Department of Health & Social Care

The Rt Hon Dame Andrea Leadsom DBE MP
Parliamentary Under Secretary of State for Public Health, Start for Life and Primary Care
39 Victoria Street
London
SW1H 0EU

Our ref:

Mr G Irvine
Senior Coroner
East London Coroner's Court
Queens Road
Walthamstow
E17 8QP

13 May 2024

Dear Mr Irvine,

Thank you for the Regulation 28 report to prevent future deaths of 11 September about the death of Mrs Amanda Jane Kramer**.** I am replying as Minister with responsibility for prescribing.

Firstly, I would like to say how saddened I was to read of the circumstances of Mrs Kramer's death and I offer my sincere condolences to her family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention. Please also accept my sincere apologies for the significant delay in responding to this matter.

The report raises the following concerns:

- Zoplicone is a drug licensed for the treatment of short-term insomnia. The risks associated with the drug are first, that it is a central nervous system depressant and second that patients prescribed the drug can form a dependency upon it;
- Mrs Kramer was prescribed Zoplicone continuously for approximately 18 years;
- Despite the deceased being under the care of both a GP and a secondary mental health trust prior to her death, no clear evidence emerged in the inquest that anyone had reviewed Mrs Kramer's use of this drug even when she had demonstrated a pattern of high- risk behaviour by deliberately overdosing on prescribed medication.

As I am sure you will be aware, GPs and other prescribers are ultimately responsible for their own prescribing decisions. The decision to prescribe a particular product is a clinical one and should be based on the patient's medical needs. The process of reviewing medication is one in which the GP or responsible clinician work together

with the patient. It is for the GP or other responsible clinician to discuss with their patient to decide on the most appropriate course of treatment. Where primary and secondary care are working together with one of their patients on a shared care basis, there needs to be clear lines of communication.

NHS England is working to support prescribers in managing repeat prescribing generally and in particular where patients are taking medicines which can cause dependence. As part of their work in response to the recommendations in the report from [redacted] the then Chief Pharmaceutical Officer for England, “Good for you, good for us, good for everybody: a plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions” the Royal Pharmaceutical Society has been commissioned to provide a repeat prescribing toolkit. In addition, in March 2023, an action plan was published to help local health care providers to reduce inappropriate prescribing of high strength painkillers and other addiction causing medicines.
https://www.england.nhs.uk/publication/optimising-personalised-care-for-adults-prescribed-medicines-associated-with-dependence-or-withdrawal-symptoms/

I am pleased therefore to note that the concerns you have raised have been addressed or are in the process of being implemented following responses by Wood Street Health Centre’s letter to you dated 6 November 2023) and from North East London NHS Foundation Trust’s letter to you dated 20 November 2023.

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

Best wishes,

[redacted]

THE RT HON DAME ANDREA LEADSOM DBE MP