

Ref: FOI/GS/ID 7286

Please reply to:
FOI Administrator
Trust Management
Maidstone Hospital
Hermitage Lane
Maidstone, Kent
ME16 9QQ
Email: mtw-tr.foiadmin@nhs.net
www.mtw.nhs.uk

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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 acute venous thromboembolism (VTE).

You asked:

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)?*
- 2. Please provide a copy of the Trusts' management policy on management of acute venous thromboembolism (VTE).*
- 3. Does the Trust provide all patients with an unprovoked VTE a medical opinion from a thrombosis physician?*
- 4. Does the Trust definition of an 'unprovoked VTE' include women using the combined oral contraceptive pill or hormone replacement therapy (HRT)?*
- 5. Do investigations after an unprovoked VTE follow NICE guidance?*
- 6. Per week, how many clinics are devoted to seeing patients with VTE in the Trust?*
- 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*

Thromboprophylaxis

- 8. Does the Trust routinely meet the 95% VTE Risk Assessment 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.*

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

COVID-19

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

Psychological care

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

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

Cancer-associated VTE

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

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

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

VTE prevention and management in the community

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

(i) Anticoagulation medication changes

(ii) Anticoagulation dosing.

18. Does the Trust have specific VTE guidance for:

(i) System wide protocols?

(ii) E-consultation facilities?

(iii) On call clinician to discuss problems and seek advice from?

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

(i) System wide protocols

(ii) E-consultation facilities

(iii) On call clinician to discuss problems and seek advice from

Trust response:

Acute management of Venous thromboembolism:

1. Yes, rivaroxaban or apixaban are considered as first line treatment for VTE in the Trust.

2. Attached (VTE, diagnosis and management in adults policy and procedure)

3. We routinely refer patient with unprovoked VTE to the thrombosis clinic

4. No, oestrogen therapy is listed as a provoking factor.

5. Yes

6. Currently 4 clinics a month

7. All trained nurses are able to provide thromboprophylaxis and look after these patients as are doctors and pharmacists.

Thromboprophylaxis

8. Yes

9. Unable to answer this question as date range is in the future.

10.1 FTE Specialist Nurse

COVID-19

11. Attached (Thromboprophylaxis in COVID-19 +ve Patients & Admitted to ITU or receiving CPAP)

Psychological care

12. Not applicable

13. Not applicable

Cancer-associated VTE

14. Role is usually covered by thrombosis lead. Currently unfilled at the moment and being covered by Consultant Haematologist until post has been filled.

15. Yes

16. Attached (Summary of venous thromboembolism (VTE) investigation and management)

VTE prevention and management in the community

17. Not applicable

18. Not applicable

19. Not applicable