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Please reply to: Woodley

27 July 2017

Mr Peter J Bedford
Senior Coroner for Berkshire
Reading Town Hall
Blagrove Street
Reading
RG1 1QH

Reference: PJB Cheese

Dear Mr Bedford,

Thank you for your letter and report dated 6th June requesting the surgery's response to your concerns raised at the inquest of George Cheese about the large number of antidepressant tablets prescribed to him without adequate review. I enclose a copy of our antidepressant prescribing policy; the result of discussions with my partners which I hope will answer those concerns.

Shortly after George died the partners introduced the requirement for the issue of repeat prescriptions and depression reviews to be conducted by GPs only; receptionists are aware that patients with anxiety and depression cannot be seen by nurse practitioners. This policy has been circulated to all our GPs and nurses/nurse practitioners. The addition of a flag - or 'major alert' - on the front screen of the patient's record is the responsibility of the GP who initially assesses or reviews the patient should they have concerns at any time. This could include receiving a letter from Talking Therapies expressing concern about a patient's suicidal thoughts.

I have written up the role of the clinicians including the issue of 112 capsules of fluoxetine to George on 2 occasions as a 'significant event' and will be discussing this at our next clinical meeting on Thursday 27th July. Analysis of significant events is a requirement of the CQC (Care Quality Commission) inspection to demonstrate that events that have been detrimental to patient care have been identified, discussed and lessons have been learnt with the aim of improving the quality of care. We have also arranged for a consultant psychiatrist from the local mental health team to talk about management of mental health disorders at our clinical meeting scheduled for Wednesday 23rd August.

I hope that these policy changes together with discussion and education will reduce the risk of overdose to any patient in future.

Yours sincerely

Partners

Safe antidepressant prescribing policy

A feature of patients suffering from depression is an increased tendency to have suicidal thoughts and subsequently attempt suicide. Such patients are often prescribed antidepressant medication; regrettably this may lead to the patient taking an overdose, sometimes with a fatal result. To reduce this risk doctors must review the patient regularly and prescribe the minimum number of tablets, paying particular attention at initiation of medication and dosage increases, in view of the increased tendency to overdose at these vulnerable times. See *NICE guidance: Depression in adults: recognition and management 2016* and *Depression in children and young people 2015*.

- Consider prescribing only 7-14 days antidepressant treatment at initiation particularly in people under the age of 30
- The norm for continued prescribing is 28 days treatment; the maximum is 56 days for all antidepressants.
- If the patient is stable and 56 days is considered appropriate please write the justification for this in the patient's notes.
- If a patient attends for another problem and is taking antidepressants please review the depressive illness and record this discussion in the notes.
- Please use the depression template to record the discussion and medication review.
- Nurse practitioners must refer patients with depression to a GP and should not initiate antidepressants themselves, issue prescriptions previously prescribed by a GP or sign repeat prescriptions for antidepressants.
- A flag ('major alert') shall be added by the responsible GP to the front screen of any patient under the care of the Mental Health Team or Talking Therapies for a history of suicidal thoughts stating that medication can only be prescribed in small amounts and only after the patient has been reviewed. A GP can add this flag for any other patient they consider at risk of suicide.