



Ref: FOIA Reference 2019/20-739

Royal Stoke University Hospital
Data, Security and Protection
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Date: 14th April 2020

Email foi@uhnm.nhs.uk

Dear

I am writing in response to your letter sent to our CEO dated 20th March 2020 (received into our office 31st March) requesting information under the Freedom of Information Act (2000) regarding Acute Pancreatitis

I can neither confirm nor deny whether the information you have requested is held by the Trust in its entirety. This is because the information requested in question 2 not held centrally, but may be recorded in individual health records. In order to confirm whether this information is held we would therefore have to individually access all individual health records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt under section 12 of the FOI Act: *cost of compliance is excessive*. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all individual health records and then extracting relevant information would take longer than the 18 hours allowed for.

In addition to the section 12 exemption the Trust is also applying section 14 (1) exemption: *oppressive burden on the authority*

Under section 16 of the FOI Act we are required to provide requestors with advice and assistance where possible. We would therefore like to advise you that if your request is shortened to just questions 1 and 3 we are able to comply within the 18 hour time frame. In order to avoid delay to your response we have provided this below.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 In the last 5 years how many people were admitted with Acute Pancreatitis that became necrotic or were already necrotic?

A1 We do not record the reason for why a person was admitted, however once a diagnosis is made this is recorded on the patients record as an ICD10 code, please note this diagnosis may not be the reason for the admission.

We are also unable to distinguish if the pancreas was already necrotic or became necrotic at a later stage; we are only able to say the patient had "Pancreatitis", ICD10 coding K850, K851, K852, K853, K858 and K859.

The figure supplied is the number of patients who whilst in hospital were diagnosed with “pancreatitis”.

For the period 2014 – 2019 there was 3806 patients that were diagnosed with “pancreatitis”.

Q2 How many of these patients that have necrotic pancreas have it surgically removed or partially removed?

A2 We are unable to distinguish if the pancreas was already necrotic or became necrotic at a later stage; we are only able to say the patient had “Pancreatitis”.

To ascertain this we would have to manually check to see if in the patient’s notes it mentions if the pancreas was necrotic when removed. (Section 12 and 14 exemptions as detailed above)

However we used the Question 1 cohort of patients and identified that 29 patients had their pancreas’ surgically removed or partially removed.

Q3 How many patients have the pancreas drained?

A3 We are unable to distinguish if the pancreas was already necrotic or became necrotic at a later stage; we are only able to say the patient had “Pancreatitis”.

As in question 2 we have used the Question 1 cohort of patients and identified that 23 had their pancreas’ drained

Q4 What is the mortality rate of those operated on?

A4 For all patients, regardless of severity, this is approximately 5%.

If you sub-divide patients in to mild, moderate and severe then for mild (oedematous) pancreatitis mortality is <1%, whereas for moderate/severe it is approximately 20-25%.

Many of the patients who die have infected necrosis, this accounts for a late (>4 weeks) peak in the mortality curve. Some patients however die early; often within a short number of days, from overwhelming multiple organ failure, when there will not have been time for pancreatic necrosis to develop.

What is the mortality rate of patients with necrotic acute pancreatitis?

The overall rate of pancreatic necrosis in acute pancreatitis is approximately 20%, and the majority of these have moderate/severe pancreatitis. The mortality overall for patients with necrosis is 20-25%.

If the necrosis is ‘sterile’ then mortality is thought to be in the order of 10%, rising to 25% when it becomes infected (so long as it is treated appropriately; if infected necrosis is left undrained then mortality approaches 100% - see below).

Q5 What is the mortality rate of the not operated on?

A5 Please refer to answer 4

Q6 How many people who arrive with Pancreatitis which is already necrotic or becomes necrotic after admission spontaneously resolve with supported care only? i.e. without intervention or treating or curing pancreatitis.

A6 *What the mortality rate of patients with necrotic acute pancreatitis who are operated on?*

Generally speaking the mortality is 20-25%. In patients who have infected necrosis. With no intervention/drainage then the mortality approaches 100% (see answer below).

Nowadays open surgery is rarely performed. Most cases are 'drained' either endoscopically (with endoscopic ultrasound guidance) or percutaneously (sometimes with additional cavity washouts in theatre along the percutaneous tract). Rarely laparoscopic or open procedures are used if minimally invasive attempts have failed.

What the mortality rate of patients with necrotic acute pancreatitis who are NOT operated on?

If the necrosis is infected and no intervention is undertaken then mortality approaches 100%

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

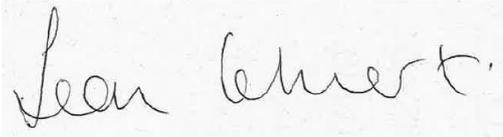
Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 671612.

Yours,

A handwritten signature in black ink on a light-colored background. The signature reads "Jean Lehnert" in a cursive, slightly slanted script.

Jean Lehnert
Data, Security & Protection Manager