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2<sup>nd</sup> February 2024

Dear Coroner,

**Re: Regulation 28 Report to Prevent Future Deaths – Charlene Roberts who died on 12 January 2023.**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 8 December 2023 concerning the death of Charlene Roberts on 12 January 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Charlene's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Charlene's care have been listened to and reflected upon.

In your Report you addressed to NHS England a concern that there was a lack of clarity and understanding from healthcare professionals as to whether the Controlled Drugs Local Intelligence Network could be used for non-controlled drugs, such as Cyclizine. As part of our consideration of this case, I have also asked my colleagues in the national Mental Health Team to provide some input on provision of eating disorder services and the impact of substance comorbidities on access to these services.

**Non-Controlled Drugs**

The provisions of the [Controlled Drugs \(Supervision of Management and Use\) Regulations 2013](#) (the "2013 Regulations") relate to controlled drugs only. They provide the legal framework under which information should be shared about an individual working in health and/or social care, a "[relevant person](#)" (see Regulation 5). The Local Intelligence Network supports the sharing of this information and members have a duty to co-operate and share information concerning the safe use and management of controlled drugs. The Regulations do not, however, provide a framework to share information about patients.

On occasion, members of the Local Intelligence Network may share information about individual patients with relevant partners to support the safe management and clinical use of controlled drugs. Circumstances where this may occur include where there is a credible concern that someone may be accessing controlled drugs inappropriately from several clinical services. On these occasions, information provided about individual patients is in line with the [Caldicott principles](#), and the individual's freedom to choose how they access healthcare is balanced with the need for patient safety and public protection.

As cyclizine, in isolation, is not a controlled drug and Charlene was not a “relevant person”, the 2013 Regulations would not support the sharing of information in this instance using the Local Intelligence Network.

However, all healthcare providers and healthcare professionals, have a duty to safeguard their patients. We would anticipate that relevant information would be shared with other clinical teams that may be involved in the provision of care to an individual patient, including community pharmacy contractors, in line with the Caldicott principles linked to above.

### **Eating Disorder Care Provision**

The [NHS Long Term Plan](#) (LTP), a 10 year plan for the NHS, published in January 2019, sets out an ambition to increase care provision for adults with severe mental illness, including eating disorders, providing them with greater choice and control over their care and supporting them to live well in their communities.

This includes creating integrated pathways of care across primary care, mental health services, voluntary and community sector organisations and social care for people with severe mental illness, delivering just under £1 billion of additional funding per year for transforming community mental health services by the end of 2023/24. Adult eating disorder services are expected to transform in alignment with the Adult Eating Disorders [published guidance](#) for commissioners and providers, which includes ensuring that people with eating disorders are able to access dedicated multidisciplinary support within their community.

To deliver on this ambition, all [Integrated Care Systems](#) have received fair-share funding to transform their adult community mental health services, to include eating disorder services, since April 2021.

The adult [eating disorder guidance](#) outlines the requirement for NHS commissioned Community Eating Disorder (CED) services to provide high quality care and to support early intervention. This includes noting the importance of medical monitoring and states that, "The ability to comprehensively monitor and manage the physical health of all people with an eating disorder (across all diagnoses and presentations) is an essential function of a CED service (pg. 15)".

To support services to plan and implement improved pathways in alignment with the guidance, NHS England has undertaken, or is undertaking, the following:

- Development of an internal resource, the Adult Community Mental Health Roadmap, intended to set out the different elements which will make up the delivery of LTP commitments on community mental health transformation (including eating disorders). Adult eating disorder services must ensure they are working with primary care services to provide clear medical monitoring arrangements.
- Routinely monitors performance returns from services (via Integrated Care Systems) to track local progress.

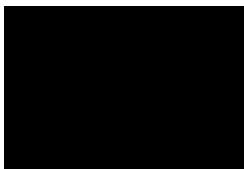
- Strengthening the governance supporting service transformation by creating an all-age eating disorder Clinical Reference Group (CRG), with membership that includes people with lived experience, practitioners, regional NHS leads, eating disorder clinicians and academics. The aim of the CRG is to lead the transformation of eating disorder services, supporting collaboration across the full pathway (community and inpatient settings). The CRG will support collaboration across the different parts of the organisation helping us to align our work to better serve those with eating disorders.

Drug and alcohol addiction/misuse are not automatic exclusion criteria for accessing NHS mental health services. NHS England are developing a joint action plan with the Department of Health and Social Care to improve the provision of mental health treatment for people with drug dependence. This will be published and implemented later in 2024.

I would also like to provide further assurances on national NHS England 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,



National Medical Director