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Our ref. AB/CM/letter to coroner – Irene Pearson
Your ref. JSP/

5 April 2016

H. M. Coroner
Greater Manchester South District
Coroner's Court
Mount Tabor
Mottram Street
Stockport
SK1 3PA



Dear Mr Pollard

**Re: Irene Anne Pearson (Deceased)**

I am writing in response to your regulation 28 report forwarded to the Trust by Macmillan Cancer Care following the inquest into the death of the above named person. I am grateful to you for highlighting your concerns and for providing me with an opportunity to respond.

I shall address each of your concerns in the order in which you raised them:

**I heard evidence that the Macmillan Nurses had advised the deceased to take a bath when preparing to remove the 'exhausted' patch so as to aid removal. The toxicologist pointed out that even when due for change, the patch contains (and therefore can release) a very considerable level of the drug. The advice to use this method of removal would therefore seem to be inherently potentially dangerous.**

The Macmillan team have provided assurance that they would not advise anyone to take a bath to aid removal of an exhausted patch or indeed to submerge the patch in water. In response to the information you have shared we have sent a 'Trust Alert' out to all hospital and community staff to ensure they are reminded of this risk.

**I was told that the Macmillan Nurses will prescribe additional opiate pain control, but there seemed little or no liaison with the GP Practice as to the regulation of this.**

It is the practice of the Macmillan team when changing or prescribing medication to fax the relevant GP practice within 24 hours. In terms of prescribing for Mrs Pearson, the following information (in italics) indicates the liaison which occurred from the Macmillan team to the GP practice. I understand that on receipt, these faxes are scanned and attached to the GP records.

***24.03.15***
*Dexamethasone 4mgs daily x28 tablets*
*Cyclizine 50mgs/ml x10 ampoules*
*Water for injection*

***01.04.15***
*BuTrans 10mcgs/hr x 4 patches. One patch every 7 days*
*Oramorph 10mgs/5mls x100mls 2.5-5mls prn*
*Cyclizine for injection 50mgs/ml x10*
*Cyclizine 50mgs TDS x100*

***12.05.15***
*Fentanyl 25mcgs/hr every 72hours x10 patches.*
*Stop BuTrans patches*

***02.06.15***
*Benzydamine oral mucosal spray 30mls x2*
*Increased Mirtazipine from 15mgs to 30mgs*

***08.06.15***
*A letter was faxed to GP after Mrs Pearson's husband phoned the Macmillan team following a review by an Out of Hours GP who had increased the Fentanyl patch from 25mcgs to 50mcgs. Mr Pearson confirmed that she was much better and not experiencing any side effects. He was requesting more patches and this request was included in the letter faxed to the GP to prescribe if he felt it appropriate.*

***29.06.15***
*Request for Mirtazipine 15mgs x60. Take 2 at night*

***01.07.15***
*Following visit from Macmillan nurse, the Fentanyl patch was decreased from 50mcgs to 37mcgs and therefore a 12mcgs Fentanyl patch was prescribed (x5). (i.e. 25mcgs plus 12mcgs)*

***07.07.15***
*Mrs Pearson was visited due to an increase in pain; Irene and her family informed staff that they had increased the patch from 37mcgs back to 50mcgs on the 06.07.2015 without seeking advice.*

We have clarified with the GP practice and the notifications of the above prescriptions completed by the Macmillan team were all received by the practice and scanned onto the patient records. We cannot find a record of the letter sent on 08.06.2015 as above, however we did find that this change of medication from the Out of Hours GP was communicated to the practice.

I hope that this response answers your concerns and provides you with the assurance that the Trust is committed to improving the quality of care we give to all our patients. Please do not hesitate to contact me if you have any further questions regarding this matter.

Yours sincerely

**Ann Barnes**
**Chief Executive**