



**ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP**

**FREEDOM OF INFORMATION REQUEST**

**FOI request into commissioning services that deliver high  
quality VTE prevention**

**Name: Corporate Affairs Team**

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**Position: Corporate Affairs Team**

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**Clinical Commissioning Group: Wirral Clinical Commissioning Group**

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**Email: [foirequests.nhswirralccg@nhs.net](mailto:foirequests.nhswirralccg@nhs.net)**

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*Please note that additional paper or electronic copies are available on request  
from the All-Party Parliamentary Thrombosis Group secretariat*

Under the Freedom of Information Act 2000, the All-Party Parliamentary Thrombosis Group writes to request the following information:



## ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

### QUESTION 1 – QUALITY ASSURANCE

VTE prevention has been recognised as a clinical priority for the NHS by the National Quality Board and the NHS Leadership Team. It has been identified as the most important patient safety practice in our hospitals, and VTE-specific indicators feature in both the NHS Outcomes Framework and the CCG Outcomes Indicator Set.

The delivery of high quality VTE prevention should automatically underpin the majority of admissions due to medical illness or surgery as part of the providers' duty to deliver care in a safe environment. Commissioners should ensure that this duty is clearly mandated through local service contracts.

**a) Please list the NHS Acute Trusts for whom you commission services.**

Wirral University Teaching Hospital NHS Foundation Trust  
Royal Liverpool & Broadgreen University Hospital NHS Trust  
Liverpool Heart & Chest Hospital NHS Foundation Trust  
Countess of Chester Hospital NHS Foundation Trust

**b) Does your CCG draft its own service contract for NHS Acute Trust providers or use a standard contract? (If a standard contract, please provide the name of the contract used)**

NHS Wirral Clinical Commissioning Group use the NHS Standard Contract for 2015/16.

**c) Has your CCG clearly mandated in its providers' service contracts that failure to comply with best practice in VTE prevention will result in sanctions imposed by your CCG? (Best practice in VTE Prevention as defined by NICE Quality Standard 3: VTE Prevention, NICE Clinical Guideline 92, the VTE risk assessment National Quality Requirement, and NHS Standard Contract Service Condition 22) (Tick a box)**

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



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### QUESTION 2 – VTE Risk Assessment and Root Cause Analysis

The VTE risk assessment National Quality Requirement stipulates that Trusts must risk assess at least 95 per cent of all in patient service users. Should the provider fail to deliver the minimal risk assessment threshold, it will be subject to sanctions imposed by the local commissioning body.

Furthermore, 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.

- a) **Has your CCG demanded its secondary care providers, which it commissions acute services for, demonstrate that patients are being risk assessed for VTE upon admission? (Tick a box)**

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

- b) **Between 1 April 2014 and 31 March 2015, has your CCG 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)**

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



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If 'Yes', please specify which providers your CCG has imposed sanctions on between 1 April 2014 and 31 March 2015 and please indicate the value of the sanctions imposed:

Name of provider	Value of sanctions
Wirral University Teaching Hospital NHS Foundation Trust	£199,580

- c) How do you quality assure that your providers are complying with the national obligation to perform Root Cause Analyses of all confirmed cases of hospital associated thrombosis (HAT)?  
(Please tick as many boxes that apply)

Method	Place an X as applicable
Request real-time submission of Root Cause Analyses on completion	<input checked="" type="checkbox"/>
Request a monthly report of Root Cause Analyses	<input type="checkbox"/>
Request a quarterly report of Root Cause Analyses	<input type="checkbox"/>
Request an annual report of Root Cause Analyses	<input type="checkbox"/>
Request a face-to-face meeting to discuss Root Cause Analyses	<input type="checkbox"/>
Request made by other means not listed. (Please specify)	<input type="checkbox"/>
This information has yet to be requested	<input type="checkbox"/>



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- d) Please describe the process through which the Root Cause Analysis reports submitted by providers are evaluated and outline the criteria used to determine their adequacy.

The Root Cause Analysis (RCA) is discussed and evaluated by the Serious Incident Review Group that meets on a monthly basis. Each RCA is evaluated using the criteria below:

- Has the RCA been adequately investigated?
- Has the Root Cause and contributing factors been identified?
- Have the recommendations and the action plan adequately addressed the Root Cause and contributing factors?
- Has the action plan been completed in a timely manner?
- Are there any concerns that need escalating to the Quality, Performance and Finance group or Clinical Leads?

- e) Has your CCG set a locally agreed CQUIN goal for providers to perform Root Cause Analyses of all confirmed cases of HAT? *(Please tick one box)*

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



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- f) Between 1 April 2014 and 31 March 2015, has your CCG imposed any sanctions, verbal or written warnings to providers for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT? *(Please tick one box)*

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

If 'Yes', please specify which providers your CCG has imposed sanctions, verbal or written warnings on between 1 April 2014 and 31 March 2015:

Name of provider	Sanction, verbal or written warning?

### QUESTION 3 – ANTICOAGULANTS & PROPHYLAXIS

- a) Which of the following VTE prophylaxis treatments are routinely available on your formulary for the treatment and/or prevention of deep vein thrombosis and pulmonary embolism. *(Please tick each box that applies)*

Rivaroxaban	<input checked="" type="checkbox"/>
Apixaban	<input checked="" type="checkbox"/>
Dabigatran etexilate	<input checked="" type="checkbox"/>
Warfarin	<input checked="" type="checkbox"/>
Edoxaban	<input checked="" type="checkbox"/>
Tinzaparin	<input type="checkbox"/>
Dalteparin	<input type="checkbox"/>
Enoxaparin	<input type="checkbox"/>
Fondaparinux	<input type="checkbox"/>
Mechanical prophylaxis	<input checked="" type="checkbox"/>



## **ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP**

AntiCoagulation Europe, a patient charity, receives support from Bayer HealthCare, Leo and Pfizer (in association with Bristol-Myers Squibb) by way of unrestricted grants to provide secretariat services to the group. AntiCoagulation Europe employs Insight Consulting Group, a consultancy, to provide these services.