



Department  
of Health &  
Social Care

From [REDACTED]  
Minister of State for Health

39 Victoria Street  
London  
SW1H 0EU

Our ref: [REDACTED]

Ms Joanne Kearsley  
Senior Coroner  
HM Coroner's Court  
Floors 2 and 3  
Newgate House  
Newgate  
Rochdale OL16 1AT

By email: [REDACTED]

21 August 2024

Dear Joanne,

Thank you for the Regulation 28 report of 26 June 2024 sent to the Department of Health and Social Care about the death of Raymond Horace Watkins. I am replying as the Minister with responsibility for prescribing.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Watkins' death, and I offer my sincere condolences to their family and loved ones. The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

The report noted particular concerns as follows:

- During the course of the evidence the court heard that receipt of correct authorisations in respect of medicines is an issue faced by District Nurses in many areas of the country. Currently there is no "Time Critical Medicine" guidance for the community setting.

In preparing this response, Departmental officials have made enquiries with NHS England as the organisation with responsibility in this area.

NHS England has advised that all clinicians involved in processing medication should know how to access national and local prescribing guidance. The administration of medicines in a health care setting must be done in accordance with a prescription, Patient Specific Direction, Patient Group Direction or other relevant exemption specified in the Human Medicines Regulations 2012. Professional Guidance on the Administration of Medicines in Healthcare Settings (January 2019) covers the administration of medicines, verbal orders, transcribing and covert administration. This professional guidance has been

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co-produced by the Royal Pharmaceutical Society and the Royal College of Nursing and provides principles-based guidance to ensure the safe administration.

NHS England has advised that in reviewing the report, it appears that there were failings on both sides, (i.e. the GP practice and the district nurse service), with what appears to be a breakdown in communication and other human factors at play. Therefore, any response to address the issues will require a collective multidisciplinary approach across provider and community organisations.

This case does highlight the importance of strengthening prescribing partnerships in every community setting between district nurses (who are not independent prescribers) GP practices and care homes. Each ICB with non-medical prescribing (NMP) lead should review their current and potential NMP workforce for their conurbation of district nursing services as a priority, which will mitigate against medication delay and any patient harm.

NHS England further advises that insulin is a recognised time critical medication that district nursing services aim to prioritise and patients receiving straight forward insulin prescriptions are often given their insulin by healthcare support workers who have been delegated this responsibility by the registered nurse overseeing the patient's care. ([Time sensitive medicines - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk)). District nursing services do not cap patient referrals and it is assumed that in this case the patient will have been referred to the service and prioritised.

Finally, NHS England is in the process of developing a Time Critical Medicines Safety Improvement Programme in partnership with Parkinson's UK, Epilepsy Society, and other key stakeholders. Over the three years, the programme is set to identify opportunities for improvement and make recommendations on how to prevent harm to patients.

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

Yours sincerely,

[REDACTED]

[REDACTED]