

[REDACTED]
Joint Honorary Secretary

Mr Zak Golombeck
HM Area Coroner for the Manchester City Area

[REDACTED]

14 July 2021

Dear Mr Golombeck,

Regulation 28 Report to Prevent Future Deaths - touching on the death of Dyllon Milburn

Thank you for your letter of 21 May 2021. I am responding on behalf of the Royal College of General Practitioners as Joint Honorary Secretary to Council. Firstly, can I convey our condolences to the family and friends of Dyllon Milburn. I was saddened to read of Dyllon's passing.

The Royal College of General Practitioners (RCGP) is the largest membership organisation in the United Kingdom solely for GPs. It aims to encourage and maintain the highest standards of general medical practice and to act as the 'voice' of GPs on issues concerned with education; training; research; and clinical standards. Founded in 1952, the RCGP has just over 54,000 members who are committed to improving patient care, developing their own skills and promoting general practice as a discipline.

NHS data shows that over 1.2 billion prescriptions are issued in England per year. Whilst accepting that practices are of different sizes, with approximately 7000 GP practices in England on average each is authorising over 170,000 per annum. Prescription errors are considered to be a common cause of complaint and potential litigation with rates of 8.9% and 4.9% in hospital settings and general practice respectively¹. Over years many approaches have taken place to reduce this error rate and in general practice the almost universal use of computers and electronic prescribing has significantly improved matters; previously prescription forms were hand written with little or no ability to audit how many prescriptions were being issued to an individual patient, all GP IT systems are able to monitor whether a medication is being under or over used. However, there is no visibility in general practice on whether a prescription is actually

¹ <https://pharmaceutical-journal.com/article/ld/the-top-ten-prescribing-errors-in-practice-and-how-to-avoid-them> accessed 12 July 21

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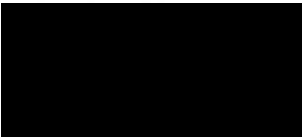
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collected or not. In the past, one of the main medical defence organisations, The Medical Protection Society, did recommend a monthly meeting with the local pharmacy to ascertain what prescriptions had been issued and not collected; the focus was particularly on patients with psychosis such as schizophrenia. The underlying reasoning was that such individuals might be at higher risk of self-harm. However, soundings I have had with other senior colleagues is that none of currently do this, not least with the universal use of electronic prescribing, in many cases it would not be feasible as prescriptions are frequently sent to a large number of pharmacies. To compound matters, the IT systems that Pharmacies use are different to that in general practice.


Given the above, I recommend that RCGP opens a dialogue with our colleagues at the Royal Pharmaceutical Society to consider this matter in more detail. As above, Medical Protection Society has made recommendations in the past and clearly the clinical question remains. However, since then, IT systems have become universal and the volume of prescriptions issued annually has markedly increased. The RCGP view is that much greater integration of pharmacy and GP IT systems will likely be needed, not least that any approach must be automated given the scale of prescribing across the country.

I trust that this reply is helpful and if you have any questions, please do not hesitate to contact me.

Yours sincerely,



Joint Honorary Secretary of Council
Royal College of General Practitioners

Cc:  President of Royal Pharmaceutical Society