

## Re: Your request made under the Freedom of Information Act 2000

### 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)?

YES

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

CURRENTLY BEING REWRITTEN

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?

### 1.5 CLINICS

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

**We do not have the records to answer this question**

**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 1<sup>st</sup> October 2021 – 31 December 2022.
10. Does the Trust have dedicated funding for a team ensuring VTE prevention occurs?

**We cannot answer questions 8-10 as this national return was stood down to allow resources to be allocated to Covid reporting and to cover sickness absence where necessary, therefore we can not return a true figure through our reporting systems.**

#### **COVID-19**

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

<https://www.dbth.nhs.uk/document/patt44/>

#### **Psychological care**

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

**NO**

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

**NONE**

#### **Cancer-associated VTE**

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

**NO**

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

**YES**

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

**CURRENTLY BEING REWRITTEN**

**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

**We have ambulatory care service for patients and a service for GPs to ring for advice through Consultant connect but this isn't specific to VTE.**