



Department
of Health &
Social Care

Minister of State for Health (Secondary Care)

39 Victoria Street
London
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Our ref: [REDACTED]

HM Coroner Peter Nieto
St Katherine's House,
St Mary's Wharf,
Mansfield Road,
Derby
DE1 3TQ

By email: [REDACTED]

13th February 2025

Dear Mr Nieto,

Thank you for the Regulation 28 report of 25th November 2024 sent to the Secretary of State for Health and Social Care about the death of Margaret Mary Feeney. I am replying as the Minister with responsibility for medicine regulation and prescribing.

Firstly, I would like to say how saddened I was to read of the circumstances of Margaret Mary Feeney's death and may 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. Thank you also for the additional time given to the Department to respond to the concerns raised in your report.

The report raises the following concerns:

- measures were/are not in place at Macklin Street Surgery and Daynight pharmacy in Derby to prevent prescription of excess medication to patients recognised to be at risk of overdose, either intentional or unintentional, who are ordinarily issued shorter period repeat prescriptions to reduce those risks;
- this situation arose/arises when early prescriptions are issued due to statutory holiday periods when most pharmacies are likely to be closed;
- there were/are no procedures in place relating to longer bank holiday periods (e.g. Easter) and;
- ineffective utilisation of electronic patient record and data systems

I note that Derby and Derbyshire Integrated Care Board (ICB), Macklin Street Surgery and Daynight pharmacy are also recipients of this report and will be providing their own response to your report.

You outlined in your report that Ms Feeney had a long history of being prescribed benzodiazepines and codeine and had become dependent on them. It is important to note that the decision to prescribe a particular drug is a clinical one and should be based on the patient's medical needs. Decisions about what medicines to prescribe are made by the doctor or healthcare professional responsible for that part of the patient's care and

prescribers are accountable for their prescribing decisions, both professionally and to their service commissioners. Clinicians should work with their patient and decide on the best course of treatment, with the provision of the most clinically appropriate care for the individual always being the primary consideration. Clinicians must take into account best prescribing practice and the local commissioning decisions of their respective integrated care boards (ICBs) as well as appropriate national guidance on clinical and cost effectiveness. Pharmacists are also expected to use their judgement to make sure that any prescription they dispense is clinically appropriate. The pharmacist may decide to delay dispensing pending further consultation with the patient and/or prescriber where concerns arise.

The General Medical Council (GMC) is the regulator of all medical doctors, anaesthesia associates (AAs) and physician associates (PAs) practising in the UK. It sets and enforces the standards all doctors, AAs and PAs must adhere to. The GMC has published [guidelines](#) on good practice in proposing, prescribing, providing and managing medicines and devices. GMC guidance states that when prescribing controlled drugs and other medicines where additional safeguards are needed, doctors should propose, prescribe or provide a limited quantity and dose – one that is sufficient to make sure the patient receives suitable care until a) they are able to see an appropriate health professional who has access to the relevant information from their medical records or b) the doctor is able to verify that information themselves.

At a national level NHS England has a clear responsibility in providing systems oversight for the management and use of controlled drugs, including benzodiazepines and opioids. NHS England's Controlled Drugs Accountable Officers (CDAOs)¹ undertake this role within each geographical region across England. They provide assurance that all healthcare organisations, including pharmacies, adopt a safe practice for appropriate clinical use, prescribing, storage, destruction and monitoring of controlled drugs.

CDAOs facilitate the routes to share concerns, report incidents, and take remedial action as well as highlighting good practice. This is shared with wider partners such as Clinical Commissioning Groups and the Police through the Controlled Drugs Local Intelligence Networks (CD LINs). Details of all CDAOs in England are held on a national register, which is owned and published by the CQC: www.cqc.org.uk/content/controlled-drugs-accountable-officers.

In March 2023 NHS England published '[Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms : Framework for action for ICBs and primary care](#)'. The framework includes five actions, resources and case studies to help systems develop plans that can support people who are taking medicines associated with dependence and withdrawal symptoms including benzodiazepines and opioids by:

- Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms.

¹ <https://www.england.nhs.uk/contact-us/privacy-notice/how-we-use-your-information/safety-and-quality/controlled-drugs-accountable-officer-alerts-etc/>

- Informing ICB improvement and delivery plans, when commissioning services and developing local policies that offer alternatives to medicines in the first place and/or support patients experiencing prescribed drugs dependence or withdrawal.
- Ensuring a whole system approach and pathways involving multiple interventions, to improve care for people prescribed medicines associated with dependence and withdrawal symptoms.

As you may be aware, the National Institute for Health and Care Excellence (NICE) is the independent body responsible for translating evidence into authoritative evidence-based guidance for the health and care system on best practice to drive improved outcomes for patients. Guidelines describe best practice and NHS organisations are expected to take them fully into account in designing services that meet the needs of their local populations.

NICE has published guidelines on:

- [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.](#)

The [National overprescribing review report](#) was published in Sept 2021, it evaluated the extent, causes and consequences of overprescribing and made 20 recommendations to address it. NHS England and partner organisations have been implementing the review's recommendations over the past 3 years, aiming to achieve long term sustainable reductions to overprescribing via delivery of systemic and cultural improvements within the NHS.

You may find it helpful to know that a number of interventions are being delivered by NHS England to address and reduce overprescribing including:

- Publication of the [National medicines optimisation opportunities for the NHS in 2024/25](#), which includes an opportunity on chronic non-cancer pain management without opioids. ICBs are encouraged to select opportunities for delivery.
- Support for delivering [Structured Medication Reviews \(SMR\)](#), including:
 - [NHSE contract for Primary Care Networks](#) specifies use of SMRs for high-risk groups of patients. It also specifies using medicines optimisation strategies for reducing polypharmacy, minimising risk of prescribing harm, reducing overprescribing and managing the risk of dependency on prescription drugs.
 - Funding of [Clinical Pharmacists](#) through the [Additional Roles Reimbursement Scheme \(ARRS\)](#) to support the primary care team with medicines optimisation and carry out SMRs.
 - [Further NHSE guidance](#) advising that high-risk groups should be prioritised for SMRs, including those on prescribed medicines that may cause dependence and withdrawal.

- [Training and education for prescribers](#) to help build GP and prescribing health care professionals' confidence in, and understanding of, the complex issues surrounding stopping inappropriate medicines safely.
- [Patient facing materials](#) to help patients and carers prepare for an SMR.
- A national programme to offer non-pharmacological alternatives such as [social prescribing](#), as well as funding for social prescribers through the ARRS. Social prescribing is demonstrated to support patients address wider determinants of health which may be an underlying or contributory factor to the inappropriate use of medication.
- Publication of the [RPS and RCGP Repeat prescribing toolkit](#), commissioned by NHSE to improve repeat prescribing processes.
- Publication of the [Oversupply Dashboard](#) to support general practice and primary care networks identify oversupply and target improvements.

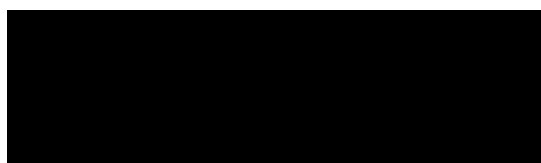
The NHS [Medicines Safety Improvement Programme](#) (which forms a key part of the [NHS Patient Safety Strategy](#)) is also delivering a focussed programme of work relating to the improved care of people with chronic pain and a reduction in the use of prescribed opioids. The programme has been in place since January 2021. The national programme is supporting Integrated Care Systems to learn from, adapt and adopt effective practice using a whole-system improvement approach.

In 2022/23 18 Integrated Care Systems received intensive support to develop and implement improvements in care and a further 15 are participating in shared learning events.

Commissioning of services to support people with chronic pain (including services to support people to safely withdraw from prescribed medicines that may cause dependence and withdrawal) now lies with Integrated Care Boards (ICBs). NHS England expects ICBs to commission appropriate services to meet the needs of the population that the ICB geographically covers. This includes taking due regard to any of the above national commissioning or clinical guidance.

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

Yours sincerely,

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MINISTER OF STATE FOR HEALTH