



**The Clatterbridge  
Cancer Centre**  
NHS Foundation Trust

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Date: 17 September 2019

**Re: Freedom of Information Request**  
**Ref: 229 - 2019**

Thank you for your email dated the 19<sup>th</sup> August 2019, requesting information regarding VTE management and care.

The information that you require is as follows:

**Please find attached a Freedom of Information request on behalf of the All-Party Parliamentary Thrombosis Group. I would be grateful if you could please provide a response within the timeframe specified by the Freedom of Information Act 2000.**

**Please see Appendix 1 below**

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.

**FREEDOM OF INFORMATION REQUEST**

**FOI request into Trust Venous Thromboembolism (VTE)  
prevention and management practices**

Name:

Position:

Acute Trust:

Email:

Under the Freedom of Information Act 2000, we request the following information:

Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). 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.

**QUESTION ONE – VTE RISK ASSESSMENT AND DIAGNOSIS**

- a) Are in-patients who are considered to be at risk of VTE in your Trust routinely checked for both proximal and distal DVT? (Tick one box)

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

- b) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from first clinical suspicion of VTE to diagnosis?

**Following a scoping exercise, it has become evident that in order to meet the full requirements of this question, there would be a significant impact on both time and workload within the Trust. This information is not held centrally and would therefore require a member of staff to manually**

check each individual patient for the time period and extract the information requested. It is estimated that this would take far in excess of 18 hours.

Section 12 of the Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the 'appropriate limit', which for local authorities is £450, or 18 hours (at £25 per hour). This represents the estimated cost of one person spending 2.5 working days locating the documents that contain the information and extracting the relevant information containing it. This would take considerable time and cost which we estimate will exceed the "appropriate limit".

- c) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from diagnosis to first treatment?

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## 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 Trust in each of the following quarters?

Quarter	Total recorded number of HAT
2018 Q2 (Apr –Jun)	10

2018 Q3 (Jul – Sep)	<b>7</b>
2018 Q4 (Oct – Dec)	<b>4</b>
2019 Q1 (Jan – Mar)	<b>5</b>

**b) How many Root Cause Analyses of confirmed cases of HAT were performed in each of the following quarters?**

<b>Quarter</b>	<b>Number of Root Cause Analyses performed</b>
2018 Q2 (Apr – Jun)	<b>8</b>
2018 Q3 (Jul – Sep)	<b>6</b>
2018 Q4 (Oct – Dec)	<b>4</b>
2019 Q1 (Jan – Mar)	<b>3</b>

- c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1 April 2018 and 31 March 2019, in how many cases:

Did patients have distal DVT?	Information not differentiated within the Root Cause Analyses
Did patients have proximal DVT?	Information not differentiated within the Root Cause Analyses
Were patients receiving thromboprophylaxis prior to the episode of HAT?	Of the 21 RCAs available; 18 patients received prophylaxis and 3 were not applicable for different reasons.
Did HAT occur in surgical patients?	Not Applicable to the Trust
Did HAT occur in general medicine patients?	Not Applicable to the Trust
Did HAT occur in cancer patients?	All patients were cancer patients

### QUESTION THREE – ADMISSION TO HOSPITAL FOR VTE

- a) How many patients were admitted to your Trust for VTE which occurred outside of a secondary care setting between 1 April 2018 and 31 March 2019?

From the 21 RCAs reviewed 6 patients VTEs occurred outside of the trust.

- b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	**Please see note at the bottom of this table
Were care home residents?	0
Were female?	**Please see note at the bottom of this table
Were male?	**Please see note at the bottom of this table

\*\* In accordance with the Data Protection Act 2018 our Trust is unable to release all of the information requested. The Clatterbridge Cancer Centre NHS Foundation Trust is a relatively small Trust and by providing this level of detail where the number of patients is less than or equal to five increases any 'potential' risk of this data becoming identifiable information and thereby contravening one or more of the Data Protection Principles by releasing it into the public domain. Confidentiality is expected in such matters. This information is therefore exempt under Section 40: Personal Information, of the Freedom of Information Act 2000.

- c) Of the patients admitted to your Trust for VTE occurring between 1 April 2018 and 31 March 2019 who had a previous inpatient stay in your Trust up to 90 days prior to their admission, how many had their VTE risk status recorded in their discharge summary?

18 = Yes VTE was recorded on discharge summary  
 4 = Not Applicable due to patient death  
 3 = No

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

Free text VTE status, diagnosis and treatment if necessary.

#### 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?

18 out of 21

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?

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Section 12 of the Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the ‘appropriate limit’, which for local authorities is £450, or 18 hours (at £25 per hour). This represents the estimated cost of one person spending 2.5 working days locating the documents that contain the information and extracting the relevant information containing it. This would take considerable time and cost which we estimate will exceed the “appropriate limit”.

#### QUESTION FIVE – VTE AND CANCER

a) How many patients has your Trust treated for cancer (of all types) in each of the past three years?

2016	14514
2017	13482
2018	16635

#NOTE – Above is counts only of patients who have received treatment of Radiotherapy or Chemotherapy in year, and inpatients.

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?

2016	25
2017	27

2018	33
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- All patients treated who have VTE diagnosis code in any diagnosis code position at any time

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?	**Please see note at the bottom of this table	**Please see note at the bottom of this table	**Please see note at the bottom of this table
Had metastatic disease?	Not recorded	Not recorded	Not recorded
Had localised disease?	Not recorded	Not recorded	Not recorded
Were treated for brain cancer?	**Please see note at the bottom of this table	**Please see note at the bottom of this table	**Please see note at the bottom of this table
Were treated for lung cancer?	**Please see note at the bottom of this table	**Please see note at the bottom of this table	7
Were treated for uterine cancer?	**Please see note at the bottom of this table	0	**Please see note at the bottom of this table
Were treated for bladder cancer?	0	**Please see note at the bottom of this table	0
Were treated for pancreatic cancer?	**Please see note at the bottom of this table	6	6
Were treated for stomach cancer?	0	**Please see note at the bottom of this table	0
Were treated for kidney cancer?	**Please see note at the bottom of this table	0	**Please see note at the bottom of this table

-Metastatic/localised not recorded until 2019

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**Confidentiality is expected in such matters. This information is therefore exempt under Section 40: Personal Information, of the Freedom of Information Act 2000.**

d) In how many patient deaths within your Trust was cancer (of any type) listed as the **primary** cause of death in each of the past three years:

2016	<b>73</b>
2017	<b>58</b>
2018	<b>70</b>

e) Of the patients who died within your Trust, in how many was VTE **as well** as cancer listed as a cause of death in each of the past three years:

2016	<b>**Please see note at the bottom of this table</b>
2017	<b>**Please see note at the bottom of this table</b>
2018	<b>**Please see note at the bottom of this table</b>

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f) Of the patients who died in your Trust who had both VTE **and** cancer listed as a cause of death, how many:

	2016	2017	2018
Were receiving chemotherapy?	<b>**Please see note at the bottom of this table</b>	<b>0</b>	<b>**Please see note at the bottom of this table</b>
Were treated for brain cancer?	<b>0</b>	<b>0</b>	<b>0</b>
Were treated for lung cancer?	<b>**Please see note at the bottom of this table</b>	<b>0</b>	<b>0</b>
Were treated for uterine cancer?	<b>0</b>	<b>0</b>	<b>0</b>
Were treated for bladder cancer?	<b>0</b>	<b>0</b>	<b>0</b>
Were treated for pancreatic cancer?	<b>0</b>	<b>**Please see note at the bottom of this table</b>	<b>0</b>
Were treated for stomach cancer?	<b>0</b>	<b>0</b>	<b>0</b>
Were treated for kidney cancer?	<b>0</b>	<b>0</b>	<b>0</b>

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

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

All Inpatients.

- 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)	Yes
Direct Oral AntiCoagulants (DOAC)	No
Aspirin	No
Warfarin	No
Other	No
None	No

#### 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 Trust take to ensure patients are adequately informed about VTE prevention? (Tick each box that applies)

Distribution of own patient information leaflet	<input checked="" 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"/>

- b) If your Trust provides written information on VTE prevention, does it provide information in languages other than English? (Tick each box that applies)

Yes	<input checked="" type="checkbox"/>
If yes, please specify which languages: Alternative languages are produced as and when required. CReST Department response is that all languages are available, and produced on as required basis	
No	<input type="checkbox"/>

### QUESTION SEVEN – COST OF VTE IN YOUR AREA

- a) Does your Trust 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 checked="" type="checkbox"/>

The trust has an estimate of the cost per overnight bed stay but this is not solely related to VTE and would need to be reviewed on an individual case.

If 'Yes', please specify the estimated cost:

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- 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.

c)

VTE management and care	Cost-estimate	Corresponding patient numbers
VTE hospitalisations	Information not held by the Trust to the level of detail required	Information not held by the Trust to the level of detail required
VTE re-admissions	Information not held by the Trust to the level of detail required	Information not held by the Trust to the level of detail required
VTE treatments (medical and mechanical thromboprophylaxis)	Information not held by the Trust to the level of detail required	Information not held by the Trust to the level of detail required
VTE litigation/negligence costs	Information not held by the Trust to the level of detail required	

**END**

**THANK YOU FOR YOUR RESPONSE**