NICE National Institute for Health and Care Excellence

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United Kingdom

[redacted]

3 October 2024

Ms Anna Loxton

HM Assistant Coroner for Surrey

Sent via email: [redacted]

Our reference: [redacted]

Dear Ms Loxton,

Re: Regulation 28 Prevention of Future Deaths Report in respect of Jeffrey Marshall

I write in response to your regulation 28 report dated 13 August 2024 regarding the sad death of Jeffrey Marshall. I would like to express my sincere condolences to Mr Marshall's family.

We have reflected on the circumstances surrounding Mr Marshall's death and the concerns raised in your report. We note your concerns that Mr Marshall's anticoagulation medication was withheld following a traumatic head injury, in accordance with NICE guidance, and that there is no national guidance to assist clinicians in determining when anticoagulation should be recommenced in this scenario, nor any recommendation for clinicians to discuss the risks and benefits of withholding anticoagulation with patients to enable them to make an informed decision as to when to recommence anticoagulation.

Following receipt of your report, senior clinical advisers within our patient safety team have reviewed the concerns raised. They have outlined that there are no specific NICE recommendations that cover the question of when to restart antithrombotic therapies in patients following traumatic intracranial haemorrhage or anything that would help to inform a conversation with the patient about this. The NICE guideline, Head injury: assessment and early management [NG232], gives guidance on when to perform a CT scan and on referral and admission, but not on withholding, substituting or restarting anticoagulants in this situation.

In the NICE guideline, venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism [NG89], in relation to cranial surgery, it states; 'Do not offer pharmacological VTE prophylaxis to people with ruptured cranial vascular malformations (for example, brain aneurysms) *or people with intracranial haemorrhage* (spontaneous or traumatic) until the lesion has been secured or the condition has stabilised. (emphasis, recommendation 1.12.10) and, in relation to major trauma 'Consider pharmacological VTE prophylaxis for people with serious or major trauma as soon

as possible after the risk assessment when the risk of VTE outweighs the risk of bleeding'. Although these situations are not the same as those of Mr Marshall, the inference is towards not restarting anticoagulants until there has been a risk assessment.

Our senior clinical advisers have outlined that there is also various external literature on this subject, however this area is complex, as the risk to patients will depend on the baseline risk from the underlying reason that they were on anticoagulants in the first place, the severity and cause (traumatic or spontaneous) of the bleeding episode itself, whether any reversal agents were used and any immobility after the acute event and in the recovery phase. Unfortunately, there is very little research evidence on which guidelines relevant to this complex decision could be based, and a high degree of clinical judgement is required in each individual person's case.

We have considered whether there is enough consensus opinion or any expert guidelines that inform (or in this case, should have informed) clinicians in the management of Mr Marshall. Our clinical advisers' review suggests that current guidelines do not address the issue of when to restart anticoagulants after traumatic intracranial haemorrhage.

In summary, we agree that this specific question is not well covered by current guidance. NICE will consider the issues raised through our guidelines surveillance team and process, and update or issue new guidance recommendations, accordingly, depending on the outcome of these considerations. We will also discuss with relevant specialist societies the possibility of reaching a consensus statement on this subject.

I hope this response is helpful in confirming the actions that we will take as a result of your report relating to Mr Marshall and would like to reiterate my condolences to his family.

Yours sincerely,

Chief Executive