

# Equine-Facilitated Psychotherapy: Healing Through Connection

25 April 2024



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## Animal health benefits human health

25 April 2024



Ensuring animals are treated well throughout their lives and using sustainable farming practices are at the heart of an ambitious partnership to control the spread of infectious diseases and improve animal welfare. The University of Surrey’s School of Biosciences and School of Veterinary Medicine have joined the European Partnership on Animal Health and Welfare. The University is set to receive over £2 million from the Horizon Europe Research and Innovation Programme.

Along with helping to prevent and control diseases in terrestrial and aquatic animals, the partnership will also encourage the careful use of medicines and develop methods to maintain high welfare standards. The partnership involves 90 members from 24 countries, and the initiative’s total funding is €360 million.

Professor Roberto La Ragione, the Surrey Principal Investigator and Head of the School of Biosciences at the University of Surrey, said:

“With the rising numbers of diseases in animals that are spreading to humans, the scientific community is waking up to the fact that animal health and welfare are inextricably linked to our own.

“I’m proud that our University is joining colleagues from across the country and Europe, so that we can not only share and tackle these issues at a large scale, but also find sustainable solutions that improve the wellbeing of the animals that we share this planet with.”

The European Partnership on Animal Health and Welfare aims to support a food system that is fair, healthy, and environmentally friendly. Its goals align with the European Green Deal and the related Farm to Fork strategy, which focuses on sustainable food production.

Professor Kamalan Jeevaratnam, Head of the School of Veterinary Medicine at the University of Surrey, said:

“Our University has a long-standing commitment to the One Health, One Medicine ethos, and we are excited to share our expertise and learn from our partners. This collaboration underscores the UK’s significant role in advancing the wellbeing of humans, animals, and our natural environment for a better future.”

Nathalie Vanderheijden of the University of Ghent, coordinator of the EUP AH&W, sums up the partnership as follows:

“Our partnership is a new, open initiative, bringing together EC funding, national/regional funders and research-performing organisations to concentrate efforts on developments with high societal, economic and policy impact. Belgium, with its current presidency of the European Council for six months, appreciates the potential of unity in driving change!”

Speaking of the Partnership EFSA’s, Chief Scientist Carlos Das Neves said:

“We are pleased to announce that EFSA will be a full partner of the European Partnership Animal Health & Welfare. This is the first time that we will be a beneficiary in a research partnership under Horizon Europe, which will enable a smoother transition from research to regulatory science. We are prepared and committed to bring our expertise to the table, together with the best experts in Europe, for the benefit of animal health and welfare.”

The European Partnership on Animal Health and Welfare started on the 1st of January 2024 and held its kick-off meeting on the 26th and 27th of February 2024 in Brussels. All partners signed the Grant Agreement on the 29th of March 2024.

Image: Marie Anna Lee

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## Epsom’s Earth health doctor checks GMC

25 April 2024



**Epsom** residents led by Dr. **Kristine Damberg** converged Thursday 18th April on the General Medical Council (GMC) headquarters in Central London, decrying what they perceive as the regulator’s lackluster response to the urgent health risks posed by climate change. The demonstration, organized by the **Planetary Health Coalition**, aimed to spotlight the pressing need for action on climate-related health issues affecting the community.





Dr Damberg protesting outside General Medical Council.

Dr. **Kristine Damberg**, Senior Simulation Practitioner and ESTH Sustainability Champion based at **Epsom Hospital**, voiced concerns about the immediate health impacts of climate change in the area. She lamented the rise in climate-related ailments among patients, including heat-related illnesses during the 2022 heatwave. Dr. Damberg emphasized the gravity of the situation, citing staggering statistics: “In the UK, 29-43,000 people die unnecessarily every year because of air pollution.”

Adding: “Even in a relatively affluent area like Epsom we are seeing these impacts on patients presenting to GP surgeries and hospitals. In the 2022 heatwave there were 3000 excess deaths in the UK and on the wards at Epsom Hospital the temperature was consistently above 30 degrees. It was extremely challenging for staff to work and keep already vulnerable patients safe at these extreme temperatures.”

She stressed the imperative for proactive measures, echoing The Lancet’s designation of climate change as the most significant global health threat of the 21st century. “We need to act now to protect our community.”

However, the GMC’s recent efforts to incorporate sustainability into medical ethics guidelines have fallen short, according to Dr. **Rammina Yassaie**, a medic and ethicist. She criticized the optional nature of these additions, stating, “Practising climate-conscious medicine should be a clear duty of a doctor.” She called for more robust guidance from the regulator to address the climate crisis head-on.

Epsom resident **Warren Bunce** echoed these sentiments, expressing disappointment in the GMC’s perceived inaction. “The General Medical Council’s silence on climate change is a betrayal of public health,” he asserted. He called for stronger support for healthcare professionals in Epsom and beyond to confront the health consequences of a warming planet.

Protestors also raised concerns about the GMC’s financial ties to fossil fuel industries. Dr. Christelle Blunden, a GP from Southampton, highlighted the disconnect between the GMC’s ethical standards and its investments. “Doctors want their money out of ecologically destructive industries,” Dr. Blunden stated. She emphasized the need for regulatory bodies to lead by example in addressing the climate crisis.

The protest occurred amidst growing legal restrictions on climate activism, with the recent conviction of Dr. Sarah Benn, a GP from Birmingham, serving as a stark reminder of the risks faced by healthcare workers advocating for environmental causes. Dr. Benn’s case underscored broader concerns about the erosion of protest rights in the UK, prompting calls for greater protection for activists.

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## Boxing champions young people in Epsom & Ewell

25 April 2024



A new local boxing programme, led by **Epsom & Ewell Borough Council** and delivered by **Epsom Boxing Academy**, saw its first cohort graduate in March. 14 students, referred by local schools, were enrolled on the course. Graduating students were awarded an England Boxing Bronze Award which was complimented

with an AQA Empire Fighting Chance Award in nutrition and health.

The structured boxing programme aimed to help young people build confidence, self-discipline, and resilience as well as improving self-esteem and supporting positive mental health.

Councillor **Clive Woodbridge**, (RA Ewell Village) Chair of the Community and Wellbeing Committee, said; “I was honoured to attend the graduation of the Epsom & Ewell Community Boxing Scheme.

“Boxing is a fantastic way to keep fit, but it has also been shown to aid in the development of life skills including self-discipline, mental strength and control, and personal responsibility; as well as helping manage feelings of aggression. Boxing also provides invaluable opportunities for students to connect with positive mentors.

“We know that community schemes like this one are a fantastic way to tackle inclusion in sport whilst promoting positive outcomes for young people in our borough. I look forward to Epsom & Ewell Borough Council spearheading more initiatives like this one in the future.”

**Joe Harding**, Boxing Coach and founder of Epsom Boxing Academy, added; “The scheme was a great chance to create and deliver a programme specifically for our community in Epsom & Ewell.

We saw an unbelievable change in the students over the weeks as they developed and demonstrated boxing techniques, learnt about the human body, and about food labels and nutrition.

Life coaching and mentoring helped students’ progress in terms of their self-confidence, personal discipline, and punctuality. We were able to provide a safe space and an environment for the young people to express themselves. The results were outstanding. We were extremely proud to be part of such a great project.”

The Community Boxing Scheme is part of Epsom & Ewell Borough Council’s wider strategy to improve the wellbeing of residents through activity; and reduce barriers to sports and leisure participation for those who may not otherwise have access to facilities. It follows on from a successful swimming programme, delivered in partnership with leisure operator and social enterprise GLL and made possible by an award from Sport England funded by the National Lottery.

Image courtesy EEBC

## Surgery delay after hip break led to death

25 April 2024



An elderly woman who tragically died after waiting five days for hip surgery prompted a coroner to raise concerns that a hospital is putting patients at risk of an early death.

Anne Rowland, a care home resident in Oxted, died in East Surrey Hospital after inflammation and infection of the lungs following surgery.

Ms Rowland broke her hip following a collision and fall with another care home resident who was partially sighted on February 27, 2023. She was taken to East Surrey Hospital the same day.

Coroner Anna Crawford found there was “no clinical reason” for the surgery not taking place until five days later on March 3 as the patient was “clinically fit”.

She concluded that outstanding infrastructure repairs and the use of different guidelines from the National Institute for Health and Care Excellence (NICE) that the Surrey and Sussex Healthcare NHS Trust was “placing patients at risk of early death”.

NICE guidelines say that hip surgery should take place on the day of the injury or the day after. Early mobilisation is recommended for hip fracture patients to reduce the risk of complications, including pneumonia.

East Surrey Hospital uses a metric of 48 hours within which to conduct such surgery and does not use the NICE timeframe. Although the hospital has a dedicated operating theatre for trauma patients, on some occasions demand outweighs capacity.

However, the surgery did not take place because “other trauma patients were prioritised ahead of [Mrs Rowland] based upon their relative clinical need”.

Operating theatre capacity at the hospital has on occasion been compromised by infrastructure failings. An entire new surgery unit is being constructed and is anticipated to be completed by 2025 at the latest. The orthopaedic theatres also need new air handling and chillers which is yet to be completed.

The coroner concluded that waiting for her operation “caused” Mrs Rowland to develop dementia and immobility. This “contributed” to her developing aspiration pneumonia following surgery. Mrs Rowland’s condition deteriorated resulting in her death at East Surrey Hospital on March 31, 2023.

Ed Cetti, chief medical officer of Surrey and Sussex Healthcare NHS Trust, said: “We are profoundly sorry for the delay in Mrs Rowland’s hip surgery and offer our deepest sympathies to her family during this difficult time.”

The Trust said that in the months since Mrs Rowland’s death, it has “significantly” reduced delays in hip fracture surgery. In November 2023 59 per cent of operations occurred within 36 hours and 91 per cent within 48 hours.

Mr Cetti added: “We always strive to perform surgeries of this nature as soon as possible and monitor our performance against the 36-hour time window identified by NICE guidance. We also monitor against a 48-hour window to ensure any patients that miss the 36-hour target are not waiting longer than 48 hours.

“Recognising that not all patients are medically well enough for surgery within 36 hours, we are working on improving our performance further and reaching the 80 per cent target by the end of 2024/25.”

Image: Entrance to East Surrey Hospital. Credit Get Surrey\*

## New born enters world by rare EXIT

25 April 2024





A 50 strong team of specialist medics crammed into an operation theatre recently to carry out a globally rare procedure on a newborn baby and save his life.

Little Freddie Verschuereen was delivered at St George's hospital in South West London using the Ex-utero Intrapartum Treatment (EXIT) procedure which delivers babies who could potentially have serious challenges at birth.

This procedure is used when an unborn child has an obstruction in their airway which means they would be unable to breathe independently once they are removed from the placenta.

Professor Asma Khalil, consultant obstetrician at St George's, led the entire operation, which involved about 50 medics and other staff in the operating theatre.

She said: "An EXIT procedure involves a large number of healthcare professionals from various backgrounds including an obstetrician, fetal medicine specialist, an anaesthetist, a paediatric anaesthetist, a paediatric ENT surgeon, midwives and the neonatal team, as well as other theatre staff."

In little Freddie's case there was a cyst on his tongue that could potentially block his airways it was detected in a scan during his mum's second trimester. The team made an incision in mum Anna's tummy and delivered Freddie's head and shoulders first, leaving him attached to the placenta and able to breathe.

They established an airway so he could breathe independently before delivering the rest of him. Freddie weighed 6lbs 8oz (3.1kg) at birth and was able to go home with his parents Anna and Peter Verschuereen a healthy baby.

Anna said: "We've been incredibly impressed with the service we have had at St George's, at every step it has been outstanding care. When we found out we needed to have the procedure we felt in such safe hands with the experts at St George's. We never doubted their skill and advice."

Professor Khalil added: "I am very grateful to the efforts by every member of our large team who ensured that we delivered the best care to Anna and Freddie. Saving babies' lives and caring for the parents during challenging times is the most rewarding aspect of my job."

An EXIT procedure is extremely rare. However, despite its global rarity this is the second time it has been carried out in St George's this year.

Dr Richard Jennings, Group Chief Medical Officer for St George's, Epsom and St Helier University Hospitals and Health Group, said: "St George's is one of the few hospitals in the country that carries out this rare procedure and saves the lives of many babies. I am pleased to hear that Freddie is doing well thanks to our dedicated and skilled teams and everyone at St George's wishes him and his family all the best for the future."

## Virtual care to rise under ambulance plan

25 April 2024



Over a third of South East Coast Ambulance (SECAmb) service responses will be done remotely in a new five-year strategy. (Here "remotely" means by video call or telephone rather than sending out an ambulance.)

The NHS Trust said its care model is no longer "fit for purpose" as it prepares for a 15 per cent increase in patient demand over the next five years, at a board meeting last week (April 4). Increasing demands on the service included health care becoming more complex, the ageing population and changing areas of deprivation.

By 2029, the Trust aims that over a third of all its patients will be signposted to another service- leaving 65 per cent of patients with an ambulance response. The change will affect Surrey, Thames Valley, Kent and Medway as well as Sussex Integrated Care Systems (ICS).

Simon Weldon, CEO, reassured that SECAmb would still be there to protect and look after the sick who needed an ambulance. He added: "If patients don't need an ambulance, we can help you get you to a place which can meet your healthcare needs."

Urgent medical needs such as cardiac arrest, a stroke, heart attack, pneumonia, childbirth and newborn care would still be attended to by ambulances, the Trust said.

Delivering this strategy, over the next three years, SECAmb expects it to meet emergency care needs within the national standards of 7 minutes for calls for immediate life-threatening and time-critical injuries and illnesses; and 18 minutes for emergency calls.

For non-emergency patients, virtual care will be provided via an assessment by a remote senior clinician. Meeting documents said this would enable patients to be "cared for directly or referred to the most appropriate care provider".

Investing in a data and digital strategy was highlighted as a key part of the new direction. The board heard how new technology like AI would help the SECAmb make better decisions and lead virtual consultations. These could be used to respond to patient needs in a remote and professional setting rather than sending an ambulance.

Meeting documents revealed that 88 per cent of patients received an ambulance response; but an SECAmb officer said the outcomes from the cases indicated only 30.5 per cent of patients needed clinical care.

Only 12 per cent of patients are currently referred or signposted to another service rather than receiving ambulance care; but under the new strategy for 2029, this will increase to 35 per cent.

Team Member for SEAmb, Matt Dechaine, said: "Sending a fully kitted ambulance is a very expensive way for the public purse to respond to patient needs, when other services may be able to address it in a cost-effective way."

Covering five years, the new strategy will be carried out in three phases: designing new models of care, collaborating with partners and developing a digital strategy; implementing the change and finalising and improving the operational model. Digitalisation of the service will begin in phase 2, with electronic health

records deployed by March 2025.

SEAamb identified its model as “unsustainable when challenged” from an operational, workforce and financial perspective. The Trust found it would need to employ 600 more people over the next five years to respond to demand.

Not all non-emergency patient consultations will be resolved solely over the telephone. Simon told the board that the strategy aims to “align patient needs with ambulance services”.

Over 2,000 staff, 400 volunteers and 350 members of the public have been consulted on the strategy, with the Trust saying it has been “clinically led”. System partners have also been invited to 20 sessions to share their views.

The full new SECamb strategy is set to be published in May 2024.

Call staff at South East Coast Ambulance NHS Foundation Trust. Credit: SECamb

## Psychiatric bed shortages in Surrey

25 April 2024



A man tragically took his own life in Surrey after a mental health relapse, prompting a coroner to warn of a shortage of psychiatric beds in Surrey hospitals.

Jonathan Harris, 52, who suffered from paranoid schizophrenia, died by suicide on June 27, 2022.

If an inpatient psychiatric hospital bed had been available just days earlier, Jonathan would not have died, the coroner ruled. Coroner Anna Crawford judged that action should be taken to prevent future deaths.

Bed shortages for mental health patients in Surrey, as well as nationwide, has been an ongoing issue for NHS Trusts. Many patients are forced to move up to 60 miles away from home to receive treatment because there are few beds in their area. The court heard that this is in the context of a national shortage of suitably qualified psychiatrists.

Following a lengthy psychiatric inpatient stay in Camberley in November 2021, Jonathan was under the care of Surrey Heath Community Mental Health Recovery Service, which is part of Surrey and Borders Partnership NHS Foundation Trust.

Jonathan was prescribed anti-psychotic medication. In February and May 2022, Jonathan requested for his medication to be reduced to fortnightly and then once every three weeks.

The reduction in medication in May 2022 was judged as “premature” by the coroner. Jonathan had reportedly shown signs of appearing “suspicious” when he was seen by the Surrey Heath Mental Health Team (MHT) on May 4. However, these signs were not explored.

The mental health team were also aware Mr Harris was moving house, meaning and move to a new community mental health team, which may affect his wellbeing.

Jonathan’s mental health continued to deteriorate and on June 24 it the MHT decided that he required an assessment under the Mental Health Act.

No inpatient bed was available and therefore the assessment did not take place. If Jonathan had been assessed, he would have been detained under the Mental Health Act and admitted to hospital.

The coroner said: “Mr Harris would not have taken his own life had he remained well and the relapse of his paranoid schizophrenia materially contributed to his death.

“Mr Harris would not have died had an inpatient psychiatric hospital bed been available on either 24, 25 or 26 June 2022.

“The court also heard that there is an ongoing shortage of available inpatient psychiatric beds in Surrey and that this is in the context of a national shortage of inpatient psychiatric beds. The court is concerned that both of these matters present a risk of future deaths.”

The Prevention of Future Deaths report was issued to NHS England rather than to Surrey and Borders Partnership. NHS England was invited to comment; it said it is working to the coroner’s deadline of 56 days to respond with the action it will take or proposed to take, and such information is not yet available.

Related reports:

Coroner catalogues care failures in diabetic death

Better private – public health communications could prevent deaths

## Cancer patient getting the right royal treatment

25 April 2024



The first cancer patient set to undergo a revolutionary new procedure that could cut treatment time to almost a quarter said it was a “privilege” to be given the opportunity.

The **Royal Surrey NHS Foundation Trust** is taking part in a new clinical trial led by the **Royal Marsden** into prostate cancer. Currently, patients are treated with radiotherapy over a minimum of 20 treatments which lasts four weeks or more. Under this new process, that time could be reduced to one and a half weeks.

Michael Robson, 78, is the first patient to be part of the trial in Royal Surrey. He was diagnosed in December 2023. He said: “One of my friends was diagnosed with prostate cancer and he said I should get a test so I had a blood test and I was called by my GP and sent for an appointment at urology. I was fortunate enough to meet Dr Philip Turner who gave me the options and went through everything. Everything has been explained to me in a way that is easy to understand and

made the journey so much easier to deal with. All of the staff I couldn't complement them highly enough. They have been fantastic."

Michael was given options for treatment and was asked if he was interested in taking part in the clinical trial and he agreed straight away. He added: "It's been fantastic here. I feel very privileged to be the first patient. The service has been first class from everybody concerned."

Patients with low and intermediate risk disease who took part in a trial called PACE-B demonstrated that the process would work in the tighter time frames. This new study is to determine whether those considered high-risk would get the same benefits. The trial, called PACE-NODES, was opened at The Royal Marsden and was designed jointly by investigators from Queen's University Belfast and The Institute of Cancer Research, London.

Dr Philip Turner, consultant clinical oncologist and principal investigator for the trial, said: "We are delighted to be opening the PACE NODES trial in Royal Surrey. This is part of our drive to give Surrey patients access to the very best oncology clinical trials from across the UK and indeed from across the world.

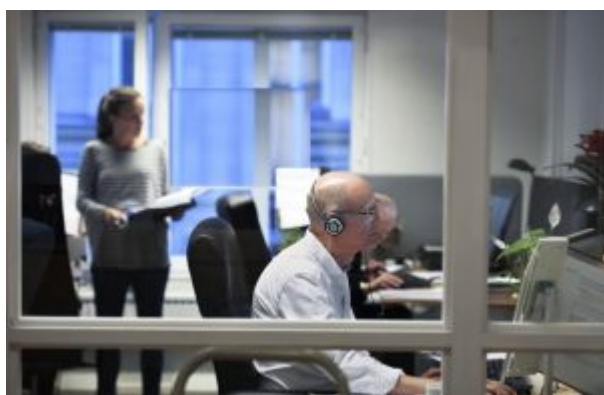
"The benefits with regard to timing are enormous – the standard of care for these men is a minimum of four weeks of daily visits which is very disruptive to life. The rates of side effects are low. Crucially, the five fraction treatment appears just as safe as conventional 20 fraction treatments which we have been using for years very safely."

Chief executive Louise Stead said: "Royal Surrey has a long and proud tradition of being a premier centre of UK oncology research and we are determined, with the support of our patients and other partners, to ensure as many patients as possible have access to ground-breaking research close to home. If successful, this could make a huge difference to patients receiving treatment for prostate cancer."

L-R: Radiographer Kate Maltby, Michael Robson, Dr Philip Turner

## Better private - public health communications could prevent deaths

25 April 2024



A young woman tragically took her own life in Surrey prompting a warning from a coroner over communication barriers between hospitals. Meghan Christmas, who suffered from anxiety disorder, depression, complex PTSD and ADHD, died by suicide on October 20, 2021 at a Premier Inn in Guildford.

Less than three weeks prior, Meghan had impulsively attempted suicide by overdose and was admitted to Royal Surrey Hospital on the following day. She was offered further psychiatric treatment through the NHS at this time, which she declined in favour of continuing with her private treatments at The Priory Hospital. Information about Meghan Christmas' attempted overdose was only sent to her GP and not her private psychiatrist.

Meghan took her own life the same day as her private psychiatrist said she was "progressing well". Following Meghan's inquest Coroner Darren Stewart OBE wrote in a Prevention of Future Deaths report to NHS England over the 'concerning' communication barriers between private and public healthcare services.

He wrote: "At a time where pressures on the NHS exist, particularly for mental health services, it is of concern that measures which could alleviate this pressure (where someone sources private care) do not exist. There is little or no policy, guidance or other effective arrangements to share important clinical information about patients between private and public healthcare sectors."

"The passage of information between NHS and private healthcare providers is hindered due to the absence of an adequate structure to share important clinical information about patients in a timely and effective manner. Action should be taken to prevent future deaths ."

Meghan was prescribed antidepressants after a face-to-face appointment with her GP in February 2021. She started seeing a private psychiatrist around July, and received prescriptions both privately and from her GP.

The coroner also raised this as a key concern. They wrote: "This means Mrs. Christmas had access to double prescriptions. Healthcare professionals treating Mrs. Christmas placed significant reliance on the perception that she would be open and honest in her communication with them."

The coroner also raised concerns around police forces communication between each other. It was at, 4.54pm that Meghan contacted Surrey Police to explain that she was fine. At 5.18pm, the call handler in the Hampshire Police control room communicated with Surrey Police only via email.

After receiving no response from Surrey Police, the handler in the Hampshire Police control room communicated with them via telephone Surrey Police then attended the location in Guildford and found Meghan's room barricaded. Upon gaining access to the room, officers found that Meghan had sadly died.

Officers attempted to resuscitate Meghan and her heartbeat restarted. After resuscitation, Meghan was transported to Royal Surrey County Hospital where she died two days later on October 20, 2021 from a Hypoxic Brain Injury.

The coroner wrote: "The handling of the incident involving Mrs. Christmas in Hampshire Constabulary's Force Control Room which resulted in a hour delay in determining that an important communication (being a request for assistance) had not been received by a neighbouring force." It was not concluded however that this shortcoming contributed to her death.

Hampshire Constabulary have since said they have made significant improvements to their process. These measures included: Revision of training provided and the introduction of additional training for supervisors and control room staff. Implementation of National Policy concerning Missing Persons, including documentation to assist in control room responses to similar circumstances. Revision of the recording of risk assessment measurements on the computer aided dispatch record (CAD) system.

It was further explained to the court that the measures should be seen in the context of wider cultural change management in the supervision and leadership being undertaken by Hampshire Constabulary in the operation of the Control Room.

A spokesperson for Surrey and Borders Partnership NHS Foundation Trust said: "Following Meghan's death an amendment was made to our Psychiatric Liaison Service policy stating discharge letters will be sent not just to the GP, but also to any other relevant external professional – provided we have the explicit consent of the individual to do this. The measure was welcomed by the Coroner."

SABP added it has developed new guidelines for both community and in-patient clinicians to ensure it routinely and actively seeks a person's consent to contact and share information with or from their private practitioner.

The Priory Hospital did not make an additional comment. NHS England has been approached for comment.