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Freedom of Information Act Disclosure log - Reply Extract

You asked

FREEDOM OF INFORMATION REQUEST

FOI request into cost of Venous Thromboembolism (VTE) prevention and management practices at Trust level

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Please note that additional paper or electronic copies are available on request from the XXX secretariat

Please return your completed response to the XXX secretariat:

XXX details removed

Under the Freedom of Information Act 2000, the X X X writes to 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 COST ESTIMATIONS

a) Does the Trust provide a cost-estimate for the following areas of VTE management and care? (Tick a box)

o VTE Hospitalisations:

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> |
| No | X <input type="checkbox"/> |

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate how many hospitalisations have taken place between 1 April 2017 and 31 March 2018:

The total number of patients admitted with a primary cause of admission being either DVT or PE during this period was 259.

VTE re-admissions:

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> |
| No | X <input type="checkbox"/> |

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if no then please indicate how many re-admissions have taken place between 1 April 2017 and 31 March 2018:

Data on readmissions following primary hospitalization for VTE data on this is not collected.

Length of stay in hospital due to a VTE diagnosis:

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> |
| No | X <input type="checkbox"/> |

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the average length of stay in hospital between 1 April 2017 and 31 March 2018:

Data on length of stay for VTE not collected. We know majority of primary presentations for DVT managed as outpatients and around 50% of primary presentation of PE managed as outpatient. Length of stay for VTE may depend upon whether this was a hospital acquired event which was diagnosed as part of another admission such as elective surgery.

- b) Does the Trust provide a cost of VTE management (i.e. assessing, diagnosing, treating and reducing the risk of VTE) *(Tick a box)*

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> |
| No | X <input type="checkbox"/> |

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the amount of time spent on VTE management between 1 April 2017 and 31 March 2018:

Data not collected so information not known.

- c) Does the Trust estimate the annual all-cause costs of the treatment of VTE complications (i.e. postthrombotic syndrome (PTS), and chronic thromboembolic pulmonary hypertension (CTEPH)? *(Tick a box)*

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> |
| No | X <input type="checkbox"/> |

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the number of VTE complications that occurred between 1 April 2017 and 31 March 2018:

Data not collected, so information not known.

d) Does the Trust estimate the annual all-cause costs of the treatment of VTE comorbidities? (Tick a box)

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> |
| No | X <input type="checkbox"/> |

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the number of VTE comorbidities that occur between 1 April 2017 and 31 March 2018:

Data not collected so information not known.

e) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE.

| | |
|-------------|--|
| Cost of DVT | |
| Cost of PE | |
| Total spend | |

Data not collected so information not known.

f) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE in the following health settings.

| | DVT | PE |
|----------------|-----|----|
| Primary care | | |
| Secondary care | | |
| Total spend | | |

Data not collected so information not known.

g) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE in the following health settings.

| | DVT | PE |
|----------------|-----|----|
| Community care | | |
| Hospital care | | |
| Total spend | | |

Data not collected so information not known.

QUESTION TWO – SANCTIONS AND NEGLIGENCE PAYMENTS

- a) **Between 1 April 2017 and 31 March 2018, has your Trust imposed any financial sanctions on providers for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of hospital-associated thrombosis (HAT)?** *(Please tick one box)*

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> |
| No | X <input type="checkbox"/> |

If 'Yes', please specify which providers your Trust has imposed financial sanctions, between 1 April 2017 and 31 March 2018:

| Name of provider | Financial sanction? |
|-------------------------|----------------------------|
| Not applicable | Not applicable |

- b) **Between 1 April 2017 and 31 March 2018, has your Trust imposed sanctions (e.g. percentage reduction in tariff payments) on secondary care providers that fail to risk assess at least 95 per cent of all adult inpatients?** *(Tick a box)*

| | |
|-----|----------------------------|
| Yes | <input type="checkbox"/> |
| No | X <input type="checkbox"/> |

If 'Yes' please outline the estimated reduction in tariff payments on secondary care providers in the box below:

Not applicable

- c) Please outline, if any, the monetary amount the Trust has paid out in clinical negligence claims due to failures to undertake VTE prevention duties in the last three years:

| 2014/2015 | 2015/2016 | 2016/2017 |
|-----------|-----------|-----------|
| | | |

Data not collected so information not known

QUESTION THREE – COMMISSIONING FOR QUALITY AND INNOVATION

In 2010, the Commissioning for Quality and Innovation (CQUIN) payments framework issued a national target for >95% patients to receive an initial VTE risk assessment within 24 hours of admission, the final 5% accounting for patients quickly transferred or discharged. Trusts failing to meet this target are now liable for penalty fines of £200 per patient missed.

- a) Please outline, if any, the monetary amount the Trust has paid out in penalty fines per patient missed in the last three years.

| 2014/2015 | 2015/2016 | 2016/2017 |
|-----------|-----------|-----------|
| £9,800 | £2,800 | £10,400 |

END

THANK YOU FOR YOUR RESPONSE

XXX applicant details removed

Attachments included: No