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For the attention of Professor Sir Mike Richards
Chair UK National Screening Committee
39 Victoria Street
London
SW1H 0EU

BY EMAIL ONLY: uknsc@dhsc.gov.uk

Our reference: 10870084

Your reference:

Date: 11 July 2025

Dear Professor Sir Mike

**ABDOMINAL AORTIC ANEURYSM SCREENING – REINVITATION TO SCREENING
INQUEST INTO THE DEATH OF MR JOHN JOSEPH BURN (06.02.53 – 14.01.24)
NHS 448 834 0911**

I write to enquire whether the National Abdominal Aortic Aneurysm Screening program proactively contacts people who have opted out of screening to offer them the opportunity to re-engage. This is particularly relevant to those who opted out during the COVID pandemic.

I am concerned that future deaths may occur if people are not reminded they can opt back in for screening.

I concluded the inquest into the death of Mr John Joseph Burn on 10 July 2025. The medical cause of Mr Burn's death was:

- 1a Multi-Organ Failure
- 1b Ruptured Abdominal Aortic Aneurysm (operated)
- 2 Hypertension

In January and July 2020, Mr Burn attended AAA screening. His AAA measured 4.5cm and 4.6cm respectively. In November 2020, Mr Burn was invited for further surveillance but opted out of screening. He did not give reasons why he was opting out. His family (who were in Court) believed that fears arising from the COVID pandemic were a significant factor.

Mr Burn was admitted as an emergency to the Cumberland Infirmary in Carlisle on 13 January 2024. His AAA had ruptured. It measured 6.1cm. Mr Burn had lost 4.2 litres of blood. Mr Burn underwent immediate emergency surgery but died the following day despite the best efforts of those caring for him.

At the inquest, I heard evidence from Mr Ronald Eifell MBBS MD FRCS Consultant Vascular Surgeon at the Infirmary. Mr Eifell also holds the positions of Collaborative Chair for the Surgical Care Collaborative and is the Clinical Director for the North Cumbria Integrated Care Trust's Vascular Services. Mr Eifell was the lead surgeon in Mr Burn's surgery.

Mr Eifell's told me that the mortality rate from emergency AAA surgery is above 75%. However, mortality from elective surgery is circa 5%.

Mr Eifell was concerned that there may be others like Mr Burn who opted out of surveillance during the pandemic and who may have been willing to opt back into surveillance, but have not done so.

I share Mr Eifell's concerns. There are clear benefits to screening. I am concerned that there is likely to be a cohort of people who have opted out of screening and who would opt back in - but are not aware that they can do so or cannot remember how to do so. There is therefore a risk of future deaths that could be prevented if people were given a proactive prompt to opt back into surveillance.

I should be grateful if you could let me know whether there is already a mechanism by which the Screening Program proactively contacts people who have opted out to remind them that they can opt back in, how to do so and the benefits of surveillance. If no such mechanism exists, I should be grateful if you would let me know if such a system will be implemented.

I did not hear evidence from the National Screening Program at Mr Burn's Inquest as this concern was only raised at the inquest hearing. This letter is not a Regulation 28 Report / Report to Prevent Future Deaths. I will share your response with Mr Burn's family, Mr Eifell and the North Cumbria Integrated Care NHS Trust.

To highlight the importance of AAA screening (and in the interests of open justice) I will publish a copy of this letter on HM Coroner Cumbria's website. When you respond, I'd be grateful if you could let me know whether I can also publish your response on our website.

I am grateful for your assistance.

Yours sincerely

A rectangular box containing a handwritten signature in blue ink that reads "Kirsty J Gomersal".

Miss K J Gomersal
HM Senior Coroner – Cumbria

Copies to:
Mr Burns' family
Mr Burns' GP
Mr R Eifell and the North Cumbria Integrated Care NHS Foundation Trust
NHS AAA Screening Programme North-East and North Cumbria