

Request under Freedom of Information Act 2000

Thank you for your request for information which we received on 04 March 2022.

I am pleased to confirm the following.

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)?

Yes

2, Please provide a copy of the Trusts' management policy on management of acute venous thromboembolism (VTE).

Please see attachment 1

3, Does the Trust provide all patients with an unprovoked VTE a medical opinion from a thrombosis physician?

Yes

4, Does the Trust definition of an 'unprovoked VTE' include women using the combined oral contraceptive pill or hormone replacement therapy (HRT)?

Yes

5, Do investigations after an unprovoked VTE follow NICE guidance?

Yes

6, Per week, how many clinics are devoted to seeing patients with VTE in the Trust?

Nurses see patients 5 days per week and 2 x consultant clinics.

7. How many full-time equivalents are employed by the Trust to provide thromboprophylaxis and care of thrombosis patients from?

a. Nursing – 2 x WTE

b. Pharmacists 1 x WTE

c. Medical 2 x WTE

Thromboprophylaxis

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

Yes

2. 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 2021.

Please see attachment 2

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

There is an anticoagulation and thrombosis committee that is responsible for ensuring compliance with VTE targets and ensuring adequate protocols etc. but no specific funding for this though.

COVID-19

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

Please see attachment 3

Psychological care

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

No specific psychological support for VTE patients over and above nursing team

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

N/A

Cancer-associated VTE

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

Not specifically for cancer associated thrombosis.

Dr Sarah Davis (haematologist) is thrombosis lead for trust.

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

No

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

N/A

VTE prevention and management in the community

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

- (i) Anticoagulation medication changes**
- (ii) Anticoagulation dosing.**

Please see attachment 6

11. Does the Trust have specific VTE guidance for:

- (i) System wide protocols?**

The requested policies are currently under review and going through internal governance and approval processes

- (ii) E-consultation facilities?**

MKUH does not have this facility

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

Weekly MDT to discuss new outpatient DVT/PE management and inpatients if clinicians ask us too. Haematology reg or consultant on call 24/7 for advice

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

- (i) System wide protocols**

The requested policies are currently under review and going through internal governance and approval processes

- (ii) E-consultation facilities**

MKUH does not have this facility

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

Haematology reg or consultant on call 24/7 for advice

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If you need any further assistance, please do not hesitate to contact us at the address above.

Yours sincerely,

Freedom of Information Co-ordinator
For and on behalf of Milton Keynes Hospital NHS Foundation Trust

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