

Dear Requester

19<sup>th</sup> September 2019

**FREEDOM OF INFORMATION REQUEST - RESPONSE**  
**FOI Reference: OPTUM FOI 300-681 – SL CCG**

I refer to your email received on 20 August 2019. I can confirm on behalf of NHS South Lincolnshire Clinical Commissioning Groups (CCG) supported by Optum Commissioning Support Services, and in accordance with S.1 (1) of the Freedom of Information Act 2000 (FOIA) that we do hold some of the information you have requested. A response to each element of your request is detailed below:

**REQUEST & RESPONSE**

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

**RESPONSE:**

**Main Contact:** Paul Jibson, Head of the Lincolnshire Quality Team, supporting 4 Lincolnshire CCGs  
**email:** [paul.jibson@lincolnshirewestccg.nhs.uk](mailto:paul.jibson@lincolnshirewestccg.nhs.uk)

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"/>

**RESPONSE:** Information not held by the CCG. This information is contained within the National Quality Schedule. The Lincolnshire Quality Team do not manage the national quality schedule indicators for LE CCG.

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?

**RESPONSE:** Information not held by the CCG.

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:** Information not held by the CCG.

## 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)	

**RESPONSE:** Information not held by the CCG.

- 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)	

**RESPONSE:** Information not held by the CCG.

- 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:** Information not held by the CCG.

### 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:** The CCG cannot identify where the VTE occurred. Data provided is of patients who were discharged with a primary diagnosis of VTE

SL CCG	122
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b) Of these patients, how many:

Had a previous inpatient stay in your CCG up to 90 days prior to their admission?	<b>RESPONSE: SL CCG</b>
90 days prior	<b>43</b>
Were care home residents?	<b>≤ 5</b>
Were female?	<b>55</b>
Were male?	<b>67</b>

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:** Information not held by the CCG

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

**RESPONSE:** Information not held by the CCG.

#### 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?

**RESPONSE:** Information not held by the CCG.

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:** Information not held by the CCG.

**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?

	<b>RESPONSE – attendances for patients with a cancer diagnosis</b>
2016	6,027
2017	7,317
2018	7,770

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?

	<b>RESPONSE – attendances for patients with a cancer diagnosis (and VTE)</b>
2016	43
2017	64
2018	53

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

<b>RESPONSE FOR LE CCG</b>	2016	2017	2018
Were receiving chemotherapy?	<b>7</b>	<b>≤ 5</b>	<b>0</b>
Had metastatic disease?	Information not held by the CCG		
Had localised disease?	Information not held by the CCG		
Were treated for brain cancer?	<b>≤ 5</b>	<b>6</b>	<b>≤ 5</b>
Were treated for lung cancer?	13	10	15
Were treated for uterine cancer?	0	0	0
Were treated for bladder cancer?	<b>≤ 5</b>	5	<b>≤ 5</b>
Were treated for pancreatic cancer?	<b>≤ 5</b>	<b>≤ 5</b>	<b>≤ 5</b>
Were treated for stomach cancer?	<b>≤ 5</b>	<b>≤ 5</b>	<b>0</b>
Were treated for kidney cancer?	<b>0</b>	<b>0</b>	<b>0</b>

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:

2016	<b>Response:</b> Information not held by the CCG
2017	
2018	

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	<b>Response:</b> Information not held by the CCG
2017	
2018	

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?	<b>Response:</b> Information not held by the CCG		
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?

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

**Response:** Information not held by the CCG

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)	<b>Response:</b> Information not held by the CCG
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	<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"/>

**Response:** Information not held by the CCG

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:** Information not held by the CCG

**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 type="checkbox"/>

**Response:** Information not held by the CCG

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		
VTE re-admissions		
VTE treatments (medical and mechanical thromboprophylaxis)		
VTE litigation/negligence costs		

**Response:** Information not held by the CCG

I trust that this answers your queries with the information we currently hold, but if we can be of any further assistance please do not hesitate to contact the FOI Team.

If you are dissatisfied with the handling of your request, you have the right to ask for an internal review. Internal review requests should be submitted within two months of the date of receipt of the response to your original letter and should be addressed to

Optum Health Systems Support  
FOI TEAM  
South Kesteven District Council Offices  
St. Peter's Hill  
Grantham  
NG31 6PZ

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a decision. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the CCGs.

The Information Commissioner's contact details can be found here:

<https://ico.org.uk/global/contact-us/>

*All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence](#) (OGL) a request to re-use is not required, but the licence conditions must be met. You must not re-use any previously unreleased information without having the consent from the CCG. Should you wish to re-use previously unreleased information then you must make your request in writing (email will suffice) to the FOI Lead. All requests for re-use will be responded to within 20 working days of receipt.*

Yours faithfully

**FOI Team**  
**On behalf of NHS South Lincolnshire CCG**