



Vice Chair Member Standards

Mrs Linda Lee
Acting Area Coroner for Coventry & Warwickshire

12 June 2026

Dear Mrs Lee

Regulation 28 Report to Prevent Future Deaths - regarding the death of Mr Roman Louie Barr

Thank you for asking us to comment on the matters of concern following the sad death of Mr Roman Louie Barr, who died on the 14th of December 2023. Our sincere condolences go to his family and friends given the difficult circumstances and the ongoing questions on how this could have been prevented. We will address the issues raised as requested in the hope that the response can help answer the concerns of the Coroner and Roman's loved ones.

You have two matters of concern for GPs relating to this tragic death:

Limited awareness of salbutamol overuse:

Evidence showed that patients and families may not appreciate the clinical significance of increased use of the blue (salbutamol) inhaler or its association with poorly controlled asthma.

Identification and follow-up of reliever overuse:

Evidence showed that excessive or repeated requests for salbutamol inhalers may not be reliably identified within existing systems, and there may be no consistent process for follow-up when such patterns occur, meaning deteriorating asthma may go unrecognised.

To give context to the family, The Royal College of General Practitioners works to improve patient care by encouraging the highest possible standards in general medical practice by supporting members, setting standards, providing education and training, promoting research, advocating and representing the College and its 56,000 members.

General Practitioners have a broad curriculum, and the College is responsible for the definitive educational framework for all doctors undertaking GP speciality training. There are five areas of capability aligned to the General Medical Council's Generic Professional Capabilities Framework, and these are supported by 22 Clinical Topic Guides, including [Respiratory Health](#).

RCGP hosted a One Day Essential Respiratory Health Update for members in March 2026 and updates on Asthma management content remains available for free. This followed the 2025 RCGP online eLearning 'Asthma: updates to diagnosis and treatment' reporting the recommendations of the 2024 NG245 'Asthma: diagnosis, monitoring and chronic asthma management'.

The 2014 National Review of Asthma Deaths (NRAD) titled 'Why Asthma still kills' was a key document reviewing records of patients who died from Asthma and made recommendations that

continue to influence care in General Practice- one such observation was that 39% of the patients reviewed had requested 12 short-acting reliever inhalers like Salbutamol in the year before their death, which became a key metric to highlight urgent concern when reviewing repeat medications through electronic surveillance, (nationally rolled out in England in 2019), to invite such patients to a structured Asthma Review in order to provide them with a written Personalised Asthma Action Plan (PAAP). All patients with Asthma should have an annual review of their symptoms, inhaler technique and history of exacerbations. Asthma Reviews should also be triggered to follow up any episode of asthma that has resulted in hospital admission, with the opportunity of developing the PAAP. Asthma Reviews also represents an opportunity to highlight patient-facing resources such as videos and written information featured on RightBreathe and Asthma + Lung UK websites.

Sadly, the numbers of patients dying from Asthma in the UK has not significantly changed in the years since the NRAD report. Further annual guidance followed and current consensus published by the Global Initiative of Asthma (GINA) identifies modest overuse as more than three short-acting relievers used per year.

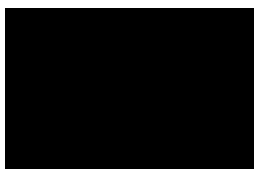
GP Information Technology Systems record GP Consultations and information relating to asthma care. There is no single GP IT System and suppliers include EMIS, SystmOne and Medicus. GP systems enable repeat prescribing for a set number of medications to be issued before needing reauthorisation by a prescriber. It is at this point that the clinician will consider the possibility of overuse or underuse of inhalers such as Salbutamol, with the opportunity to recall the patient if safety concern is identified. This recall should trigger a review of asthma symptoms and identification of poor control (compared to the common clinical scenario of overordering of inhalers that aren't being used), and optimising asthma management according to current guidance. Systems themselves do not automatically alert examples such as monthly requests for Salbutamol nor incidence of using 3 or more reliever inhalers per year, and it is the responsibility of clinical teams to put in place recall systems and mechanisms to recognise and review those at risk and provide best possible asthma care.

There is no information when Roman's most recent asthma review was conducted, what other asthma inhalers he was taking, whether his medication was adjusted, nor if there was history of exacerbations or admissions indicating the level of asthma control that could have been opportunities to intervene.

Suggestions for concerns regarding the NHS Pathways and Ambulance services are beyond the remit of the Royal College of General Practitioners.

Once again, our condolences go to Roman's family and friends. I hope the comments provide a full picture of where the RCGP can seek to influence the prevention of future deaths within training and continuing professional development.

Yours faithfully



Vice President Member Standards