



ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

FREEDOM OF INFORMATION REQUEST

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

Name:

Position: Deputy Director of Quality

CCG: NHS West Hampshire CCG

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:**

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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.

Please can we feedback that this FOI fundamentally misunderstands the role of a CCG is commissioning care. This FOI would have been better sent directly to providers. Some of the questions border on research.

QUESTION ONE – VTE RISK ASSESSMENT AND DIAGNOSIS

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

No – not for patients at risk of DVT. Providers would check for proximal and distal DVT if there was a suspected DVT but this is different to your question

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

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

Data not held by CCG

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

Data not held by CCG

QUESTION TWO – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS

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



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“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 CCG in each of the following quarters?

Our CCG commissions care from 5 acute providers and 2 community providers. We do not hold data at CCG level outside of Serious Incidents. We receive provider reports on a quarterly basis from all providers on VTE but these are not by CCG

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

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

All providers are compliant with Service Condition 22 of the NHS Standard Contract 2017/19 and Perform Root Cause Analysis on all confirmed cases of pulmonary embolism and deep vein thrombosis acquired by Service Users while in hospital. However, this data is presented to the CCG at provider level and not CCG level

Quarter	Number of Root Cause Analyses performed
2018 Q2 (Apr – Jun)	



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

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

Did patients have distal DVT?	Data not held by CCG
Did patients have proximal DVT?	Data not held by CCG
Were patients receiving thromboprophylaxis prior to the episode of HAT?	Data not held by CCG
Did HAT occur in surgical patients?	Data not held by CCG
Did HAT occur in general medicine patients?	Data not held by CCG
Did HAT occur in cancer patients?	Data not held by CCG

QUESTION THREE – ADMISSION TO HOSPITAL FOR VTE

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

No patients were admitted to our CCG – the CCG is a commissioning organisation and not a provider. We do not hold data at CCG level on how many VTEs are admitted outside of secondary care but do have this data at provider level

- b) Of these patients, how many:



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Had a previous inpatient stay in your CCG up to 90 days prior to their admission?	Data not held by CCG
Were care home residents?	Data not held by CCG
Were female?	Data not held by CCG
Were male?	Data not held by CCG

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

The CCG would not hold this data – discharge summaries contain PID to which we are not entitled. However, the discharge summaries are required to state any VTE status and treatment

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

Diagnosis and ICD10 codes plus advice on prevention

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?**

We do not split out pharmacological versus mechanical prophylaxis

- 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?**



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Data not held by CCG

QUESTION FIVE – VTE AND CANCER

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

2016	Data not held by CCG
2017	Data not held by CCG
2018	Data not held by CCG

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	Data not held by CCG
2017	Data not held by CCG
2018	Data not held by CCG

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

Data not held by CCG

	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?			



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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 CCG was cancer (of any type) listed as the **primary** cause of death in each of the past three years:

2016	Data not held by CCG
2017	Data not held by CCG
2018	Data not held by CCG

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

2016	Data not held by CCG
2017	Data not held by CCG
2018	Data not held by CCG

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

Data not held by CCG

	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 CCG routinely risk assessed for their risk of developing CAT/VTE?

Data not held by CCG

Yes	<input type="checkbox"/>
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No	<input type="checkbox"/>
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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)	
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 CCG take to ensure patients are adequately informed about VTE prevention? (Tick each box that applies)

The CCG does not supply written information to patients – this is the role of providers

Distribution of own patient information leaflet	<input type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s): Healthcare providers	<input checked="" type="checkbox"/>
Documented patient discussion with healthcare professional	<input type="checkbox"/>
Information provided in other format (please specify)	<input type="checkbox"/>
The CCG does not provide leaflets and information – this is the role	



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

The CCG does not supply written information to patients – this is the role of providers

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

QUESTION SEVEN – COST OF VTE IN YOUR AREA

a) Does your CCG 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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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		
VTE re-admissions		
VTE treatments (medical and mechanical thromboprophylaxis)		
VTE litigation/negligence costs		

END

THANK YOU FOR YOUR RESPONSE



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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.