

From the Executive Office
Direct dial: [REDACTED]

A University Teaching Trust

2 May 2014

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Dear Mrs Mason

Re. Michael Anthony Tarratt

Thank you for your letter dated 14th March 2014, with the enclosed *Regulation 28: Report to Prevent Future Deaths*.

I would like to reassure you that Leicestershire Partnership NHS Trust has carefully considered the concerns you have raised, and put actions in place to respond to them.

Your concerns

I am aware that you are concerned that:

1. Despite evidence from the Drug & Alcohol team that it was appropriate to update the relevant GP every 3 months, or at least every 6 months, it was accepted on this occasion that no contact had been made for 18 months. Consideration should be given to more regular contact between the services providing treatment.
2. Despite evidence that the GP prescription of Tramadol (for knee pain) was inappropriate for an opiate dependant patient, no contact was made with the GP surgery and it was left to the patient to tell his GP. There was no evidence to suggest that Mr Tarratt did this. Consideration should be given to routine exchange of information regarding prescriptions between services, to avoid one agency counter-acting the treatment of another. Consideration should be given to the appropriateness of asking the patient to be responsible for this communication.

Action Taken

A notification by way of urgent memo by email has been sent to all members of the Drug & Alcohol team that the agreed standard for communication and correspondence with patients' GPs is that contact must be made with the GP:

- After the initial assessment; this will be a summary of the structured treatment plan.

Chair: Professor David Chiddick CBE

Chief Executive: Dr Peter Miller



- Every three months as a minimum, or more often, if there has been a change to the treatment plan or a risk needs to be communicated.
- At the end of contact when the patient is discharged from treatment.

The Leicester Recovery Partnership's working draft Standard Operating Protocol (SOP) is under review and due for publication within the next few weeks. In relation to GP communication the SOP will state:

- GP letters

Structured Treatment

For GPs that refer their patients to LRP who are in drug or alcohol structured treatment we must send an assessment summary letter written by the assessor, the exception being when the comprehensive assessment has been completed in open access/duty the assessment summary should then be completed by the RN or EP taking the case on after the first face to face appointment. If the service user does not attend this appointment we must still send a summary and advise that we will be offering further appointments. We must send GP review update letters every 3 month as a minimum or before if there is a change or risk and then at completion of treatment.

Open Access/Tier 2

We will not routinely send GP assessment summaries or updates for these service users but if we feel we need to liaise/involve their GP at any other point in treatment we need to discuss with the service user, obtain consent and send an assessment summary or update letter.

I enclose a copy of the standard GP letter templates which have been reviewed and now include prompts to ensure detailed updates are sent. These are due to be uploaded as part of the configuration with SystemOne within the next 14 days. The subsequent phase of work that will be completed by June 30th 2014 at the latest will include prompts and reminders to practitioners when GP updates are due. *

A case note audit is due to take place within the next 14 days and will include a review of GP correspondence. Audits will be completed every 6 months thereafter.

This matter has also been discussed at the Operational Managers meeting to highlight the need to include in staff supervision any training requirements or ongoing monitoring. It will also be included on the agenda of the next Neighbourhood Team meeting.

Please be reassured that Leicester Recovery Partnership takes ownership for ensuring exchange of information with GPs and the service user is not responsible for this communication.

Yours sincerely



Dr Peter Miller
Chief Executive