



Department
of Health &
Social Care

*From Neil O'Brien MP
Parliamentary Under Secretary of State for Primary Care and Public Health*

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Dr Karen Henderson
HM Coroner's Court
Station Approach
Woking
GU22 7AP

12 December 2022

Dear Dr Henderson,

Thank you for your letter of 18 May 2022 about the death of Matthew John Evans. I am replying as the Minister with responsibility for Primary Care.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Mr Evans's death. I can appreciate how distressing his death must be for his family and those who knew and loved him and I offer my heartfelt condolences. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

In preparing this response, Departmental officials have made enquiries with NHS England and the Care Quality Commission (CQC).

Patient safety is a top priority for the government and the health service, and we want everyone to receive the care they need.

I understand that the CQC, NHS England and NHS Frimley Integrated Care Board have responded to you directly to outline their ongoing implementation of actions following your report. I am also pleased to note that Farnham Park General Practice undertook significant event analysis that concluded on 31 May 2022, and have created a detailed action plan in response to Mr Evans's death.

As noted by NHS England, there are several educational resources and guidance documents relating to the assessment and treatment of depression that are regularly reviewed and accessible to clinicians. These include National Institute for Health and Care Excellence (NICE) guidance, which details possible adverse effects of prescribing mirtazapine, Clinical Knowledge Summaries and the British National Formulary.

General Practitioners are responsible for ensuring their own clinical knowledge remains up-to-date and for identifying learning needs as part of their continuing professional

development. This activity should include taking account of new research and developments in guidance, such as that produced by NICE, to ensure that they can continue to provide high quality care to all patients, including those suffering from mental health difficulties.

In addition, all UK registered doctors are expected to meet the professional standards set out in the General Medical Council's (GMC) Good Medical Practice. In 2012, the GMC introduced revalidation, which supports doctors in regularly reflecting on how they can develop or improve their practice. It gives patients confidence that doctors are up to date with their practice and promotes improved quality of care by driving improvements in clinical governance.

Furthermore, the training curricula for postgraduate trainee doctors is set by the relevant medical Royal College and has to meet the standards set by the GMC. Whilst curricula do not necessarily highlight specific conditions for doctors to be aware of, they instead emphasise the skills and approaches that a doctor must develop in order to ensure accurate and timely diagnoses and treatment plans for their patients.

During the pandemic, GP practices made use of remote consultations, including telephone calls, to minimise infection risks and prioritise care. While telephone and remote consultations can be more flexible and convenient, they are not right for all patients or in all circumstances. NHS England guidance is clear that patients' input into choices about appointment mode should be sought and practices should respect preferences for face-to-face care, unless there are good clinical reasons to the contrary. We expect patients to experience the same high quality of care regardless of how they access their GP surgery.

You also raised concerns about the lack of policy to assist GPs with prescribing Mirtazapine, antidepressants and anxiolytics. The decision to prescribe a particular drug is a clinical one and should be based on the patient's medical needs. Decisions about what medicines to prescribe are made by the doctor or healthcare professional responsible for that part of the patient's care and prescribers are accountable for their prescribing decisions, both professionally and to their service commissioners. It is for the GP or other responsible clinician to work with their patient and decide on the course of treatment, with the provision of the most clinically appropriate care for the individual always being the primary consideration.

Clinicians are responsible for making prescribing decisions for their patients, taking into account best prescribing practice and the local commissioning decisions of their respective integrated care boards. They are also expected to take account of appropriate national guidance on clinical and cost effectiveness, and are accountable for their prescribing decisions, both professionally and to their service commissioners.

In addition, NICE guidelines provide recommendations on best practice in terms of both the effectiveness and cost-effectiveness of interventions and services. NICE also have guidelines available on treatment and management on anxiety and depression.

NICE guidelines describe best practice, and the Government expects NHS commissioners to take them into account in designing services that meet the needs of their local populations. It is however important to note that NICE guidelines are not mandatory and do not override a clinician's responsibility to make decisions appropriate to individual patients.

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



NEIL O'BRIEN MP