

**STRICTLY PRIVATE & CONFIDENTIAL**

**Alison Mutch OBE  
HM Senior Coroner  
Coroner's Court  
1 Mount Tabor Street  
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[REDACTED]  
**Chief Executive, Tameside MBC  
and Accountable Officer, Tameside &  
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Date 8 December 2021

Dear Ms Mutch,

**SERENA NAOMI ROBERTS  
REGULATION 28: REPORT TO PREVENT FUTURE DEATHS  
RESPONSE OF Tameside & Glossop CCG**

Thank you for your Regulation 28: Report to Prevent Future Deaths dated 22 October 2021 following the inquest into the very sad death of Serena Naomi Roberts. You concluded her cause of death was septic shock, intra-abdominal sepsis and ovarian cancer, and morbid obesity.

You also highlighted your concerns that a death of this type could occur again without further action from Tameside and Glossop CCG.

Tameside and Glossop CCG and I take the health and safety of our residents very seriously and I very much share your desire to prevent any such recurrence.

The untimely death of a person is distressing for their family and any others affected by their death and loss, and all the more so if there is any belief that but for the actions of any organisation it could have been avoided.

I would like to record my sincere condolences to the family of Serena Naomi Roberts for their loss and I hope through this process they can obtain some closure.

I am grateful to you for bringing your findings to my attention and I set out below the steps that have taken place, and will be taking place, on the issues you raise.

The issues you raised were as follows:

1. That there were significant delays in patients being seen in secondary care for gynaecological referrals from GPs. The inquest was told that these delays had now increased. In November 2020 the wait time for an appointment was 1 month for an urgent appointment and 4 months for a routine appointment. The wait times now in Tameside for gynaecology were 8 months for a routine appointment and 4 months for urgent appointments. The increase in wait times reflected a national picture the inquest was told and reflected a significant backlog and a rising demand across the NHS.
2. That understanding and application of the NICE guidance on heavy premenstrual bleeding in General Practice was a factor in recognising the risk to her health and that the risks around heavy premenstrual bleeding were not well understood in General Practice and in particular where it was necessary to expedite referral to specialist services.

3. The quality of the documentation in the referral to secondary care from the GP was poor and the inquest was told that this hampered the triage of her case by secondary care. Standardisation of GPs referrals in relation to detail and guidance regarding key information for referral would assist with effective triage and identification of high risk patients by secondary care.
4. There was no evidence available that GP practices had clear systems of follow up in relation to referrals to identify where they had not taken place or identify if the risk had increased and to escalate the referral.

I will respond to each issue raised in numerical order.

1. Waiting times have increased as a result of the covid-19 pandemic. This has been due to developing new covid safe models of care in health settings, which created an initial backlog. Increased infection prevention procedures have resulted in reduced capacity in hospitals at the same time demand has increased. This is a national, regional and local problem and we recognise it as such.

The gynaecology waiting list at Tameside and Glossop Integrated Care Foundation Trust has been reducing during 2021, with 65.8% of referrals having treatment before 18 weeks – which is the national standard. However, the waiting list has remained at similar levels between July and September and it is recognised that work needs to be undertaken to reduce waiting lists.

Tameside and Glossop is aligned to the Greater Manchester work that is being undertaken to reduce waiting times with a 6 Week Sprint on high pressure areas such as gynaecology. In addition work to identify health inequalities and reduce differential impact of the pandemic on some groups (longer waits for people from ethnic minorities, children and people living in more deprived areas) is being undertaken and closer working developed between GPs and hospitals on referrals to ensure people are directed to the most appropriate care for their needs (Referral Optimisation such as advice and guidance and Patient Initiated Follow UP (PIFU)).

Tameside and Glossop will continue this ongoing work to reduce waiting times.

2. Menstrual bleeding and a high BMI are not specific ovarian cancer risk factors. However, they are risks related to other cancers. To support the early diagnosis of all cancers, not just ovarian cancer, the NICE guidance NG12 Suspected Cancer: Recognition and Referral will be shared with all practices in an alert reiterating that all clinicians are aware of them. NICE guidance NG12 includes guidance on gynaecological cancers. This will be sent week commencing 6 December 2021.

In addition the Macmillan GP role employed by the CCG to support Tameside and Glossop general practice with education regarding general practice's role in cancer diagnoses, will draft a piece for the CCG's monthly clinical education bulletin, "Update," by the end of December 2021. Our Macmillan GP will continue supporting general practice by educating and sharing best practice, including reinforcing use of Gateway C to improve practice and care, using all forums provided by the CCG to provide education and support to clinicians.

Gateway C – an online learning platform – is available to all practices – includes a link to cancer maps, which are an interactive reference tool for clinicians based on NICE NG12 cancer guidelines. This allows clinicians to take symptoms that patients present with during a consultation and map them on to possible suspected cancer pathways.

Further work is already being undertaken at a Greater Manchester level by GM Cancer to provide further GP referral guidance on gynaecological cancers, which should be available

in 2022. Tameside and Glossop CCG will continue to support such initiatives, and communicate widely to practices, as they arise

3. There is a suspected cancer referral form, which is used across all of Greater Manchester. This form is reviewed annually and is currently undergoing its latest annual review. All general practices should be using this form and the December 2021 alert referred to in point two above will also contain the referral form, reminding practices that this should be fully completed for each suspected cancer referral. This will be reinforced by our Macmillan GP. This can be accessed easily using a specific process within practice clinical systems and practices will be encouraged to use this option to support ease of completing the standard referral form.

Practices will be advised to complete the referral form fully with the relevant clinical information, including cancer risk factors to enable the receiving team to make the best triage decision they can.

Gateway C contains modules on gynaecological referrals and also how to improve the quality of referrals. Practices will be reminded in the December 2021 alert to use Gateway C to support improvements in their practice. This will also be reinforced by our Macmillan GP.

The December 2021 alert will also remind practices of the importance of ensuring that referrals on the e-Referral system are marked as urgent when the referring clinician feels it is and to use Advice and Guidance where it is clinically appropriate. Practices will be asked to implement processes to ensure this happens.

All five Tameside and Glossop PCNs are participating in a Partnership Locally Commissioned Service (LCS), which includes an early diagnosis of cancer element, which supports the PCN Network Direct Enhanced Service specification for the early diagnosis of cancer. As part of this they are committed to improving the quality of referrals. To support this practices have a toolkit, adapted from the Macmillan Toolkit by colleagues in Bolton, which contains tips and suggestions to support early diagnosis.

Use of these tools – Gateway C and the Bolton Toolkit – will be contained in the December 2021 alert and reinforced by our Macmillan GP.

4. Evaluations of the early cancer diagnosis LCS show that PCNs have safety netting processes in place for two week waits (2WW). However the December 2021 alert will contain an additional reminder that practices should have this in place for 2WW referrals. It will reiterate and recommend the establishment of a database to which patients are added at the time the referral is made and creating a “red flag” in their clinical systems. This will allow the practice to ensure patients have appointments, that they have attended and appropriate investigations have taken place. While general practice cannot either compel patients to attend appointments or retain clinical responsibility for patients undergoing secondary care diagnostics or treatment, it can have systems in place that follow the patient up and encourage them to attend consultations - by advising them when a referral is made - and ensure they are either diagnosed or discharged.

For those practices that do not have a process in place – and the majority will due to the locally commissioned service - they will be encouraged in the December 2021 alert and by our Macmillan GP to have a system in place to search and review 2WW patients on a weekly basis to support the follow up after they have made the referral.

For routine referrals practices will be recommended to provide patients with the paperwork for their referral – either electronically or in hard copy – to confirm the referral has been

made. This give patients reassurance that the referral has been made and allows them to follow up with the referred to organisation should they require.

Thank you for writing to me about this important matter. Tameside and Glossop CCG is a learning organisation and I hope that my response has demonstrated that it has learnt, and will continue to learn, and share, lessons from the tragic death of Serena Roberts.

I hope too that Serena Roberts' family will draw some comfort from the knowledge that action has been taken to address your concerns.

Please contact me if you require any further information or if I can assist further in any way.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'SR', written over a black rectangular redaction box.

**Chief Executive, Tameside MBC/  
Accountable Officer, Tameside & Glossop CCG**