The Royal College of Emergency Medicine

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MS Nadia Persaud
HM Coroner, East London
Walthamstow Coroners Court
Queens Road, Walthamstow
London E17 8QP

22 July 2021

Dear Ms Persaud,

Prevention of Future Deaths Report (Mr Paul Michael Sartori)

The Royal College of Emergency Medicine is responding to the Regulation 28 Prevention of Future Deaths (PFD) Report issued on 28th April by Ms Nadia Persaud, HM Coroner East London. We wish to express our condolences to Mr Sartori's family during this difficult time.

The Regulation 28 PFD identifies concerns regarding the management of Aortic Dissection in Emergency Department. The evidence highlighted in the Report raises concerns regarding a lack of awareness and education, access to CT scanning, and the difficulties in diagnosing aortic dissection.

Awareness and education

The Royal College of Emergency Medicine has been working on raising the awareness amongst the Emergency Department clinicians regarding aortic dissection. The Royal College of Emergency Medicine has worked to increase awareness to its members and fellows through the use of communications and safety notices as well as developing specific learning modules for members and fellows. The College is also developing guidance for the assessment of patients, and identification of those that require CT scanning (see below).

Access to CT scanning

A Healthcare Safety Investigation Branch (HSIB) investigation recently recommended that the Royal College of Emergency Medicine and the Royal College of Radiologists work together to increase the awareness of aortic dissection, the accessibility of CT scanning to diagnose aortic dissection, and to develop guidance on the identification of aortic dissection. The Royal College of Emergency Medicine is in the process of finalising a Guideline, based on the limited evidence that is available on the selection of patients for CT scanning. This will be circulated to our 10,000+ members and published on our website for public viewing. It is planned that this will be endorsed by the Royal College of Radiologists, to raise awareness amongst Radiologists. It should be remembered that CT scanning is not without its own associated harms (significant radiation exposure and kidney damage).

Difficulties in diagnosing Aortic Dissection

As was highlighted in the PFD report, the current clinical decision making tools lack sensitivity, and do not have a solid evidence base in support. There are consensus-derived tools that are based on a suite of risk factors, features in the medical history and clinical findings. These require a full assessment of the patient by a clinician. Additionally, the College is also aware that clinical findings such as blood pressure differential are not sensitive or specific enough on their own to diagnose or exclude the presence of aortic dissection. Unfortunately, there is a limited evidence-base to support a specific screening or scoring system. Patients with thoracic aortic dissection generally present with chest pain, in this group of patients a diagnosis related to coronary artery disease (eg. heart attack, angina) is approximately 100-200 times more likely than thoracic aortic dissection, making the decision of which patients to scan particularly problematic, given this is not risk free either.

The Royal College of Emergency Medicine on several occasions has applied to the National Confidential Enquiry into Patient Outcome and Death (NCEPOD) for a national review of aortic dissection cases to help provide further evidence on this area, and is re-submitting this application this year.

Reading the details of the inquest, it is noted that this patient was seen by a General Practitioner who would not be likely to be a member of the Royal College of Emergency Medicine, and was seen in an Urgent and Emergency Care centre after 'streaming'. These are not Emergency Departments and often are not linked to Emergency Departments. This highlights the systemic issues that exist beyond the Emergency Department and beyond the remit of the Royal College of Emergency Medicine, as identified in the PFD. This would include General Practitioners, Urgent Care Centres, and the NHS 111 system as a patient with aortic dissection may well present to all of these. It is also noted that the patient presented with chest pain and the National Guidance from the National Institute of Clinical Excellence on Chest Pain of Acute Onset (NICE CG95) does not provide clear guidance regarding screening for or consideration of aortic dissection in this group of patients. The Royal College of Emergency Medicine would therefore respectfully suggest that a number of organisations with high-level reach and importance such as NICE and NHS pathways should also be engaged with the process of raising awareness within the whole system.

Yours sincerely,

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Head of Quality and Policy
Royal College of Emergency Medicine