

Ms Sophie Lomas
Assistant Coroner for Northamptonshire
The Guildhall
St Giles' Square
Northampton
NN1 1DE

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

By Email: coroners.ncc@westnorthants.gov.uk

england.coronersr28@nhs.net
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Dear Coroner,

Re: Regulation 28 Report to Prevent Future Deaths – Luke John Abrahams who died on 23rd January 2023.

Thank you for your Report to Prevent Future Deaths (hereafter “Report”) dated 8th February 2026 concerning the death of Luke John Abrahams on 23rd January 2023. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Luke’s family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Luke’s care have been listened to and reflected upon.

Your Report raises concerns about the difficulties in diagnosing necrotising fasciitis by medical practitioners and a general lack of awareness amongst the public about the condition and how it can present. You were concerned that the symptoms listed on the NHS website all relate to a cut or wound which could be misleading, as in Luke’s case, it can present without a cut or wound.

The responsibility for clinical guidance sits with the [National Institute for Health and Care Excellence](#) (NICE). They have produced published [guidance](#) on antimicrobial prescribing for sore throat, which was Luke’s presenting symptom.

NICE have produced a [Clinical Knowledge Summary](#) (CKS) on sore throats (acute) which includes Lemierre syndrome, which whilst uncommon, is acknowledged as a serious underlying cause/complication that can be associated with sore throat.

Prescribing information for oropharyngeal infections is available via the [British National Formulary](#).

The Necrotising Fasciitis topic was picked up as part of our regular review of NHS Website content in January 2026. As there had been changes in clinical evidence, an [updated version](#) was designed, clinically-assured and published on the 2nd February 2026. The updated content contains a reference to new evidence which supports that in 20% of Necrotising Fasciitis cases there is no primary infection site. It now emphasises that ‘*infection usually happens near a cut or wound, but sometimes there may be no obvious damage to your skin in the affected area*’ and references the

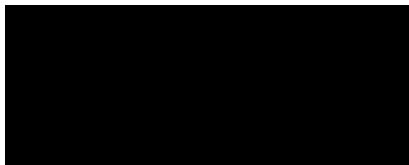
'intense pain', which may be *'much worse than you would usually expect'* that might be experienced.

Necrotising Fasciitis is uncommon and the diagnosis of necrotising soft-tissue infections (NSTIs) is primarily clinical, although, radiologic imaging may be able to provide useful information when the diagnosis is uncertain. However, it is important that if clinical suspicion of NSTI is high, radiologic imaging must neither delay nor deter surgery, because in this setting an early surgical debridement is essential to decrease mortality.

I would also like to provide further assurances on the national 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 Luke 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