

Date: 11 March 2022

**Re: Freedom of Information Request**  
**Ref: 72-2022**

Thank you for your email dated the 5/3/2022, requesting information in relation to VTEs.

The information that you require is as follows:

**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)?

**DOACs are considered for use when the patient's condition allows.**

2. Please provide a copy of the Trusts' management policy on management of acute venous thromboembolism (VTE).  
**Please see attached**
3. Does the Trust provide all patients with an unprovoked VTE a medical opinion from a thrombosis physician?  
**As a specialist cancer trust all VTEs are provoked due to the patient's cancer diagnosis.**
4. Does the Trust definition of an 'unprovoked VTE' include women using the combined oral contraceptive pill or hormone replacement therapy (HRT)?  
**Please see answer above question 3**
5. Do investigations after an unprovoked VTE follow NICE guidance?  
**Please see answer above question 3**
6. Per week, how many clinics are devoted to seeing patients with VTE in the Trust?  
**N/A as a specialist cancer hospital there are no dedicated clinics to for VTE only.**
7. How many full-time equivalents are employed by the Trust to provide thromboprophylaxis and care of thrombosis patients from?
  - a. Nursing **0**
  - b. Pharmacists **0**
  - c. Medical **0**

#### Thromboprophylaxis

8. Does the Trust routinely meet the 95% VTE Risk Assessment level required by NHS England?

Yes, the Trust have met the 95% target 8 out of the last 11 months

8. Please provide the monthly percentage (admissions numbers/VTE risk assessments carried out) for VTE risk assessments carried across the Trust between 1<sup>st</sup> October 2021 – 31 December 2022.

- October 2021 = 97%
- November 2021 = 98%
- December 2021 = 95%
- January 2022 = 95%
- February 2022 = 98%

10. Does the Trust have dedicated funding for a team ensuring VTE prevention occurs?

The trust does not have a dedicated team for VTE prevention, the trust has a multidisciplinary VTE group.

#### COVID-19

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

N/A - as specialist trust, patients with COVID-19 pneumonia are transferred to an acute trust for treatment.

#### Psychological care

12. Do VTE patients within the Trust have access to clinical psychological support?

The trust does have a psychological medicine team, although this not is dedicated for VTE. Although extremely rare, patients could be referred if necessary.

13. How many sessions per week are provided by the Trust for VTE clinical psychological support?

Nil as this is not a VTE dedicated service.

#### Cancer-associated VTE

14. Does the Trust have a dedicated clinical lead for cancer associated thrombosis (CAT)?  
Yes the medical lead is a consultant haematologist.

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

As a specialist cancer trust the VTE policy relates only to cancer patients.

16. Please provide a copy of the Trusts' protocol for managing VTE in those with cancer.  
Not applicable as a specialist cancer trust the VTE policy relates only to cancer patients.

#### VTE prevention and management in the community specialist trust LUFT RD

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

- (i) Anticoagulation medication changes N/A
- (ii) Anticoagulation dosing. N/A

18. Does the Trust have specific VTE guidance for:

- (i) System wide protocols? Please see attached policy

- (ii) E-consultation facilities? **No specific guidance**
- (iii) On call clinician to discuss problems and seek advice from? **No specific guidance**

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

- (i) System wide protocols **Please see attached policy**
- (ii) E-consultation facilities **N/A**
- (iii) On call clinician to discuss problems and seek advice from **N/A**

Should you require any further information please do not hesitate to contact me on the email address provided below.

Please remember to quote the reference number above in any future communications.

If you are dissatisfied with the handling of your request, you have the right to ask for this to be investigated internally.

If you are dissatisfied with the information you have received, you have the right to ask for an internal review.

Both processes will be handled in accordance with our Trust's Freedom of Information Policy and the Freedom of Information Act 2000.

Internal investigation and 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: Freedom of Information Review, The Clatterbridge Cancer Centre NHS Foundation Trust, Clatterbridge Road, Bebington, Wirral, CH63 4JY

If you are not satisfied with the outcome of the internal investigation/review, you have the right to apply directly to the Information Commissioner for a decision. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF.

**In order for us to ensure customer satisfaction and to monitor compliance with the Freedom of Information Act 2000, we would be grateful if you could take a couple of minutes to complete a short feedback form via the link below:**

**<https://www.surveymonkey.co.uk/r/H39RFMM>**

Kind Regards,

Margaret Moore  
Information Governance Administrator  
Contact Email: [ccf-tr.foi@nhs.net](mailto:ccf-tr.foi@nhs.net)