

Ms Joanne Kearsley  
Senior Coroner  
Manchester North

Dear Ms Kearsley

**Re: RCPCH Response to the Inquest Touching the Death of Sienna Daisy Barber  
A Regulation 28 Report – Action to Prevent Future Deaths**

Thank you for sharing your Report with us regarding the tragic and untimely passing of Sienna Daisy Barber. We were saddened to read the circumstances surrounding Sienna's death and have discussed with senior colleagues within the RCPCH and the Association of Paediatric Emergency Medicine, as well as sharing the information for learning with the British Paediatric Allergy, Immunity and Infection Group.

We have read your report carefully and would like to offer a response to both of your concerns, and other areas where the Royal College of Paediatrics and Child Health will bear most impact.

1. NICE guidance for practitioners to assist them with diagnosing and treatment Group A Streptococcus.

It was the case that interim guidance was withdrawn following the spike in Group A Streptococcus in December 2022, and replaced by the reinstatement of the NICE Sore Throat (Acute) NG84 guideline for all age groups<sup>1</sup>.

The RCPCH endorsed this decision alongside the Royal College of Emergency Medicine, Royal College of General Practice, and NICE following a review by the NHS England Clinical Advisory Group and UKHSA Group A Strep Incident Management team, which assessed the overall clinical risk-benefit, including antimicrobial utilisation and potential for resistance and harms<sup>2</sup>.

Young children are unlikely to present to emergency departments with sore throat symptoms alone. Therefore, children under five who present with fever (with or without sore throat) are assessed and managed as outlined in the NICE guideline on fever in under-fives<sup>3</sup>. This is viewed as a robust clinical guideline by paediatricians working in emergency care and supports decision making on the appropriate use of antibiotics.

<sup>1</sup> <https://www.nice.org.uk/guidance/ng84>

<sup>2</sup> <https://www.england.nhs.uk/publication/group-a-streptococcus-communications-to-clinicians/>

<sup>3</sup> <https://www.nice.org.uk/guidance/ng143>

## 2. Rapid antigen testing for under-fives

Paediatricians would welcome an effective tool to help with the identification of Group A Strep, and there is a need for more research relating to their validity, including the appropriate levels of sensitivity and specificity in their performance for testing under-fives.

Whilst there may be benefits of recommending rapid antigen testing in times of heightened cases, there are risks around possible over prescribing as it is possible to carry the bacteria in the throat without it being the cause of illness. Without further work to validate these tests, it is possible that false reassurances are given to patients and their families. On a population level, there are also risks around missed cases and reporting, and therefore consideration on the cost effectiveness of these tests as a public health tool is required.

The other element to consider is how the health system would be able to a) provide testing capability and b) respond to these results. A rigorous consultation with health providers and professionals would be needed to inform the most appropriate way forward in this respect, and the College would be happy to contribute thinking if asked.

## 3. Sharing information and learning for quality improvement

The College will be sharing information and suggestions for local improvement from your report with our paediatric members via its [patient safety portal](#). The information within your report, and anticipated response from NICE, will also be shared for discussion with the RCPCH Clinical Quality in Practice group in October, where further actions may be identified.

Thank you for seeking our views and reminding us of the importance of this work. Our sincere condolences are with Sienna's family.

Yours sincerely



RCPCH President