

## **PRIVATE & CONFIDENTIAL**

Mr G Irvine HM Coroner East London Coroners Service 124 Queens Road Walthamstow London E17 8QP Chief Executive Officer Trust Head Office West Wing CEME Centre Rainham Essex RM13 8GQ

20th November 2023



Dear Sir

## Re: Inquest touching upon the death of Amanda Kramer

I refer to your Regulation 28 report, dated 11 September 2023, detailing your concerns about the risk of future deaths in light of the findings of this Inquest.

I should like to extend my sincere condolences to the family of Mrs Amanda Kramer. This must have been an extremely difficult time and I hope that my response provides them, and you, with assurances that the North East London Foundation Trust (NELFT) is taking action to address the issues set out in your report.

I note that your concerns are as follows:

- 1. Zopiclone is a drug licenced 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.
- 2. Service user was prescribed Zopiclone for 18 Years.
- 3. 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 this inquest that anyone had reviewed Service user's use of this drug even when Service user had demonstrated a pattern of high-risk behaviour by deliberately overdosing on prescribed medication.



Following the sad passing of Mrs Amanda Kramer, a number of changes have been implemented. These include:

- 1. Patients who are initiated on Zopiclone now have a medical review of this medication within at least 2 weeks of the initial prescription date recorded in their care plan, whilst existing patients are being identified and reviewed. Senior clinical oversight has also been put in place to support this review for all patients prescribed this medication. The Trust has also put in place a 6 monthly audit process of this to help support this improvement in practice. The last of these audits was undertaken in October 2023, identifying one patient where a review was required, but that all other reviews had taken place. In circumstances where prescriptions remain in place for longer periods of time, the risks and rationale for this are discussed with patients and medical and care co-ordinator staff are keeping this under careful review. In support of this work, staff have received training on the safe prescribing and management of Z-drugs and Benzodiazepines and this is being arranged on a repeat basis, with the next session taking place on 29 November 2023.
- 2. A workstream has been established across the primary and secondary care partners in the North East London Integrated Care System. This is overseeing improvements to the co-ordination of medication monitoring for patients receiving Benzodiazepines and Z-Drugs, including significant work on the co-ordination of information between primary and secondary care to ensure that accurate information is in place to enable the effective review and monitoring of patients who have been prescribed such medication.
- 3. The Trust has also worked with staff to ensure that there is effective handover of information between teams so that responsibilities are clear. In particular, there has been a focus on ensuring comprehensive documentation of patient information at the point of handover from one team to another. The effectiveness of this is being audited, and in the most recent audit undertaken (a random sample of 20 patients), all records were clear and reflected a comprehensive handover of the care plan and responsibilities for different professionals involved. This includes situations in which prescribing is taking place within primary care.
- 4. Staffing in Crisis and Home Treatment teams has been increased, with the addition of extra pharmacist posts. This will enable improved medicine reconciliation at the point of discharge from hospital, and ensure that prescriptions for Zopiclone amongst other medication are effectively monitored and reconciled throughout the patient's journey. This increased capacity will also give more pharmacy support to work with individual patients at this point of transfer and transition, including work on medication education for both patients and prescribers that will help to address risks associated with these medications.

If I can be of any further assistance or if you would like a further update on the progress made to address your concerns, I would be happy to provide a further update.

Yours sincerely



Chief Executive Office



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