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Private & Confidential

Mr P Nieto
Senior Coroner for Derby and Derbyshire

By email: [REDACTED]

Dear Mr Nieto,

Prevention of Future Deaths Report concerning Mrs Margaret Feeney.

I write as the Senior Partner at Macklin Street Surgery further to the Inquest into the death of Mrs Feeney that took place on 11 November 2024 and following receipt of your Prevention of Future Deaths Report dated 25 November 2024. You have raised concerns as to the issuing of prescriptions around bank holidays for patients who have been placed on shorter repeat prescription periods with the aim of reducing the risk of overdose.

A large number of the patients at the surgery who have been placed on shorter repeat prescriptions are given 7-day prescriptions. This means that they will only be given 7 days' worth of medication for each prescription. Historically, those prescriptions were issued and sent to a patient's chosen pharmacy to dispense on a Monday. This was the case with Mrs Feeney. A smaller number of patients are likely to opt to collect a paper copy of their prescription from the surgery to take to their chosen pharmacy. However, as identified this means that when a bank holiday falls on a Monday, the prescription has to be issued on the immediately preceding working day so that patients are still able to access their medication. Usually this would be a Friday but in Mrs Feeney's case, because of the Easter weekend (and the Friday also being a bank holiday), the prescription was brought forwards to the Thursday.

Whilst the surgery could facilitate the issuing of prescriptions on a bank holiday as these could be future-dated, pharmacies are not routinely open on a bank holiday. As such, if the day for the 7-day prescriptions was not moved when a bank holiday arose on a Monday, patients would be unable to access their medication, which could have significant and life-threatening consequences. A number of the patients who are on 7-day prescriptions are receiving such prescriptions for opiate drugs and/or benzodiazepines. If a patient being prescribed these drugs is unable to access a prescription due to a bank holiday and therefore suddenly stops taking this medication, they may suffer acute withdrawal symptoms. The consequences of this can be severe and so the risk of this has to be balanced against the risks associated with a patient

having access to an additional few days of medication. Whilst some pharmacies may be open on a bank holiday, it is our experience that the majority are not and which pharmacy is open may differ between the bank holidays. Patients are free to choose which pharmacy they would like their prescriptions to be sent to and so prescriptions from the surgery will be sent to various pharmacies in the area depending on the particular patient's preference. Having looked into whether there are any pharmacies that are routinely open on bank holidays, I have located one in the area within a supermarket but it does not appear it is open on Christmas Day and it would not be conveniently located for a number of our patients. It would not be possible for the surgery to require patients on 7-day prescriptions to elect to use that pharmacy.

In light of Mrs Feeney's death, the practice conducted a significant event analysis on 8 August 2024 and a copy of that report has been shared with you previously. As part of that review, it was identified that a way of minimising the need to bring forward 7-day prescriptions prior to bank holidays (and therefore reduce the risks associated with patients having additional medication) was to move the day on which 7-day prescriptions were issued. We initially considered changing the issuing day to a Wednesday but we have since decided to move the day of issue to a Tuesday.

The surgery has now identified all patients who are on short-term prescriptions (which we have defined as having a prescribing period of 14 days or less) and the prescription day for all of these patients has been moved to a Tuesday. Patients and pharmacies have been advised. An alert has also been placed in the patients' notes. We are implementing a rolling alert so that a clinician will be alerted if a patient moves onto short-term prescriptions in the future.

The surgery is currently in the process of ensuring that the notes of all of the patients who have been identified as being on short-term prescriptions are reviewed by a clinician to assess whether each patient is at high or low risk. However, risk is broader than risk of overuse / overdose. Risk includes risk of medication harm, (that is to say, some drugs would present a greater risk of harm than others if overused or taken in overdose). Therefore, a clinician will determine whether a patient is at high or low risk of harm if the patient takes more than their prescribed dose. This will be reviewed at the annual medication review.


Now that all short-term prescriptions have been moved to a Tuesday, the issue of having to alter prescription processes will only arise on the years when Christmas Day, Boxing Day or New Year's Day fall on a Tuesday. If Christmas Day, Boxing Day or New Year's Day fall on a Tuesday, the prescriptions for those patients who have been identified by a clinician as being at high risk will be split i.e. the prescription week will be divided so that those patients will receive two shorter prescriptions to cover them for the bank holiday. How the prescription will be split will depend on how the bank holiday falls but could take a 3:4 day format thus minimising the risks as far as possible. Unfortunately, it is not possible for the surgery to mitigate risk entirely because of the fact that pharmacies are not routinely open 7 days a week including on all bank holidays and because patients, understandably, have the freedom to choose which pharmacy they would like their prescriptions sent to. As you have identified, this is not an issue that is likely limited to Macklin Street Surgery but is one that is likely to affect all GP surgeries across the country. It should also be appreciated that there are some technical constraints to the digital records system the practice uses (SystemOne) and the reports it is able to generate. This includes clinicians not being able to generate data regarding the total quantity of medication prescribed (tablet strength x quantity of tablets) without extracting data into an exported spreadsheet and SystemOne not being able to report on the duration of prescriptions. Rectification of this is something that would need to be addressed at a national level with the system supplier and NHS Digital.

The policy will be included in induction and locum packs. Training will be offered at induction for reception staff / new GPs / locums / GP registrars. The prescribing team will maintain a log of staff trained.

The surgery will write to the Integrated Care Board seeking advice on how we use the ICB system's central clinical pharmacy / medicines management expertise to assist practices with the management of high-risk patients. We will liaise with the Integrated Care Board to determine how our learning from this experience could be shared with other local GP surgeries to assist them in improving their processes around short-term prescribing. We will also highlight to the ICB any potential national level digital constraints.

I hope that the above clarifies the situation, reassures you that the surgery has taken this matter seriously and that we are doing everything we can to reduce this risk within the limitations of which we much necessarily work.

Yours sincerely



Senior Partner
Macklin Street Surgery