



**Department
of Health &
Social Care**

*From Maria Caulfield
Parliamentary Under Secretary of State for
Mental Health and Women's Health Strategy*

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Rachael Clare Griffin
Coroner's Office for
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14 November 2022

Dear Ms Griffin,

Thank you for your letter of 21 July 2022 to the Secretary of State for Health and Social Care, about the death of Gaia Pope-Sutherland. I am replying as Minister with responsibility for Mental Health and thank you for the additional time allowed.

Firstly, I would like to say how deeply saddened I was to read of the circumstances of Ms Pope-Sutherland's death. I can appreciate how distressing her death must be for her parents and those who knew and loved her and I offer my heartfelt condolences. It is vital that we take the learnings from what happened in this case in order to prevent future deaths.

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 Health Education England (HEE), NHS England (NHSE), as well as the relevant regulator, which in this instance is the Care Quality Commission.

The Government is committed to supporting people with epilepsy and ensuring they receive the support that they need from statutory services and that that they are referred to specialist services as appropriate. Once diagnosed, and with a management strategy in place, most people with epilepsy can be cared for through routine access to primary and secondary care services commissioned locally by Integrated Care Boards (ICBs).

Those whose epilepsy cannot be satisfactorily controlled, or whose condition cannot be appropriately diagnosed, should be referred to specialised neurological services, commissioned nationally by NHSE. NHSE has published¹ adult and paediatric specifications setting out what providers must have in place to offer specialised care for patients with neurological problems, including epilepsy.

You may wish to know that in order to support systems to understand the priorities in epilepsy care and improve service quality, NHSE have developed the *RightCare Epilepsy Toolkit*². This toolkit, which was developed in partnership with stakeholders such as Epilepsy Action, provides expert practical advice and recommendations on several key areas. These include ensuring that all people living with epilepsy know how and where to

¹ <https://www.england.nhs.uk/specialised-commissioning-document-library/service-specifications/>

² <https://www.england.nhs.uk/rightcare/toolkits/epilepsy-toolkit/>

access mental health and wellbeing support, and having policies in place to identify those most at risk of avoidable premature mortality and prevent epilepsy related deaths. The Toolkit makes clear the importance of ensuring that right systems are put in place to support the appropriate referrals for all patients³.

You may also find it useful to know that there is a guidance available from the National Institute of Health and Care Excellence (NICE) regarding "*Epilepsies in children, young people and adults*"⁴, which sets out best practice in the diagnosis, treatment, care and support for people with all types of epilepsies.

The NICE guidance sets out that all children, young people and adults should be referred urgently (for an appointment within 2 weeks) for an assessment after a first suspected seizure. The guidelines further describe the best practice that should be taken fully into account in the care and treatment of individual patients, however, this is not mandatory and therefore does not override the medical practitioner's clinical judgement.

Moreover, the Government is taking action at a national level to improve services for those with neurological conditions, including epilepsy. NHSE has established the *Neurosciences Service Transformation Programme*, a multi-year, clinically led programme within NHSE, to develop a new model of integrated care for neurology services, including the care of people affected by epilepsy. The development of the optimal clinical pathway for epilepsy has been overseen by the Transformation Programme in conjunction with the National Neurosciences Advisory Group (NNAG) - a collaboration of professional bodies, patient groups, national and local policy and commissioning leads, that aim to improve treatment, care and support for people with neurological conditions. This work has been led by epilepsy specialists including representatives from the Association of British Neurologists. The pathway sets out what good treatment, care and support looks like.

In addition, NNAG have developed a series of best practice optimal pathways for neurosurgery and neurology. These pathways are being used by NHSE's Neuroscience Transformation Programme to support neurosurgery networks with transformation and implementing high impact changes. This work is building on the optimal pathways that have been developed in partnership with stakeholders to support Integrated Care Systems and their neurology services to deliver the right service, at the right time for all neurology patients.

With regard to your concerns related to the availability of training on access to community mental health services, including discharge planning – you may wish to note that NHSE provides funding and resources for continuous professional development for community mental health practice, together with supporting good care in all settings. HEE, working in partnership, also provides a range of quality training and resources for health care professionals, at all stages of their career, this is intended to support good practice. The training and resources provided by HEE align with policy direction and legislative frameworks, together with national clinical guidance such as that published by NICE (*Transition between inpatient mental health settings and community or care home settings*)⁵, which acknowledges as its starting point.

With regard to Ms Pope-Sutherland's discharge from hospital, my officials have informed me that the Trust has introduced a Standard Operating Procedure in May 2022, which covers the provision of information following Mental Health Act assessments. In addition, the

³ More information about the toolkit can be found here: <https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2020/03/rightcare-epilepsy-toolkit-v2.pdf>

⁴ <https://www.nice.org.uk/guidance/ng217>

⁵ <https://www.nice.org.uk/guidance/ng53>

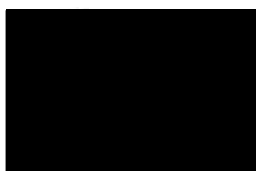
Mental Health Act 1983: Code of Practice⁶ covers communicating information following an assessment by the Approved Mental Health Professional (AMHP). Section 14.100 related to the communicating of the outcome of the patient's assessment specifically states that: "Having decided whether or not to make an application for admission, AMHPs should inform the patient, giving their reasons".

The Code of Practice provides statutory guidance to registered medical practitioners, approved clinicians, managers and staff of providers, and approved mental health professionals on how they should carry out functions under the Mental Health Act in practice. It is statutory guidance for registered medical practitioners and other professionals in relation to the medical treatment of patients suffering from mental disorder.

Finally, the Department takes the matters raised in this report seriously and will continue to engage with NHSE and local provider in order to improve the treatment of mental health patients.

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

Kinds regards,



MARIA CAULFIELD MP

⁶[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA Code of Practice.PDF](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/435512/MHA_Code_of_Practice.PDF)