

25 June 2024

Jacqueline Devonish
HM Senior Coroner
The Coroner's Court
Museum Street,
Warrington,
Cheshire,
WA1 1JX

Dear Ms Devonish

Re: Regulation 28 Prevention of Future Deaths Report (Thomas Geoffrey Wakefield)

I write in response to your regulation 28 report dated 2 May 2024 regarding the very sad death of Thomas Geoffrey Wakefield. I would like to express my sincere condolences to Mr Wakefield's family.

Our patient safety leads at NICE have discussed the contents of your report and the summary information given relating to the care given to Mr Wakefield, while considering the relevant published NICE guidance on this topic.

Our clinical advisers have highlighted that our guideline [Abdominal aortic aneurysm: diagnosis and management \(NG156\)](#) does provide details of the epidemiological factors that should be considered as pointers towards the diagnosis, and I have included a link to these factors below:

[Recommendations | Abdominal aortic aneurysm: diagnosis and management | Guidance | NICE.](#)

In addition, our guideline [Pancreatitis \(NG104\)](#) provides advice on the treatment of pancreatitis and gives a short outline on diagnostic features. The guidance explains that "people with acute pancreatitis usually present with sudden-onset abdominal pain. Nausea and vomiting are often present and there may be a history of gallstones or excessive alcohol intake. Typical physical signs include epigastric tenderness, fever and tachycardia. Diagnosis of acute pancreatitis is confirmed by testing blood lipase

or amylase levels, which are usually raised. If raised levels are not found, abdominal CT may confirm pancreatic inflammation.”

Our patient safety leads have commented that. Although it is not a recommendation, the guideline also states that a raised amylase level confirms the diagnosis of pancreatitis. We feel this may be misleading as this can be caused by other conditions, including mesenteric ischaemia due to an aortic aneurysm.

We are therefore going to take the following action:

Review section 1.2 of the guideline on pancreatitis, and consider whether the wording should be changed from:

“Diagnosis of acute pancreatitis is confirmed by testing blood lipase or amylase levels, which are usually raised” to ‘A diagnosis of acute pancreatitis is supported by testing blood lipase or amylase levels, which are usually raised, although raised blood lipase or amylase levels may occur in other conditions’.

It is important to add that NICE guidelines cannot cover all clinical circumstances, and each guideline has a clearly set out and agreed scope. Our guidelines relate to specific medical conditions, and therefore cannot cover all possible differential diagnoses. Responsibility for decisions on the most appropriate treatment stays with individual clinicians, whose role it is to use their professional experience and training to make the correct decision on treatment for each of their patients. NICE guidelines are a practical tool to be used in conjunction with and not as a substitute for clinical judgement.

I hope this information and the action that we are taking is helpful, and would like to reiterate my sincere condolences to Mr Wakefield’s family.

Yours sincerely,



Chief Executive

