

Freedom of Information Team  
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Date: 26/05/2022

Ref: 21-22 620

### **Freedom of Information request**

Firstly, please accept our sincere apologies for the delay in responding to you.

Thank you for your request for information under the Freedom of Information Act 2000, which was received by the Trust on 07/03/2022. Please see responses to your requests below.

#### **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)?**

Patients within the Trust are prescribed the most appropriate pharmacological prophylaxis based on their individual needs. This can range from DOACs, LMWH and warfarin.

- 2. Please provide a copy of the Trusts' management policy on management of acute venous thromboembolism (VTE).**

The Trust's VTE policy is currently being reviewed and amended to reflect updates in NICE guidance since the policy was last reviewed. Please see the current VTE policy below:



- 3. Does the Trust provide all patients with an unprovoked VTE a medical opinion from a thrombosis physician?**

Where appropriate and required, patients are reviewed by a suitably qualified physician, for example a consultant Haematologist will see the patient as an inpatient or in an outpatient follow up setting.

- 4. Does the Trust definition of an 'unprovoked VTE' include women using the combined oral contraceptive pill or hormone replacement therapy (HRT)?**

The Trust does not have a specific definition of an unprovoked VTE.

- 5. Do investigations after an unprovoked VTE follow NICE guidance?**

Yes.

- 6. Per week, how many clinics are devoted to seeing patients with VTE in the Trust?**

There is an ambulatory pathway for VTE, and outpatient follow-up management. There is also a follow-up appointment with respiratory clinicians following diagnosis of pulmonary embolism (PE)

(one clinic day a week but can have up to three lists with three Respiratory Physicians based on demand). Patients are also seen by the Trust's Haematologists if specialist input is required (one clinic a week, and another one clinic a month).

**7. How many full-time equivalents are employed by the Trust to provide thromboprophylaxis and care of thrombosis patients from?**

- a. Nursing
- b. Pharmacists
- c. Medical

All qualified nursing, pharmacy and medical staff can provide thromboprophylaxis and care for thrombosis patients to some degree. However we are unable to provide in VTE those who have received specific training in this area. It is estimated that to attempt to retrieve all the information you require would take a considerable amount of retrieval time, which would exceed 18 hours. This would exceed the appropriate limit for dealing with a Freedom of Information Request, in terms of costs and therefore Section 12(1) of the Freedom of Information Act 2000 applies.

**Thromboprophylaxis**

**8. Does the Trust routinely meet the 95% VTE Risk Assessment level required by NHS England?**  
No, the Trust does not routinely meet the 95% VTE compliance level required by NHS England.

**9. 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.**

Work within the Trust continues to promote the importance of timely VTE assessments within all Care Groups, including collaborative working with all ward teams to embed processes to improve compliance. Please see table below up to April 2022.

	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22
VTE Assessment %	87.9	88.4	90.1	87.9	86.1	85.5	86.5

**10. Does the Trust have dedicated funding for a team ensuring VTE prevention occurs?**  
The Trust employs one VTE Practitioner and one Patient Safety Lead.

**COVID-19**

**11. Please provide a copy of the Trust's thromboprophylaxis protocols used to treat in-patients with COVID-19 pneumonia.**

Please see attachments below:



COVID 19  
Thromboprophylaxis



COVID-VTE  
Prohylaxis (10 Jul 2

**Psychological care**

**12. Do VTE patients within the Trust have access to clinical psychological support?**  
No, VTE patients within the Trust do not have access to clinical psychological support.

**13. How many sessions per week are provided by the Trust for VTE clinical psychological support?**  
Not applicable.

## **Cancer-associated VTE**

**14. Does the Trust have a dedicated clinical lead for cancer associated thrombosis (CAT)?**

No, the Trust does not have a dedicated clinical lead for cancer associated thrombosis.

**15. Does a protocol exist for managing VTE in those with cancer?**

Please see answer in question 2.

**16. Please provide a copy of the Trusts' protocol for managing VTE in those with cancer.**

Not applicable.

## **VTE prevention and management in the community**

**17. Please provide copies of VTE care pathways developed to support community clinicians with regards to:**

**a) Anticoagulation medication changes**

**b) Anticoagulation dosing.**

Electronic discharge summary captures the changes in medication during admission as well as the follow-on treatment doses as part of the TTOs

**18. Does the Trust have specific VTE guidance for:**

**a) System wide protocols?**

The Trust has a VTE policy.

**b) E-consultation facilities?**

No the Trust does not have e-consultation guidance for VTE.

**c) On call clinician to discuss problems and seek advice from?**

If advice is needed to treat a VTE whilst inpatient, there are a range of specialist consultants (Stroke, Cardiac, Respiratory and Haematology) who can offer advice both in and out of hours.

**19. Please provide copies of the Trust's protocol documents for VTE prevention and management in**

**a) System wide protocols**

Please see answer to question 2.

**b) E-consultation facilities**

Not applicable.

**c) On call clinician to discuss problems and seek advice from**

Please see answer in 18c.

Please accept this letter as completion of your request. Please note that copies of this request will be held on file for three years before being confidentially destroyed.

If you are dissatisfied with the outcome of your request, please contact our Head of Information Governance on [Information.Governance@porthosp.nhs.uk](mailto:Information.Governance@porthosp.nhs.uk) or write to the above address and we will conduct an internal review. Upon review, if you are still dissatisfied, you may appeal our decision by contacting the Information Commissioner's Office; for more information, please visit the [ICO's website](#).

Please be aware, if we do not receive an appeal within 30 days of you receiving this letter, we will assume that you are satisfied with our response. If you have any further queries, please do not hesitate to contact us.

Yours sincerely

Freedom of Information Team