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Integrated Care Board
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21 March 2025

Miss Emma Brown

Area Coroner for Birmingham and Solihull Districts

By way of email only: [REDACTED]

Dear Miss Brown,

Inquest into the death of Neville Daniel Elisha McKenzie.

Response to Regulation 28 and 29 of the Coroners (Investigations) Regulations 2013.

I am writing in response to the Regulation 28 and 29 notice issued following the inquest on 23 January 2025 into the death of Mr Neville Daniel Elisha McKenzie at City Hospital on 24th August 2024. We offer our sincere condolences to Mr McKenzie's family and friends.

We acknowledge the concerns raised regarding the awareness and availability of anti-choking devices in care settings and the need for action to prevent future deaths.

ICB Interventions to Mitigate Future Risk

The ICB does not directly purchase anti-choking devices for care homes. However, we are committed to ensuring that care homes have the information and support they need to make informed decisions about whether to purchase and use these devices, in alignment with Resuscitation Council UK (RCUK) guidelines. The ICB adheres to the RCUK guideline which emphasises that any use of anti-choking devices should be adjunctive to, and not a replacement for, the established techniques recommended by the RCUK for managing choking, which include encouraging coughing, back blows, and abdominal thrusts.

The ICB has reviewed current practices and is implementing the following measures:

- **Providing training and resources:** The ICB has:
 - Commissioned training for nursing homes, including a guest speaker on choking prevention for the Birmingham and Solihull Nurses and Clinical Leads Network on March 20, 2025.
 - Provided free training on modified diets and choking risk, including the use of recommended International Dysphagia Standardisation Initiative (IDDSI).
 - Shared information on the NHS E-Learning for Health platform, including dysphagia e-learning developed by speech and language therapy experts.
 - Offered free training on Learning from Events to all Nursing Homes.

- **Ensuring best practice and compliance:** The ICB is monitoring compliance with dysphagia guidelines, conducting a review of choking incidents with Safeguarding and Learning from lives and deaths of people with a learning disability and autistic people (LeDeR) teams, and sharing findings with Speech and Language Services to discuss further support.
- **Conducting assessments and investigations:** The ICB is updating the nursing home quality team assessment tool for a more in-depth review of dysphagia management. This includes developing a root cause analysis tool to improve the investigation of choking incidents.
- **Facilitating learning and dissemination:** The ICB has shared the clinical learning alert, included choking and dysphagia management, in NHS contractual meetings and the new Nursing Home Managers Development Programme.
- **Promoting support and collaboration:** The ICB is working with the Support to Care Homes Team in Solihull and exploring the current provision of support from commissioned Speech and Language community services.

The ICB takes the recommendations within the Regulation 28 report extremely seriously. The actions outlined above demonstrate our commitment to learning from Mr. McKenzie's death and working to prevent future similar incidents. We will continue to build on these actions and provide support and advice through evidence-based literature and guidance.

Yours sincerely



ICB Chief Executive

NHS Birmingham and Solihull

Appendix 1 Anti Choking Device evidence

1.1 NICE Guidelines: At present, there are no specific guidelines from the National Institute for Health and Care Excellence (NICE) that mandate the use of anti-choking devices in nursing homes. NICE guidelines focus on evidence-based practices, and currently, there is insufficient evidence to support the routine use of these devices in such settings.

1.2 Resuscitation Council UK (RCUK) Guidelines: The Resuscitation Council UK does not support the use of suction-based airway clearance devices (anti-choking devices) due to a lack of sufficient research and evidence on their safety and effectiveness. The RCUK emphasises established choking management techniques, such as encouraging coughing, back blows, and abdominal thrusts, which are well-supported by clinical evidence. For more information, please refer to the RCUK's position on the use of suction-based airway clearance devices here [RCUK's position on the use of suction-based airway clearance devices on choking individuals | Resuscitation Council UK](#)

1.3 Resuscitation Council UK (RCUK) has reviewed this statement in light of the ILCOR systematic review on removal of foreign body airway obstruction (April 2021) Removal of foreign body airway obstruction (BLS 368): Systematic Review (ilcor.org) and the ILCOR 2022

Evidence Update. No new evidence was identified to alter ILCOR's or RCUK position on suction-based airway clearance devices. RCUK recommendations therefore remain unchanged.

RCUK welcomes ILCOR's call for high-quality clinical research focused on assessing the potential benefits and harms of suction-based airway clearance devices. [Removal of foreign body airway obstruction \(BLS 368\): Systematic Review](#)

For more information, please refer to the RCUK's position on the use of suction-based airway clearance devices here [RCUK's position on the use of suction-based airway clearance devices on choking individuals | Resuscitation Council UK](#) which are supported by clinical evidence

1.4 CQC Guidelines: The Care Quality Commission (CQC) provides guidance on caring for people at risk of choking. This guidance emphasises the importance of individualised care plans and proper training for staff to manage choking risks effectively. For more information, please refer to the CQC's guidance here [Issue 6: Caring for people at risk of choking - Care Quality Commission](#)

1.5 GOV.UK Guidance: According to GOV.UK, anti-choking devices, also known as airway clearance devices, are intended for use in the management of choking incidents by removing obstructions from the airways via manual suction after other approaches have failed. These devices are classified under the Medical Devices Regulations 2002 and Regulation (EU) 2017/745 as class I devices. The Medicines and Healthcare products Regulatory Agency (MHRA) has investigated concerns about the evidence supporting the quality, safety, and performance of these devices. The MHRA recommends that users follow established Basic Life Support protocols when managing a choking incident and that anti-choking devices should only be used by healthcare professionals trained in advanced life support. For more information, please refer to the MHRA's guidance on medical devices here [Medical devices: information for users and patients - GOV.UK](#) and DSI here [Device Safety Information - counterfeit Anti-Choking Devices.pdf](#)

1.6 Initial analysis:

In response to the inconclusive evidence regarding anti choking devices the ICB have a number of concerns listed below:

- **Safety and Effectiveness:** The primary concern with anti-choking devices is the potential delay in administering established choking treatments. There is also a risk that these devices could worsen the situation by pushing obstructions further into the airway.
- **Training and Implementation:** Effective use of anti-choking devices requires effective training and regular practice. Without adequate training, there is a risk of improper use, which could lead to adverse outcomes.
- **Regulatory Compliance:** The MHRA has highlighted issues with counterfeit and unbranded anti-choking devices that do not comply with UK Medical Device Regulations. These devices, which do not have a valid UKCA or CE mark, may pose a significant risk of worsening choking if used. They should not be used in the event of a choking emergency and should be disposed of once identified as counterfeit or non-compliant.