



ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

FREEDOM OF INFORMATION REQUEST

**FOI request into cost of Venous Thromboembolism (VTE)
prevention and management practices at Trust level**

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:**

Robbie Toomey
All-Party Parliamentary Thrombosis Group Secretariat
c/o Four Public Affairs
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London
SE1 9BF
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Under the Freedom of Information Act 2000, the All-Party Parliamentary Thrombosis Group writes to request the following information:



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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 COST ESTIMATIONS

a) Does the Trust provide a cost-estimate for the following areas of VTE management and care? (Tick a box)

- o VTE Hospitalisations:

Yes	
No	X

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate how many hospitalisations have taken place between 1 April 2017 and 31 March 2018:

Less than 5

We are unable to provide precise figures when these are five or less due to the risk that individuals will be identified, as we are required to protect their identity under the Data Protection Act. In such circumstances sections 40(2) and (3) of the Freedom of Information Act apply. In this case, our view is that disclosure would breach the first data protection principle. This states that personal data should be processed fairly and lawfully. It is the fairness aspect of this principle which, in our view, would be breached by disclosure. In such circumstances section 40 confers an absolute exemption on disclosure. There is, therefore, no public interest test to apply.

- o VTE re-admissions:

Yes	
No	X

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if no then please indicate how many re-admissions have taken place between 1 April 2017 and 31 March 2018:

Less than 5



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We are unable to provide precise figures when these are five or less due to the risk that individuals will be identified, as we are required to protect their identity under the Data Protection Act. In such circumstances sections 40(2) and (3) of the Freedom of Information Act apply. In this case, our view is that disclosure would breach the first data protection principle. This states that personal data should be processed fairly and lawfully. It is the fairness aspect of this principle which, in our view, would be breached by disclosure. In such circumstances section 40 confers an absolute exemption on disclosure. There is, therefore, no public interest test to apply.

- o **Length of stay in hospital due to a VTE diagnosis:**

Yes	
No	X

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the average length of stay in hospital between 1 April 2017 and 31 March 2018:

- b) **Does the Trust provide a cost of VTE management (i.e. assessing, diagnosing, treating and reducing the risk of VTE) (Tick a box)**

Yes	
No	X

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the amount of time spent on VTE management between 1 April 2017 and 31 March 2018:

- c) **Does the Trust estimate the annual all-cause costs of the treatment of VTE complications (i.e. postthrombotic syndrome (PTS), and chronic thromboembolic pulmonary hypertension (CTEPH)? (Tick a box)**



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Yes	
No	X

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the number of VTE complications that occurred between 1 April 2017 and 31 March 2018:

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- d) Does the Trust estimate the annual all-cause costs of the treatment of VTE comorbidities? (Tick a box)

Yes	
No	X

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the number of VTE comorbidities that occur between 1 April 2017 and 31 March 2018:

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- e) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE.

Cost of DVT	
Cost of PE	
Total spend	

Answer: This is not something we monitor as a Trust. As such we are unable to provide an answer

- f) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE in the following health settings.

	DVT	PE
Primary care		
Secondary care		
Total spend		

Answer: This is not something we monitor as a Trust. As such we are unable to provide an answer



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- g) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE in the following health settings.

	DVT	PE
Community care		
Hospital care		
Total spend		

Answer: This is not something we monitor as a Trust. As such we are unable to provide an answer



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QUESTION TWO – SANCTIONS AND NEGLIGENCE PAYMENTS

- a) Between 1 April 2017 and 31 March 2018, has your Trust imposed any financial sanctions on providers for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of hospital-associated thrombosis (HAT)? *(Please tick one box)*

Yes	
No	X

If 'Yes', please specify which providers your Trust has imposed financial sanctions, between 1 April 2017 and 31 March 2018:

Name of provider	Financial sanction?
N/A	N/A

- b) Between 1 April 2017 and 31 March 2018, has your Trust imposed sanctions (e.g. percentage reduction in tariff payments) on secondary care providers that fail to risk assess at least 95 per cent of all adult inpatients? *(Tick a box)*

Yes	
No	X

If 'Yes' please outline the estimated reduction in tariff payments on secondary care providers in the box below:



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c) Please outline, if any, the monetary amount the Trust has paid out in clinical negligence claims due to failures to undertake VTE prevention duties in the last three years:

2014/2015	2015/2016	2016/2017

Answer: This is not something we monitor as a Trust. As such we are unable to provide an answer

QUESTION THREE – COMMISSIONING FOR QUALITY AND INNOVATION

In 2010, the Commissioning for Quality and Innovation (CQUIN) payments framework issued a national target for >95% patients to receive an initial VTE risk assessment within 24 hours of admission, the final 5% accounting for patients quickly transferred or discharged. Trusts failing to meet this target are now liable for penalty fines of £200 per patient missed.

a) Please outline, if any, the monetary amount the Trust has paid out in penalty fines per patient missed in the last three years.

2014/2015	2015/2016	2016/2017
£538,000	£69,000	£0

END

THANK YOU FOR YOUR RESPONSE

AntiCoagulation UK pays Four to act as the group’s secretariat from grants received from the Pfizer – BMS Alliance and Bayer.