

**Mr Sean Cummings**  
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**National Medical Director**  
NHS England  
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17 April 2023

Dear Mr Cummings,

**Re: Regulation 28 Report to Prevent Future Deaths – Ms Jacqueline Campbell who died on 30 June 2022**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 22 February 2023 concerning the death of Ms Jacqueline Campbell on 30 June 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Jacqueline's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Jacqueline's care have been listened to and reflected upon.

NHS England is the facilitator of system partners in their work to deliver the 2019 Public Health England (PHE)'s 'Dependence and withdrawal associated with some prescribed medicines: an evidence reviews' (the review) recommendations. These system partners include the Department of Health and Social Care (DHSC), Arm's Length Bodies (ALBs) including the National Institute for Health and care Excellence, (NICE), Care Quality Commission (CQC), Medicines and Healthcare products Regulatory Agency (MHRA) and Health Education England (HEE) to ensure cross system improvements can be delivered. NHS England is not responsible for the implementation of recommendations assigned to other organisations.

The [National overprescribing review report](#) commissioned by DHSC in 2018 evaluated the extent, causes and consequences of overprescribing and made 20 recommendations to address it. NHS England aims to make long term sustainable reductions to overprescribing and is working on several outputs to help implement the review's recommendations. Outputs include national resources to help practices improve the consistency of repeat prescribing processes, supported by appropriate training; and resources to enhance structured medication reviews for patients who may experience harm from taking multiple medicines.

The NHS [Medicines Safety Improvement Programme](#) (which forms a key part of the [NHS Patient Safety Strategy](#)) has launched a focussed programme of work to improve the care of people with chronic pain and a reduction in the use of prescribed opioids by aiming to reduce harm from opioid medicines by reducing high dose prescribing

(>120mg oral Morphine equivalent), for non-cancer pain by 50%, by March 2024. The programme has been in place since January 2021. The national programme is supporting Integrated Care Systems to learn from, adapt and adopt effective practice using a whole-system improvement approach.

As of 31 March 2023, 17 Integrated Care Systems will be receiving intensive support to develop and implement improvements in care and a further 17 will be participating in shared learning events.

In March 2023, NHS England published '[Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms : Framework for action for ICBs and primary care](#)'. The framework includes five actions, resources, and case studies to help systems develop plans that can support people who are taking medicines associated with dependence and withdrawal symptoms by:

- a. Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms.
- b. Informing ICB (Integrated Care Boards) improvement and delivery plans, when commissioning services and developing local policies that offer alternatives to medicines in the first place and/or support patients experiencing prescribed drugs dependence or withdrawal.
- c. Ensuring a whole system approach and pathways involving multiple interventions, to improve care for people prescribed medicines associated with dependence and withdrawal symptoms.

Additionally, the National Institute for Health and Care Excellence (NICE) has published guidelines on:

- [Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain](#)
- [Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults.](#)

Commissioning of services to support people with chronic pain (including services to support people to safely withdraw from opioid use) now lies with ICBs. NHS England expects ICBs to commission appropriate services to meet the needs of the population that the ICB geographically covers.

We have been sighted on the response from Bedfordshire, Luton and Milton Keynes Integrated Care Board (BLMK ICB) who advise that Hilltops Surgery regularly undertake an opiate prescribing audit. This is to identify patients on high doses of opioids and flags that a conversation with the patient is needed to look at reducing their medication. The Surgery advises that discussions took place with Ms Campbell on multiple occasions to look at reducing her medication and that other patients have also been identified through this audit. We note that a conversation has taken place with the ICB on how this cohort of patients require their medication reviews to be undertaken more frequently and that the ICB will continue to work to review medicines management for patients with multiple prescriptions where there may be safety implications.

Hilltop Surgery also advised that they have implemented improvements to their prescribing processes to include ensuring face to face medication reviews with patients and operating a call and recall system that ensures the number of prescription reauthorisations are limited to three before a next review takes place.

I would also like to provide further assurances on national NHSE work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

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,

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National Medical Director