

6 February 2024

Andrew Cox
H.M. Coroner's Office
The New Lodge
Newquay Rd
Penmount
Truro
Cornwall
TR4 9AA

Dear Mr Cox,

I write in response to your regulation 28 report regarding the very sad death of David John Lewsey. I would like to express my sincerest condolences to his family.

We have considered the circumstances surrounding Mr Lewsey's death and I have addressed below the matter of concern directed to NICE.

In developing our guideline on venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism [NG89], the committee considered a number of pharmacological and mechanical prophylaxis options, including foot impulse devices or foot pumps (FID) and intermittent pneumatic compression devices (IPCD). The committee considered these interventions on their own and in different combinations.

The trial data for all mechanical prophylaxis options showed they were used for longer durations than in current clinical practice, where early mobilisation is encouraged, and so the committee felt that it may not be possible to replicate the efficacy levels reported.

Furthermore, as it was not possible to include any side effects for mechanical prophylaxis options in the analysis the committee determined that their cost-effectiveness might be over-estimated.

More generally, the committee noted there was uncertainty around the relative effectiveness estimates for different prophylaxis strategies and so the committee opted to give a choice of prophylaxis options, noting that some people may have contraindications.

The committee's consideration of the evidence underlying recommendations for thromboprophylaxis in elective knee replacement surgery are presented in chapter 27 of [volume 2 of the full guideline](#).

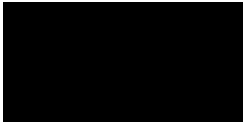
When exercising their judgment, professionals and practitioners are expected to take NICE guidelines fully into account, alongside the individual needs, preferences and values of their

patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian, or preclude other treatment options from being offered.

Your report has been shared with our guideline surveillance team for further consideration when the guideline is reviewed.

I hope that you find this information helpful.

Yours sincerely,

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Chief executive