

Date: 01/10/2019

Freedom of Information request 015002

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?

- The Median time from Request to Report Verified was 1 day and 54 minutes

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?

- Same day treatment

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) | 31 |
| 2018 Q3 (Jul – Sep) | 20 |
| 2018 Q4 (Oct – Dec) | 34 |
| 2019 Q1 (Jan – Mar) | 32 |

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) | 31 |
| 2018 Q3 (Jul – Sep) | 19 |
| 2018 Q4 (Oct – Dec) | 33 |
| 2019 Q1 (Jan – Mar) | 29 |

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? | 17 |
| Did patients have proximal DVT? | 33 |
| Were patients receiving thromboprophylaxis prior to the episode of HAT? | 76 received pharmacological prophylaxis 35 either not indicated/contraindicated to receive pharmacological prophylaxis 1 patient should have started pharmacological prophylaxis did not attend appointment. 5 patients unable to confirm as would need to check health records and health records are not accessible under the FOI Act Exemption Section 40 personal information |
| Did HAT occur in surgical patients? | 24 SURGERY 26 ORTHOPAEDIC 5 OBSTETRIC |
| Did HAT occur in general medicine patients? | 62 MEDICAL |
| Did HAT occur in cancer patients? | 30 |

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?

- 251

b) Of these patients, how many:

| | |
|---|-----|
| Had a previous inpatient stay in your Trust up to 90 days prior to their admission? | 85 |
| Were care home residents? | 18 |
| Were female? | 151 |
| Were male? | 100 |

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?

- All obstetric patients

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

Obstetric patients have VTE score displayed as VTE Score =
Rarely documented in other discharge summaries

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?

Out of all cases of HAT

76 received pharmacological prophylaxis

35 either not indicated/contraindicated to receive pharmacological prophylaxis

1 patient should have started pharmacological prophylaxis did not attend appointment.

5 patients unable to confirm as would need to check health records and health records are not accessible under the FOI section 40 personal information because unable to get notes

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?

Out of all cases of HAT

44 Received pharmacological prophylaxis within 14 hours

14 Received pharmacological prophylaxis within 24 hours

5 patients unable to confirm as would need to check health records and health records are not accessible under the FOI section 40 personal information because unable to get notes

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 3628

2017 3692

2018 3940

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 41

2017 47

2018 41

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? | 7 | 8 | |
| Had metastatic disease? | 24 | 28 | 27 |
| Had localised disease? | 17 | 19 | 14 |
| Were treated for lung cancer? | 7 | 7 | 7 |
| Were treated for uterine cancer? | 0 | 0 | 0 |
| Were treated for bladder cancer? Were treated for brain cancer? Were treated for pancreatic cancer? | | 14 | |
| Were treated for stomach cancer? Were treated for kidney cancer? | | 11 | |

Please note as per NHS Digital rules the Trust does not publish number lower than 5 as it could lead to the identification of persons, so where an answer is less than five the figures have been added together.

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:

The Trust does not code the Primary cause of death so cannot answer d-g

| | |
|------|-----|
| 2016 | N/A |
| 2017 | N/A |
| 2018 | N/A |

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 | N/A |
| 2017 | N/A |
| 2018 | N/A |

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? | 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 |

g) Are ambulatory cancer patients who are receiving chemotherapy in your Trust routinely risk

h) assessed for their risk of developing CAT/VTE?

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

Majority of patients are not risk assessed however some small specific groups are

| | |
|-------------------------------------|---|
| 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 | |
| If yes, please specify which organisation(s): | <input checked="" type="checkbox"/> |
| RCOG Reducing the risk of venous thromboembolism in pregnancy and after birth | |
| Documented patient discussion with healthcare professional | <input checked="" type="checkbox"/> |
| Information provided in other format (please specify) | <input 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 If yes, please specify which languages: | <input checked="" type="checkbox"/> |
| No | <input type="checkbox"/> |

General hospital VTE information leaflet available in Arabic, Gujarati and Punjabi
Maternity leaflet available in Urdu and Romanian

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:

| |
|----------------|
| Not applicable |
|----------------|

- 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. – Not applicable

| VTE management and care | Cost-estimate | Corresponding patient numbers |
|--|---------------|-------------------------------|
| VTE hospitalisations | | |
| VTE re-admissions | | |
| VTE treatments (medical and mechanical thromboprophylaxis) | | |
| VTE litigation/negligence costs | | |