

10 June 2025

Samantha Marsh

Senior Coroner for the coroner area of Somerset

Sent via email: [REDACTED]

Our reference: [REDACTED]

Dear Ms Marsh,

Re: Regulation 28 Prevention of Future Deaths Report in respect of Jaqueline Anne Potter

I write in response to your regulation 28 report, dated 24 April 2025, regarding the very sad death of Anne Potter. I would like to express my sincere condolences to Anne's family.

We would like to thank you for including NICE in this important report. We have reflected on the circumstances surrounding Anne's death and the concerns raised. We note there are five distinct concerns raised in your report. It is important to note from the outset that we do not consider the concerns raised are directly attributable to NICE, but note your report is also addressed to NHS England, Somerset NHS Foundation Trust, the Royal College of Obstetricians and Gynaecologists and the Royal College of General Practitioners. We have outlined the concerns below, detailing NICE's response to each in turn.

- 1. The lack of a codified 'Risk' and 'Safety Planning' document to be given to relatives and carers to assist families in spotting early warning signs that 'something is wrong' and to seek help and intervention (if/when appropriate) to minimise the risk of a patient taking their own life whilst in the community.**

We do not believe there is any NICE guidance that explicitly covers this matter, but our quality standard [suicide prevention \[QS189\]](#), [quality statement 4](#), stresses the importance of asking the person if they would like their family, carers or friends to be involved in their care. The NICE guideline, [self-harm: assessment, management and preventing recurrence \[NG225\]](#) also has a number of recommendations that are not entirely specific to this situation, but that indicate an approach of involving the family and carers (with the person's consent) and providing written materials. For instance:

1.10.1 'After an episode of self-harm, discuss and agree with the person, and their family members and carers (as appropriate), the purpose, format and frequency of initial aftercare and which services will be involved in their care. Record this in the person's care plan and ensure that the person and their family members and carers have a copy of the plan and contact details for the team providing the aftercare' (my emphasis).

1.5.15 'Together with the person who self-harms and their family and carers (if appropriate), develop or review a care plan using the key areas of needs and safety considerations identified in the psychosocial assessment'

1.4.1 'Be aware that even if the person has not consented to involving their family or carers in their care, family members or carers can still provide information about the person'.

Our guidance emphasises the importance of involving family and carers, and of providing written information. We do not specifically mention the document or circumstances outlined in this report, but NICE's recommendations are not intended to cover all clinical circumstances.

2. Wi-Fi access to harmful websites whilst in NHS facilities.

NICE does not have responsibility for managing NHS care or services and therefore we would be unable to comment on this concern.

3. No compulsory training in menopause

Again, we do not consider that this concern is directly for NICE as we are not responsible for setting the curriculum for undergraduate and trainee doctors in the UK, this is the role of the [General Medical Council](#) (GMC). We understand that there is currently work being done to integrate menopause care into both GP and specialist training curricula, with menopause as part of the GP Specialty Training Curriculum (although still not a standalone module) and the RCOG launching a Special Interest Training Module (SITM) in Menopause Care in 2024. However, only a very small number of trainees will access this. It is the view of our consultant clinical advisers that menopause care is not consistently or comprehensively taught across all UK medical schools, and there is no national standard requiring in-depth menopause training for all medical students. You may wish to share this part of the report with the [General Medical Council](#) (GMC) and with Health Education England (part of NHS England) for their consideration.

4. Lack of menopause specialists or menopause services in the NHS

We believe this concern will be better answered by NHS England and the Royal Colleges.

5. There has not been a roll-out of specialist menopausal care and upskilling of GPs, as was promised in a previous PFD.

As noted above, we believe this concern will be better answered by NHS England and the Royal Colleges.

We note your report also mentions a previous prevention of future death report sent to NICE, NHS England and Somerset NHS Foundation Trust in June 2024 on a similar matter. Within our response, sent in August 2024, we stated that following publication of the [menopause update](#) in November 2024, we would assess if any further changes relating to mental health and menopause are needed, in response to the HSIB recommendation and taking into account the issues raised in the initial PFD.

NICE's surveillance team have informed us that 'With the updates that have been made to [menopause: identification and management \[NG23\]](#) in November 2024 and the conclusions of the 2023 surveillance review, we are satisfied NG23 and the mental health guidelines are

up to date in relation to the HSIB report. We are tracking studies in this area identified by the 2023 surveillance, so this topic will remain on surveillance's radar'.

I hope this response has helped outline our role and the recommendations that are in place on this important topic. I would like to reiterate my sincere condolences to Anne's family.

Yours sincerely,

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Chief Executive