



Department
of Health &
Social Care

████████████████████
*Parliamentary Under-Secretary of State
for Public Health and Prevention*

39 Victoria Street
London
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████████████████████
HM Coroner Valerie Charbit
West London
████████████████████

07 May 2026

Dear Ms Charbit,

Thank you for the Regulation 28 report of 16th April 2026 sent to the Department of Health and Social Care about the death of Adam Ankers. I am replying as the Minister with responsibility for screening policy.

Firstly, I would like to say how saddened I was to read of the circumstances of Adam Ankers' death, and I would like to offer my sincere condolences to his family and loved ones.

The report raises the following concerns which you have directed to the Department, alongside other organisations:

POINT A: That there is difficulty in lay people (trained or not) including ambulance call handlers in understanding the signs of agonal breathing or cardiac arrest

POINT C: That there is a need for better understanding of the use of defibrillators particularly by lay persons and trained first aid persons

POINT D: That cardiac screening in those aged 14 and upwards reduces the risk of sudden cardiac death and this is not available to all young people or young football players

POINT E: That cascade communication of genetic or hereditary diseases is imperfect and does not reach more than half of those in families that need to know about it

In preparing this response, my officials have made enquiries with NHS England officials. They have confirmed that NHS England will respond to you directly on POINT A, POINT C and POINT E.

With regard to POINT D, I would like to start by saying that I completely appreciate how strongly campaigners – particularly bereaved families – feel about the need for a national screening programme to prevent sudden cardiac deaths in young people. Sudden cardiac death in the young is always a tragedy, and I absolutely recognise the devastating impact such shocking and untimely deaths have on families, friends and wider communities.

To reduce the risks of sudden cardiac death, the NHS already offers cardiac tests for young people who present with symptoms that could indicate a cardiac issue. This is through the published national service specification for inherited cardiac conditions (ICC), which also covers the support which should be given to families where an inherited cardiac condition (ICC) is diagnosed or where a family member dies as a result of sudden cardiac arrest, including the provision of cascade screening. However, testing young people without symptoms (and with no family history) would be classed as a screening programme.

The Government is advised on all screening matters by the UK National Screening Committee (UK NSC), an independent scientific advisory committee which is made up of leading medical and screening experts. Where the committee is confident that there is robust evidence that demonstrates that offering screening provides more good than harm, they recommend a screening programme.

The UK NSC uses research evidence, economic evaluation, expert stakeholders and public consultation to assess the evidence for national screening programmes against a set of internationally recognised criteria. The criteria cover the condition, the test, the treatment options, and the effectiveness, ethics and acceptability of the screening programme.

The UK NSC last reviewed screening for the conditions associated with sudden cardiac death in people under the age of 39 years old in 2019. The conclusion of that review was that population screening should not be offered, as research showed that current tests are not accurate enough to use on young people with no symptoms.

It is vital that decisions about population-level screening programmes are based on the best available evidence and that this evidence meets the strictest possible criteria, as screening programmes can - and do - cause harms.

Current evidence suggests that introducing population-level screening for the conditions associated with sudden cardiac death would cause harm by misdiagnosing some people, which could lead to some people being prescribed medication that they don't need or undergoing medical procedures that they don't need, such as having an implantable defibrillator fitted. It could lead to people living in fear of sudden cardiac death when they're not at risk, and potentially making life-changing decisions, such as giving up exercise, which could have a negative long-term impact on their health.

Footballers seen having cardiac arrests on the pitch have often been screened, but the test did not show anything unusual. There are many causes of sudden cardiac death which might not be detectable as part of screening.

Following its most recent review of the evidence, the UK NSC is due to open a public consultation to seek comments from members of the public and stakeholders on screening for the conditions associated with sudden cardiac death later this spring. We would encourage anyone with an interest to contribute to the public consultation when it opens.

I hope this response is helpful, and thank you for bringing these concerns to my attention.

Yours sincerely,

