

**Dr Shirley Radcliffe**  
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East London Coroner's Court  
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London  
E17 8QP

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

14 October 2024

Dear Coroner,

**Re: Regulation 28 Report to Prevent Future Deaths – Hannah Eniola Angela Ayomipo Jacobs who died on 8 February 2023**

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 20 August 2024 concerning the death of Hannah Eniola Angela Ayomipo Jacobs on 8 February 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Hannah's family and loved ones. NHS England are keen to assure the family and the coroner that the concerns raised about Hannah's care have been listened to and reflected upon.

I respond to each of the concerns raised in your Report below.

- 1. The evidence at the inquest referred to allergy action plans discussed in the healthcare settings and given to parents and patients. Hannah displayed what appeared to be excessive salivation at the dentist which her paediatric consultant (who gave evidence) said, with the benefit of hindsight was a manifestation of her inability to swallow. This is a sign of anaphylaxis. This was not recognised by dental staff as an inability to swallow and thus of anaphylaxis.**

Saliva secretion is dependent on autonomic nerve signals, which are stimulated by the smell, taste, and chewing of food. In this tragic case it could be reasonable to assume that Hannah had hypersalivation in response to her chocolate drink and that her distress would also alter her salivary rate.

[The Resuscitation Council](#), the UK's national expert in resuscitation and the organisation whose guidelines form the basis of anaphylaxis management in the UK, do not list excess salivation as a sign or symptom of anaphylaxis. It is therefore not unreasonable that the dentist or dental team did not assume early anaphylaxis from hypersalivation.

- 2. The other symptom Hannah demonstrated was swelling of her lips which is listed on allergy plans as a mild to moderate symptom and thus provided a false sense of reassurance to her mother that cetirizine was what she needed.**

The allergy plans from the [British Society of Allergy and Clinical Immunology \(BSACI\)](#), a national academic society whose core aim is to improve allergy care by providing allergy resources for healthcare professionals, including clinical guidelines and educational meetings, states that reactions may progress from mild and moderate symptoms to anaphylaxis. This is also explicitly stated in the Resuscitation Council UK Guideline for healthcare practitioners. It is expected that clinicians make this clear when discussing the plans with families of children with severe allergies.

Action plans also advise not to stand up a child in the case of a severe reaction and make clear to use adrenaline, whenever in doubt as to the severity of a reaction. Standard teaching practice accompanying these plans is that where there is uncertainty, the default should be to use the adrenaline auto-injectors (AAI). This is also supported by guidance from the [Medicines and Healthcare Products Regulatory Authority \(MHRA\)](#).

**3. The risk of future deaths in the context of anaphylaxis remains in the absence of further consideration of what constitutes an anaphylactic reaction as opposed to a mild reaction, and the education of parents and patients of the safety of using AAI (adrenaline auto injectors) if in doubt.**

Significant stakeholder consultation, including with patients of all ages (including children), their families, schoolteachers and other lay individuals informed the Resuscitation Council UK Guideline and the BSACI plans guidance on what may be considered as possible indications of anaphylaxis, and the 'if in doubt' message to use AAI wherever there might be uncertainty.

Any additions to the plan must be carefully balanced with the existing messaging to ensure there is no risk of detracting from the key headline symptoms and the 'if in doubt' message.

**4. There was shortage of AAI at the time but a vial of adrenaline was available at the chemist. However, it takes time to draw up. I am not sure if (assuming no national shortage) all chemists have AAI in stock for emergencies.**

The shortage of AAI has been resolved. At the time Hannah went into anaphylaxis, there was a shortage of Jext and a recall of Emerade, both of which are AAIs.

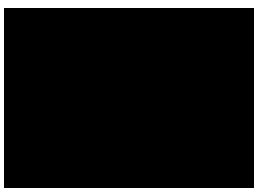
My Patient Safety colleagues in North East London have confirmed that community pharmacies were notified of the shortage of Jext, however they have not been able to confirm if the same message was sent to all GPs. They are therefore currently reviewing their communications approach to alerting GP practices. The Pharmacy and Medicines Optimisation Team do include updates from the MHRA in their newsletters along with a link to [Medicines Supply Tool – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#) and this provides information on national shortages and how to manage them.

The Pharmacy and Medicines Optimisation Team have been reviewing the use of AAIs and their supply. The detail of this work is still being finalised but my regional colleagues in London have been asked to ensure the national team are provided with updates on this work.

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 events, such as the sad death of Hannah, are shared across the NHS at both a national and regional level and helps us to 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