



Department
of Health &
Social Care

██████████
Parliamentary Under-Secretary of State for Patient Safety
Women's Health and Mental Health

39 Victoria Street
London
SW1H 0EU

Our ref: ██████████

Nigel Parsley
HM Senior Coroner for the coroner area of Suffolk
The Coroner's Court and Offices,
Beacon House, Whitehouse Road,
Ipswich IP1 5PB

By email: ██████████

21 January 2025

Dear Mr Parsley,

Thank you for the Regulation 28 report of 26 November 2024 sent to the Secretary of State for Health and Social Care about the death of Amy Jade Butcher. I am replying as the Minister with responsibility for Mental Health.

Firstly, I would like to say how saddened I was to read of the circumstances of Amy Butcher's death and I offer my sincere condolences to their family and loved ones. Every suicide is a tragedy that has a devastating and enduring impact on families, friends and communities.

The circumstances your report describes are concerning and I am grateful to you for bringing these matters to my attention.

Your report detailed your concerns over the local protocols in place for the prescription of medicines to people in mental health crisis, and over the mental health team's decision not to make a further prescription of lorazepam to Amy, despite this drug having been effective for her a few days before her death.

In preparing this response, my officials have made enquiries with NHS England and the National Institute for Health and Care Excellence (NICE) to ensure we adequately address your concerns.

NICE have reviewed their guideline CG113 on the management of generalised anxiety disorder (GAD) and panic disorder in adults, against your report. They have concluded that the guideline addresses the concerns raised by this very sad case as it covers which medicines should, and should not, be prescribed for the treatment of GAF in different circumstances.

NHS England have considered how this case was managed. As you suggest in your report, there remains a concern about the clarity for prescribing for mental health across local systems. As an action, the NHS England National Specialty Advisor for Mental Health Pharmacy will now write to mental health Chief Pharmacist colleagues across England and request that they ask their local systems and prescribing committees to review their local mental health prescribing policies to ensure that all relevant stakeholders have clarity about prescribing responsibilities across primary care/secondary care and emergency departments, including out of hours arrangements and crisis team prescribing protocols .

Further, in August 2024 NHS England announced the introduction of access to local ageappropriate crisis services via NHS 111 'select mental health option' (see <https://www.england.nhs.uk/2024/08/nhs-111-offering-crisis-mental-health-support-for-the-first-time/>). It is not currently feasible to include prescription of medication under this service. NHS England has therefore introduced a fail-safe system whereby patients with medication queries or requests are advised to select option 1 (prescribing) when calling NHS 111. This acknowledges that most open crisis services are unable to prescribe medication. This should make the process easier and much clearer for patients.

NHS England recognises that the triage and assessment elements of this new service is in parts of the country commonly outsourced to VCSE organisations where prescribing medication is not feasible at the moment. It is therefore not in a position to make a commitment to include prescribing in NHS 111 Option 2. We need to allow these services time to grow and align nationally. In the longer term NHS England hope to explore how these services can be aligned to include prescribing of medication if appropriate and safe to do so.

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

Yours sincerely,



**PARLIAMENTARY UNDER-SECRETARY OF STATE FOR PATIENT SAFETY, WOMEN'S
HEALTH AND MENTAL HEALTH**