**FOI Ref: 6272**

**Category(ies): Trust - Policies**

**Subject: Thrombosis - Venous thromboembolism**

**Date Received: 04/03/2022**

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| **Your request:** | **Our response:** |
| **Acute management of Venous thromboembolism:** | |
| 1. Confirm whether the Trust routinely prescribes direct oral anticoagulants (DOACs) in preference to low molecular weight heparin (LMWH) and warfarin for the management of standard acute venous thromboembolism (VTE)? | Yes |
| 1. Please provide a copy of the Trusts’ management policy on management of acute venous thromboembolism (VTE). | An updated policy is currently going through trust ratification; expected to be ratified in April 2022. |
| 1. Does the Trust provide all patients with an unprovoked VTE a medical opinion from a thrombosis physician? | Patients are all reviewed either in the specialist nurse clinic or consultant-led clinic dependent on the complexity of the case after MDT discussion. |
| 1. Does the Trust definition of an ‘unprovoked VTE’ include women using the combined oral contraceptive pill or hormone replacement therapy (HRT)? | Case by case dependent not one ‘fixed’ rule. |
| 1. Do investigations after an unprovoked VTE follow NICE guidance? | Yes |
| 1. Per week, how many clinics are devoted to seeing patients with VTE in the Trust? | 25 Nurse-led clinic slots over 5 sessions, 10 Nurse-led thrombosis clinic slots over 5 sessions and 8 Consultant Led Thrombosis clinic slots on 1 day per week |
| 1. How many full-time equivalents are employed by the Trust to provide thromboprophylaxis and care of thrombosis patients from?    1. Nursing    2. Pharmacists    3. Medical | There are 2.1 WTE Anticoagulation Nurse Specialists employed to provide care for thrombosis patients. There is not currently a dedicated Thromboprophylaxis nurse |
| **Thromboprophylaxis** | |
| 1. Does the Trust routinely meet the 95% VTE Risk Assessment level required by NHS England? | Yes, except for last 4 months (93-94.6%); YTD 21/22 95.4% |
| 1. Please provide the monthly percentage (admissions numbers/VTE risk assessments carried out) for VTE risk assessments carried across the Trust between 1st October 2021 – 31 December 2022. |  |
| 1. Does the Trust have dedicated funding for a team ensuring VTE prevention occurs? | No |
| **COVID-19** | |
| 1. Please provide a copy of the Trust’s thromboprophylaxis protocols used to treat in-patients with COVID-19 pneumonia. |  |
| **Psychological care** | |
| 1. Do VTE patients within the Trust have access to clinical psychological support? | No |
| 1. How many sessions per week are provided by the Trust for VTE clinical psychological support? | None |
| **Cancer-associated VTE** | |
| 1. Does the Trust have a dedicated clinical lead for cancer associated thrombosis (CAT)? | No |
| 1. Does a protocol exist for managing VTE in those with cancer? | There isn’t a separate protocol. |
| 1. Please provide a copy of the Trusts’ protocol for managing VTE in those with cancer. | None available |
| **VTE prevention and management in the community** | |
| 1. Please provide copies of VTE care pathways developed to support community clinicians with regards to: 2. Anticoagulation medication changes 3. Anticoagulation dosing. | There is a shared care agreement when patients are discharged with low molecular weight heparin.  The protocol is embedded in Meditech (Electronic Patient Record) |
| 1. Does the Trust have specific VTE guidance for? 2. System wide protocols? 3. E-consultation facilities? 4. On call clinician to discuss problems and seek advice from? | See Document Appendix 1 to Anticoagulation/VTE Policies for Adults that is embedded in Q2. |
| 1. Please provide copies of the Trust’s protocol documents for VTE prevention and management in: 2. System wide protocols 3. E-consultation facilities 4. On call clinician to discuss problems and seek advice from | See Document Appendix 1 to Anticoagulation/VTE Policies for Adults that is embedded in Q2. |