

[REDACTED]

Dr MD Dominic Bell
Assistant Coroner for Hull and the East Riding of Yorkshire
Sent by email to:

[REDACTED]

26 July 2022

Dear Dr Bell,

Regulation 28 Report to Prevent Future Deaths - touching on the death of Esma Guzel

I write as Honorary Secretary for the Royal College of General Practitioners (RCGP), in response to your Regulation 28 report dated 1 June 2022, regarding the very sad death of Esma Guzel. May I offer my sincere condolences to Esma's family.

The RCGP is a professional membership body for general practitioners in the UK and overseas. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice. We support GPs through all stages of their career, from medical students, through to training, qualified years and retirement.

Your report has been reviewed and considered by our clinical policy team, our medical director for clinical policy and myself and we have discussed the details with our colleagues in the Royal College of Paediatrics and Child Health.

Details provided

The Regulation 28 report identifies a young 5-year-old child presenting with vomiting and abdominal pain. This is extremely common in primary care and the report suggests a provisional diagnosis of gastroenteritis was made, and that the GP gave safety netting advice. This would be standard care for any child who presented with similar symptoms and did not have an acute abdomen or signs of sepsis requiring admission to hospital as determined by [NICE guidance](#) from 2017.

Comments

You have asked us to consider the facts of the case and determine what action should be taken to prevent future deaths of this kind. Given that we do not have all of the facts of the case, we

are unable to comment on the specifics of the individual consultations undertaken with Esma and her family, but I am able to lay out the educational material the RCGP has for GPs in training before they are able to work as a qualified GP.

GP in training curriculum

Paediatrics and child health is covered extensively in the RCGP curriculum which contains a 'Children's and Young People' specific curriculum that all GPs in training follow. This includes several areas that would relate to this case including common and important conditions such as paediatric emergencies, congenital abnormalities, gastrointestinal conditions that present in childhood, age-appropriate examinations and liaising with colleagues for complex disease. GPs in training would be assessed on their knowledge of this aspect of the curriculum in workplace-based assessments, the applied knowledge test (a written exam) and in a recorded consultation assessment before a GP trainee could qualify and work independently as a GP.

In addition, we have extensive educational material on remote consultations including both telephone and [video consulting](#) to help GPs and their teams undertake the best possible assessment and determine whether a face to face review is required. We also have available our "[sepsis toolkit](#)" which identifies the sick child in line with national guidance.

Qualified General practitioners

As part of the nationally mandated appraisal system, GPs must undertake annual appraisal and revalidate every 5 years. The [Academy of Medical Royal Colleges](#) released its updated guidance in June 2022 describing how GPs and indeed all medical doctors must on an annual basis demonstrate evidence of continuing professional development. The [General Medical Council](#) describes the evidence required at the appraisal including proof of “keeping up to date”, and “maintaining and enhancing the quality of your professional work”.

Important messages for primary care

General practitioners must have a broad breadth of general knowledge for both adults and children, which would include identification of an acutely sick child, recognition of sepsis and recognition of an “acute abdomen”. The specific cause (rare or otherwise) of the acute abdomen is often not of importance in primary care, it is the recognition of the acute abdomen and sepsis, irrelevant of the cause that matters as this would trigger a referral to secondary care, where the specialist teams would then identify the cause. For this reason, a “rare cause case report” is unlikely to alter practitioners care pathways in primary care.

The key messages required for general practitioners and their teams are therefore

- recognition of sepsis/ the sick child and
- recognition of the acute abdomen

Importantly, in the acute stages of any illness, when the definitive diagnosis is not clear, as often happens in primary care with undifferentiated presentations, safety netting is undertaken, as per [NICE guidance](#). This means that if the person does not meet the criteria for admission, then they (or the carer) are given advice on what to do if the patient gets worse, does not get better, or suddenly deteriorates whilst at home. In this case, it appears that Esma deteriorated 8 hours after the GP consultation, requiring out of hours contact, after the GP surgery was closed.

The only options at this time for the family would have been to call 111, call 999 or to go directly to A&E.

111 algorithm

The 111 algorithm sent the child to a GP out-of-hours service, rather than calling an emergency ambulance or advising urgent attendance to accident and emergency. [The NICE guidance](#) and stratification tool for recognition of sepsis on the out of hospital environment for age 5-11 give clear indication which children should be sent to A&E, and we note that the 111 algorithm has been altered following this case which we welcome.

Sharing of data/ clinical notes between primary care and the out-of-hours service

There are some out-of-hours services who are able to see the whole GP record. It does not appear in this case it was possible from the Regulation 28 report. If both the out-of-hours service and the GP surgery use the same electronic notes system it is possible, with patient consent, to share all of the GP record. However, in many areas, the GP record is not visible to the out-of-hours service as both use different digital platforms. The RCGP would welcome investment in primary care (both GP and out-of-hours services) infrastructure, to enable best practice of sharing of all notes, subject to patient consent, to be rolled out across the NHS to benefit patient care. However, we recognise this will require significant investment from NHS England and NHS Improvement and the Department of Health and Social Care.

Conclusion

Thank you for raising this important case with us. We will continue to review our e learning offer for our members and if national guidance changes, update them accordingly. At the current time, a rare case report dissemination is not considered to be needed for primary care as the key messages are identifying the sick child,

- identifying sepsis and
- identifying the acute abdomen

We welcome the changes made to the 111 out-of-hours algorithm and hope that the system can learn, to prevent anything like this happening again.

Please do let us know if you require any further information and once again, may I offer my sincere condolences to Esma's family.

Yours Sincerely



RCGP Honorary Secretary

