

## **Pembroke Medical Group response to the Report to Prevent Future Deaths related to the investigation into the death of William Northcott**

We have reviewed the findings of the inquest undertaken into the death of William Northcott, and considered the concerns raised in the Report to Prevent Future Deaths issued to us.

We share the concerns of the Coroner in that the patients attending Clozapine clinics could receive a higher standard of care than those attending their GP practices. For this reason, the Practice has withdrawn from the agreement with DPT to provide phlebotomy services (see letter dated 27/3/24). As stated in our previous correspondence, we had concerns that the psychiatric oversight provided by Devon Partnership NHS Trust for this cohort of patients fell below the service standard we would consider safe. We had concerns regarding the number of agencies involved in the monitoring and prescribing of clozapine, without sufficient responsibility being taken by one team. Clozapine clinics can give continuity of care for these patients and ensure that regular education and all appropriate checks are undertaken.

We have noted the comments by the Coroner that an ECG is not as helpful a diagnostic tool as echocardiography to assist in the diagnosis of cardiomyopathies. We agree that the use of echocardiography for monitoring of patients on clozapine could be explored, as this is used in some other countries. Again, this is something that could not be undertaken in Primary Care as we do not have echocardiography.

In response to the Coroner's concern about a Health Care Assistant who may have less experience and knowledge of anti-psychotic medication seeing patients and undertaking the investigations required for annual monitoring, the Health Care Assistant will generally use a computer template to enter information, which can have prompts to ask relevant questions. This could be considered for those 40% of practices who are continuing to undertake clozapine monitoring.

We use a template when undertaking the annual physical health monitoring required for all patients on our Severe Mental Illness register as mandated by the Quality & Outcomes Framework (NICE CG178 and NICE CG185).

Following the Health Care Assistant appointment, there is a follow-up In Person or telephone call with a GP or trained clinician who reviews the results and undertakes a review of their Mental Health care plan. The Practice has ensured that all GPs and clinicians carrying out these appointments are made aware of the physical effects of clozapine/side effects to look out for.

We do not usually share results of the health checks with the Mental Health teams, unless information is specifically requested. We agree however that good communication is very important.

The practice would be happy to communicate the findings and results of the annual health checks with the Mental Health Services, providing that the patient has consented to this. We had considered involvement of the ICB and LMC to facilitate a streamlined approach. However, we have established that there is a Local Enhanced Service in place which we are currently reviewing and implementing a process to be able to share the outcomes and results from the annual review with Mental Health Services.

Clozapine monitoring has already been raised at the LMC, which resulted in many practices withdrawing from the agreement to provide monitoring services. I believe that this has led to the expansion of the clozapine clinics. The LMC secretary was notified of the concerns raised at the inquest on 14<sup>th</sup> January 2025 and we can request that it is raised again on the LMC agenda to encourage the further expansion of clozapine clinics.

We have already highlighted the outcome of this case at our practice GP meeting on 12<sup>th</sup> February 2025 and provided education for GPs to remind them of the side effects of clozapine, particularly constipation/ smoking status and potential cardiovascular side effects. (see attached information sheet).

We undertook an audit of all our clozapine patients in January 2024 to ensure that they had received the annual monitoring checks required for patients on our Severe Mental Illness register as mandated by the Quality and Outcomes Framework (NICE CG178 and NICE CG185). We plan to undertake a further audit and add an alert to the medical record to highlight to clinicians that they are taking clozapine. The timescale for this is for this to be completed by 1<sup>st</sup> April 2025.

Dated:

Signed:

