



ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

FREEDOM OF INFORMATION REQUEST

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

Name: _____

Position: _____

Acute Trust: East Lancashire Hospitals NHS Trust _____

Email: foi@elht.nhs.uk _____

*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:**

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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 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="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?

Unfortunately this data is not available currently. We will have this data when the ongoing Trust audit is completed and this is likely to take some time.

- 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?

Unfortunately this data is not available currently. We will have this data when the ongoing Trust audit is completed and this is likely to take some time.

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)…”



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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)	19
2018 Q3 (Jul – Sep)	23
2018 Q4 (Oct – Dec)	12
2019 Q1 (Jan – Mar)	19

- 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
	All confirmed HAT have a Concise RCA review firstly and if that identifies any issues then a detailed RCA follows
2018 Q2 (Apr – Jun)	19
2018 Q3 (Jul – Sep)	23
2018 Q4 (Oct – Dec)	12
2019 Q1 (Jan – Mar)	19



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- 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?	Unable to automatically filter this data from datix presently Manual review will take much longer time than specified in FOI requirements. In this instance we rely on Section 12 of the Freedom of Information Act.
Did patients have proximal DVT?	As above
Were patients receiving thromboprophylaxis prior to the episode of HAT?	As above
Did HAT occur in surgical patients?	As above
Did HAT occur in general medicine patients?	As above
Did HAT occur in cancer patients?	As above

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?

Not able to filter this from Datix presently

- b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	All confirmed HAT patients are those who had a stay in trust up to 90 days prior to their diagnosis of HAT in this episode.
Were care home residents?	Unable to automatically filter this data from datix presently
Were female?	As above
Were male?	As above



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- 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?

100% have the VTE risk documented in discharge summaries as to whether they were diagnosed with VTE or not at time of discharge and whether it was Hospital acquired VTE or not through a systems solution to address human factors by addition of Mandatory Electronic data fields to ICE discharge summary that is not possible to override by anyone completing the discharge summary. This was set up by Trust information department working alongside IT and Informatics team in 2014 at request from Trust Thrombosis committee and captures VTE risk in all discharge summaries to GP for every patient and not just HAT patients as below:

1. Was this patient diagnosed with VTE during this admission episode: YES/NO
2. If Yes to above, Was this a Hospital Acquired VTE: YES/NO

There is also space provided for free text comment.

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

As Above -mandatory data fields in discharge summaries identify the VTE risk status as those diagnosed or not with VTE during admission episode and those diagnosed or not with Hospital acquired VTE. However, currently the mandatory fields for VTE risk status exists as those patients diagnosed with VTE during the admission episode and those developing Hospital acquired VTE.

On seeing the query in FOI questionnaire last year, the Trust recognised that there is scope to strengthen this further by incorporating a mandatory data field within Discharge summaries to state what the VTE risk assessment status of each patient is at time of discharge similar to the risk assessment undertaken on all admissions regardless of whether they are diagnosed with VTE/ HAT or not. Example: High risk/Low risk VTE risk status. This was taken forward as an organisational action plan through VTE committee and further updates to discharge summary developed to address this cross organisationally and awaiting formal ratification for implementation.

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?

Data not available presently

- 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?

Data not available presently. Trust has developed and implemented an electronic VTE risk assessment tool which would enable this data retrieval in future.



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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	19356
2017	20387
2018	22533

- 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	149
2017	105
2018	53

- c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many:

	2016	2017	2018
Were receiving chemotherapy?	Unable to retrieve this data without manual review beyond FOI timelines. In this instance we rely on Section 12 of the Freedom of Information Act.	Unable to retrieve this data without manual review beyond FOI timelines. In this instance we rely on Section 12 of the Freedom of Information Act.	Unable to retrieve this data without manual review beyond FOI timelines. In this instance we rely on Section 12 of the Freedom of Information Act.
Had metastatic disease?	As above	As above	As above
Had localised disease?	As above	As above	As above
Were treated for brain cancer?	As above	As above	As above
Were treated for lung cancer?	As above	As above	As above
Were treated for uterine cancer?	As above	As above	As above
Were treated for bladder cancer?	As above	As above	As above



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Were treated for pancreatic cancer?	As above	As above	As above
Were treated for stomach cancer?	As above	As above	As above
Were treated for kidney cancer?	As above	As above	As above

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	Cause of Death is not recorded on PAS
2017	Cause of Death is not recorded on PAS
2018	Cause of Death is not recorded on PAS

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	Cause of Death is not recorded on PAS
2017	Cause of Death is not recorded on PAS
2018	Cause of Death is not recorded on PAS

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

	2016	2017	2018
Were receiving chemotherapy?	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS
Were treated for brain cancer?	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS
Were treated for lung cancer?	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS
Were treated for uterine cancer?	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS
Were treated for bladder cancer?	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS
Were treated for pancreatic cancer?	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS
Were treated for stomach cancer?	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS	Cause of Death is not recorded on PAS
Were treated for kidney cancer?	Cause of Death is not recorded	Cause of Death is not recorded	Cause of Death is not recorded



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	on PAS	on PAS	on PAS
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- g)** Are ambulatory cancer patients who are receiving chemotherapy in your Trust routinely risk assessed for their risk of developing CAT/VTE?

Yes	<input checked="" 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.

100% are VTE risk assessed. Unless they are on palliative treatment or have significantly reduced platelet count less than 50, they are offered VTE prophylaxis individually tailored to each patient. Some of them are already on LMWH prophylaxis, if they are on IMiDs for myeloma,

Low-molecular-weight heparin (LMWH)	<input checked="" type="checkbox"/>
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 type="checkbox"/>
If yes, please specify which organisation(s):	
Documented patient discussion with healthcare professional	<input checked="" type="checkbox"/>
Information provided in other format (please specify) Trust VTE patient information leaflet is available in Urdu and Polish as well to cater to the local population	<input checked="" type="checkbox"/>



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- 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: Urdu and Polish as they are the common languages next to English for our local population	<input checked="" type="checkbox"/>
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)*

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

If 'Yes', please specify the estimated cost:

NA

- 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	Unable to provide presently	Unable to provide presently
VTE re-admissions	Unable to provide presently	Unable to provide presently
VTE treatments (medical and mechanical thromboprophylaxis)	Unable to provide presently	Unable to provide presently
VTE litigation/negligence costs	Unable to provide presently	

END