**FREEDOM OF INFORMATION REQUEST**

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

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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 – VTE RISK ASSESSMENT AND DIAGNOSIS**

1. **Are in-patients who are considered to be at risk of VTE in your CCG routinely checked for both proximal and distal DVT?** *(Tick one box)*

|  |
| --- |
| Yes |[ ]
| No |[ ]

1. **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?**

|  |
| --- |
| **Information not routinely held by the CCG, please contact providers (e.g. Sheffield Teaching Hospitals NHS Foundation Trust –****foi@sth.nhs.uk****).**  |

1. **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?**

|  |
| --- |
| **Information not routinely held by the CCG, please contact providers.**  |

**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.

1. **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) | **Annual total for 2018/19 was 380** |
| 2018 Q3 (Jul – Sep) |
| 2018 Q4 (Oct – Dec) |
| 2019 Q1 (Jan – Mar) |

1. **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) | **Root cause analyses are undertaken for each HAT. Please see previous response.** |
| 2018 Q3 (Jul – Sep) |
| 2018 Q4 (Oct – Dec) |
| 2019 Q1 (Jan – Mar) |

1. **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? | **The CCG is unable to answer, as we only review a random sample of cases.** |
| 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**

1. **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 does not take admissions. However from the data we hold we can say that 614 patients had a VTE diagnosis (note, we cannot split out those which occurred outside of secondary care)** |

1. **Of these patients, how many:**

|  |  |
| --- | --- |
| Had a previous inpatient stay in your CCG up to 90 days prior to their admission? | **84 (of which 2 pts gender was not known)** |
| Were care home residents? | **Information not available** |
| Were female? | **38** |
| Were male? | **44** |

**Note, please also see response above.**

1. **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?**

|  |
| --- |
| **Information not available at CCG level** |

1. **Please describe how your CCG displays a patient’s VTE risk status in its discharge summaries.**

|  |
| --- |
| **Information not available at CCG level** |

**QUESTION FOUR – PHARMACOLOGICAL VTE PROPHYLAXIS**

1. **How many VTE patients who were eligible received** **pharmacological VTE prophylaxis between 1 April 2018 and 31 March 2019?**

|  |
| --- |
| **The CCG does not routinely hold this information.** |

1. **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?**

|  |
| --- |
| **As per NICE guidance initiated by appropriate provider.** |

**QUESTION FIVE – VTE AND CANCER**

1. How many patients has your CCG treated for cancer (of all types) in each of the past three years?

|  |  |
| --- | --- |
| 2016 | **5048** |
| 2017 | **4350** |
| 2018 | **4595** |

1. 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 | **57** |
| 2017 | **22** |
| 2018 | **12** |

1. 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? | **11** | **Less than 5** | **Less than 5** |
| Had metastatic disease? | **Less than 5** | **5** | **Less than 5** |
| Had localised disease? |  | **0** | **0** |
| Were treated for brain cancer? | **0** | **0** | **0** |
| Were treated for lung cancer? | **6** | **Less than 5** | **Less than 5** |
| Were treated for uterine cancer? |  | **0** | **0** |
| Were treated for bladder cancer? | **Less than 5** | **Less than 5** | **Less than 5** |
| Were treated for pancreatic cancer? | **Less than 5** | **0** | **0** |
| Were treated for stomach cancer? | **Less than 5** | **0** | **0** |
| Were treated for kidney cancer? | **Less than 5** | **0** | **Less than 5** |

1. 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:

|  |  |
| --- | --- |
| 2016 | **Information not available to CCGs at the moment** |
| 2017 |
| 2018 |

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 | **Information not available to CCGs at the moment** |
| 2017 |
| 2018 |

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? | **Information not available to CCGs at the moment** |
| Were treated for brain cancer? |
| Were treated for lung cancer? |
| Were treated for uterine cancer? |
| Were treated for bladder cancer? |
| Were treated for pancreatic cancer? |
| Were treated for stomach cancer? |
| Were treated for kidney cancer? |

1. Are ambulatory cancer patients who are receiving chemotherapy in your CCG routinely risk assessed for their risk of developing CAT/VTE?

|  |
| --- |
| Yes |[ ]
| No |[ ]

1. 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.

1. **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) |[ ]

**Not Applicable**

1. **If your CCG provides written information on VTE prevention, does it provide information in languages other than English?** *(Tick each box that applies)*

|  |
| --- |
| YesIf yes, please specify which languages:  |[ ]
| No |[ ]

**Not Applicable**

**QUESTION SEVEN – COST OF VTE IN YOUR AREA**

1. **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 |[x]
| No |[ ]

 **If ‘Yes’, please specify the estimated cost:**

|  |
| --- |
| **£1,748,947** |

1. **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 | **£1,748,947** | **614** |
| VTE re-admissions | **£226,458** | **84** |
| VTE treatments (medical and mechanical thromboprophylaxis) | **0** | **0** |
| VTE litigation/negligence costs |  |  |

**Please note that these costs do not include Drugs, Prescription charges and NHSE commissioned activity.**

**END**

**THANK YOU FOR YOUR RESPONSE**