Caroline Jones
Cambridgeshire and Peterborough
Coroner's Service
Lawrence Court
Princes Street
Huntingdon
PE9 3PA

[redacted]

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

[redacted]

13 February 2024

Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Gregor Patrick Edward Lynn who died on 8 July 2022.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 20 December 2023 concerning the death of Gregor Patrick Edward Lynn on 8 July 2022. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Gregor's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Gregor's care have been listened to and reflected upon.

Your Report raised the concern that there is a risk of future deaths if patients opt out of paying for histological analysis or further tests when being treated privately because they have not met NHS criteria referral.

As you have outlined in your Report, the GP who undertook the excision in this case was doing so on a private patient basis. NHS England and NHS commissioners are not able to influence how private care is delivered to patients. I note that you have also sent your Report to the Department of Health and Social Care. You may also wish to refer this case to the Care Quality Commission (CQC) who are responsible for ensuring that standards of quality and safety are upheld within private hospitals and clinics.

Regarding the initial management of an evolving, changing lesion within a primary care setting, the National Institute for Health and Care Excellence (NICE) guidelines for Suspected cancer: recognition and referral (NG12) cover the identification of children, young people and adults with symptoms that could be caused by cancer and the appropriate investigations within primary care settings. Cancer Specialists at NHS England have been consulted on this case and have advised that it would have been reasonable for an NHS referral to be made in this case, given the size of the lesion and the apparently irregular features and that any changing lesion, where a definitive diagnosis has not been made, should be considered for a referral to secondary care.

NICE issued a document titled 'Scenario: 'Referral for suspected skin cancer'', first published in 2000, and subject to a minor update in 2016, which states:

"Discussion with a specialist (for example, by telephone or email) should be considered if there is uncertainty about the interpretation of symptoms and signs, and whether a referral is needed. This may also enable the primary healthcare professional to communicate their concerns and a sense of urgency to secondary healthcare professionals when symptoms are not classical."

The Academy of the Medical Royal Colleges (AoMRC) have also a produced a document on the optimum management of benign skin lesions: https://ebi.aomrc.org.uk/interventions/removal-of-benign-skin-lesions/. This states that 'Any lesion where there is diagnostic uncertainty, pre-malignant lesions (actinic keratoses, Bowen disease) or lesions with pre-malignant potential should be referred or, where appropriate, treated in primary care.'

In addition, NHS England notes from the GP statement given to the coroner inquiry the additional information that the lesion had been noted to bleed. Thus, it would appear to meet the criteria for NHS referral to a dermatologist.

As stated above, NHS England is not able to comment on the care provided to Gregor within a private health setting. However, the standard of care for any changing lesion would, in most cases, be to get histological confirmation of its nature and this should have been recommended to the patient. We note from the GP's statement that they state they would have done so.

NHS England have also engaged with Cambridgeshire and Peterborough Integrated Care System (ICS), formerly the Clinical Commissioning Group (CCG) in this matter, on the concerns raised in your Report and any system and local learnings that have been taken. They have advised that they have reviewed their policy for benign skin lesions which states that if there is any diagnostic uncertainty as to whether a lesion is benign, or any possibility that it could be malignant, the policy should not be used, and an appropriate referral made.

The ICS have advised that they have:

- Reminded all GPs within Cambridgeshire and Peterborough Integrated Care System of the guidance on skin cancers.
- Shared the benign skin lesion policy to the GPs within Cambridgeshire and Peterborough Integrated Care System such that clinicians are cognisant that in all cases of diagnostic uncertainty or if there are concerns of malignancy onward referral should occur.
- Reminded their NHS primary care commissioned dermatology services of the guidance on techniques and facilities for conducting minor surgery and relevant best practise guidance, including that all tissue removed by minor surgery should be sent routinely for histological examination unless there are exceptional reasons for not doing so.
- Initiated discussions with the British Association of Dermatology and NHS England colleagues to ensure that there is learning and exploration of national management guidance which includes skin cancer.

I would also like to provide further assurances on national NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed

by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around preventable deaths are shared across the NHS at both a national and regional level and helps us pay close attention to any emerging trends that may require further review and action.

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,

National Medical Director