



ALEXANDRA & CRESTVIEW SURGERIES

Alexandra Road, Lowestoft, Suffolk NR32 1PL or 141 Crestview Drive, Lowestoft, Suffolk NR32 4TW

Private & Confidential

Suffolk Coroner
Beacon House
White House Road
Ipswich, Suffolk
IP1 5PB

17th July 2025

Dear Sir or Madam

Response to Regulation 28 Report to prevent future deaths in relation to Terence Colby (deceased) DoB 08.06.1941, formerly of 59 Worthing Road, Lowestoft, NR32 4HE.

I would first of all like to say that all involved at the surgery are extremely sorry that this incident has arisen, and we are aware of the extreme distress and anguish that surrounds such an occurrence for all family and relatives. For this we wholeheartedly apologise and wish that such an incident could have been avoided. I would like to express my sincere condolences on behalf of the surgery to all family and relatives.

We understand that the purpose of this enquiry is to see whether we are in a position to ensure that such an incident doesn't recur and that any associated learning is shared with all clinicians.

Mr Terence Colby was registered with the surgery since March 1991.

I am [REDACTED] Senior Partner at Alexandra and Crestview Surgeries. I was not involved in the direct care of Mr Terence Colby, he at that time being under the care of [REDACTED].

[REDACTED] was formerly as salaried GP attached to this practice but was a Locum at the time of her involvement with Mr Colby's care.

Mr Colby seemed to have suffered from pain in his toe from mid-May 2023, which was originally treated as being of musculoskeletal origin, thought to be due to gout. He had seen and reviewed by a number of clinicians including Nurse Practitioners, Nurses, Doctors and HCA's during clinical presentation, and with reviewing of photographs that had been submitted. On the 14th August 2023 a review of a photograph that had been submitted to the surgery was interpreted as showing an infection of the toe. Antibiotic was prescribed together with some analgesics (Co-codamol). The following day on the 15th August 2023 the wound on his fourth toe, left foot was reviewed by a Healthcare Assistant who carried out wound care.

On the 17th August 2023, Mr Colby was seen by [REDACTED], he having attended the surgery following a call to the 111 service the previous evening when a urinary tract infection was queried. [REDACTED] noted that the reason for the attendance was frequency of micturition, and she queried as to symptoms that might be suggestive of a urinary tract infection. She arranged to test the urine which was recorded as being normal. She also noted that he had problems with his left foot with an ulcer on it and this that this was causing him some pain. She recognised that he was taking antibiotics and was on analgesics. She safety netted to say that if his urinary symptoms persist, he should return with a fresh urine sample. She also noted that his foot, although has a painful toe, was being dressed by the Nurse, and he was having treatment with painkillers and was on antibiotics for a presumed infection. An examination of the foot was not undertaken, although [REDACTED] did note that there were no calf symptoms and no signs of swelling. This was presumably in an attempt to rule out a deep vein thrombosis.

The following day, on the 18th of August 2023, the family called as there seemed to be increased "confusion". Mr Colby was seen in surgery by [REDACTED] who queried the presence of an ischaemic toe, however he notes that the pulses in the foot were palpable and that there was normal sensation in the foot although there was an ulcer with some purulent discharge affecting the fourth toe of his left foot. In view of the concern with regards to the toe being ischaemic he contacted the Vascular Team and voiced his concerns of the toe being ischaemic. They however felt that it was safe to delay a review until the following week. Mr Colby was then admitted on the 24th of August 2023 and underwent thrombolysis, but this was not fully successful. As a consequence, he then underwent a lower limb amputation on the 29th of August 2023 but unfortunately developed a hospital acquired pneumonia and also suffered a pulmonary embolism on the 7th of September 2023. His general health gradually declined, and he was admitted to a hospice and died on the 27th of September 2023.

On review of the record and consideration of the expert review of the case as provided in the coroner's report it would appear that there were a number of opportunities where Mr Colby presentation could have been reviewed. Consideration of alternative diagnosis when he presented with pain in his foot could indeed have led to an earlier diagnosis. This may have resulted in an earlier referral to the Vascular Team with the possibility of a greater chance of a successful outcome. At the time of presentation to [REDACTED] she was primarily invited to deal with presumed urinary symptoms. She noted that he did have problems with his left foot and that this was currently having medical attention both in terms of dressings and the provision of antibiotics and analgesia.

We feel that the main lesson to learn is to have a holistic approach to the presentation of the patient, so that alternative management strategies might be employed.

Unfortunately, [REDACTED] is no longer a member of staff at this surgery. I understand that she is going to give a response on your invitation to do so. However having reviewed the case of Mr Terence Colby, we feel it would be useful to review the presentation of patients with peripheral vascular disease and consider differential diagnosis of 'foot and lower limb pain'. We are planning on having a learning event when we will discuss the history, presentation, clinical examination, investigation, and referral criteria particularly when there are red flags which become evident.

We have weekly clinical meetings when clinical presentations and medical conditions together with new guidance are discussed in a multidisciplinary audience consisting of GP Partners, salaried GP's, GP Registrars, Pharmacy Team, Nurse Practitioners together with senior administrative staff. A review of the presentation and management of a similar lower limb pain, possible ischaemia will be considered. It will be delivered as a group learning event to ensure that learning is shared with all those present.

This meeting has been arranged and is scheduled to happen in approximately six weeks' time. We of course wish to ensure that there is no repetition of occurrence of similar problems in the future.

Again, both I and all the Clinicians at the surgery wish to convey our condolences to all the family and relatives of Mr Terence Colby.

Yours sincerely

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]