ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

FREEDOM OF INFORMATION REQUEST

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

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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:

ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

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 CCG routinely checked for <u>both</u> proximal and distal DVT? *(Tick one box)*

Yes	☐
No	☐

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?

We don't hold that degree of information. Our data reports on diagnosis, not suspicion of diagnosis unless an ICD10 code specifically covers suspicion of a diagnosis.

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?

I was not able to identify this information. The CCG only receives pseudonymised information which makes it very hard to identify patients as they move across multiple provider organisations.

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 CCG in each of the following quarters?

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?

Quarter	Number of Root Cause Analyses performed
2018 Q2 (Apr – Jun)	
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?	
Did patients have proximal DVT?	
Were patients receiving thromboprophylaxis prior to the episode of HAT?	
Did HAT occur in surgical patients?	
Did HAT occur in general medicine patients?	
Did HAT occur in cancer patients?	

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?

The CCG are unable to answer this. The data we have access to only records a diagnosis determined at some point during the episode or spell, not whether that diagnosis was for a pre-existing condition or not.

b) Of these patients, how many:

Had a previous inpatient stay in your CCG up to 90 days prior to their admission?	**n/a**
Were care home residents?	**n/a**
Were female?	**n/a**
Were male?	**n/a**

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 do not see patient discharge summaries.

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

n/a

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?

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?

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?

This is generated by financial year and based on a primary diagnosis code starting with C

2016/17	6,424
2017/18	6,979
2018/19	7,330

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?

2016/17	58
2017/18	76
2018/19	65

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?	Not available. See comment below		
Had metastatic disease?	9	16	16
Had localised disease?	49	60	49
Were treated for brain cancer?	1	3	3
Were treated for lung cancer?	8	12	12
Were treated for uterine cancer?	2		
Were treated for bladder cancer?	2	1	2
Were treated for pancreatic cancer?	3	1	8
Were treated for stomach cancer?	4	3	3
Were treated for kidney cancer?	1	1	1

Please note that I defined "localised disease" as being any spell which didn't have a primary ICD10 diagnosis code for a secondary site such as C78.0 which codes for "secondary malignant neoplasm of lung".
The CCG only receives treatment information for patients who are not funded centrally through Specialised Commissioning which means we wouldn't receive data on a lot of chemotherapy therapies. The outpatient data we have received on the patients identified above (primary diagnosis of cancer and secondary diagnosis of VTE) only shows outpatient appointments were carried out and do not differentiate which ones may involve chemotherapy treatments or not.

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:

The CCG do not routinely receive patient death certificate information

2016	n/a
2017	n/a
2018	n/a

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	n/a
2017	n/a
2018	n/a

f) Of the patients who died in your CCG 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 CCG routinely risk assessed for their risk of developing CAT/VTE?

Yes	☐
No	☐

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)*

Distribution of own patient information leaflet	☐
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s):	☐

Documented patient discussion with healthcare professional	☐
Information provided in other format (please specify)	☐

b) If your CCG 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:	☐
No	☐

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	☐
No	☑

If 'Yes', please specify the estimated cost:

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	n/a	n/a
VTE re-admissions	n/a	n/a

VTE treatments (medical and mechanical thromboprophylaxis)	n/a	n/a
VTE litigation/negligence costs	n/a	[redacted]

END

THANK YOU FOR YOUR RESPONSE

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.