



Liverpool

Clinical Commissioning Group

Corporate Services

NHS Liverpool Clinical Commissioning Group

The Department

Lewis's Building

Renshaw Street

Liverpool

L1 2SA

Ref: 61501

13th September 2019

Email:

Email: foi@liverpoolccg.nhs.uk

Dear

Re: Freedom of Information Request

Thank you for your Freedom of Information request that we received on 20th August 2019, with regards to Venous Thromboembolism (VTE) prevention and management practices.

Request / Response:

1. 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?
 - 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?

2. Root Cause Analysis of hospital associated thrombosis
 - 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?	

3. 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?

- b) Of these patients, how many:

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

- 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?

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

4. 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?

5. VTE and Cancer

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

- 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
- 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

- 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?			
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?			

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

- 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	

6. Patient Information

- a) What steps does your CCG take to ensure patients are adequately informed about VTE prevention?
- b) If your CCG provides written information on VTE prevention, does it provide information in languages other than English?

7. 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? 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.

Response: Please see the completed survey attached.

We wish to take this opportunity to inform you that a formal complaints and internal review procedure is available to applicants who are unhappy with responses provided to FOI requests. You can formally request an internal review within a reasonable period of time (2 calendar months) from the date this response was issued.

Where you are not satisfied with the decision of the internal review you may apply directly to the Information Commissioners Office (ICO) for a further review of that decision. Generally, the ICO cannot make a decision unless you have exhausted our complaints procedure in the first instance.

The ICO can be contacted at:

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Should you require any further information, clarification regarding this response or do not feel that your request has been answered as you would expect, please contact us to discuss.

Yours sincerely,

**Corporate Services Team
NHS Liverpool CCG**