



Department  
of Health &  
Social Care

From Helen Whately MP  
Minister of State for Social Care

39 Victoria Street  
London

[REDACTED]

Alison Mutch  
HM Senior Coroner Manchester South  
Coroner's Court  
Stockport  
SK1 3AG

16 November 2022

Dear Ms Mutch,

Thank you for your letter of 9 February 2022 about the death of Mark Jones. I am replying as Minister of State for Social Care, and I thank you for the additional time allowed.

Firstly, I would like to say how saddened I was to read of the circumstances of Mr Jones's death, and I offer my sincere condolences to his family and loved ones. The circumstances your report describes are very concerning and I am grateful to you for bringing these matters to my attention.

In preparing this response, Departmental officials have made enquiries with NHS England, as well as the relevant regulator in this case, the Care Quality Commission. There are three main issues in your report to respond to from a national perspective.

You may wish to know that the guidance on the referral of patients with suspected cancer from dental services into secondary care services is included in the National Institute for Health and Care Excellence guideline (NG12) Suspected cancer: recognition and referral<sup>1</sup>. Section 1.8 makes it clear that, where the symptoms described in the oral cavity are observed, dentists should consider referring a patient through an urgent referral, which would normally mean that the patient is seen within two weeks.

This advice is reinforced in the guidance to NHS commissioners on Commissioning Oral Surgery and Oral Medicine<sup>2</sup>. This document describes the services that should be provided, along with minimum standard specification for the commissioning of these services. It states on page 20 that: "*if an oral cancer is suspected or there is a suspicious head and neck (includes salivary gland) mass etc., the patient should be referred as per (2 week) Cancer Referral Pathway wait criteria to a head and neck oncology service.*"

The Chief Dental Officer (CDO) has regularly emphasised the importance of this guidance. By way of example, the May 2021 Dental Bulletin<sup>3</sup> focused on mouth cancer and included a leaflet on mouth cancer awareness for dental teams.

Secondly, the expected referral route into Head and Neck Teams for dentists is via one of two NHS commissioned e-referral systems for dental practitioners. Both NHS online e-referral

<sup>1</sup> <https://www.nice.org.uk/guidance/ng12>

<sup>2</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/guid-comms-oral.pdf>

<sup>3</sup> <http://createsend.com/t/d-50A7FF9BB4BF31622540EF23F30FEDED>

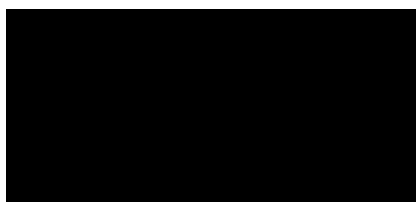
portal systems contain information regarding oral cancer and suspected lesions, and the necessity to follow the urgent referral pathway, with further guidance on minimum data set and imaging. The FDS system is used in the Manchester area and includes the ability to draw the lesion relative to key head and neck landmarks to assist the triage judgments of the urgency and appropriate receiving service of in the absence of a photograph<sup>4</sup>.

The online portals specification and data/imaging requirements are based on the National Guidance<sup>5</sup> to NHS Commissioners on Commissioning Oral Surgery and Oral Medicine and reflects the requirement, and the important point that you raised, about images to accompany a referral by dentists into secondary care. The Patient Journey set out on page 55 of the National Guidance makes it clear that: “*Appropriate clinical images and radiographs to support diagnosis; ideally these should be in digital format.*” This requirement is reinforced in many areas though local guidance or local referral practice issued by local commissioners to their system<sup>6</sup>.

The content of an effective referral is also reinforced in professional guidance published by the College of General Dentistry (formerly the Faculty of General Dental Practice (UK))<sup>7</sup>. Section 2.3 on Making and Receiving Referrals (page 10) again makes it clear that referrals should be accompanied by appropriate images.

In the light of your recommendation, the Chief Dental Officer (CDO) will again reinforce the importance of good referral practice in future communications on oral cancer to the dental profession and commissioners. In addition, she has recommended that the NHS cascades similar communication and guidance to NHS general medical practitioners who account for the vast majority of cases referred to Head and Neck centres.

I hope this response is helpful. Thank you for bringing these concerns to my attention.



**HELEN WHATELY**

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<sup>4</sup> <https://www.dental-referrals.org/dentists/cancer/>

<sup>5</sup> <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2015/09/guid-comms-oral.pdf>

<sup>6</sup> <https://www.dental-referrals.org/wp-content/uploads/2017/12/final-NHS-ORAL-CANCER-CARE-with-Acknowledgements.pdf>

<https://www.westsuffolkccg.nhs.uk/wp-content/uploads/2014/08/Head-Neck-suspected-cancer-referral-form-v0.8.pdf>

<https://www.valeofyorkccg.nhs.uk/seecmsfile/?id=1534>

<sup>7</sup> <https://cgdent.uk/wp-content/uploads/2021/08/Standards-in-Dentistry-2018-text.pdf>