

**Regulation 28 Report to Prevent Future Deaths
Derby and Derbyshire Integrated Care Board Response**

Derby and Derbyshire Integrated Care Board (DDICB) would like to extend our sympathies to the family of Mr Stringer. Please find below the ICBs response and future plans in regard to the Regulation 28 Report to Prevent Future Deaths.

If there are any areas which you feel you would like more information or to discuss in person this will be arranged.

On 8th April 2024 the coroner commenced an investigation into the death of Mr S C Stringer. The investigation concluded on the 25th of September 2024, and the conclusion was:

Mr Stringer died from squamous cell carcinoma of the glottis where the significance of his symptoms including a prolonged period of hoarse voice was not appreciated until the cancer had progressed to Stage4 The medical cause of death was 1a Squamous cell carcinoma of the glottis; II Asbestos-related interstitial lung disease, Ischaemic heart disease.

The following report and action plan is in response to the matters of concern revealed through the course of the inquest as below. Each of these areas has been reviewed separately with actions to prevent future deaths captured in the action plan at the end of the report. This will be reviewed as per the timescales included within the report.

1. The inquest heard evidence that the GP practice had in accordance with the local requirements introduced an electronic patient enquiry service alongside a telephone service. Patients contacting the surgery had to select which stream within the practice their enquiry went to. It was not always clear from the headings whether the query would be seen by a GP or the admin team. Information that went into the admin work stream from a patient did not go onto the patient record and was not seen by a doctor.

The GPs at the practice were unaware of this and patients had no way of knowing that the information they had sent in was not in the patient record. The practice involved in this inquest had taken steps since identifying the issue to mitigate the risks. However, the evidence before the inquest was that the software in question was widely used by GP practices within Derbyshire and nationally.

2. The evidence from the ENT consultant was that it was important that where a patient presented with a hoarse voice that all health professionals explored for how long it had been an issue and whether there was a realistic treatable cause for it. In the absence of any clear cause such as a throat infection or where there was no clear response to treatment then a hoarse voice should be seen as a red flag symptom for laryngeal cancers and result in a referral on the 2 weeks wait. It was clear from the evidence at the inquest that unlike other cancer red flags such as blood in urine the significance of a persistent hoarse voice was not recognised by a number of different healthcare professionals who saw him. The inquest was told that early detection of laryngeal cancers through early referrals on the 2 weeks wait significantly improves the outcomes for patients because far more treatment options are open to clinicians.

3. A number of different health professionals had input into his care. This meant that there was no one health professional who had a good insight into his overall deterioration and symptoms. Where multiple practitioners were involved one person needed to maintain

oversight or the electronic patient record needed to have easily accessible clear action plans and notes were required so that a patient and their symptoms could be seen holistically rather than a one off.

4. There was also evidence that there is limited public awareness of how significant a change in voice can be and recognising it as a potential cancer symptom. Greater public awareness of symptoms of laryngeal cancers would ensure the public were better placed to seek help at an early stage.

1. The inquest heard evidence that the GP practice had in accordance with the local requirements introduced an electronic patient enquiry service alongside a telephone service. Patients contacting the surgery had to select which stream within the practice their enquiry went to. It was not always clear from the headings whether the query would be seen by a GP or the admin team. Information that went into the admin work stream from a patient did not go onto the patient record and was not seen by a doctor.

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Nationally guidance issued by NHS England (NHS England » New digital and online services requirements: guidance for GP practices) from October 2021, Practices were contractually required to "offer and promote" several digital services to their patients which included:

- An online consultation tools.
- A video consultation tool.
- A secure electronic communication method.
- An online facility to provide and update personal or contact information.

Online consultation tools were first implemented across Derbyshire for a small number of practices in 2018 utilising national ETTF funding. North of England Commissioning Support Unit (NECS) Projects were commissioned to undergo market research to identify potential suppliers, which met the ETTF criteria for digital patient-initiated requests into practices. A shortlist of suppliers/tools were presented to early adopter practices who choose and implemented an online consultation tool to pilot based on their local needs.

Demand and uptake of online consultation tools significantly increased in 2020 as part of the Covid-19 response with tools either being offered 'free' to GP Practices by providers or ultimately then rolled into national contracts. During this time practices were encouraged to implement online consultation tools from national teams to support remote clinical care.

While the ICB is currently the contract holder for online consultation tools in use within Primary Care, the choice of which online consultation to utilise resides with the GP Practice.

Currently, all GP Practices within Derby and Derbyshire have access to at least one online consultation tool, but there is some duplication with some practices having access to two, depending upon local need.

Support for GP Practices is provided directly by the systems supplier who typically offer initial onboarding sessions to GP Practices to enable them to understand the capabilities of their tool along with regular workshops, demonstrations, and other online support. There are also online communities, Frequently Asked Questions, and resources to support GP Practices.

The online consultation tools are delivered nationally and at scale with the support of the National Procurement Hub and frameworks, with little or no capability to vary the layout, contents, etc on a local basis. There is a wide range of functionality available across the online consultation solutions we have within our system ranging from simple forms, through to more complex systems which aim to direct the patient to self-care.

Across Derby and Derbyshire Integrated Care Board (DDICB) geography these systems began being implemented in 2018. The ICB has never mandated GP Practices to use any online tools and have always been guided by the GP Practices; in the early pandemic, we had tools such as AccuRx who made their tools available to GP Practices in a way that didn't need the ICB or North of England Commissioning Support Unit (NECS) to approve or install and hence we saw an explosion of use of these systems. These were either provided for free or through a national agreement (through NHS England) – the ICB took on responsibility for managing the contract and finding the funding once these national funding agreements ceased.

The ICB holds contracts for online consultation and other tools that we have been asked to contract. For these tools the ICB has engaged with a general practice clinician with an interest in digital safety to review clinical Digital Safety on an Ad Hoc basis and have previously commissioned a Clinical Safety Assurance service from NECS.

In partnership with the Digital Clinical Patient Safety Officer and Head of Digital and Information Governance the DDICB will develop a clinical safety service around future triage and online procurements as a standard rather than on an Ad Hoc basis. Until this is established the ICB will engage with general practice clinician to provide this service.

The DDICB holds quarterly Clinical Governance Leads meetings with general practice – a GP or experienced clinician attends from each general practice, the requirements for Digital Clinical Patient Safety will be discussed as part of overall learning, the Digital Clinical Safety Team at NHSE have also offered to support this session.

Prior to this the DDICB will raise awareness of the importance of digital clinical safety across general practice through inclusion of available training in the DDICB weekly General Practice bulletin and direct email communication to both General Practice and Primary Care Networks.

The DDICB will discuss with the Derby and Derbyshire Local Medical Council and request information also be included within their weekly bulletin.

The DDICB will engage with the Derby and Derbyshire General Practice Provider Board as a further opportunity to raise Digital Clinical Patient Safety in relation to existing tools and those products procured in the future via the ICB or directly from general practice.

2. The evidence from the ENT consultant was that it was important that where a patient presented with a hoarse voice that all health professionals explored for how long it had been an issue and whether there was a realistic treatable cause for it. In the absence of any clear cause such as a throat infection or where there was no clear response to treatment then a hoarse

voice should be seen as a red flag symptom for laryngeal cancers and result in a referral on the 2 weeks wait. It was clear from the evidence at the inquest that unlike other cancer red flags such as blood in urine the significance of a persistent hoarse voice was not recognised by a number of different healthcare professionals who saw him. The inquest was told that early detection of laryngeal cancers through early referrals on the 2 weeks wait significantly improves the outcomes for patients because far more treatment options are open to clinicians.

The DDICB Clinical Lead for Cancer and Senior Commissioning Manager Cancer will. Promote the GatewayC module for Head and Neck (education Package) through the following channels.

- PCN Cancer Leads
- Primary Care bulletin
- The Hub plus route
- LMC

Record a webinar with Head & Neck Consultants and the DDICB Clinical Lead in a Q&A style to share across primary care around signs & symptoms.

Raise awareness at the next PCN Cancer Leads meeting.

Work with Communications to develop some public facing comms around recognising signs and symptoms.

To access the GatewayC training GPs can register for a free account and watch live webinars, recordings or do online modules, which can provide CPD evidence. This is not mandated but includes lots of useful training around different cancer tumour sites. The team will promote this education and webinar through the routes above and share the learning from this report.

Please find below a summary of the Gateway C training for your review.



Head and Neck -
Early Diagnosis - Sum

3. A number of different health professionals had input into his care. This meant that there was no one health professional who had a good insight into his overall deterioration and symptoms. Where multiple practitioners were involved one person needed to maintain oversight or the electronic patient record needed to have easily accessible clear action plans and notes were required so that a patient and their symptoms could be seen holistically rather than a one off.

It is now becoming the normal for a patient to not see the same GP during a course of an illness or when seeking care and management for an illness, this makes accurate consultation records even more important. The electronic patient record now acts as the continuity of information with regards to patients supporting direct patient care.

At the Clinical Governance Leads meeting with general practice the below documents will be discussed as part of the Patient safety standard agenda item.

[NHS England » High quality patient records](#)

[Good medical practice 2024 - GMC](#)

The DDICB will also liaise with HUB+ to discuss the possibility of Record Keeping being added to their suite of online information and support for general practice.

The DDICB recognises the importance of maintaining accurate electronic patient records and ensures digital solutions procured can integrate with both SystemOne and EMIS. Automated integration is recommended to practices during onboarding and during upgrades, however practices may opt out of this feature, choosing to manually extract and upload requests and interactions.

4. There was also evidence that there is limited public awareness of how significant a change in voice can be and recognising it as a potential cancer symptom. Greater public awareness of symptoms of laryngeal cancers would ensure the public were better placed to seek help at an early stage.

There isn't a national campaign covering this type of cancer so the DDICB will create our own messaging. To develop this the DDICB Communications Team will work with the Primary Care Quality and Cancer Commissioning Teams. This will then be included in the following internal and public facing information.

- Items in the Primary Care bulletin
- Items in staff and stakeholder bulletins
- Item in the Joined Up Care Derbyshire newsletter
- News article
- Social media
- Circulate communications to our system stakeholders to include in their comms channels (including community groups)

Action Plan

Action Number	Overview of DDICB actions	Action Owner	Action Updates	Proposed Completion date
	Digital clinical patient safety.			
1 a	Digital Clinical Patient Safety Officer and Head of Digital and Information Governance the DDICB will develop a clinical safety service around future triage and online procurements as a standard.	[REDACTED] Head of Digital and Information Governance		01.05.2025
1b	Discussion and presentation at Clinical Governance Leads meeting.	[REDACTED] Asst Director Nursing & Quality Primary Care		01.05.2025
1c	DDICB will raise awareness of the requirements of digital clinical safety across general practice through inclusion of available training and information in the DDICB weekly General Practice bulletin and direct email communication to both General Practice and Primary Care Networks.	[REDACTED] Asst Director N&Q PC [REDACTED] Head of Digital and Information Governance		01.02.2025
1d	The DDICB will discuss with the Derby and Derbyshire Local Medical Council and request information also be included within their weekly bulletin.	[REDACTED] Asst Director N&Q PC		01.02.2025
1e	The DDICB will engage with the Derby and Derbyshire General Practice Provider Board as a further opportunity to raise Digital Clinical Patient Safety in relation to existing tools and those products procured in the future via the ICB or directly from general practice.	[REDACTED] Head of Digital and Information Governance [REDACTED]		01.02.2025

		Asst Director N&Q PC		
	Education - Head & Neck Cancer			
2 a	Record a webinar with Head & Neck Cancer Consultants and the DDICB Clinical Lead in a Q&A style to share across primary care around signs & symptoms.	██████████ DDICB Clinical Lead for Cancer ██████████ Senior Commissioning manager Cancer	PCN Cancer Leads verbally updated about the webinar scheduled for 4th December at 27th Nov meeting.	01.02.2025
2b	Education session for PCN Cancer Leads	DDICB Clinical Lead for Cancer Senior Commissioning manager Cancer	Planning to invite H&N Consultant from UHDB to either January or March meeting for an educational slot at the meeting.	
2c	Inclusion of educational information into the Primary Care Bulletin	DDICB Clinical Lead for Cancer Senior Commissioning manager Cancer		01.02.2025
2d	Link with Hub Plus (Derby and Derbyshire PC Training provider) to include links to education	DDICB Clinical Lead for Cancer Senior Commissioning manager Cancer		01.02.2025
2e	Inclusion of educational information into the Local Medical Council weekly newsletter	DDICB Clinical Lead for Cancer Senior Commissioning		

		manager Cancer		
2f	Work with Communications to develop some public facing comms around recognising signs and symptoms.	DDICB Clinical Lead for Cancer Senior Commissioning manager Cancer		01.01.2025 – 01.04.2025
	Communications with staff, stakeholders and wider public			
3a	<p>Work with the DDICB Cancer clinical lead and senior commissioning manager to re inclusion of information in the following.</p> <ul style="list-style-type: none"> ○ Primary Care bulletin ○ Items in staff and stakeholder bulletins ○ Item in the Joined Up Care Derbyshire newsletter ○ News article ○ Social media ○ Circulate communications to our system stakeholders to include in their comms channels (including community groups) 	<div></div> <p>Campaigns Manager</p>		01.04.2025
	Record Keeping			
4a	The DDICB will also liaise with HUB+ to discuss the possibility of Record Keeping being added to their suite of online information and support for general practice.	<div></div> <p>Asst Director N&Q PC</p>	Email sent 29.11.2024	
4b	At the Clinical Governance Leads meeting with general practice the below documents will be	<div></div> <p>Asst Director N&Q PC</p>		01.05.2025

	discussed as part of the Patient safety standard agenda item.			
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