

**Coroner ME Hassell**

Senior Coroner  
Inner North London  
St Pancras Coroners Court  
Camley Street  
London  
NC1 4PP

**National Medical Director**  
NHS England & NHS Improvement  
Skipton House  
80 London Road  
London  
SE1 6LH

27<sup>th</sup> May 2020

Dear Ms Hassell,

**Re: Regulation 28 Report to Prevent Future Deaths – Shante Turay-Thomas who died on 15 September 2018.**

Thank you for your Regulation 28 Report (hereafter the 'report') dated 29/01/2020 concerning the tragic death of Shante Turay-Thomas on 15 September 2018. Firstly, I would like to express my deepest condolences to Shante's family and all those touched by her death.

Your report concludes that Shante's death was a result of acute anaphylaxis following an allergic reaction to nuts she had consumed. Your report covers many complex issues and expresses a number of concerns directed towards several different organisations. In preparing our response to your report, NHS England and NHS Improvement (hereafter 'NHSEI') has worked closely with the Department of Health, Enfield Clinical Commissioning Group (CCG), NHS Digital and the Medicines and Healthcare products Regulatory Agency (MHRA) to inform their responses and ours. I am aware that these organisations will address the points most relevant to them, therefore we have focused on responding to the concerns you have directed toward NHSEI and that are relevant to NHSEI's statutory duties.

Following the inquest, you asked NHSEI to address your concern regarding guidance given to CCGs and regarding considerations of incentives (CQUINS indicators etc) to educate and train primary care staff on the management of allergies.

NHSEI has an assurance role for CCGs and their commissioning of healthcare services. NHSEI does not have any direct role in offsetting the curriculum content for health professionals' education and training. However, I can set out the following which sets out NHSEI's work and commitment in this area:

- We impose a contractual obligation on healthcare providers to employ staff who are appropriately trained and to require staff to stay up to date with lifelong learning. NHSEI works closely with Health Education England (HEE) and the professional Royal Colleges, who would be best placed to consider whether



under-graduate and professional training in relation to allergy management could be strengthened.

- I will ensure your report is sent to HEE and the Royal College of General Practitioners. Our commissioning teams will liaise directly with all relevant organisations to facilitate uptake of any new guidance and resource that would support better management of people with severe allergies.
- The use of incentives such as CQUIN have been set nationally for 2020/21 contracts. CQUIN as a route to provide incentives will be under review in future years, and decisions will be made in due course for 2021/22.
- The [British Society for Allergy & Clinical Immunology](#) (BSACI) provide training for primary care staff across the country (workshops and educational meetings). Additional training of primary care staff / establishing training requirements would be via their professional organisations (e.g. Royal College of GPs), Health Education England and CCGs.
- Allergists and Immunologists are Fellows/Members of the Royal College of Physicians. Allergy and Immunology training is the responsibility of the RCP through the JRCPTB (Joint Royal Colleges of Physicians Training Board). A CCT (Certificate of Completion of Training) in allergy and immunology is available to support specialist allergy care. The Royal College of Physicians also runs an accreditation scheme – Improving Quality in Allergy Services. BSACI also provide training for a range of professionals.

You also asked NHSEI to address your concern around there being no person with named accountability for allergy services and allergy provision.

Allergy is a clinical speciality concerned with the identification and management of patients with a broad range of allergic conditions. These include asthma, eczema and acute food allergy. The patient group is broad, including paediatric and adult patients, and the acuity with which allergic reactions manifest is extremely varied.

NHSEI has overall responsibility for the quality of allergy services across England. Most allergy services are commissioned locally through CCGs; however, to support patients with rare and complex conditions NHSEI directly commissions some specialised services. These include specialised allergy services through the Blood and Infection National Programme of Care.

We have an established Clinical Reference Group (CRG) that provides clinical advice and leadership on the specialised immunology and allergy services. The relevant CRG is chaired by a consultant immunologist. Membership of the CRG is comprised of clinicians, commissioners, public health experts, patients and carers. They use their specific knowledge and expertise to advise NHS England on the best ways that specialised services should be provided.

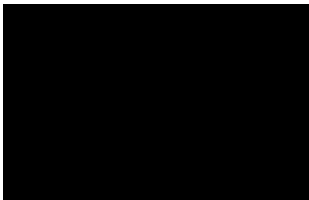
CRGs lead on the development of clinical commissioning policies, service specifications and quality standards. They also provide advice on innovation, horizon scanning, service reviews and guide work to reduce variation and deliver increased value. CRGs, through their Patient and Public Voice (PPV) members, also help ensure that any changes to the commissioning of specialised services involve patients and the public.

NHSEI also has a number of National Clinical Directors and National Specialty Advisers who are practicing clinicians from across England. They provide clinical leadership, advice, input and support across distinct areas of NHS conditions and services.

We are deeply saddened by Shante's death. We are grateful to have had the opportunity to respond to your concerns relevant to NHSEI. We will continue to work the with HEE, the professional Royal Colleges and the other organisations addressed in your report to keep abreast of any new guidance or resources that they produce that would support better management of people with severe allergies. We will consider whether any of our communication routes or commissioning levers can help with their uptake and embedding.

Thank you for bringing this important patient safety issue to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,



Professor Stephen Powis  
National Medical Director