

Ref: FOI/CAD/ID 3514

Please reply to:
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Freedom of Information Act 2000

I am writing in response to your request for information made under the Freedom of Information Act 2000 in relation to Venous Thromboembolism in cancer patients.

Please find attached a set of questions relating to venous thromboembolism in cancer patients.

Venous thromboembolism (VTE) in cancer patients

Part 1: Incidence

Question 1: How many patients has your Trust treated for cancer (of all types) in each of the past four years?

Question 2: 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 four years?

Question 3: Of the patients treated for cancer who also had a diagnosis of VTE in each of the past four years, how many:

Were receiving chemotherapy?

Had metastatic disease?

Had localised disease?

Were treated for brain cancer?

Were treated for lung cancer?

Were treated for uterine cancer?

Were treated for bladder cancer?

Were treated for pancreatic cancer?

Were treated for stomach cancer?

Were treated for kidney cancer?

Part 2: Mortality

Question 4: 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 four years:

Question 5: 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 four years:

Question 6: Of the patients who died in your Trust who had both VTE and cancer listed as a cause of death, how many:

Were receiving chemotherapy?

Were treated for brain cancer?

Were treated for lung cancer?

Were treated for uterine cancer?

Were treated for bladder cancer?

Were treated for pancreatic cancer?

Were treated for stomach cancer?

Were treated for kidney cancer?

Part 3: Advice given to patients

Question 7: Are patients who receive chemotherapy provided with written and verbal information about the risk of developing VTE during chemotherapy? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

Question 8: Are patients who receive chemotherapy provided with written and verbal information which outlines the symptoms suggestive of VTE? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

Question 9: Are patients who receive chemotherapy provided with written and verbal information regarding what action they should take if they suspect a Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

Question 10: Does your Trust have a policy or pathway for the management of suspected VTE in patients receiving chemotherapy?

The information for the years 2012 2013 and 2014 have been previously provided and can be found on the Trust website using the following link:

<http://www.mtw.nhs.uk/freedom-of-information/>

The information for the year 2015 is as follows:

Part 1: Incidence

Question 1

a) 2386

Question 2

a) 9

Question 3

This information is not held electronically and would require the manual searching of all patient notes for any patient diagnosed with cancer in 2015. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with this part of your request and we will not be processing this part of your request further.

Part 2: Mortality

Question 4

The Trust does not hold data for the primary cause of death therefore the figures below are those with a primary diagnosis of cancer and a discharge method showing as died.

a) 200

Question 5

a) 4

Question 6

This information is not held electronically and would require the manual searching of all patient notes for any patient diagnosed with cancer in 2015. The Trust has estimated that it will cost more than the appropriate limit to consider this part of your request. The appropriate limit is specified in regulations and represents the estimated cost of one person spending 3½ working days in determining whether the Trust holds the information, locating, retrieving and extracting the information. Under Section 12 of the Freedom of Information Act 2000 the Trust is not obliged to comply with this part of your request and we will not be processing this part of your request further.

Part 3: Advice given to patients

Question 7

Yes

Question 8

Yes

Question 9

Yes

Question 10

Yes