



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:



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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

a) 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	<input type="checkbox"/>
No	<input type="checkbox"/>

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?

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?

Response to all parts of Q1:

We are unable to provide you with the information you have requested under section 1 (1)(a) of the FOI Act as we do not hold the information you have requested. You will need to contact the Trusts directly for this information.

1. Alder Hey Children’s NHS Foundation Trust - info.gov@alderhey.nhs.uk
2. Liverpool Heart and Chest Hospital NHS Trust - FOIRequests@lhch.nhs.uk
3. The Royal Liverpool & Broadgreen University Hospitals NHS Trust - foi@rlbuht.nhs.uk
4. Liverpool Women’s NHS Foundation Trust - FOI@lwh.nhs.uk
5. Mersey Care NHS Foundation Trust - freedomofinformation@merseycare.nhs.uk
6. Aintree University Hospital NHS Foundation Trust - FOIrequests@aintree.nhs.uk
7. Walton Centre - freedomofinformation@thewaltoncentre.nhs.uk



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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)	



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2019 Q1 (Jan – Mar)	
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- 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?	

Response to all parts of Q2:

We have not had any HAT reported to the CCG quality team and have not received any Root Cause Analyses for the timeframe specified.



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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?

Response:

We do not hold information which would allow us to specify where a VTE took place, but 909 patients were admitted in the time period above, where VTE was the primary diagnosis.

- b) Of these patients, how many:

Had a previous inpatient stay in your CCG up to 90 days prior to their admission?	292
Were care home residents?	7
Were female?	527
Were male?	382

- 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?

Response:

We do not have access to the patient's discharge summaries to be able to answer this question.

You will need to contact the Trusts directly for this information.

1. Alder Hey Children's NHS Foundation Trust - info.gov@alderhey.nhs.uk
2. Liverpool Heart and Chest Hospital NHS Trust - FOIRequests@lhch.nhs.uk
3. The Royal Liverpool & Broadgreen University Hospitals NHS Trust - foi@rlbuht.nhs.uk
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7. Walton Centre - freedomofinformation@thewaltoncentre.nhs.uk



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

Response:

We do not have access to the patient's discharge summaries to be able to answer this question.

You will need to contact the Trusts directly for this information.

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2. Liverpool Heart and Chest Hospital NHS Trust - FOIRequests@lhch.nhs.uk
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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?

Response to all parts of Q4:

We are unable to provide you with the information you have requested under section 1 (1)(a) of the FOI Act as we do not hold the information you have requested. You will need to contact the Trusts directly for this information.

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2. Liverpool Heart and Chest Hospital NHS Trust - FOIRequests@lhch.nhs.uk
3. The Royal Liverpool & Broadgreen University Hospitals NHS Trust - foi@rlbuht.nhs.uk
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QUESTION FIVE – VTE AND CANCER

Response to all parts of Q5:

Please note that we do not have figures available for total patients treated for cancer. For example, diagnosis codes are not routinely captured for outpatient attendances, nor do we have data available for primary care activity. The figures below solely relate to admissions to a secondary care provider, where cancer is one of the diagnosis codes.

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

2016	3,221
2017	2,808
2018	2,561

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	89
2017	73
2018	93

c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many:

Response:

There are elements to this question which could not be answered without further clarification (for example, clinical definitions of metastatic or localised disease). In addition, as stated in response to previous questions, Liverpool CCG do not receive sufficiently detailed information to identify patients with VTE treated within outpatient, A&E, primary care or community settings. The figures below solely relate to admissions to a secondary care provider, where cancer is one of the diagnosis codes. The figures provided do not give a true reflection of the actual volume of patients treated.

	2016	2017	2018
Were receiving chemotherapy?	N/A	N/A	N/A
Had metastatic disease?	N/A	N/A	N/A
Had localised disease?	N/A	N/A	N/A
Were treated for brain cancer?	2	2	4
Were treated for lung cancer?	19	17	27
Were treated for uterine cancer?	2	1	1



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Were treated for bladder cancer?	2	3	3
Were treated for pancreatic cancer?	5	5	2
Were treated for stomach cancer?	1	2	
Were treated for kidney cancer?	3	2	4

- 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:

Response:

The Business Intelligence team do not have access to a detailed list of patient deaths due to cancer. The figures provided only show deaths during a hospital admission where cancer and/or VTE was recorded as a diagnosis. However, we do not hold cause of death in the data we receive from hospitals. The figures provided may include patients with cancer and/or VTE, whose cause of death was not one of these conditions.

2016	452
2017	408
2018	341

- 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:

Response:

The Business Intelligence team do not have access to a detailed list of patient deaths due to cancer. The figures provided only show deaths during a hospital admission where cancer and/or VTE was recorded as a diagnosis. However, we do not hold cause of death in the data we receive from hospitals. The figures provided may include patients with cancer and/or VTE, whose cause of death was not one of these conditions.

2016	6
2017	5
2018	1

- f) Of the patients who died in your CCG who had both VTE **and** cancer listed as a cause of death, how many:

Response:

The Business Intelligence team do not have access to a detailed list of patient deaths due to cancer. The figures provided only show deaths during a hospital admission where cancer and/or VTE was recorded as a diagnosis. However, we do not hold cause of death in the data we receive from hospitals. The figures provided may include patients with cancer and/or VTE, whose cause of death was not one of these conditions.



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	2016	2017	2018
Were receiving chemotherapy?	N/A	N/A	N/A
Were treated for brain cancer?			
Were treated for lung cancer?	3	1	
Were treated for uterine cancer?			
Were treated for bladder cancer?			
Were treated for pancreatic cancer?		1	
Were treated for stomach cancer?		1	
Were treated for kidney cancer?			

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

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

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	



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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	<input type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s):	<input type="checkbox"/>
Documented patient discussion with healthcare professional	<input type="checkbox"/>
Information provided in other format (please specify)	<input type="checkbox"/>

- 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:	<input type="checkbox"/>
No	<input type="checkbox"/>

Response to all parts of Q6:

We are unable to provide you with the information you have requested under section 1 (1)(a) of the FOI Act as we do not have any direct involvement in patient communications like this, it is managed by the provider of the service.



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

If 'Yes', please specify the estimated cost:

[Empty box for cost specification]

Response to Q7 (a):

We do not have information relating to readmissions for VTE, and VTE treatments are paid for as part of a general admission tariff. The figures below relate to admissions for VTE, including treatment.

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.

Response:

The Business Intelligence Team do not receive any information pertaining to litigation costs and do not have sufficient information to distinguish between re-admissions and multiple, separate admissions for VTE. It is also worth noting that, as stated previously, Liverpool CCG do not receive information which would allow us to identify things like outpatient or A&E attendances for patients with VTE. As a result, the figures provided may be significantly less than the real cost of VTE to Liverpool CCG.

VTE management and care	Cost-estimate	Corresponding patient numbers
VTE hospitalisations	£666,635	909
VTE re-admissions		
VTE treatments (medical and mechanical thromboprophylaxis)		
VTE litigation/negligence costs		

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.