

Mr Michael Spencer
HM Assistant Coroner
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**National Medical Director for
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NHS England
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17 February 2025

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Nicolette Elizabeth McCarthy who died on 19 September 2023.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 22 November 2024 concerning the death of Nicolette Elizabeth McCarthy on 19 September 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Nicolette's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Nicolette's care have been listened to and reflected upon.

I am grateful for the further time granted to respond to your Report, and I apologise for any anguish this delay may have caused Nicolette's family or friends. I realise that responses to Coroners' Reports can form part of the important process of family and friends coming to terms with what has happened to their loved ones, and I appreciate this will have been an incredibly difficult time for them.

Your Report raises concerns about the application of NHS smoke free estate policy and whether it adequately reflects the safety requirements of mental health wards and mental health patients who seek leave to smoke. My response to the Coroner addresses the concerns raised in relation to national guidance and policy, which are within the remit of NHS England.

Smoking remains the biggest modifiable risk factor in mortality and morbidity in England and the leading modifiable cause of health inequalities. Whilst diseases relating to smoking are treatable and preventable, smoking continues to lead to an estimated 64,000 to 74,000 deaths per year. In 2022/2023, 4% of all hospital admissions were attributable to smoking, and 16% of hospital admissions were for conditions that can be caused by smoking.¹ NHS smoke free estate policy aims to support wider efforts for smoking cessation.

Increased risk of self-harm and suicide

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-public-health/2023/part-1-hospital-admissions#smoking-related-ill-health>

Your report states that NHS England's smoke free policy places mental health inpatients at an increased risk of self-harm and suicide. Currently, there is no known published evidence that smoke free policies place patients at an increased risk of self-harm or suicide.²

Published evidence demonstrates that people with mental health conditions wish to stop smoking as much as people without mental health conditions, and that once withdrawal has passed, smoking cessation can improve the symptoms of depression and anxiety equivalent to taking antidepressants. Some people may have increased anxiety about the potential impact of withdrawal on their mental health symptoms based on an assumption that smoking has a positive effect on their mood and anxiety levels. However, it is likely that these withdrawal symptoms manifest when blood nicotine levels drop and the nicotine from the next cigarette will therefore only temporarily relieve them. Smoking is not a healthy solution for managing mental illness and it is well-known that nicotine can increase anxiety.

We do, however, acknowledge that not all patients who are detained under the Mental Health Act feel willing or able to stop smoking, and that supporting patients to make changes toward healthier behaviour, particularly if they are experiencing mental health challenges or crisis, is difficult. A comprehensive offer of support should therefore be available to all patients, which is positively reinforced at all opportunities to support the patient in stopping smoking. If appropriate advice is provided alongside effective management of withdrawal symptoms using smoking cessation aids, and other tools/resources, patients are more likely to stop smoking and experience a positive impact on their mental wellbeing.

NHS Long Term Plan Commitments

The [NHS Long Term Plan](#) commits to providing NHS funded tobacco dependency treatment to all inpatients who smoke. Sussex Partnership NHS Foundation Trust began delivering its services from April 2022, having an offer in place for all inpatients from October 2022. There is an expectation that providers will already have awareness of the relevant NICE guidance ([NG209](#)) and that they will make a range of smoking cessation aids available and support patients with personalised treatment plans.

Delivery of tobacco dependence treatment allows patients to address tobacco dependence, supports delivery of smoke free estates and allows staff to focus on caring for patients and their underlying mental health conditions. The implementation and commissioning of tobacco dependence treatment should be driven by [Integrated Care Boards](#) and complement wider work to improve the quality of care and support inpatients receive, and safety planning should be considered on an individual basis for each patient. Patients should be seen as individuals, and their personal choices, circumstances and preferences should remain at the heart of all care provided to them.

National guidance and Section 17 Leave

Your Report also states that national guidance on smoking and Section 17 leave does not resolve the contradictions in smoke free policy. Section 17 leave is designed to

² [Hughes, 2007](#); [Taylor, 2014](#); [Taylor et al., 2021](#); [Wu et al., 2023](#).

allow patients to leave hospital as part of their care package in order to support patients to transition to care outside of the hospital. [Guidance](#) from the Care Quality Commission (CQC) is clear that Section 17 leave should not be used to facilitate smoking breaks. There is an expectation that a robust, individualised risk assessment should be completed before granting any Section 17 leave, including considering the risks of harm from not granting leave and the potential of self-harm and suicide. It is unclear to NHS England from the information provided whether an individualised risk assessment was completed for Nicolette.

Having a wider smoke free NHS estate is not a legal requirement in England, but has been recommended by both the National Institute for Health and Care Excellence (NICE) since 2013 (see [NICE NG209](#)) and HM Government ([Tobacco Control Plan, 2017](#)). The NICE Guidance does state that healthcare providers should ensure that there are policies, procedures and resources in place to 'work with people who use services to overcome any problems that may result from smoking restrictions' [1.21.3] and ensure that 'management of smoking' is included in the care plan for people in closed institutions who smoke [1.21.6]. The NICE Guidance also provides advice on stopping smoking for those patients using mental health services: [Treating tobacco dependence | Tobacco: preventing uptake, promoting quitting and treating dependence | Guidance | NICE](#).

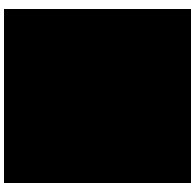
I note that you have also addressed your concerns to NICE and the DHSC, and it would be appropriate for these organisations to respond to the Coroner, as the responsible policy holders for the issues raised. Individual NHS Trusts are responsible for the local implementation of these policies and not the wider NHS England Estates Team.

NHS England's South East regional colleagues are also in the process of seeking assurances from the relevant [system](#) regarding local arrangements and processes with regard to the concerns raised by the Coroner.

I would also like to provide further assurances on the 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 events, such as the sad death of Nicolette, are shared across the NHS at both a national and regional level and helps us to 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 Clinical Director for Elective Care
National Medical Director for Secondary Care and Quality