

PRIVATE & CONFIDENTIAL

Ms Anna Morris KC
Assistant Coroner
Greater Manchester South

Clyde & Co LLP
2 New Bailey Square
Stanley Street
Salford
M3 5GS
Telephone: 0161 236 2002
Fax: 0161 832 7956
DX 14302 Salford
www.clydeco.com

By Email:

Our Ref:

Your Ref:

Date:

20 February 2025

Dear Madam Coroner

**Our Client: The Partners of the Brinnington Surgery
Inquest touching the death of Kumaran Thanappa Chetty
Regulation 28 Report Response**

We have been instructed jointly by Medical Protection, the MDDUS, and the MDU to assist the Brinnington Surgery ("the Practice") in respect of its response to the Regulation 28 Report dated 14 November 2024. Please accept this letter as the Practice's response. We are grateful for the extensions of time to provide this. On behalf of the Practice, we wish to offer our sincere condolences to Mr Chetty's family.

The Practice acknowledges the concerns you have raised in the Regulation 28 Report. It is apparent that Mr Chetty was overordering medication and this was consequently overprescribed by the practice. The Practice has taken various steps to address all of these issues which are set out below.

Areas of Learning/Change

The Practice has undertaken two Significant Event Analysis meetings, one on 15 November 2024 and the other on 6 December 2024. The headings below set out the areas in which the Practice has made changes that are relevant to the inquest.

1. Incoming Correspondence Process

The Practice has amended its process in relation to incoming letters. Every letter that is received is reviewed by the administrative staff. They now check EMIS (the electronic records system) to check whether there is flag indicating if the patient is prescribed a controlled drug (CD). If a patient is prescribed a CD, then the letter is now reviewed by a GP the same day or the following working day at the latest. The duty GP or another GP working that day will review any letter relating to a patient that is taking a CD even if the content of the letter does not relate to the CD. Furthermore, the system is such that the incoming correspondence is not sent to a GP if they are on annual leave or they are not in the Practice for a few days.

The Practice has created a workflow process map (enclosed) which now links to the individual protocol for each type of letter. This map shows what the incoming correspondence process is for each type of letter which now includes the requirement for a GP to review all incoming letters if a patient is prescribed a CD.

The Practice has performed an initial audit of this new process. As part of the audit, all documents received within a 24 – 48 hour window were checked. The results of the audit were that the admin staff were following the process and felt comfortable with it. The Practice intends to undertake an audit of the system every 3 – 6 months.

2. Improved learning and awareness regarding medication

Steps have been taken to address the issues raised above. This was discussed at the SEA meeting on 15 November 2024 and will be incorporated into future meetings. The importance of accurate prescribing is now included during inductions with junior doctors. Representatives from the practice pharmacy team were present at this meeting and were involved in the discussions. Prescribing will also be discussed at subsequent meetings. The GPs have undertaken training provided by EMIS in relation to repeat prescriptions. Further discussions took place on 17 January 2025. A new prescribing protocol is in development which was discussed at this meeting. This will include a specific policy on CD misuse. The Practice is also developing an alert within EMIS to ensure all prescribers adhere to the new system.

3. Partner-level review of guidance and journal articles

The partners at the Practice have reviewed the guidance and journal articles below. The learning gained from reviewing these documents was shared at a clinical meeting on 17 January 2025 referred to at heading 4.

[Chronic pain \(primary and secondary\) in over 16s: assessment of all chronic pain and management of chronic primary pain](#)

[Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults sign136_2019.pdf](#)

[Opioids Aware | Faculty of Pain Medicine](#)

[NICE guideline NG193 for chronic pain: reasons to be cheerful | British Journal of General Practice](#)

[NICE chronic primary pain guidelines: what the busy GP needs to know](#)

4. Clinical Meeting on 17 January 2025

The practice held a clinical meeting on 17 January 2025 to undertake further discussions about chronic pain management. This was attended by medical, nursing, and pharmacy staff. The NICE guidelines 2022 were presented to all attendees. GPs were reminded that they should not feel pushed into prescribing something if this is not appropriate or there are risks involved. GPs were encouraged to gain a second opinion from another GP colleague before starting a dependence-forming medication. The decision following the second opinion should be communicated to the patient via a text message. The link to the Greater Manchester Pain Management Resources Hub was recirculated following the meeting. During the meeting, GPs were reminded of advising patients about non-pharmacological management such as exercise, CBT, and acceptance and

commitment therapy (ACT) and of the importance of avoiding prescribing opiate medication in the first instance (excluding cancer patients and palliative patients). GPs were also reminded about the importance of social prescribing. Since the meeting, the Practice has sourced a treatment plan agreement developed by Greater Manchester Medicines Management Group. The Practice plans to use this going forwards when initiating fentanyl prescriptions (again, excluding cancer patients and palliative patients).

5. Opioid medication audit

The Practice has undertaken an audit of patients on opioid/opiate medication including morphine, oxycodone, fentanyl, and high strength opiates to see if the strength/dosage can be reduced. The audit started prior to this patient's death and the Practice has been reviewing opiate prescribing for some time. The Practice has been able to reduce the dosage taken by a number of patients. The Practice will continue its attempts to reduce the dose and strength of opioid/opiate medication for these patients. The Practice intends to undertake this audit on an annual basis. This will be in addition to the usual medication reviews which take place on a 6 – 12 monthly basis. The Practice is also restricting the new prescription of opioids/opiates. This is through education of GPs and the second opinion referred to above. The practice also has a Pain Management Health Coach who supports patients who choose to have their opioid/opiate medication reduced.

The GP partners are confident that as a result of the steps described above that matters will be dealt with differently in the future. There has been extensive learning and reflection undertaken within the Practice and we hope that you and Mr Chetty's family will be reassured by the actions taken.

Yours faithfully

Clyde & Co

Clyde & Co LLP