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12th August 2026

Dear Mr Allen,

Re: Regulation 28 Report to Prevent Future Deaths – Isabelle Bridie Sapherson-Moralee who died on 26th April 2025.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 18th June 2026 concerning the death of Isabelle Bridie Sapherson-Moralee on 26th April 2025. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Isabelle's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Isabelle's care have been listened to and reflected upon.

Your Report raises the following concerns:

1. There is no national treatment pathway for patients suffering ketamine addiction and ketamine associated harms despite the evidence that ketamine use and ketamine-related harms have increased.
2. There are no prescribing guidelines to assist those in primary care who are prescribing analgesia for patients suffering ketamine bladder syndrome where there are concerns about concurrent ketamine use.
3. A lack of research into the addictiveness of ketamine and ketamine-related harms means there is currently no detailed understanding of the consequences of chronic ketamine use, no national processes to assist in developing effective care plans to break the cycle of addiction and no clear understanding of the scale of the health consequences ketamine use presents.

1. No national treatment pathway for ketamine addiction or ketamine related harms

While it is agreed that there is not a national mandated treatment pathway or specific prescribing guidelines in place, the NHS England Getting it Right First Time (GIRFT) Team are aware of the following guidance and research in place for review and use by patients and clinicians in England:

1. Advisory council on the misuse of drugs (2026) Ketamine – an updated review of use and harms, P31.

https://assets.publishing.service.gov.uk/media/6978c7e2128d9c1d09a98c17/ACMD_Ketamine_Review_2026-Report_.pdf
2. The British Association of Urological Surgeons (2025) Ketamine bladder – What you need to know. https://www.baus.org.uk/_userfiles/pages/files/patients/leaflets/BAUS%20Ketamine%20Bladder.pdf
3. The British Association of Urological Surgeons (2026) Ketamine – information for patients. https://www.baus.org.uk/professionals/sections/female/ketamine_patients.aspx
4. Belal et al (2024) BJU Int. British Association of Urological Surgeons consensus statements on the management of ketamine uropathy. https://www.baus.org.uk/_userfiles/pages/files/professionals/sections/female/BJU%20International%20-%202024%20-%20Belal%20-%20British%20Association%20of%20Urological%20Surgeons%20Consensus%20statements%20on%20the%20management%20of.pdf
5. Beerten, Mathei and Artgeerts (2023) BJGP. Ketamine misuse: an update for primary care. https://bjgp.org/content/73/727/87

Ketamine use has increased, across both paediatric and adult populations, but patients presenting in emergency departments and other settings, with complications of recreational drug use are either rarely aware or rarely disclose the chemical providence of the drugs in their system and so it is not always clear whether people have been using ketamine or not.

We also know that patients experiencing addiction have often been historically excluded from traditional holistic person-centered care approaches and find the care they need harder to access, which make this more challenging but no less important.

In order to address these challenges, the Department of Health and Social Care (DHSC) and NHS England jointly published the Co-occurring Mental Health and Substance Use Delivery framework in December 2025: https://www.gov.uk/government/publications/co-occurring-mental-health-and-substance-use-delivery-framework.

The delivery framework includes recommended actions on how the health system can work together to improve coordinated care, as well as actions we will take nationally to better support this. These recommended actions include an ask for services and clinicians to work as multidisciplinary teams to ensure collaborative case management and establishing joint working protocols between drug and alcohol services and mental health services.

The government Advisory Council on the Misuse of Drugs also issued Updated Review of Ketamine Use and Harms in January 2026: (https://www.gov.uk/government/publications/ketamine-an-updated-review-of-use-and-harms). This also acknowledges the need for greater collaboration between community drug and alcohol treatment services, primary care, social care, mental

health services, hospitals and relevant medical specialties to provide holistic support for people experiencing ketamine-related harms.

NHS partners are working with the department to strengthen awareness, referral pathways and coordination of care for people with ketamine use disorder and its associated complications in line with this review.

National clinical pathways are therefore not planned for each individual drug, but local services are commissioned to support the most prevalent drugs in local use, as well as generic pathways, and this is now common practice for ketamine use in line with the resources above.

NHS England will communicate with Regional Medical Directors, Chief Medical Officers and Chief Nursing Officers to support the dissemination of information on the public health impact of illicit ketamine use and associated harms. This will include information to assist healthcare professionals in recognising ketamine-related complications, referring patients to appropriate services and delivering integrated packages of care.

2. Prescribing guidelines for ketamine bladder syndrome in primary care

There aren't currently any prescribing guidelines for ketamine bladder syndrome in primary care. The British Journal of General Practice produced the following update for primary care.

However, in light of this case, the lack of guidance will be reviewed in relation to pain management in patients using non-prescribed ketamine and/or experiencing ketamine use disorder, and in line with the holistic guidance above.

3. A lack of research into the addictiveness of ketamine and ketamine-related harms means and no national processes to develop effective care plans

The Mental Health Personalised Care Framework concentrates on the approach and related actions services should take to deliver personalised care for people with severe mental health problems. Services should consider how these actions will be enabled including embedding guidance on management of co-occurring conditions and joint working protocols with drug and alcohol services.

We are aware your report has also been addressed to the DHSC who will provide more detail but we understand that DHSC are continuing to invest in improvements to local drug and alcohol treatment services, and are supporting local areas to provide additional non-opiate treatment places through the Public Health Grant and supplementary substance misuse grants.

Nationally, the *Young People's Substance Misuse Treatment Statistics 2023 to 2024* report published on 28 November 2024 by Office for Health Improvement and Disparities (OHID) showed there was a rise in the number reporting problems with ketamine, from 512 (4.5%) in 2021 to 2022 to 1,201 (8.4%) in 2023 to 2024, which

means more children and young people reported problems with ketamine than with cocaine for the first time.

Statutory guidance on relationships, sex and health education (RSHE) requires all primary and secondary schools to ensure that pupils know the key facts and risks associated with drug and alcohol use, as well as how to manage influences and pressure, and keep themselves healthy and safe. The department has worked with the Personal, Social, Health and Economic Education Association to develop the lesson plans on drugs and alcohol and has commissioned an update to the resources to be published later this year. OHID also offers easy to read information on the risks of using ketamine and some basic harm reduction advice on its drug information site, FRANK.

Regional Response

Dorset Integrated Care Board (ICB) have advised South West Regional colleagues that the commissioning of addiction support services primarily sits with the local authority and public health teams. Dorset ICB have advised that ketamine has been a subject of interest in the combatting drugs partnership with dedicated campaigns to inform people of the risks and dangers associated with use. Drug & Alcohol commissioners within the local authority and public health teams are currently working on a local care pathway for people presenting with ketamine related issues.

Dorset Council Public Health Colleagues have advised us of another Prevention of Future Deaths Report where concerns were focused around the risks associated with ketamine remaining a Class B drug. Both drugs were reviewed through the Pan-Dorset drug related death review process. We were advised that the Dorset Council Public Health team have completed a deep dive into the increasing numbers of young people presenting for treatment with ketamine as their primary drug which has led to a programme of work to try and address the increasing number of young people presenting for treatment with ketamine as their primary drug.

Subsequently, the public health team at Dorset Council led the following response:

1. A Pan-Dorset webinar focused on educating front line professionals across the health and social care systems on the risks of ketamine and support available through drug and alcohol treatment services in June 2025.
2. A Pan-Dorset comms campaign focused on risks of ketamine and how to get support aimed at 18-25 year olds which was funded by two Local Authorities and Police and Crime Commissioner ran between December 2025 and March 2026.
3. A new local care pathway for ketamine bladder developed in West Dorset involving Dorset County Hospital urology services, Reach and the community pain service. Bournemouth, Christchurch and Poole (BCP) Council are leading a similar piece of work for East Dorset linking to services in University Hospitals Dorset.
4. Pan-Dorset primary care guidance developed (involving Reach and local NHS professionals from primary care and pain service) which made

recommendations for prescribing for pain associated with ketamine use and outlined the importance of timely referral to urology and drug and alcohol treatment services.

5. Communication sent to Dorset pharmacies through Community Pharmacy Dorset highlighting the symptoms of ketamine bladder which can mimic a urinary tract infection and the need for GP review where an individual is using ketamine.

BCP Council Drugs and Alcohol Adults & Young People Adult Social Care Commissioning Strategic Commissioning Manager has advised that some impatient detoxification units are now accepting ketamine users however this is having to be person centred treatment and therefore is expensive and taking up a lot of occupancy in a valuable resource at a considerable cost as inpatient units are funded separately on a per night basis.

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 Isabelle, 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
NHS England