

REGULATION 28: REPORT TO PREVENT FUTURE DEATHS

	<p>REGULATION 28 REPORT TO PREVENT FUTURE DEATHS</p> <p>THIS REPORT IS BEING SENT TO: The Chief Executive, Stockport NHS Foundation Trust</p>
1	<p>CORONER</p> <p>I am John Pollard, senior coroner, for the coroner area of South Manchester</p>
2	<p>CORONER'S LEGAL POWERS</p> <p>I make this report under paragraph 7, Schedule 5, of the Coroners and Justice Act 2009 and regulations 28 and 29 of the Coroners (Investigations) Regulations 2013</p>
3	<p>INVESTIGATION and INQUEST</p> <p>On 15th May 2015 I commenced an investigation into the death of Antony Edmund Briggs dob 6th July 1933. The investigation concluded on the 29th September 2015 and the conclusion was one of Natural Causes. The medical cause of death was 1a Pulmonary Embolism 1b Deep Venous Thrombosis 1c Immobility and pelvic obstruction due to bladder carcinoma 11. Ischaemic Heart Disease.</p>
4	<p>CIRCUMSTANCES OF THE DEATH</p> <p>Mr Briggs developed a very aggressive tumour of the bladder. There were delays to his treatment and he had been subject to industrial exposure to noxious substances but there was no proof that either of these had caused or contributed to his medical cause of death.</p>
5	<p><u>CORONER'S CONCERNS</u></p> <p>During the course of the inquest the evidence revealed matters giving rise to concern. In my opinion there is a risk that future deaths will occur unless action is taken. In the circumstances it is my statutory duty to report to you.</p> <p>The MATTERS OF CONCERN are as follows. –</p> <p>During the course of the evidence I was told by a Consultant Urologist that :-</p> <ol style="list-style-type: none"> 1. The "system" which operates at Buxton is different from that at Stepping Hill Hospital, and therefore he cannot look at the test results on his screen at Stepping Hill. 2. The urologists see patients at Stockport, Tameside, Macclesfield and Buxton. At all of these locations, the data can be input so as to be viewable at Stepping Hill, save and except for Buxton. 3. When the Urologist's view is not available on screen at Stepping Hill, it should, apparently, fall to the Local GP's in Buxton to act on the information, but they either cannot or do not, thus the patient falls into a lacuna and no action is pursued. This is always of importance, but especially so with a very aggressive malignancy.

	<p>4. This man had an infiltrating adeno-carcinoma which is very rare. This fact was not picked up as soon as it could have been and was not therefore acted upon.</p>
6	<p>ACTION SHOULD BE TAKEN</p> <p>In my opinion action should be taken to prevent future deaths and I believe you have the power to take such action.</p>
7	<p>YOUR RESPONSE</p> <p>You are under a duty to respond to this report within 56 days of the date of this report, namely by 24th March 2016. I, the coroner, may extend the period.</p> <p>Your response must contain details of action taken or proposed to be taken, setting out the timetable for action. Otherwise you must explain why no action is proposed.</p>
8	<p>COPIES and PUBLICATION</p> <p>I have sent a copy of my report to the Chief Coroner and to the following Interested Persons namely [REDACTED] (son of the deceased). I have also sent it to [REDACTED] Consultant Urologist.</p> <p>I am also under a duty to send the Chief Coroner a copy of your response.</p> <p>The Chief Coroner may publish either or both in a complete or redacted or summary form. He may send a copy of this report to any person who he believes may find it useful or of interest. You may make representations to me, the coroner, at the time of your response, about the release or the publication of your response by the Chief Coroner.</p>
9	<p>28.1.16 John Pollard, HM Senior Coroner</p>