



Department
of Health &
Social Care

39 Victoria Street
London
SW1H 0EU

Our re: [REDACTED]

HM Coroner Nigel Parsley
Senior Coroner for Suffolk
Beacon House
Whitehouse Road
Ipswich
Suffolk
IP1 5PB

By email: [REDACTED]

29 May 2025

Dear Mr Parsley,

Thank you for the Regulation 28 report of 24 March sent to the Secretary of State for Health and Social Care about the death of Thomas Alexander Glover. I am replying as the Minister with responsibility for long-term conditions, including gastroenterological conditions.

Firstly, I would like to say how saddened I was to read of Mr Glover's death, and the circumstances of that death, and I offer my sincere condolences to their family and loved ones. The circumstances your report describe are concerning and I am grateful to you for bringing these matters to my attention. Please accept my sincere apologies for the delay in responding and thank you for the additional time provided to the Department of Health and Social Care to provide a response to the concerns you have raised in your report.

The report raises concerns over the misdiagnosis of a strangulated hiatus hernia. This was exacerbated by a lack of awareness among clinicians who are not specialists in gastroenterological care about the differences in management between a rolling and a sliding hiatus hernia which delayed subsequent appropriate treatment. Your report referred to online guidance provided by NHS England that does not make the distinction between the two types of hiatus hernia and, as a result, there is a lack of understanding within the medical community of the differences between the two. Additionally, your report identifies that those patients with a rolling hiatus hernia may be unaware of the increased risk posed by their condition.

In preparing this response, my officials have made enquiries with NHS England to ensure that we adequately address your concerns.

I have been advised by NHS England that the NHS website for England (NHS.UK) provides members of the public with clear and accurate health information to help them understand what, if any, next steps they need to take with regards to the management of their condition. The guidance on NHS.UK is simple and action-orientated and is designed to help members of the public understand their symptoms and make sure they seek the right help at the right time.

NHS.UK covers around 2,000 condition topics, many of which have different sub-types. The primary focus of NHS.UK is on helping people understand when to seek further help by explaining red flag symptoms. This is especially the case where incidence rates of subtypes are low.

The NHS.UK website provides general advice for managing a hiatus hernia (<https://www.nhs.uk/conditions/hiatus-hernia/>), which includes lifestyle changes and, in some cases, medical treatments. Whilst rolling hiatus hernias are a specific type of hernia, the treatment approach is generally the same as for the more common sliding hiatus hernia.

The website also provides guidance on recognising symptoms and when to seek further advice or care. Individuals are advised to contact their GP if their symptoms last over a few weeks or worsen. The website contains clear warnings and directs readers to obtain urgent assessment by contacting NHS 111 if they are experiencing symptoms which may indicate urgent assessment and care may be needed.

We understand that Mr Glover was diagnosed with gastroenteritis prior to his discharge on 14 April 2024. The symptoms and signs of acute bowel obstruction do not differ according to the type of hiatus hernia. As outlined above, the health information on the hiatus hernia page on NHS.UK directs readers to obtain urgent assessment by contacting NHS 111 if they are experiencing symptoms which indicate urgent assessment and care may be needed.

The NHS website does not publish clinical guidelines for use by healthcare professionals. NHS England is not commissioned to provide clinical education to healthcare professionals, which means the information on NHS.UK has not been designed for specialist clinical education or to raise awareness of conditions among the medical community.

Clinical guidelines for healthcare professionals are published by institutions such as the National Institute for Health and Care Excellence (NICE) and the Royal Colleges. Each Royal College has a curriculum and training programme for clinicians.

More generally, continuing professional development (CPD) for doctors is a process of lifelong learning that helps them maintain and improve their skills, knowledge, and attitudes to practice medicine effectively. It involves engaging in various activities, both

formal and informal, to stay up to date with advancements in medical knowledge, clinical guidelines and best practice.

The responsibility for CPD ultimately rests with the individual doctor. While employers and professional bodies play a role in supporting and facilitating CPD, doctors are accountable for identifying their own learning needs, planning their CPD activities, and documenting their learning.

Employers and those contracting doctors' services have a responsibility to ensure their workforce is competent, up-to-date, and able to meet service needs. This may include providing resources, time, and funding for CPD activities.

Furthermore, professional bodies, such as the General Medical Council (GMC), offer guidance and standards for CPD, ensuring it aligns with best practice and supports ongoing competence for doctors. CPD is a key component of the revalidation process for doctors, where they demonstrate their continued competence and commitment to professional development.

I hope this response is helpful. Thank you for bringing these concerns to my attention.

Yours sincerely,

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