



**ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP**

**FREEDOM OF INFORMATION REQUEST**

**FOI request into Trust Venous Thromboembolism (VTE)  
prevention and management practices**

**Name:**

---

**Position:**

---

**Acute Trust:**

---

**Email:**

---

*Please note that additional paper or electronic copies are available on request  
from the All-Party Parliamentary Thrombosis Group secretariat*

**Please return your completed response to the All-Party Parliamentary  
Thrombosis Group secretariat:**

Matthew Humphreys  
All-Party Parliamentary Thrombosis Group Secretariat  
c/o Four Public Affairs  
20 St Thomas Street  
London  
SE1 9BF  
Email : [Matthew.humphreys@fourcommunications.com](mailto:Matthew.humphreys@fourcommunications.com)  
Telephone: 020 3697 4353

Under the Freedom of Information Act 2000, the All-Party Parliamentary  
Thrombosis Group writes to request the following information:



## ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is defined by the following ICD-10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9.

### QUESTION ONE – VTE RISK ASSESSMENT AND DIAGNOSIS

- a) Are in-patients who are considered to be at risk of VTE in your Trust routinely checked for both proximal and distal DVT? (Tick one box)

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

- b) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from first clinical suspicion of VTE to diagnosis?

<24hrs

- c) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from diagnosis to first treatment?

Patients are administered Low Molecular Weight Heparin within 1hr of clinical suspicion and therefore their first treatment happens prior to diagnosis.

### QUESTION TWO – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS

According to Service Condition 22 of the NHS Standard Contract 2017/19, the provider must:

“Perform Root Cause Analysis of all confirmed cases of pulmonary embolism and deep vein thrombosis acquired by Service Users while in hospital (both arising during a current hospital stay and where there is a history of hospital admission within the last 3 months, but not in respect of Service Users admitted



## ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

to hospital with a confirmed venous thromboembolism but no history of an admission to hospital within the previous 3 months)...”

The provider must report the results of those Root Cause Analyses to the co-ordinating commissioner on a monthly basis.

- a) **How many cases of hospital-associated thrombosis (HAT) were recorded in your Trust in each of the following quarters?**

Quarter	Total recorded number of HAT
2018 Q2 (Apr – Jun)	6
2018 Q3 (Jul – Sep)	5
2018 Q4 (Oct – Dec)	8
2019 Q1 (Jan – Mar)	7

- b) **How many Root Cause Analyses of confirmed cases of HAT were performed in each of the following quarters?**

Quarter	Number of Root Cause Analyses performed
2018 Q2 (Apr – Jun)	6
2018 Q3 (Jul – Sep)	5
2018 Q4 (Oct – Dec)	8
2019 Q1 (Jan – Mar)	7



**ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP**

c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1 April 2018 and 31 March 2019, in how many cases:

Did patients have distal DVT?	<b>2</b>
Did patients have proximal DVT?	<b>12</b>
Were patients receiving thromboprophylaxis prior to the episode of HAT?	<b>Yes</b>
Did HAT occur in surgical patients?	<b>12</b>
Did HAT occur in general medicine patients?	<b>9</b>
Did HAT occur in cancer patients?	<b>1</b>

**QUESTION THREE – ADMISSION TO HOSPITAL FOR VTE**

a) How many patients were admitted to your Trust for VTE which occurred outside of a secondary care setting between 1 April 2018 and 31 March 2019?

**520 patients admitted with a primary diagnosis of VTE using the ICD 10 codes stated above.**

**Please note this does not indicate if VTE occurred outside of the secondary care setting. \*Please refer to Endnote.**

b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	<b>147</b>
Were care home residents?	<b>4</b>
Were female?	<b>60</b>
Were male?	<b>87</b>

c) Of the patients admitted to your Trust for VTE occurring between 1 April 2018 and 31 March 2019 who had a previous inpatient stay in your Trust up to 90 days prior to their admission, how many had their VTE risk status recorded in their discharge summary?

**\*Please refer to Endnote**



## ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

d) Please describe how your Trust displays a patient's VTE risk status in its discharge summaries.

All patients discharged have a patient information leaflet on preventing DVT/PE it includes information on recognising signs and symptoms of VTE and where to seek advice.

High risk groups (Orthopaedics, cancer patients, Maternity, high risk abdominal surgery) are discharged with extended Thromboprophylaxis this is documented on the discharge information received by the patient's GP Practice.

### QUESTION FOUR – PHARMACOLOGICAL VTE PROPHYLAXIS

a) How many VTE patients who were eligible received pharmacological VTE prophylaxis between 1 April 2018 and 31 March 2019?

**\*Please refer to Endnote**

b) How many of VTE patients who were eligible received pharmacological VTE prophylaxis within 14 hours of admission between 1 April 2018 and 31 March 2019?

**\*Please refer to Endnote**

### QUESTION FIVE – VTE AND CANCER

a) How many patients has your Trust treated for cancer (of all types) in each of the past three years?

2016	<b>*Please refer to Endnote</b>
2017	<b>*Please refer to Endnote</b>
2018	<b>*Please refer to Endnote</b>



**ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP**

b) Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {VTE is defined by the following ICD 10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9} in each of the past three years?

2016	<b>*Please refer to Endnote</b>
2017	<b>*Please refer to Endnote</b>
2018	<b>*Please refer to Endnote</b>

c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many: **\*Please refer to Endnote**

	2016	2017	2018
Were receiving chemotherapy?			
Had metastatic disease?			
Had localised disease?			
Were treated for brain cancer?			
Were treated for lung cancer?			
Were treated for uterine cancer?			
Were treated for bladder cancer?			
Were treated for pancreatic cancer?			
Were treated for stomach cancer?			
Were treated for kidney cancer?			

d) In how many patient deaths within your Trust was cancer (of any type) listed as the **primary** cause of death in each of the past three years: **\*Please refer to Endnote**

2016	
2017	
2018	

e) Of the patients who died within your Trust, in how many was VTE **as well** as cancer listed as a cause of death in each of the past three years: **\*Please refer to Endnote**

2016	
2017	
2018	



**ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP**

f) Of the patients who died in your Trust who had both VTE and cancer listed as a cause of death, how many: **\*Please refer to Endnote**

	2016	2017	2018
Were receiving chemotherapy?			
Were treated for brain cancer?			
Were treated for lung cancer?			
Were treated for uterine cancer?			
Were treated for bladder cancer?			
Were treated for pancreatic cancer?			
Were treated for stomach cancer?			
Were treated for kidney cancer?			

g) Are ambulatory cancer patients who are receiving chemotherapy in your Trust routinely risk assessed for their risk of developing CAT/VTE? **\*Please refer to Endnote**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

h) Are ambulatory cancer patients who are receiving chemotherapy AND deemed at high risk of developing CAT/VTE offered pharmacological thromboprophylaxis with? Please tick/cross all those appropriate. **\*Please refer to Endnote**

Low-molecular-weight heparin (LMWH)	
Direct Oral AntiCoagulants (DOAC)	
Aspirin	
Warfarin	
Other	
None	

**QUESTION SIX – PATIENT INFORMATION**

The NICE Quality Standard on VTE Prevention stipulates that patients/carers should be offered verbal and written information on VTE prevention as part of the admission as well as the discharge processes.

a) **What steps does your Trust take to ensure patients are adequately informed about VTE prevention?** (Tick each box that applies)

Distribution of own patient information leaflet	<input checked="" type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation	<input checked="" type="checkbox"/>
If yes, please specify which organisation(s):	



**ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP**

Documented patient discussion with healthcare professional	<input checked="" type="checkbox"/>
Information provided in other format (please specify) Hospedia patient entertainment system /bedside TV.	<input checked="" type="checkbox"/>

b) If your Trust provides written information on VTE prevention, does it provide information in languages other than English? (Tick each box that applies)

Yes	<input checked="" type="checkbox"/>
If yes, please specify which languages:	
No	<input type="checkbox"/>

**QUESTION SEVEN – COST OF VTE IN YOUR AREA**

a) Does your Trust have an estimate of the cost of VTE to the NHS locally (including cost of treatment, hospital bed days and litigation costs) for 2018/19? (Please tick one box) **\*Please refer to Endnote**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If 'Yes', please specify the estimated cost:

**\*Please refer to Endnote**





## ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

- b) Please indicate the cost-estimate for the following areas of VTE management and care, as well as the corresponding number of VTE hospitalisations/ re-admissions/ treatments that occurred between 1 April 2018 and 31 March 2016.

VTE management and care	Cost-estimate	Corresponding patient numbers
VTE hospitalisations	<b>*Please refer to Endnote</b>	<b>*Please refer to Endnote</b>
VTE re-admissions	<b>*Please refer to Endnote</b>	<b>*Please refer to Endnote</b>
VTE treatments (medical and mechanical thromboprophylaxis)	<b>*Please refer to Endnote</b>	<b>*Please refer to Endnote</b>
VTE litigation/negligence costs	<b>*Please refer to Endnote</b>	

**\*Under section 12 of the Freedom of Information Act St Helens & Knowsley Teaching Hospitals Trust does not have to comply with a request if we estimate that the cost of complying with your request would exceed the appropriate limit of £450. The appropriate limit has been specified in the regulations related to the Act. This represents the estimated cost of employees spending 18 hours to undertake answering the applicant's questions. Under section 12 of the Freedom of Information Act the Trust is not obliged to comply with your request and we will not be processing your request further.**

**END**

**THANK YOU FOR YOUR RESPONSE**

Anticoagulation UK is the secretariat for the All Party Parliamentary Thrombosis Group. They employ Four Communications from grants received from the BMS - Pfizer Alliance and Bayer.