

Freedom of Information request 014396

25/10/18

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*)

• VTE Hospitalisations:

Yes	
No	?

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:

369			

• VTE re-admissions:

Yes	
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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:

As we don't code for complications related to VTE we cannot identify patients being readmitted for this. But we had 13 patients that were readmitted within 30 days with the diagnosis of VTE

• Length of stay in hospital due to a VTE diagnosis:

Yes	
No	

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:

Average LoS for the 369 patients above is 2.59 days

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

Yes	\checkmark
No	

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:

The cost for VTE for 2017/18 is £390,000.

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*)

Yes	
No	V

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:

Not able to do this as we do not code for complications

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

Yes	
No	V

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:

Not able to do this as not all comorbidities would be associated with VTE

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	Costs not collected in this way

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	Costs not collected in this way	Costs not collected in this way

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	Costs not collected in this way	Costs not collected in this way

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*)

** Please note not applicable as secondary care provider

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

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*)

** Please note not applicable as secondary care provider

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

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
None	None	None

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
None	None	None