



ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

FREEDOM OF INFORMATION REQUEST

**FOI request into compliance of Trust Venous
Thromboembolism (VTE) prevention policies with national
VTE guidance**

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*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 – WRITTEN VTE PREVENTION POLICY

- a) Does your Trust have a written policy in place for preventing and managing the risks of VTE for adult hospital admissions? If yes, please attach a copy of the policy. *(Tick one box)*

Yes, the policy is attached.	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- b) If your Trust has a written VTE prevention policy in place, does it include the seven principles of best practice contained within the NICE quality standard on VTE prevention, which are set out below? *(Tick in each box to indicate whether or not the policy includes the principle listed)*

- *Statement 1:* All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.

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

- *Statement 2:* Patients/carers are offered verbal and written information on VTE prevention as part of the admission process.

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

- *Statement 3:* Patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE guidance.

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

- *Statement 4:* Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.

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



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- *Statement 5:* Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.

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

- *Statement 6:* Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process.

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

- *Statement 7:* Patients are offered extended (post hospital) VTE prophylaxis in accordance with NICE guidance.

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

QUESTION TWO – THROMBOPROHYLAXIS

- a) Of the in-patients considered to be at risk of VTE in your Trust between 1 April 2015 and 31 March 2016, how many were given thromboprophylaxis?

93% of medical patients according to CQUIN report

- b) Of the above number, how many received 24/7 thromboprophylaxis?

All

- c) In which care pathways was it not possible to provide 24/7 thromboprophylaxis and what number of patients were associated with this issue?



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N/A

d) Of the in-patients given thromboprophylaxis in your Trust between 1 April 2015 and 31 March 2016, how many were given the following:

Thromboprophylaxis	Number
Anti-embolism stockings	*Unable to provide data
Foot impulse device	*Unable to provide data
Intermittent pneumatic compression device	*Unable to provide data
Fondaparinux sodium	*Unable to provide data
Low molecular weight heparin	*Unable to provide data
Unfractionated heparin	*Unable to provide data
NOAC	*Unable to provide data
Other (Please specify)	

*The Trust is unable to complete the above section as the information requested is not held in a readily available format and would consequently take longer than eighteen hours to collate and would exceed the appropriate cost limit.

QUESTION THREE – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS

According to Service Condition 22 of the NHS Standard Contract 2015/16, 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.



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a) How many cases of hospital-associated thrombosis (HAT) were recorded in your Trust in each of the following quarters, and in which care pathways did they occur?

Quarter	Total recorded number of HAT	Care Pathway in which HAT occurred
2015 Q2 (Apr – Jun)	3	*Unable to provide requested data
2015 Q3 (Jul – Sep)	3	*Unable to provide requested data
2015 Q4 (Oct – Dec)	4	*Unable to provide requested data
2016 Q1 (Jan – Mar)	3	*Unable to provide requested data

*The Trust is unable to provide information relating to the care pathway as it is not held/recorded in a readily available format and would consequently take longer than eighteen hours to collate and would exceed the appropriate cost limit.

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
2015 Q2 (Apr – Jun)	3
2015 Q3 (Jul – Sep)	2
2015 Q4 (Oct – Dec)	3
2016 Q1 (Jan – Mar)	1

c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1st April 2015 and 31st March 2016, in how many cases:



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Were patients not receiving thromboprophylaxis prior to the episode of HAT?	2/2 appropriate thromboprophylaxis 1 underway currently
Were patients receiving mechanical thromboprophylaxis prior to the episode of HAT?	2/2 appropriate thromboprophylaxis 1 underway currently
Were patients receiving pharmacological thromboprophylaxis prior to the episode of HAT?	2/2 appropriate thromboprophylaxis 1 underway currently
Were patients surgical patients?	2/2 surgical cases 1 underway currently
Were patients general medical patients?	1 underway currently
Did HAT occur pre-discharge?	0/2 cases 1 underway currently
Did HAT occur up to 90 days after discharge?	2/2 cases 1 underway currently

d) How does your local commissioner quality assure that as a provider, you are complying with your obligation to perform Root Cause Analyses of all confirmed cases of HAT? (Tick as many boxes that apply)

Method	Tick box as applicable
Requests real-time submission of Root Cause Analyses on completion	<input type="checkbox"/>
Requests a monthly report of Root Cause Analyses	<input type="checkbox"/>
Requests a quarterly report of Root Cause Analyses	<input checked="" type="checkbox"/>
Requests an annual report of Root Cause Analyses	<input type="checkbox"/>
Requests a face-to-face meeting to discuss Root Cause Analyses	<input type="checkbox"/>



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Request made by other means not listed. (Please specify)	<input type="checkbox"/>
Commissioners yet to request this information	<input type="checkbox"/>

QUESTION FOUR – INCENTIVES AND SANCTIONS

In 2015/16, up to 2.5% of a provider’s total contract outturn was available for local Commissioning for Quality and Innovation (CQUIN) schemes to be agreed between commissioners and providers.

a) Has your Trust agreed a local CQUIN goal with your local commissioner to perform Root Cause Analyses on all confirmed cases of HAT? (Tick one box)

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

b) Has your Trust received any sanctions, verbal or written warnings from your local commissioning body between 1 April 2015 and 31 March 2016 for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT? (Tick one box)

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

QUESTION FIVE – VTE RISK ASSESSMENT NATIONAL QUALITY REQUIREMENT

The NHS Standard Contract 2015/16 sets a National Quality Requirement for 95 per cent of inpatient service users to be risk assessed for VTE. Should providers fail to meet the 95 per cent minimum threshold, they will be subject to sanctions imposed by their local commissioning body.

a) Between 1 April 2015 and 31 March 2016, has your local commissioning body imposed a sanction on your Trust for failing to deliver the minimal VTE risk assessment threshold? (Tick one box)

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

b) If you answered 'Yes' above, what is the total value of the sanctions imposed on your Trust for failure to deliver the minimum VTE risk assessment threshold between 1 April 2015 and 31 March 2016?

N/A

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 the 'Preventing hospital-acquired blood clots' leaflet produced by the NHS in conjunction with Thrombosis UK (formerly Lifeblood: The Thrombosis Charity)	<input type="checkbox"/>
Documented patient discussion with healthcare professional (If yes, please attach documented evidence that these discussions have taken place)	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>

b) Please attach a copy of the written information on VTE prevention that your Trust provides to patients upon admission and discharge.



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QUESTION SEVEN – 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 2015 and 31 March 2016?

908 patients admitted with VTE (either as primary or secondary diagnosis) within this timeframe.

VTE admissions (April'15 to March'16)	
VTE diagnosis ranking:	Total
Primary diagnosis	477
Secondary diagnosis	431
Total	908

In this instance VTE has been defined as diagnosis of either:

- Pulmonary embolism
- Embolism and thrombosis
- Phlebitis and thrombophlebitis
- Budd-Chiari syndrome
- Thrombophlebitis migrans
- Other venous embolism and thrombosis

- b) Of these patients, how many had a previous inpatient stay in your Trust up to 90 days prior to their admission?

553/908 patients admitted with a VTE (either as primary or secondary diagnosis) were previously admitted within 90 days prior to the VTE admission.

VTE admissions (April'15 to March'16)	Admitted within 90 days prior to VTE admission:		Total
	No	Yes	
VTE diagnosis ranking:			
Primary diagnosis	130	347	477
Secondary diagnosis	225	206	431
Total	355	553	908

END



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THANK YOU FOR YOUR RESPONSE

AntiCoagulation Europe pays Insight Consulting Group to act as the group's secretariat from grants received from the Pfizer-BMS Alliance, Bayer, Leo Pharmaceuticals and FirstKind Ltd