



**National Medical Director  
and Interim Chief Executive,  
NHS Improvement**

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17<sup>th</sup> August 2021

Dear Ms Schofield,

**Re: Regulation 28 Report to Prevent Future Deaths – Parys Alan George Lapper (13/08/2020)**

Thank you for your Regulation 28 Report (hereafter “report”) dated 11/05/2021 concerning the death of Parys Alan George Lapper on 13/08/2020. Firstly, I would like to express my deep condolences to Mr Lapper’s family.

Your report concludes Mr Lapper’s death was a result of respiratory depression and opiate and benzodiazepine toxicity.

Following the inquest you raised concerns in your report to NHS England and NHS Improvement (NHS E/I) regarding the mechanisms by which individuals can obtain medications from NHS and private providers and the potential to obtain excess medication via these mechanisms, you also raised concerns regarding the capability of providers to check what has already been prescribed by another provider.

Guidance issued by the General Medical Council (GMC) sets out good prescribing practice ([Good practice in prescribing and managing medicines and devices](#)), including specific references to prescriber responsibilities and ensuring prescribers have all the relevant information, including adequate knowledge of the patient’s health, before prescribing. This guidance also applies to prescribers in the private sector. There is also reference to specific considerations such as whether or not the prescriber has sufficient information to prescribe safely and has access to the patient’s medical records.

The guidance referred to above is clear in setting out responsibilities for all prescribers including those working in the private sector. Furthermore, there are some key programmes of work in progress to support NHS providers to share information more effectively, which is set out below.

NHS England and NHS Improvement



Firstly, there is work underway to support the adoption of electronic prescribing solutions across Trusts, without which information cannot be made available for sharing. Funding has now been provided to support adoption across more than 80% of NHS Trusts so far and work is underway to fund the remaining 20%. This work will conclude by the end of 2024.

Secondly, sharing medicines information requires the adoption of common information standards and work is also underway to define the necessary standards with subsequent plans in place to support adoption across health and care organisations, and these standards will be underpinned by the mandate to adopt them. The first early adopters of this programme are due to have these standards in place by the end of this financial year and the work is due to be completed by the end of 2024. This should enable a consolidated view of an individual's medicines from numerous sources. In the shorter term, the shared record programme aims to deliver a minimum of view access by the end of this year for information that is digitally available now.

The work described above is underpinned by commitments set out in the [Long Term Plan](#) to improve community mental health, so people receive the support that they need to help them stay well.

All local areas have received funding to develop and begin delivering new models of care that integrate primary care and community mental health services for adults with severe mental health problems. By the end of 2023/24, all areas will have one of these models in place, with care provided to at least 370,000 adults per year nationally.

These models of care will give people greater choice and control over their care and will ensure support is available for people who do not meet the existing thresholds for specialist mental health services. They will also improve access to a range of interventions and support, including psychological therapies, physical health care, employment support, medicines management and support for self-harm and coexisting substance use, with care increasingly personalised and trauma-informed.

With the existing guidance for prescribers and commitments in place to increase access to and improve the quality of mental health services for people with complex mental health issues, we will work closely with local services to support them to deliver the required improvements and prevent future deaths.

Finally, reducing suicide and preventing self-harm remains a priority for NHSE/I. That's why we are working closely with partners Public Health England and the Department of Health and Social Care to support local areas to deliver multi-agency suicide prevention plans.

As part of the £2.3billion settlement for mental health in the [Long Term Plan](#), we are providing targeted and ring fenced funding to STPs so they can deliver their multi-agency plans. This includes suicide prevention activities, initiatives to prevent self-harm and putting in place postvention bereavement support. We have committed that from 2019/20 every area of the country will receive funding for suicide

prevention and bereavement services, by 2023/24, from the total pot of money of £57m.

To support these STPs, there is a bespoke national suicide reduction support package with the [National Confidential Inquiry into Suicide and Safety in Mental Health](#) (NCISH) and [National Collaborating Centre for Mental Health](#) (NCCMH) working together to support STPs in their quality improvement plans, as part of the national suicide prevention programme.

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,



Professor [REDACTED]  
National Medical Director, NHS England and NHS Improvement  
and Interim Chief Executive, NHS Improvement