



Department
of Health &
Social Care

Minister of State for Care

39 Victoria Street
London
SW1H 0EU

HM Coroner Nadia Persaud
124 Queens Road
Walthamstow
E17 8QP

27 October 2025

Dear Ms Persaud,

Thank you for the Regulation 28 report of 4th July 2025 sent to the Department of Health and Social Care about the death of Mr Daniel Norman Hatchett. I am replying as the Minister of State for Care, responsible for primary care and general practice.

Firstly, I would like to express how saddened I was to read about the circumstances surrounding Mr. Hatchett's death, and I extend my sincere condolences to his family and loved ones. The circumstances outlined in your report are concerning, and I am grateful to you for bringing these matters to my attention.

I recognise that, following the treatment of his heart condition, Mr. Hatchett's mental health needs were not appropriately addressed, and there was a clear missed opportunity to offer Mr Hatchett essential support.

Your report raises concerns regarding the lack of adequate consideration and structured support for the mental health needs of patients with chronic physical conditions. In preparing this response, Departmental officials have made enquiries with NHS England and Mr Hatchett's general practice to ensure that your concerns are properly addressed.

I understand the significant impact that living with a long-term condition can have on a person's mental health. To address this, NHS Talking Therapies Long Term Conditions services provide evidence-based psychological therapies for people with depression and anxiety disorders, who also have a long-term physical health condition. These services are designed to ensure that mental health needs are recognised and treated as part of overall care for those with chronic conditions.

All Integrated Care Boards (ICBs) are now also expected to expand local provision by commissioning NHS Talking Therapies services that are integrated into physical healthcare pathways, ensuring that people with long-term conditions can access timely and appropriate mental health support alongside their physical care.

Additionally, anyone in England experiencing a mental health crisis can speak to a trained NHS professional at any time of the day by calling 111. Trained NHS staff will assess patients over the phone and guide callers with next steps.

I recognise and agree that early identification of undiagnosed anxiety and depression in individuals with long-term conditions is imperative. The Long-Term Conditions template used by GPs during patient reviews includes specific sections designed to screen for symptoms of anxiety and depression.

Within the template, there is a dedicated tab for completing validated screening tools, namely, the PHQ-9 and GAD-7 questionnaires. These have been incorporated into the template for several years, in recognition of the fact that patients living with chronic diseases are at increased risk of experiencing associated mental health difficulties. This tab appears for all patients, regardless of any prior mental health history, to allow for opportunistic screening and early identification of emerging symptoms of anxiety or depression.

As clinical professionals, we expect that GPs conduct their appointments with sufficient time to address their patients' needs and to appropriately assess any health concerns. General Practices are independent businesses and are therefore responsible for the way they operate, including the duration of individual appointments. This framework allows GPs to appropriately identify both physical and mental health issues, ensure thorough assessment, and provide timely interventions or referrals where necessary.

I know how important it is that we understand the challenges that men face in seeking help so we can ensure that the care they receive meets their needs. We launched a 12 week call for evidence in April 2025, asking men of all ages to come forward and feed into England's first ever men's health strategy. This was the crucial first step in understanding what works and what doesn't and how we can design services men will actually use. The call for evidence closed on 17 July 2025 and we are now analysing responses to inform the development of our strategy.

Mr Hatchett's general practice has provided the following contribution in response to your report:

As a practice, we will now send out the Waltham Forest Talking therapy (IAPT) website details and phone number to all of our patients with chronic diseases, and with stress, so they are sign-posted to seek help.

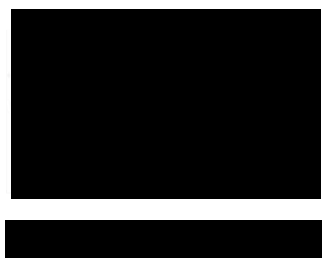
We have also reflected that during a 10-to-15-minute appointment, unless the patient tells the practitioner about their stress and low mood, or if their demeanour body language indicate they have mental health troubles, it is difficult to be proactive about seeking this aspect of their health out, amidst all the other health needs being addressed.

As clinicians we will aim to do better and ask open-ended questions about alcohol use, stress and low mood as much as possible but we realise the time constraints on us means we often rely on the patient & families to alert us about these problems.

We have learnt that we cannot make assumptions that someone is mentally well by their appearance, and we will ask more questions about mental health and seek out those who need more help when they have physical health problems.

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

Yours sincerely,

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