All-Party Parliamentary Thrombosis Group

"Awareness, Assessment, Management and Prevention"

Annual Survey Results 2012

National Overview

CONTENTS

BACKGROUND:

The All-Party Parliamentary Thrombosis Group (APPTG) was set up in 2006 to promote awareness of venous thromboembolism (VTE) amongst Parliamentarians. Since then the APPTG has campaigned and provided active thought leadership on VTE prevention, undertaking wide-ranging research and hosting national events to support and share best practice in VTE prevention. In this role, the APPTG has been termed a 'critical friend' by the Department of Health. We remain committed to this spirit of partnership as the Department of Health and the National VTE Programme seek to secure a legacy of best practice in VTE prevention in the new NHS.

In order to support local implementation of best practice in VTE prevention, every year the APPTG undertakes a national survey of Acute Trusts in England under the provisions of the Freedom of Information Act 2000. This survey aims to: provide a national overview of the progress being made in implementing best practice in VTE prevention across the country; highlight regional variation in care; provide Trusts with the opportunity to benchmark their performance against their colleagues across the country; and to learn from exemplary initiatives.

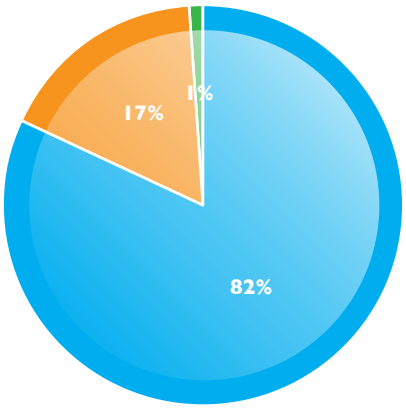
The results of the survey are presented in five sections, examining Trusts' written VTE prevention policies; CQUIN returns; local clinical audit; NHS Litigation Authority (NHSLA) Risk Management Standards; and local professional education initiatives. With the response rate of 90 per cent we are confident our results represent an accurate picture of activity within Trusts and their compliance with national VTE best practice and policy.

VTE PREVENTION POLICY

NICE Quality Standards are concise sets of statements designed to drive and measure priority quality improvements within a particular area of care. The NICE Quality Standard for VTE prevention features seven statements in line with NICE Clinical Guideline 92.

Statement 1:	All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.
Statement 2:	Patients/carers are offered verbal and written information on VTE prevention as part of the admission process.
Statement 3:	Patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE guidance.
Statement 4:	Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.
Statement 5:	Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.
Statement 6:	Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process.
Statement 7:	Patients are offered extended (post-hospital) VTE prophylaxis in accordance with NICE guidance.

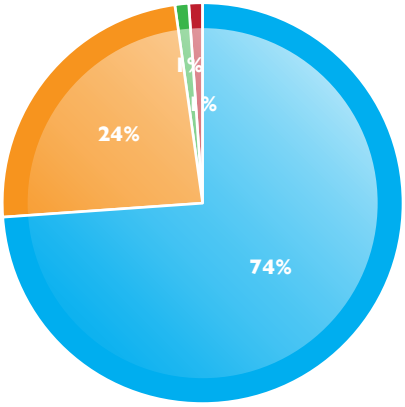
Given that these statements are recognised markers of quality care, they should be featured in Trusts' written policies on VTE prevention. From those Trusts that responded to our survey, 82 per cent indicated that they have a written policy in place for preventing and managing the risks of VTE for adult hospital admissions which includes all seven principles of best practice contained in the NICE Quality Standard for VTE prevention. 17 per cent of Trusts indicated that, while they do have a written policy on VTE prevention in place, it does not cover all seven NICE Quality Standard statements. It is worth noting that demonstration of the existence of, and adherence to, a Trust-wide VTE prevention policy is a requirement of the NHSLA Risk Management Standards.



- The Trust indicated that it has in place a written policy for preventing and managing the risks of VTE for adult hospital admissions, and that this policy is in line with all seven principles of best practice contained within the NICE Quality Standard on VTE prevention.
- The Trust indicated that it has in place a written policy for preventing and managing the risks of VTE for adult hospital admissions. However, the Trust was unable to indicate that the policy aligns with all seven principles of best practice contained within the NICE Quality Standard on VTE prevention.
- The Trust indicated that it does not have in place a written policy for preventing and managing the risks of VTE for adult hospital admissions.
- The Trust was unable to indicate whether it has in place a written policy for preventing and managing the risks of VTE for adult hospital admissions.

NATIONAL CQUIN RETURNS

VTE prevention was one of the national Commissioning for Quality and Innovation (CQUIN) goals for 2011/12. As part of this goal, commissioners are able to withhold a proportion of providers' income if at least 90 per cent of all adult inpatients have not been risk assessed for VTE. In 2011/12 providers were required to report their VTE CQUIN goal data to the Department of Health through the UNIFY system. This publically available data indicates that about three quarters of Trusts have, on average, achieved the national goal to risk assess 90 per cent of all adult patients on admission to hospital for VTE and bleeding. Approximately one quarter of Trusts failed to reach this goal in 2011/12, which is disappointing, given the number of patients that could have been identified as high-risk.

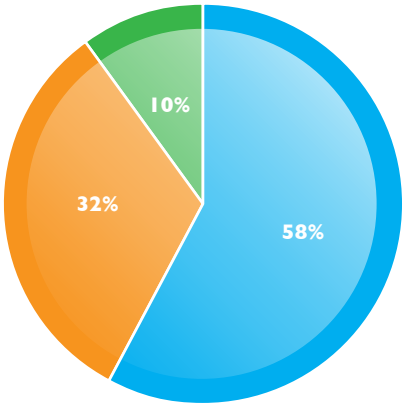


- National CQUIN returns indicate that during 2011/12, on average, the Trust achieved the national goal to risk assess 90% of all adult inpatients on admission to hospital for VTE and bleeding.
- National CQUIN returns indicate that during 2011/12, on average, the Trust did not achieve the national goal to risk assess 90% of all adult inpatients on admission to hospital for VTE and bleeding.
- National CQUIN returns indicate that, for at least one quarter during 2011/12, the Trust submitted NIL returns as part of its monthly UNIFY reporting, providing sample data rather than census data.
- CQUIN returns for 2011/12 were not available for the Trust.

LOCAL CLINICAL AUDIT

a) Appropriate Thromboprophylaxis

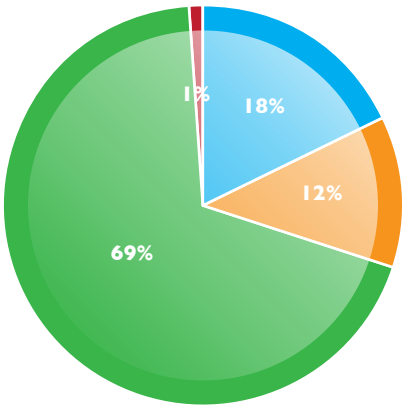
NICE Clinical Guideline 92 recommends that all adult patients receive a VTE risk assessment upon admission and go on to receive appropriate thromboprophylaxis if required. 58 per cent of Trusts that responded to our survey indicated that they undertake regular clinical audit of appropriate thromboprophylaxis and were able to provide regular audit data for 2011/12 to demonstrate this. A further 32 per cent of Trusts indicated that while they carry out this audit regularly, they are unable to provide the data to demonstrate this. Only one in ten Trusts indicated that it does not carry out regular audit of appropriate thromboprohylaxis in line with NICE Clinical Guideline 92. Risk assessment alone will do little to safeguard identified at-risk patients and goes against the standards of high quality evidence-based care, as set out in the NICE Quality Standard for VTE prevention. With over £110m paid out in negligence payments by the NHSLA since 2005, Trusts need to recognise the risk to patients of failing to undertake their VTE prevention duties, but also the increasing professional and financial risks of failing to act on identified risk.



- The Trust indicated that it undertakes regular clinical audit of appropriate thromboprophylaxis, in line with NICE Clinical Guideline 92, and was able to provide regular audit data for 2011/12 to demonstrate this.
- The Trust indicated that it undertakes regular clinical audit of appropriate thromboprophylaxis, in line with NICE Clinical Guideline 92, but was unable to provide regular audit data for 2011/12 to demonstrate this.
- The Trust indicated that it does not undertake regular clinical audit of appropriate thromboprophylaxis, in line with NICE Clinical Guideline 92.
- The Trust was unable to indicate whether it undertakes regular clinical audit of appropriate thromboprophylaxis, in line with NICE Clinical Guideline 92.

b) Re-assessment within 24 hours of Admission

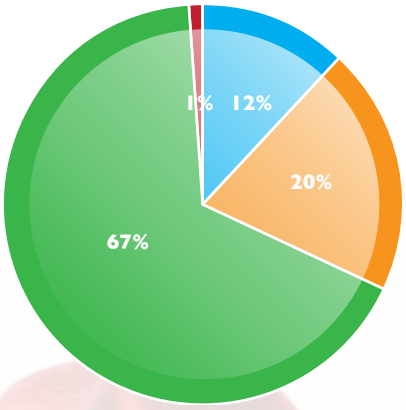
NICE Clinical Guideline 92 also recommends that patients admitted to hospital are re-assessed within 24 hours of admission for risk of VTE and bleeding. More than two thirds of Trusts that responded to our survey indicated that they do not monitor whether patients are re-assessed within 24 hours of admission for risk of VTE and bleeding. Only 18 per cent of Trusts indicated that they do monitor re-assessment within 24 hours of admission and were able to provide regular audit data to demonstrate this. 12 per cent of Trusts indicated that they do undertake this monitoring; however, they were unable to demonstrate it by providing regular audit data. Risks of VTE can change due to a number of clinical factors during an inpatient stay. It is vital that healthcare professionals remain vigilant to these risks during patient reviews and ward rounds. Initiatives such as the NHS Safety Thermometer can help provide systematic prompts for nursing and junior doctor staff.



- The Trust indicated that it monitors whether patients are re-assessed within 24 hours of admission for risk or VTE and bleeding, in line with NICE Clinical Guideline 92, and was able to provide regular audit data for 2011/12 to demonstrate this.
- The Trust indicated that it monitors whether patients are re-assessed within 24 hours of admission for risk or VTE and bleeding, in line with NICE Clinical Guideline 92. However, it was unable to provide regular audit data for 2011/12 to demonstrate this.
- The Trust indicated that it does not monitor whether patients are re-assessed within 24 hours of admission for risk or VTE and bleeding, in line with NICE Clinical Guideline 92.
- The Trust was unable to indicate whether it monitors whether patients are re-assessed within 24 hours of admission for risk or VTE and bleeding, in line with NICE Clinical Guideline 92.

c) Verbal and Written Information on Discharge and Admission

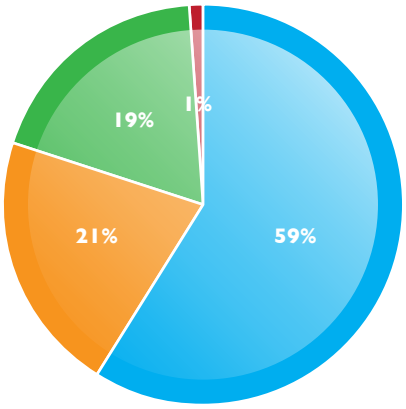
Furthermore, NICE Clinical Guideline 92 recommends that patients identified through VTE risk assessment as at risk of VTE and requiring prophylaxis are offered verbal and written information on VTE prevention as part of the admission and discharge processes. We acknowledge the inherent difficulty of auditing the exchange of verbal information between the clinician and the patient. It is perhaps because of the impracticality associated with measuring compliance with this requirement that more than two thirds of Trusts that responded to our survey indicated that they do not undertake audit of whether verbal and written information on VTE prevention is offered as part of the admission and discharge processes to patients identified through VTE risk assessment as being at risk of VTE, in line with NICE Clinical Guideline 92. Only 12 per cent of Trusts indicated that they do undertake this audit and were able to present regular audit data to demonstrate this while 20 per cent of Trusts indicated that this audit is being carried out but the regular audit data to support it is unavailable. In line with its vision for the new NHS, the Department of Health would like to see the principle of 'no decision about me, without me' permeate the health system. In order to take an active part in decision-making about their care, patients need to be empowered by having access to relevant patient information.



- The Trust indicated that it undertakes audit of whether verbal and written information on VTE prevention is offered as part of the admission and discharge processes to patients identified through VTE risk assessment as being at risk of VTE, in line with NICE Clinical Guideline 92. The Trust was able to provide regular audit data for 2011/12 to demonstrate this.
- The Trust indicated that it undertakes audit of whether verbal and written information on VTE prevention is offered as part of the admission and discharge processes to patients identified through VTE risk assessment as being at risk of VTE, in line with NICE Clinical Guideline 92. However, the Trust was unable to provide regular audit data for 2011/12 to demonstrate this.
- The Trust indicated that it does not undertake audit of whether verbal and written information on VTE prevention is offered as part of the admission and discharge processes to patients identified through VTE risk assessment as being at risk of VTE, in line with NICE Clinical Guideline 92.
- The Trust was unable to indicate whether it undertakes audit of whether verbal and written information on VTE prevention is offered as part of the admission and discharge processes to patients identified through VTE risk assessment as being at risk of VTE, in line with NICE Clinical Guideline 92.

d) Root Cause Analysis

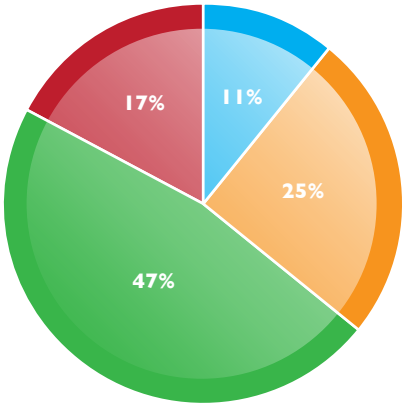
The 2012/13 Standard Contract for Acute Services allows local commissioners to require monthly reports on root cause analysis of all confirmed cases of hospital acquired VTE. The Trusts that are unable to provide evidence to demonstrate root cause analysis is being undertaken may incur financial penalties. 59 per cent of Trusts that responded to our survey indicated that they do undertake root cause analysis of all confirmed cases of hospital acquired VTE and were able to provide regular audit data to demonstrate this. Approximately one fifth of Trusts indicated that while they undertake root cause analysis of all confirmed cases of hospital acquired VTE, regular audit data is unavailable. Another fifth of Trusts indicated that they do not undertake root cause analysis of all confirmed cases of hospital acquired VTE. Anecdotal evidence suggests that practical difficulties remain within Trusts in regularly and thoroughly undertaking root cause analysis, and commissioners are not utilising the relevant clauses within the Standard Contract for Acute Services to improve practice at the local level. Support for root causes analysis in Acute Trusts is essential to inform learning and change local practice. Commissioners must enforce compliance with local contracting provisions on root cause analysis so that appropriate resources are allocated to this process at a Trust level, and to deliver a longer-term impact on quality of care and outcomes.



- The Trust indicated that it undertakes root cause analysis of all confirmed cases of hospital acquired VTE in line with the 2012/13 Standard Contract for Acute Services and was able to provide regular audit data for 2011/12 to demonstrate this.
- The Trust indicated that it undertakes root cause analysis of all confirmed cases of hospital acquired VTE in line with the 2012/13 Standard Contract for Acute Services but was unable to provide regular audit data for 2011/12 to demonstrate this.
- The Trust indicated that it does not undertake root cause analysis of all confirmed cases of hospital acquired VTE in line with the 2012/13 Standard Contract for Acute Services.
- The Trust was unable to indicate whether it undertakes root cause analysis of all confirmed cases of hospital acquired VTE in line with the 2012/13 Standard Contract for Acute Services.

NHS LITIGATION AUTHORITY RISK MANAGEMENT STANDARD

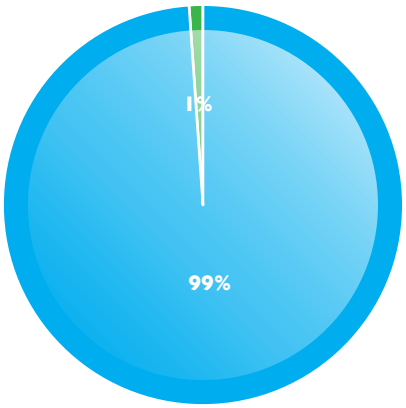
Acute Trusts are assessed annually against risk management standards developed by the NHSLA. These standards have been designed to reflect the issues which arise most often in the negligence claims reported to the NHSLA. All the NHSLA Standards are divided into three "levels". As NHS organisations achieve higher levels, they receive more favourable discounts on their annual insurance contributions. Failure in any one of the risk management criteria could lead to a failed assessment; however, passing the annual assessment can lead to discounts of over £1m. Almost half of the Trusts that responded to our survey indicated that during their latest assessment by the NHSLA, they scored Level 1 on the VTE risk management standard (Criterion 5.9). 25 per cent of Trusts indicated they scored Level 2 and only 11 per cent scored Level 3 in the VTE risk management standard.



- The Trust indicated that during its latest assessment by the NHS Litigation Authority, it scored Level 3 on the VTE risk management standard (Criterion 5.9).
- The Trust indicated that during its latest assessment by the NHS Litigation Authority, it scored Level 2 on the VTE risk management standard (Criterion 5.9).
- The Trust indicated that during its latest assessment by the NHS Litigation Authority, it scored Level 1 on the VTE risk management standard (Criterion 5.9).
- The Trust was unable to indicate its score on the VTE risk management standard during its latest assessment by the NHS Litigation Authority (Criterion 5.9).

LOCAL PROFESSIONAL EDUCATION INITIATIVES

Compliance with best practice in VTE prevention can be promoted through the provision of appropriate professional education to clinical staff. Almost every Trust that responded to our survey indicated that it has already taken steps to educate clinical staff to ensure that they are able to risk assess patients for VTE, record the outcome, prescribe and administer appropriate prophylaxis. Commonly, these steps included mandatory education in VTE prevention for medical staff, nurses, midwifes and pharmacists. Many Trusts offer training in VTE prevention as part of their induction processes. Many Trusts are also taking active steps to encourage their existing staff to complete the Department of Health VTE e-learning module.



- The Trust indicated that it has already taken steps to educate clinical staff to ensure they are able to risk assess patients for VTE, record the outcome, prescribe and administer appropriate prophylaxis.
- The Trust indicated that it has not yet taken any steps to educate clinical staff to ensure they are able to risk assess patients for VTE, record the outcome, prescribe and administer appropriate prophylaxis.
- The Trust was unable to indicate whether it has already taken steps to educate clinical staff to ensure they are able to risk assess patients for VTE, record the outcome, prescribe and administer appropriate prophylaxis.

CONCLUSION

The results of this year's survey are mixed. While the direction of travel is undoubtedly a positive one, there is still work to be done. With a quarter of Trusts failing to achieve the average 90 per cent risk assessment target, at-risk patients might go undetected and might not be offered appropriate thromboprophylaxis. Moreover, while we acknowledge the inherent difficulty of auditing the exchange of verbal and written information on VTE prevention between healthcare professionals and patients, we urge Trusts to put in place robust systems that would facilitate information sharing, making patients aware of the risk of VTE.

With the NHS in a state of flux, it is crucial that the progress in VTE prevention achieved to date is preserved and built upon in the new NHS, with its National VTE Prevention Programme remaining the envy of the world. Commissioners must recognise the significance of VTE prevention to quality and cost-effective care, and commission VTE prevention in line with the NICE Quality Standard. However, it will be NHS providers who ultimately are the change-makers. We urge all Trusts to put processes in place to audit performance against each of the seven statements contained within the NICE Quality Standard.

We see it as absolutely crucial that the Commissioning Outcomes Framework that is currently being developed includes a VTE outcomes indicator. This indicator would not only allow us to track patient outcomes over time but would enable commissioners to reward good practice. In the upcoming year, the APPTG will continue to support the VTE community in seeking to deliver improvements in care and embedding VTE prevention within the new structures.

ABOUT THE APPTG AND CONTACT DETAILS

About the All-Party Parliamentary Thrombosis Group

The All-Party Parliamentary Thrombosis Group APPTG was set up in 2006 to promote awareness of venous thromboembolism (VTE) – blood clots – amongst Parliamentarians. The APPTG has provided active leadership since 2006 on VTE prevention nationally, undertaking wide-ranging research reports and hosting headline events to support and share best practice in VTE prevention. In this role, the APPTG has been termed a 'critical friend' by the Department of Health in its role supporting the implementation of the National VTE Prevention Programme. You can find out more information about the APPTG on its website, available at www.apptg.org.uk

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