, including blood and physical healthcare monitoring. All practices in Trafford now have a practice based pharmacist working with them and as part of their work they undertake structured medication reviews.



In addition, the CCG Medicines Optimisation team have recently highlighted to practices that prescribing of analgesia is an area we could work collaboratively on to ensure that patients get the best outcomes from their treatment. Part of this would be to undertake a structured medication review with the patient, discussing their current treatment and the outcomes from them. With the patients agreement any treatments that the patient wasn't benefitting from would be removed from their medication. Depending on the type of medication, this may be done immediately or over a period of time, to ensure adverse side effects of withdrawal from the medication did not happen.

Reducing overprescribing, including analgesia is part of the Department of Health and Social Care (DHSC) guidance; Good For You, Good For Us, Good for Everybody - A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions.

Pain management and NICE guidance have previously been discussed at Trafford local GP Education sessions, held quarterly. Please see documents attached below for further information on the Trafford CCG local guidance on Repeat Prescribing as well the National Institute for Clinical Excellence (NICE) guidance in relation to assessing and managing chronic pain in the over 16's. The Repeat Prescribing guidance is currently under review and will be complete by 31st March 2022.



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bing_Guidance_FINAL



chronic-pain-primary
-and-secondary-in-ov

Point 2 - when referral to a pain specialist is mandated.

In terms of when to refer patients to pain specialists, there is no specific pain management pathway that offers GPs guidance on when exactly to refer to a pain specialist. However, in Trafford, there is a commissioned Musculoskeletal (MSK) service available to patients as well as the Manchester Pain Service should any Trafford GP, based on their own clinical judgement, decide a referral is necessary.

The culture in pain management is changing with patients being offered non-pharmacological help and support, in preference, to manage their long term condition rather than medicines to try to "kill the pain". This report gives colleagues a tangible example to use in reminding all GPs in Greater Manchester about those risks, what clinicians should be considering in terms of guidance and the resources available to support clinicians in the management of patients with chronic pain.

Actions taken or being taken to prevent reoccurrence across Greater Manchester.

1. Learning to be presented/shared with the Greater Manchester Quality Board. This meeting is attended by commissioners, including commissioners of specialist services, regulators, Healthwatch and NICE.

2. Communication to all [REDACTED] providers to share appropriate advice and guidance and increase staff awareness regarding the range of materials that are already available.
3. Shared learning from this and similar cases at Greater Manchester and borough level will be cascaded to professionals through appropriate governance and learning forums.
4. CCGs across Greater Manchester will be asked to provide through Quality Board, a report on how they are reducing overprescribing, including analgesia and support the implementation of “ Department of Health and Social Care (DHSC) guidance; Good For You, Good For Us, Good for Everybody - A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions.”

In conclusion, key learning points and recommendations will be monitored to ensure they are embedded within practice. GMHSCP is committed to improving outcomes for the population of Greater Manchester.

I hope this response provides the relevant assurances you require. Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely

[REDACTED]

Chair of GM Medical Executive, GMHSCP