NICE National Institute for Health and Care Excellence

2nd Floor 2 Redman Place London E20 1JQ United Kingdom

2 May 2024

Mr D D W Reid

His Majesty's Senior Coroner for Worcestershire



Dear Mr Reid,

Re: Regulation 28 Prevention of Future Deaths Report in respect of Terence William Sullivan

I write in response to your regulation 28 report dated 14 March 2024 regarding the sad death of Terence William Sullivan. I would like to express my sincere condolences to Mr Sullivan's family.

We have reflected on the circumstances surrounding Mr Sullivan's death and the concerns raised in your report. We note your concerns that guidance from NICE and the British Society of Gastroenterology on temporarily pausing anticoagulant medications prior to therapeutic endoscopy may not reflect current best practice.

Following receipt of your report, senior clinical advisors within the patient safety team here at NICE have reviewed the concerns raised. They have highlighted that although it has not been stated when Mr Sullivan underwent his stent insertion, it is understood, based on experience, that if this procedure was undertaken less than a year prior to the endoscopy, temporary cessation of anticoagulation would need discussion with the patient's cardiologist.

Within your report you have outlined that Worcestershire Acute Hospitals NHS Trust based their own guidance on the Clinical Knowledge Summary (CKS) <u>anticoagulation - oral</u> and the <u>scenario on rivaroxaban</u>. This scenario outlines specific recommendations under the title <u>should rivaroxaban be stopped if surgery or dental treatment is required?</u> outlining timings on when anticoagulants should be stopped based on the bleeding risk of the surgical procedure.

The CKS are developed by an external company called Agilio Software and are designed to summarise the evidence on the treatment of specific health conditions. They use a variety of sources and may include NICE guidance, if there is any that is relevant, but they use many other sources too. We publish them on our website as a source of advice and information for health professionals working in primary care, but they do not constitute NICE guidance.

As part of this process, we have shared this report with Agilio Software for their awareness and understand that they are going to update this specific CKS shortly. If further detail is required on the changes to the content of the CKS topic, Agilio Software can be contacted <u>directly</u>.

In addition to the CKS, there are some potentially relevant recommendations in the NICE guideline, <u>acute coronary syndromes [NG185]</u> under the title, <u>antiplatelet therapy for people</u> <u>with an ongoing separate indication for anticoagulation</u>. We acknowledge that there are no definitive recommendations in this guideline on when it is safe to temporarily stop anticoagulants for a patient who has had stent insertion and when advice should be sought from the cardiologist caring for the patient, as our recommendations do not cover all clinical circumstances.

The recommendations in our guidelines represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take our 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 guidelines do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Nevertheless, NICE will consider the issues raised through our guideline's surveillance team and process, and update or issue new guidance recommendations, accordingly, depending on the outcome of these considerations.

I hope this response has helped outline our role and the guidance that exists in this topic area.

Yours sincerely,

Chief Executive