

**Headquarters** 

King Edward VII Hospital St. Leonards Rd, Windsor SL4 3DP

Tel:

6th July 2022

Re: The Inquest Touching the Death of Matthew John Evans
A Regulation 28 Report – Action to Prevent Future Deaths

### **Private and confidential**

Dear Dr Henderson

# **Introduction**

I am responding to the Regulation 28 Report –Action to Prevent Future Deaths on behalf of NHS Frimley ICB following the death of Matthew Evans. I would like to extend our condolences to Mr Evans' family.

Following the inquest, you raised a number of concerns with regard to the actions of the General Practitioner, the General Practice and TalkPlus. I am writing to provide details of the actions that the NHS Frimley ICB has undertaken, and is proposing to undertake, in response to your concerns.

There is a preliminary point that I would like to make to provide some context to this response. The actions that the NHS Frimley ICB has or will be taking involve engagement with all the practices in its area. In turn, this means that it is not always possible to provide precise dates when actions have been carried out and I have accordingly referred below to actions being undertaken within calendar months rather than on specific dates.

#### Sharing of information/enhanced education

The NHS Frimley ICB will be carrying out a number of actions following the inquest. These include sharing the concerns raised with all GP practices in the Frimley area. The learning will focus particularly on the importance of good documentation in recording risk of suicide or self-harm following a consultation when someone has been assessed as having suicidal ideation or is at risk of acts of self-harm.

The practices across the ICS will also be reminded of the importance of a good mental health assessment using recognised mental health tools. There are already templates for PHQ9 and GAD on the GP systems for them to use. The learning will be shared with practices in July 2022 in the GP bulletin. In September 2022, there will be a virtual training session, which will be recorded, on mental health assessment, which will also include documentation. The recording will be sent to all practices following the event.

Practices will also be reminded of the importance of completing Serious Event Audits for serious/unexpected incidents. The NHS Frimley ICB quality team will be requesting the Serious Event Audits from practices as part of the investigation into suicides recorded as part of the NHSE

serious incident framework to review that learning points have been considered. Learning will be shared in a number of ways with practices, through education at the previously mentioned mental health training session; by working with the mental health clinical leads; the GP bulletin in July 2022 and at the regular GP meetings and as part of the prescribing updates. It is anticipated that these actions will be completed by September 2022.

# Closer monitoring

The Regulation 28 Report will also be shared with the ICS Mortality Review Group and ICS Quality Surveillance Group for assurance on delivery in August 2022. The actions will then be monitored quarterly from the ICB, Practice and Talk Plus. The NHS Frimley ICB quality team will also be reviewing the action plan with the provider and the Practice. The Practice will be put on the NHS Frimley ICB concerns framework for close monitoring on patient safety while their actions are in progress and then this will be reviewed by the NHS Frimley ICB quality and primary care teams. TalkPlus will be monitored against compliance through the contractual route. The NHS Frimley ICB has already met with both providers to work with them on their action plans, these meetings occurred in June 2022.

# Improved medication management

Across Frimley there is an evidence-based formulary the production of which is supported by a multidisciplinary team and this details prescribing practices that are routinely used in the area. After reviewing this case, we have considered that although there are also a number of national publications that highlight the increased risk of suicidal behaviour for a patient initiated on antidepressants (for example, the BNF, MHRA and NICE) the risks should be further highlighted on the local formulary. Action will be taken to ensure that the local formulary highlights the national guidance more acutely, in addition to the currently available information. Furthermore, the development of a point of prescribing alert will be undertaken to ensure that prescribers are reminded about the national guidance relating to potential increased risk in young people.

The prescribing choices undertaken by the GP were in line with guidance: prioritising non-pharmacological support for people with insomnia, providing a short course of zopiclone when essential; and prescribing mirtazapine for depression where there is also significant insomnia. However, we are undertaking additional steps to provide clearer advice at initiation of a new antidepressant. This will state that highlighting the potential for worsening depressive symptoms and increasing suicidal ideas is a key step that should be undertaken in every relevant case. This will happen on 12<sup>th</sup> July 2022 following approval from the medicine optimisation committee. Local prescribers will be reminded of this via our communication channels. This is happening through July and August 2022.

We hope that this letter provides you with the assurance about the ways the NHS Frimley ICB is responding to the concerns raised. Please do let us know if we can assist in addressing any further concerns you may have.

Yours sincerely



Chief Nurse

NHS Frimley ICB.