Royal College of General Practitioners

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**Honorary Secretary of Council**

**Dr Julian Morris**
Senior Coroner for the coroner area of London Inner South

Sent by email to: [redacted]

13 February 2025

Dear Dr Morris

**Regulation 28 Report to Prevent Future Deaths - touching on the death of Lacey May Brookman**

Thank you for sharing a copy of your report touching on the tragic death of Lacey May Brookman. I am responding on behalf of the Royal College of General Practitioners as Honorary Secretary to Council. Firstly, can I convey our sincere condolences to the family and friends of Lacey May. It is always tragic to hear of a death of a child and also recognise the effect it has on her family and friends.

Abdominal pain in children is a common symptom but as highlighted can be on occasions extremely serious and life threatening.

**Background**

- **Decision to admit for Specialist Management** We recognise that the second GP and possibly the A&E doctor considered that Lacey had appendicitis. Although the Registrar did not confirm the diagnosis of appendicitis and offered an alternative diagnosis, there was a recognition that Lacey required further hospital investigation and more senior decision making. This was undertaken by the Consultant Surgeon who reviewed the patient within a 24-hr period and then decided to admit and investigate. There was a further 24 hr delay before surgery at a specialised Paediatric unit by which time there were significant wider other organ responses to sepsis.

- **Remote Consultation and Triage** We recognise that original GP undertook a telephone triage consultation but used safety netting which supported the re-presentation with the second GP 3 days later. The college supports General Practitioners and other GP health professionals in undertaking Telephone consultation and Triage skills and runs courses on a regular basis which are often sold out and are a whole day event designed to offer

skills to practice safe and comprehensive history taking within a telephone triage context to ensure the most appropriate outcome. The important lesson here is the consideration of the differential diagnosis of appendicitis, the history taking and examination. This point was highlighted as far back as 1961 in the BJGP journal note on Appendicitis 'A GP who has to rely on his careful assessment of the patient's symptoms and history should be able to make a much more accurate diagnosis in the majority of cases, than one who relies on less exacting examinations'. We recognise that the general skills for telephone consultation and triage in a modern age are important when General Practice is managing a significant proportion of on the day care. The work is therefore a core component of the GP Curriculum and GP Training and within the Clinical topic guides an area on Urgent and Unscheduled care which outlines the important issues relating this including a knowledge and skills guide highlighting appendicitis as one of a range of common and important conditions to be considered.

- **Appendicitis and Managing Uncertainty** The anatomical position of the appendix can vary considerably and drive the presentation. Many GPs use the NICE CKS guidance, and the current guidance highlights retrocaecal appendicitis and its features which may not include tenderness to deep palpation and muscular rigidity due to the distinct position of the appendix lying behind the caecum. The incidence of a retrocaecal appendicitis is between 20 and 65% and therefore not an uncommon presentation however its features are not as differentiating as other anatomical positions, and this may cause some delay in diagnosis. NHS England and the GIRFT team (Getting it Right First time) have reviewed the management of appendicitis from a prehospital through to hospital and discharge, Paediatric acute abdominal pain and appendicectomy, Best Practice pathway guidance .This work was undertaken by the NHS England National Clinical Director for Paediatrics Simon Kenny a Paediatric surgeon alongside a working group which included two General Practitioners with Urgent care experience. The pathway recommends close working between Paediatricians and the Surgical team, however it seems in the Regulation 28 report that there was no mention of the Paediatric team being involved in Lacey's care. The pathway also promotes a case study which supports increasing the availability of imaging in centres admitting children with abdominal pain (see Case study 6E Reducing variation in access to abdominal ultrasound). This pathway aims to reduce the unwarranted variation in unnecessary appendicectomies for children presenting with abdominal pain for other reasons through more accurate and timely diagnosis. This issue of retrocaecal appendicitis and the associated diagnostic dilemma is not raised in the pathway, and this may be an area to investigate further.

In answer to your matters of concern regarding suspecting appendicitis, it remains a common condition presenting with a range of clinical signs and symptoms which may vary according to anatomical and pathological variation. There is a potential risk of underdiagnosis for a variant of the condition 'retrocaecal appendicitis' which often presents in the later stages due to a delay in the symptom of pain. This creates diagnostic uncertainty, potential delay in investigation and hospital management. There are diagnostic solutions such as bedside ultrasound scanning, however this is not routinely available in either hospital emergency departments and not in the urgent and emergency care settings of General Practice. This would need policy change and a prioritisation of investment as well as training development opportunities in primary care settings.

NHS England and the GIRFT team have recently produced the Best Practice Guide and have an established process for its implementation which supports a whole pathway approach, however the guide does not specifically reference retrocaecal appendicitis. Most GPs refer to NICE CKS guidance which does specifically mention the presentation of retrocaecal appendicitis. The Royal College of General Practitioners remains committed to supporting ongoing educational resources for both the GP Curriculum and Continuing Professional Development in this area.

I trust that this reply is helpful and if you have any questions, please do not hesitate to contact me. Our sincere condolences are with Lacey May's family.

Yours sincerely

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RCGP Honorary Secretary