

Greater Manchester Health and Social Care Partnership
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London Road
Manchester M1 3BN



Date: 9th July 2021

Ms J Kearsley
HM Coroner
Newgate House,
2nd & 3rd Floors,
Newgate,
Rochdale,
OL16 1AT

Dear Ms Kearsley

**Re: Regulation 28 Report to Prevent Future Deaths – Bruce Lee Houghton
16/04/21**

Thank you for your Regulation 28 Report dated 19/04/21 concerning the sad death of Bruce Lee Houghton on 16/04/21. Firstly, I would like to express my deep condolences to Bruce Lee Houghton's family.

The inquest concluded that Bruce's death was a result of 1a) Combined drug toxicity with the toxicology report indicating that he had an excess of paracetamol levels which in turn had likely led to damage to his liver causing his other medications to accumulate.

Following the inquest you raised concerns in your Regulation 28 Report to Greater Manchester Health and Social Care Partnership (GMHSCP) that there is a risk future deaths will occur unless action is taken.

This letter addresses the issues that fall within the remit of GMHSCP and how we can share the learning from this case.

This matter has been discussed by the Greater Manchester Medicines and Guidelines Sub-group (MGSG) on the 28th June 2021.

MGSG considered:

- What guidance is in place to prevent reoccurrence:
 - There is a Greater Manchester Opioid and Gabapentinoid toolkit available and about to be approved.

- NICE guidance on chronic pain <https://www.nice.org.uk/guidance/ng193>, which suggests many other options to pharmacological management
- Perception of limited accessibility to healthcare in Covid and post Covid times. N.B. this death occurred in the first month of the first lockdown.
- Communication between community pharmacy, carers and GP practices
- What factors can be implemented at a system level and which are for local implementation. e.g. awareness, communication, training, changes of behaviour for healthcare professionals, shared decision making with patients, potential safeguarding issues/ care concerns.

This case will be referred through other Greater Manchester health and social care forums (including quality groups, primary care board, medical executive) to gain wider lessons and cascade learnings.

Key outcomes from the MGSG

The following is generic GM advice or support, some specific to the case, to prevent future potential harm, acknowledging that this harm cannot be fully eliminated, but the likelihood can be reduced.

MGSG noted the timing which coincided with the early stages of the first lockdown during which there may have been a perceived lack of access to primary care. This may have had a potential part in Mr Houghton's ability or willingness to access his practice to discuss pain relief if not well controlled.

Next steps

- GM Medicines Management Group (GMMMG) to provide advice and guidance for local teams to implement, including support to ensure shared decision making with patients and medication reviews occurring on an ideally annual (or sooner if required) basis.
- Communication out to all relevant providers to refresh on the range of materials which would be of use to prevent a future occurrence:
 - [GM polypharmacy resource pack](#), [GM Neuropathic Pain Guidance](#) [GM Opioid Resource Pack](#) [GM Antipsychotics in dementia](#)
 - In addition the full range of resources available at www.gmmmg.nhs.net and NICE etc.
 - NICE guidance on chronic pain <https://www.nice.org.uk/guidance/ng193>, which as noted above, suggests many other options to pharmacological management
- The importance of patients receiving a structured medication review will be reiterated, with confirmation that these can now take place in a number of ways.
 - Primary care network (PCN) pharmacists as well as GPs in practice can now carry out medicine reviews so accessibility has improved.
 - PCN mental health workers are expected to be able to identify patients in need of a medicine review and signpost to their GP practice (this is in place in many practices with the number growing all the time)
- Communication between the patient and health and social care professionals may not have been optimal at the time due to Covid, however opportunities

appear to have been missed. There are a number of factors to action in relation to this:

- Culture needs to be reflected upon.
- Local implementation of guideline awareness, communication, training, changes of behaviour for healthcare professionals and carers, and implementation of shared decision making with patients.
- There are potential safeguarding issues/ care concerns, which will be subject to further review.
- Facilitating shared learning between healthcare professionals and organisations.

GMHSCP is in contact with The Uplands Medical Practice to ensure that the appropriate processes are in place and have been followed with respect to this case. This includes any learning to ensure that medication reviews are consistently and regularly carried out by the practice.

Actions taken or being taken to prevent reoccurrence across Greater Manchester.

1. Learning to be presented/shared with the Greater Manchester Quality Board. This meeting is attended by commissioners, including commissioners of specialist services, regulators, Healthwatch and NICE.
2. Communication to all relevant providers to share appropriate advice and guidance and increase staff awareness regarding the range of materials that are already available.
3. Shared learning from this and similar cases at Greater Manchester and borough level will be cascaded to professionals through relevant governance and learning forums.
4. Potential safeguarding issues/ care concerns to be subject to further review.

In conclusion, key learning points and recommendations will be monitored to ensure they are embedded within practice. GMHSCP is committed to improving outcomes for the population of Greater Manchester.

I hope this response provides the relevant assurances you require. 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



Dr [redacted]
Chair of GM Medical Executive, GMHSCP