Mr Christopher Murray
HM Assistant Coroner
Manchester South Coroner's Court
1 Mount Tabor Street
Stockport
SK1 3AG

National Medical Director
NHS England
Wellington House
133-155 Waterloo Road
London
SE1 8UG

[redacted]

[redacted]

20 August 2025

Dear Mr Murray,

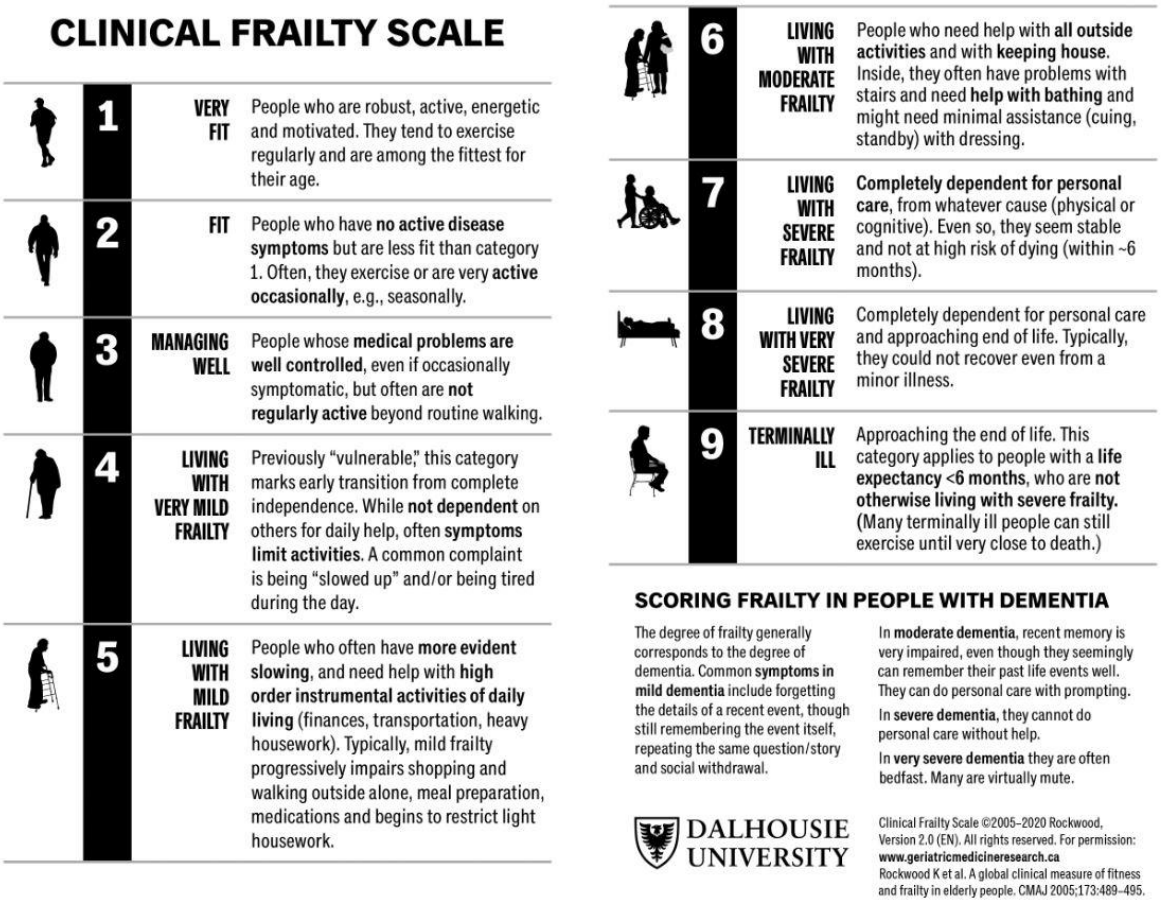
Re: Regulation 28 Report to Prevent Future Deaths – Neil John Clarke who died on 26 February 2024.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 2 July 2025 concerning the death of Neil John Clarke on 26 February 2024. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Neil's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Neil's care have been listened to and reflected upon.

The first concern raised in your Report was over the considerations given to the appropriateness, from a safety and wellbeing perspective, of surgical procedures involving elderly patients who may benefit from conservative measures, together with the associated documentation and guidance advising patients of different treatment choices.

Clinicians' decisions regarding appropriate care require weighing up the risks and benefits of a procedure, combined with the patient's own views, to achieve effective shared decision making.

Neil is described as a 'fit 81 year old'. The Office of National Statistics (ONS) data demonstrates that an 81 year old man has, on average, a life expectancy of 8 years ahead of them, until aged 89, and so it would seem appropriate that a fit 81 year old man would have been considered for both surgical interventions and conservative measures. However, life expectancy is also influenced by frailty and medical history. The most widely used tool for quantification of frailty in the NHS is the Rockwood Clinical Frailty Scale (CFS):



An 81 year old man with a CFS of 7 entering a nursing home has a life expectancy, on average, of little over a year. Reciprocally, a 'fit' 81 year man (CFS 1-2) will have, on average, a life expectancy of 9 years or more.

To be able to achieve effective shared decision making on treatment choices also requires information on the potential risk/benefits of the different surgical options. NHS England notes from your Report that different options were provided and discussed with Neil, to include conservative management, further polypectomy or a right hemicolectomy, the latter being advised as the most appropriate option by clinicians.

There is clear national guidance on perioperative care for both adults and specifically older people from the National Institute for Health and Care Excellence (NICE) and the British Geriatrics Society (BGS) respectively.

- **NICE Guidance NG180: Perioperative care in adults (published 19 August 2020)**

  Recommendations | Perioperative care in adults | Guidance | NICE

- **BGS Good Practice Guide: Peri-operative Care for Older Patients Undergoing Surgery (published 23 January 2015)**

Peri-operative Care for Older Patients Undergoing Surgery | British Geriatrics Society

NHS England has also undertaken considerable work to develop the following guidance on Early screening, triaging, risk assessment and health optimisation in perioperative pathways: guide for providers and integrated care boards (published in May 2023 prior to Neil's death and updated in May 2025), which includes information on risk assessment and shared decision making. Point 5 under the 'Five core requirements for providers' states:

> "*Patients must be involved in shared decision-making conversations to discuss the benefits, risks, alternatives and likely outcomes of the surgery, as well as the postoperative recovery period. This allows patients to confirm their decision to proceed with the surgery, seek further specialist advice if required or make the informed choice to pursue alternative options"*.

Our Personalised Care Team have also produced supporting information on shared decision making including 'Decision support tools' resources, also called patient decision aids, to support shared decision making by making treatment, care and support options explicit.

It is outside of NHS England's remit to provide comment on the appropriateness of the clinical decision to proceed with a right hemicolectomy in Neil's case. The clinical team at Stepping Hill Hospital would be best placed to comment upon the specific circumstances of this case.

Your second concern focused on the accuracy of handover communications between clinical staff regarding patients returning to the main ward from the High Dependency Unit (HDU) at Stepping Hill Hospital.

Safe and appropriate handover of patients is a basic and core aspect of all clinical care. We refer the Coroner to Stockport NHS Foundation Trust's response to your Report, on behalf of Stepping Hill Hospital, regarding this concern. NHS England has also asked to be sighted on their response and will consider this carefully.

I would also like to provide further assurances on national the NHS England work taking place around the Reports to Prevent Future Deaths. All reports received are discussed by the Regulation 28 Working Group, comprising Regional Medical Directors, and other clinical and quality colleagues from across the regions. This ensures that key learnings and insights around events, such as the sad death of Neil, are shared across the NHS at both a national and regional level and helps us to pay close attention to any emerging trends that may require further review and action.

Thank you for bringing these important patient safety issues to my attention and please do not hesitate to contact me should you need any further information.

Yours sincerely,

National Medical Director
NHS England