



39 Victoria Street London SW1H 0EU

Mr Christopher Morris HM Area Coroner Manchester South 1 Mount Tabor Street Stockport SK1 3AG

10 January 2023

Dear Mr Morris,

Thank you for your letter of 17 June 2022 about the death of Mrs Amanda Hesketh. I am replying as Minister with responsibility for Primary Care and Public Health at the Department of Health and Social Care.

Firstly, I would like to say how saddened I was to read of the circumstances of Mrs Hesketh's death and I offer my sincere condolences to her family and loved ones. 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).

In relation to your concern about General Practices engaging with practice pharmacists, you may wish to know that this Government has provided a high level of support and expectation in relation to pharmacists working in General Practice. Across England, General Practices are working together in Primary Care Networks (PCNs). One aspect of PCN work is supporting patients with structured medication reviews (SMRs), which are one of the PCN service requirements that commenced during 2020/21. Clinical pharmacists are best placed to carry out these reviews, and the Additional Roles Reimbursement Scheme (ARRS) provide PCNs with full reimbursement for clinical pharmacists amongst a variety of other roles.

In addition, from October 2020 all PCNs are required to identify patients who would benefit from a SMR, specifically those in care homes, using potentially addictive pain management medication, on medicines commonly associated with medication errors, with severe frailty, or with complex and problematic polypharmacy, specifically those on 10 or more medications. In March 2022, NHS England updated the SMR and medicines optimisation service in the Primary Care Network Contract Directed Enhanced Service (DES), to expand the list of patients eligible for a SMR to include those on potentially

addictive medications from the following groups: opioids; gabapentinoids; benzodiazepines; and z-drugs, implementation of this will be monitored by NHS England.

PCNs and their constituent General Practices are responsible for planning their workforce to fulfil their obligations under the PCN service requirements. Additionally, the DES specifications state that a PCN is required to offer and deliver a volume of SMRs determined and limited by the PCN's clinical pharmacist capacity, and the PCN must demonstrate reasonable ongoing efforts to maximise that capacity. Further, where a PCN has been identified as potentially breaching the obligations within the service requirements, commissioners should undertake any necessary and appropriate investigation and contract enforcement action.

NHS England is also the facilitator of system partners in their work to deliver the recommendations from the 2019 Dependence and Withdrawal Associated with Some Prescribed Medicines review. These system partners include the Department, its Arm's Length Bodies and Health Education England to ensure cross-system improvements can be delivered.

Further to this, the National Overprescribing Review report evaluated the extent, causes and consequences of overprescribing and made 20 recommendations to reduce the problem. Led by NHS England, a cross-organisational implementation programme brings together 15 lead organisations, along with partners from across the health system, to implement the review's recommendations. The programme aims to achieve long term sustainable reductions to overprescribing via delivery of systemic and cultural improvements within the NHS. One of the key deliverables of the programme is a national toolkit to help practices improve the consistency of repeat prescribing processes and support this with training resources.

Finally, it is within the remit of ICBs to commission services within their geographical area including specialist pain clinics and NHS England expects that ICBs commission appropriate pain clinic service provision to meet the needs of the population they serve.

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



**NEIL O'BRIEN**