



Date: 25 Sep 2024

Sussex & Surrey Community Dermatology Service

Administration Office

51 Chesswood Road

Worthing

West Sussex

BN11 2AA

Working in Partnership with

University Hospitals Sussex NHS Foundation Trust

Dear Ms Henderson,

Re: Response to Regulation 28: Report to Prevent Future Deaths

Patient: Alan KINGSBURY (02 Apr 1938)

I am writing on behalf of Sussex Community Dermatology Service (SCDS) in response to the Regulation 28 notice arising from the Inquest into the death of Dr Alan William Kingsbury.

The coroner identified three areas of concern.

1. The British Society of Dermatological Surgery (BSDS) Guidelines on anti-thrombotic and skin surgery in the community.

- This concern has been addressed directly to the BSDS so SCDS will not comment on this but await the response from the BSDS and any change to the current guidance

2. The lack of a pre-operative assessment and advanced consent.

- Currently in the UK patients with a suspected skin cancer may be seen at a F2F appointment prior to having surgery scheduled, they may be offered surgical excision at the first appointment, or they may be assessed remotely via teledermatology and then booked directly for surgery. Most UK dermatology departments will utilise a combination of the above, all of which are appropriate depending on individual patient circumstances. Patients who are at higher risk of post-operative complications and in particular post-operative haemorrhage (such as patients on anticoagulants, elderly patients, large tumours) should be identified and measures put in place to manage the risk.

▪ Action to be taken:

SCDS will ensure that its policies are sufficiently robust to be able to identify at risk patients at the time of 1st encounter and ensure that risk mitigation measures are in place. To achieve this, we will do the following:

- Perform a thorough documented preoperative assessment to assess risk of complications associated with skin surgery.
- Ensure advanced consent and scheduling of the procedure to allow adjustment of anticoagulation as appropriate.

- Follow up-to-date guidance regarding anticoagulants in skin surgery.
- Always ensuring a favourable risk: benefit profile

Most of the above is already in place, however we await any revised guidance from the BSDS in response to the coroners concerns and will integrate any amended guidance into the policy

3. Guidance as to the appropriateness of surgical technique for wound closure

- Our clinicians are all very experienced in skin surgery and we routinely monitor various aspects of their practice including postoperative infections, postoperative bleeding and wound dehiscence as part of our ongoing clinical governance using RADAR software. Our complication rates are very low and comparable to all our local NHS trust services. Surgical excision wounds are routinely closed with a deep layer of self-dissolving subcutaneous sutures and cutaneous sutures.

▪ Action to be taken:

We will use this case to highlight the importance of ensuring adequate deep closure of wounds especially when dealing with patients at higher risk of postoperative bleeding and wound dehiscence.

This response has been communicated to our clinical staff.

Yours sincerely,

[REDACTED]

[REDACTED]

Clinical Director
Consultant in Dermatology and Cutaneous Surgery
Sussex & Surrey Community Dermatology Service