Ms Jyoti Gill
Assistant Croner
Essex and Thurrock Coroner's Service
Essex County Council
Seax House
Victoria Road South
Chelmsford
CM1 1QH

[redacted]

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

[redacted]

25th June 2026

Dear Ms Gill,

Re: Regulation 28 Report to Prevent Future Deaths – Glen Edward Robert Jay who died on 8 March 2025.

Thank you for your Report to Prevent Future Deaths (hereafter "Report") dated 10 May 2026 concerning the death of Glen Edward Robert Jay on 8 March 2025. In advance of responding to the specific concerns raised in your Report, I would like to express my deep condolences to Glen's family and loved ones. NHS England is keen to assure the family and yourself that the concerns raised about Glen's care have been listened to and reflected upon.

Your Report raised concerns that clinics may be offering Preoperative Progressive Pneumoperitoneum (PPP) to patients who have a history of recurrent adhesive small bowel obstruction (ASBO).

Progressive Preoperative Pneumoperitoneum (PPP) is only performed at a handful of specialist centres prior to complex abdominal wall reconstruction in England. It is reserved for very large incisional hernias where there is no alternative operative strategy.

Botox injections are more widely used in many centres throughout England prior to abdominal wall reconstruction and are typically given 6 weeks before surgery.

The evidence base and literature on this area is limited. Two recently published PPP protocols [i, ii] do not mention prior bowel obstruction as a contraindication.

From reading the Report and accompanying inquest bundle, it appears that Glen had a fairly aggressive regimen of PPP with high volumes of air introduced at each setting. Most published protocols for PPP suggest omitting further insufflation or deflation if the patient has significant pain. Further insufflation was omitted when Glen developed pain, but deflation did not take place in this case, and there seems to have been a significant delay in instigating emergency surgery when Glen deteriorated.

As a result of the concerns, raised NHS England plans to compile a warning notice to Chief Medical Officers/Medical Directors of all Trusts currently providing or considering PPP to state:

1. There should be an enhanced governance framework around the provision of Preoperative Progressive Pneumoperitoneum (PPP) before abdominal wall reconstruction which should include formal Trust approval to carry out the procedure, a detailed written local protocol for PPP and enhanced consent.
2. All patients being considered for PPP must be discussed at a Multidisciplinary Team (MDT) meeting and the result of the MDT discussion documented in the patient record.
3. Local protocols and MDT discussion should include:
   a. Consideration of previous acute small bowel obstruction as a relative contraindication to PPP
   b. Provision to stop or reverse PPP in the event of the patient experiencing severe pain
   c. Provision for immediate surgical intervention in the event that bowel ischaemia or perforation is suspected.
4. Local teams should audit their results following PPP and report any episodes of patient harm using local patients safety reporting systems.

NHS England plans to work with the British Hernia Society to disseminate the warning notices.

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 Glen, 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,

[redacted]

National Medical Director
NHS England

[i] **Preoperative progressive pneumoperitoneum: insights on implementation in an ambulatory care setting. How I do it?**

[ii] A structured protocol for Preoperative Progressive Pneumoperitoneum (PPP) in Complex Abdominal Wall Reconstruction (CAWR): our York protocol - PMC