



ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

FREEDOM OF INFORMATION REQUEST

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

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Position: [Clinical Quality Lead](#)

Acute Trust: [The Walton Centre NHS Foundation Trust](#)

Email: [The Walton Centre NHS Foundation Trust](#) does not disclose individual staff members contact details. You can write to staff using the address above or alternatively email enquiries@thewaltoncentre.nhs.uk asking for your correspondence to be forwarded on.

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

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



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For 3 patients 2.5.days.
1 patient diagnosed after discharge
N/A

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?

3 patients treatment immediately following diagnosis.
1 patient following presented to DGH 10 days post discharge.

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 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)	2



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2018 Q3 (Jul – Sep)	1
2018 Q4 (Oct – Dec)	0
2019 Q1 (Jan – Mar)	1

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)	2
2018 Q3 (Jul – Sep)	1
2018 Q4 (Oct – Dec)	0
2019 Q1 (Jan – Mar)	1

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?	No
Did patients have proximal DVT?	No
Were patients receiving thromboprophylaxis prior to the episode of HAT?	3 patients were receiving thromboprophylaxis as inpatients 1 Occurred following



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	discharge- admitted to local DGH for treatment
Did HAT occur in surgical patients?	Yes
Did HAT occur in general medicine patients?	N/A (Specialist Trust).
Did HAT occur in cancer patients?	No

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?

The Walton Centre NHS Foundation Trust is a Specialist Neuroscience Tertiary Care Centre; we would not receive referrals to treat patients for the condition you have mentioned above.

b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	0
Were care home residents?	0
Were female?	2
Were male?	2

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?

N/A

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

The Walton Centre NHS Foundation Trust (WCFT) can confirm the TVTE risk status is not usually described in discharge summary unless the patient has sustained a VTE as a complication.



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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?**

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 (FOIA) that we do not collate information regarding VTE patients who were eligible received pharmacological VTE prophylaxis. Under the FOI Act, we are not required to create this information in order to answer your request. I should explain that the FOI Act is to do with transparency of information held by public authorities. It gives an individual the right to access recorded information held by public authorities. The FOI Act does not require public authorities to generate information, or to answer questions, provide explanations or give opinions, unless this is recorded information that they already hold.

- 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?**

I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 (FOIA) that we do not collate information regarding VTE patients who were eligible received pharmacological VTE prophylaxis. Under the FOI Act, we are not required to create this information in order to answer your request. I should explain that the FOI Act is to do with transparency of information held by public authorities. It gives an individual the right to access recorded information held by public authorities. The FOI Act does not require public authorities to generate information, or to answer questions, provide explanations or give opinions, unless this is recorded information that they already hold.

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	250
2017	282
2018	231



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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	0
2017	0
2018	0

c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many: [N/A](#)

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

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:

2016	0
2017	0
2018	0

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:

2016	0
2017	0
2018	0

f) Of the patients who died in your Trust who had both VTE **and** cancer listed as a cause of death, how many: [N/A – See above](#)



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	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?

N/A This Trust does not provide chemotherapy services

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.

Low-molecular-weight heparin (LMWH)	<i>N/A This Trust does not provide chemotherapy services.</i>
Direct Oral AntiCoagulants (DOAC)	<i>N/A This Trust does not provide chemotherapy services.</i>
Aspirin	<i>N/A This Trust does not provide chemotherapy services.</i>
Warfarin	<i>N/A This Trust does not provide chemotherapy services.</i>
Other	<i>N/A This Trust does not provide chemotherapy services.</i>
None	<i>N/A This Trust does not provide chemotherapy services.</i>

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"/>
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Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s):	x
Documented patient discussion with healthcare professional	<input checked="" type="checkbox"/>
Information provided in other format (please specify)	x

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

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

If 'Yes', please specify the estimated cost:



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Included in patient appointment letter.
VTE risk assessment
Patient information leaflet

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.

c) *N/A*

VTE management and care	Cost-estimate	Corresponding patient numbers
VTE hospitalisations	<i>N/A</i>	<i>N/A</i>
VTE re-admissions	<i>N/A</i>	<i>N/A</i>
VTE treatments (medical and mechanical thromboprophylaxis)	<i>N/A</i>	<i>N/A</i>
VTE litigation/negligence costs	<i>N/A</i>	

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.