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19 April 2024

Dear Professor Wilcox

Re: Regulation 28 Report to Prevent Future Deaths – Mr Lee Martin Hughes (also known as Martin Lee Hughes) who died on 25 December 2021

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 4 March 2024 concerning the death of Lee Martin Hughes on 25 December 2021. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Martin's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Martin's care have been listened to and reflected upon.

I respond to each of the matters of concern raised in your Report below.

- 1. Too heavy reliance by clinicians on patients sharing symptoms rather than seeking evidence (physical signs) of withdrawal. Use of the Clinical Opiate Withdrawal Scale (COWS), which may be subjective, rather than Objective Signs of Withdrawal Assessments (OWS) to determine whether methadone should be prescribed.**

NHS England commissioned services use national clinical guidelines and the tools described in these to assess patients for opioid, or other withdrawal from dependence forming medicines. For opioid and benzodiazepines withdrawal this guidance is [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/drug-misuse-and-dependence-uk-guidelines-on-clinical-management) along with guidance issued by the National Institute for Health and Care Excellence (NICE) which is found at [Recommendations | Drug misuse in over 16s: opioid detoxification | Guidance | NICE](https://www.nice.org.uk/guidance/NG166).

NHS England does not specify use of a particular assessment tool unless this is advised within national standards and guidelines. The choice of assessment tool is made on a case-by-case basis and is a clinical judgement made by the clinician.

Skills associated with assessment are vital when providing drug treatment and clinicians are required to meet competencies set out in relevant professional and other appropriate standards.

- 2. That prescribing of drug treatments for withdrawal should only be undertaken by substance misuse practitioners who should be more experienced in when, whether and how much to prescribe.**

Any clinician assessing and prescribing for substance misuse is expected to have the appropriate competencies to make and action clinical decisions independently. These decisions are made using the clinical system, information and evidence available to the clinician, to consider holistic health considerations. Referral to a colleague seeking advice or support is only necessary where a clinician is uncertain about what actions to take.

Responsibility for ensuring competencies is met lies with the clinician's employer, most often the healthcare provider. This also applies to assuring training compliance.

3. That guidelines are followed without sufficient consider to whether they apply to the individual.

National clinical guidelines are developed by NICE: (<https://www.nice.org.uk/guidance>) and professional clinical organisations using the best available evidence, to assist practitioners and clinicians with decisions about appropriate health care for patients in specific circumstances. They are designed to support decision making processes but the responsibility for the decision lies with the clinician and their professional judgement, which is based on several factors.

Any training needs are addressed by the employer, who is also responsible for assuring the clinicians competency.

4. That practitioners, when prescribing consider whether time spent in custody before remand, may have reduced an individual's tolerance to opiates; this is especially when methadone is to be prescribed with a synergistic agent such as benzodiazepines.

5. That methadone should be withheld and/or reduced if the individual is showing signs of sedation.

Consideration to time spent in custody before remand and whether this may have reduced an individual's tolerance to opiates forms part of the assessment as described in national guidance: [Drug misuse and dependence: UK guidelines on clinical management - GOV.UK \(www.gov.uk\)](#) and [police custody guidance \(Detainees with substance use disorders in police custody: Guidelines for clinical management \(5th edition\) - FFLM](#) . This also informs the dose prescribing, which is titrated against symptoms after each dose. This also applies to withholding or reducing methadone if there are signs of sedation.

6. There should be tests available for illicit drugs for near patient testing to allow clinicians to better assess a patient showing signs of intoxication.

Urine testing is carried out to inform clinical reviews and assessments for informing clinical decisions about substance misuse prescribing.

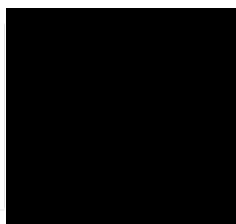
I am pleased to see from your Report that processes and procedures have been changed within HMP Wandsworth to address learning identified in this case and meet expectations in terms of prescribing and supplying sedating medicines safely.

Nationally, NHS England is in the process of updating the service specification and will use this learning to strengthen this.

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