Mr Andrew Harris
HM Assistant Coroner
London Inner South
Southwark Coroner's Court
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London SE1 1YD

[redacted]

National Medical Director
NHS England
Wellington House
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[redacted]

14 April 2025

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Luke Alexander Worrell who died on 2 January 2021

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 20 February 2025 concerning the death of Luke Alexander Worrell on 2 January 2021. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Luke's family and loved ones. NHS England are keen to assure the family and the Coroner that the concerns raised about Luke's care have been listened to and reflected upon.

Your Report raises concerns that there is a lack of awareness amongst clinical staff of the potential side effects of Clozapine, and that Luke was subject to the inappropriate use of a community treatment order.

Side effects of Clozapine

NHS England has undertaken considerable work to highlight to clinicians and colleagues the importance of keeping people safe from the side effects of Clozapine, which are well-recognised.

The risks and side-effects of Clozapine are listed in the British National Formulary (BNF), last updated on 26 February 2025, and the Summary of Product Characteristics on the Electronic Medicines Compendium (EMC), last updated on 13 February 2024. The BNF and EMC are both information resources for medications that healthcare professionals would be expected to make reference to.

In October 2022, updates were made to the Specialist Pharmacy Service website page on Clozapine (see https://www.sps.nhs.uk/articles/managing-constipation-in-people-taking-clozapine/) to specifically highlight the risks of constipation and fatal cases of intestinal obstruction, faecal impaction, and paralytic ileus.

In February 2022, NHS England's National Specialty Advisor for Mental Health Pharmacy wrote to all Mental Health Chief Pharmacists, asking them to raise awareness about the potential risks of Clozapine across their health community.

Prior to this, in October 2017, the Medicines and Healthcare products Regulatory Agency (MHRA) issued a medicines safety bulletin highlighting the risks of fatalities related to bowel problems associated with Clozapine: https://www.gov.uk/drug-safety-update/clozapine-reminder-of-potentially-fatal-risk-of-intestinal-obstruction-faecal-impaction-and-paralytic-ileus.

NHS England are also aware that the Royal College of Psychiatrists are undertaking some work around raising awareness of Clozapine risks.

Inappropriate use of a community treatment order, where there was sufficient evidence for a Mental Health Act section

NHS England are unable to comment on whether there was sufficient evidence for the responsible clinician to keep Luke under mental health section on Section 17 (S17) leave, rather than discharging him onto a community treatment order (CTO), based on the information provided in your Report, but this is an available option to inpatient mental health teams.

The Mental Health Act 1983 Code of Practice provides clear guidance on deciding between guardianship, S17 leave and a CTO. S17 leave is "primarily intended to allow a patient detained under the Act to be temporarily absent from hospital where further in-patient treatment as a detained patient is still thought to be necessary. It is clearly suitable for short-term absences for a fixed period or specific purpose e.g., to allow visits to family and to trial living more independently" (see Chapter 31.4 of the Code of Practice). The Code of Practice states that a "Leave of absence may be useful in the longer term (more than seven consecutive days) where the clinical team wish to see how the patient manages outside hospital before making the decision to discharge. Leave for a longer period should also be for a specific purpose or a fixed period, and not normally more than one month. For most patients who are able to live in the community, a CTO should be considered a better option than longer-term leave for the ongoing management of their care. Reflecting this, whenever considering longer-term leave for a patient (that is, for more than seven consecutive days), the responsible clinician must first consider whether the patient should be discharged onto a CTO instead. Any decision to authorise section 17 leave for more than seven days on a second occasion should be fully documented, including why a CTO or discharge is not appropriate" (see 31.5).

CTOs are a form of supervised community treatment where someone can be quickly recalled to hospital to be detained and treated. They are intended to maintain ongoing contact with mental health services to provide support and help prevent relapse. In certain circumstances, patients subject to a CTO may be recalled to hospital under the Mental Health Act. Under section 17E, the patient can be recalled to hospital if they require medical treatment in hospital for their mental disorder and there would be a risk of harm to the health or safety of the patient or to other persons if the patient were not recalled to hospital for that purpose.

Your Report also highlights the importance of involving the patient, family, carers and clinicians in the community when planning and supporting an individual to be discharged from hospital. Statutory guidance (

settings - GOV.UK) reaffirms this point, stating that services must “ensure that people and their chosen carers (including those with parental responsibility for children and young people) are the centre of discharge planning and are actively involved throughout the process, with appropriate input from relevant professionals and services involved in their ongoing care”. NHS England guidance (NHS England » Acute inpatient mental health care for adults and older adults) provides further guidance on joint and effective discharge planning.

A reformed Mental Health Act is currently being scrutinised by parliament. The Bill strengthens the protocol around discharging individuals from detention under Part 2 of the Act so that, where currently a patient’s responsible clinician can unilaterally decide to discharge a Part 2 or unrestricted Part 3 patient from hospital, under the Bill they will be required to consult with another clinical professional. A similar protocol will apply to people under guardianship and community treatment orders, where the detaining authority will need to consult with another. The Bill further strengthens professional oversight in decisions regarding the use and operation of CTOs, where the community clinician (the approved clinician who is responsible for overseeing the patient’s care as a community patient) will be involved in decision making in addition to the hospital-based responsible clinician.

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 Luke, 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,

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National Medical Director