NHS
Greater Manchester
Integrated Care

[redacted]

Date: 31st March 2023

Ms A Mutch
HM Senior Coroner
Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

Dear Ms Mutch,

Re: Regulation 28 Report to Prevent Future Deaths - Sandra Adina Lomax 25th June 2022

Thank you for your Regulation 28 Report dated 10th February 2023 concerning the sad death of Sandra Adina Lomax on the 25th June 2022. On behalf of NHS Greater Manchester Integrated Care (NHS GM), I would like to begin by offering our sincere condolences to Mrs Lomax's family for their loss.

Thank you for highlighting your concerns during Mrs Lomax's inquest which concluded on the 4th of January 2023. On behalf of NHS GM, I apologise that you have had to bring these matters of concern to our attention, but it is also very important to ensure we make the necessary improvements to the quality and safety of future services.

F[redacted], you raised concerns in your Regulation 28 Report to NHS Greater Manchester ([redacted]isk future deaths will occur unless action is taken. The medical cause of Mrs L[redacted]a) bronchopneumonia; 1b) oesophageal granulation on the background of a stent; 1[redacted]cer (treated with chemo/radiotherapy).

I hope the response below demonstrates to you and Mrs Lomax's family that NHS GM has taken the [redacted]ave raised seriously and will learn from this as a whole system.

This letter addresses the issues that fall within the remit of NHS GM and how we can share the learning from this case.

The inquest heard evidence that the development of oesophageal strictures such as Mrs Lomax's was a relatively new development as a consequence of advances in chemo/radiotherapy that meant that surgery was not the only option for oesophageal cancers. However the management of theses strictures was complicated and there was no detailed national guidance on management of them and in particular when and how stenting should be approached. The development and implementation of detailed National Guidance was the inquest was told key to improving outcomes for patients such as Mrs Lomax across England;

The development of this national guidance would be the responsibility of the National Institute for Health and Care Excellence (NICE). NICE is an executive non-departmental public body sponsored by the Department of Health and Social Care. The topics chosen for guidance development are referred to NICE from NHS England, the Department of Health and Social Care and the Department for Education.

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On receipt of this Regulation 28 Report, we contacted NICE to understand if there was a current national guidance in relation to management of oesophageal strictures. NICE advised that cases need to be managed on an individual basis with a multi-disciplinary team (MDT) – one which is made up of a variety of specialists which could include a oncologist and specialist radiologist. NICE did note that although there is no specific national guidance on the management of oesophageal strictures, the principles of stenting are covered in the recommendations in the NG83 Oesophago-gastric cancer.

The associated NICE Quality Standard QS176, which covers assessing and managing adults with oesophaggastric cancer, does not mention stenting however, it does highlight the need for MDT decision-making in these complex cases

Mrs Lomax was treated by The Christie NHS Foundation Trust. The service provided by the Trust is commissioned by NHS England, and not Greater Manchester Integrated Care, because cancer is included within the list of prescribed specialised services. Prescribed specialised services are services which support people with a range of rare and complex conditions, and unlike the majority of NHS care, which is arranged locally, these services are planned nationally and regionally. This is because the services are delivered by specialist teams of doctors, nurses and other health professionals who have the necessary skills and experience, and as a result they are not available in every local hospital.

Cancer is one of six specialist services commissioned by NHS England known as Programmes of Care (NPoC).

Each NPoC brings together clinical and commissioning leadership, an empowered patient and public voice, and policy expertise to:

[redacted]
Contribute to the development and delivery of strategy and policy objectives, such as the NHS Long Term Plan.
Support regions to commission specialised services which meet population needs, provide consistently high-quality care and excellent patient experience, as part of an integrated care
[redacted]system and patient pathway transformation.

The NPoCs principally operate through a network of affiliated Clinical Reference Groups, who provide guidance and oversight.

NHS England have confirmed that they are going to take this Regulation 28 Report into consideration and review management of stents through the relevant Clinical Reference Group that covers oesophageal cancer.

Within Greater Manchester the inquest was told that the Christie were seeking to develop a specialist service for these complex cases but funding of a commissioned pan GM service was fundamental to a successful roll out that would benefit such patients as Mrs Lomax. The absence of such a service meant that cases such as Mrs Lomax's could arise going forward given that in most hospitals even experienced radiologists/gastroenterologists would have limited experience on how to manage such cases;

On receipt of this Regulation 28 Report we contacted NHS England's Regional Specialised Commissioning Team who are the responsible commissioner of the services provided by The Christie NHS Foundation Trust. They will be continuing to engage with The Christie in relation to the development of services and will review and consider any proposal from The Christie in relation to

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specialised services for these complex cases. [redacted]

The inquest also heard evidence that to support management of cases such as Mrs Lomax there was a regular GM Upper GI MDT led by Salford Royal Hospital. However staffing issues meant that there was not a regular presence for all Trusts at the meeting. This impacted effective communication and impacted patient care;

Staffing issues reflecting on effective multidisciplinary team working is a known pressure. Over the past 25 years, there has been little change to the format of multidisciplinary team meetings (MDTMs) despite significant changes in cancer care. With the move towards fewer specialist cancer centres with higher case volume, there has been a significant increase in the number of patients discussed at MDTMs. That, coupled with increasing treatment options, more clinical trials, a more complex case mix and an ageing demographic has led to an increased challenge to deliver an effective and succinct MDTM. This results in limited opportunity for clinical teams to have meaningful discussion of more complex cases.

Recognising the challenges in relation to MDT working, the Greater Manchester Cancer Alliance have an improvement programme in place in relation to MDT reform:

MDT Reform - Greater Manchester Cancer (gmcancer.org.uk)

The benefits to be realised because of this programme include:

- Improving the effectiveness of cancer MDT's, ensuring streamlined processes and standards of care pathways are developed and implemented to make the best use of clinical time and resources.
- Improving patient outcomes through robust auditing processes.
- Improved effectiveness of the time all members of the MDT in general and radiologists and pathologists in particular, spend on MDTMs.
- Specialism attendance will be assured, allowing for comprehensive discussion and decision making, including access and suitability for clinical trials.
- Standardising the method in ensuring patients psychosocial needs are taken into consideration.
- Reduced variation in MDT functioning.

This was compounded by the fact that the inquest heard evidence that the MDT did not have a system of effective communication of agreed actions and recommendations for individual patients discussed at the MDT. As a consequence local clinicians were unsighted as to the recommended way forward. The inquest was told that an effective and consistent pan GM approach to sharing the outcomes of MDTs would improve patient outcomes.

The Greater Manchester MDT reform programme has developed Cancer MDT Standards that providers are working towards. These are based on the national guidance.

These standards include detailed sections setting out principles for the communication of outcomes of MDT discussions with referring clinicians, patients and their families.

This work is ongoing with yearly audits being undertaken against these standards. There has also recently been a best practice event looking at how information sharing across digital systems can aid and improve communication particularly, where service pathways span more than one provider.

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Actions taken or being taken to share learning across Greater Mancheste[redacted]

1. Learning to be presented and shared with the Greater Manchester System Quality Group. This meeting is attended by commissioners, including commissioners of specialist services, localities, regulators, Healthwatch and NICE. Through sharing in this forum, we expect members to review and ensure learning is incorporated into their commissioned services.

2. Shared learning from this and similar cases at Greater Manchester and borough level will be cascaded to professionals through relevant governance and learning forums to ensure that learning is incorporated into their services.

In conclusion, key learning points and recommendations will be monitored to ensure they are embedded within practice. NHS GM is committed to improving outcomes for the population of Greater Manchester.

I hope this response demonstrates to you and Mrs Lomax's family that NHS GM has taken the concerns you have raised seriously and is committed to working together as a system including with our service users, carers and families to improve the care provided.

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

Yours sincerely

[redacted]

[redacted]
Chief Nursing Officer
NHS Greater Manchester Integrated Care

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