

## FREEDOM OF INFORMATION REQUEST

### FOI request into cost of Venous Thromboembolism (VTE) prevention and management practices at Trust level

Name:

Position:

Acute Trust: County Durham and Darlington NHS Foundation Trust

Email:

Under the Freedom of Information Act 2000, write to request the following information:

*Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). 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.*

#### QUESTION ONE – VTE COST ESTIMATIONS

a) Does the Trust provide a cost-estimate for the following areas of VTE management and care? (Tick a box)

o VTE Hospitalisations:

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate how many hospitalisations have taken place between 1 April 2017 and 31 March 2018:

£941,086 total reference costs relating to the specified VTE codes

- VTE re-admissions:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if no then please indicate how many re-admissions have taken place between 1 April 2017 and 31 March 2018:

154 readmissions
------------------

- Length of stay in hospital due to a VTE diagnosis:

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the average length of stay in hospital between 1 April 2017 and 31 March 2018:

Average LOS 5 days
--------------------

- b) Does the Trust provide a cost of VTE management (i.e. assessing, diagnosing, treating and reducing the risk of VTE) *(Tick a box)*

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the amount of time spent on VTE management between 1 April 2017 and 31 March 2018:

<p>The time spent on VTE management varies and is not measured in a manner which we can formally quantify.</p> <ul style="list-style-type: none"> <li>• There is the clinician time carrying out VTE risk assessments and re-assessment according to clinical need.</li> <li>• In addition, there is time spent investigating issues which can include Root Cause Analysis investigations. These investigations would include clinical staff, management from the clinical Care Group and Patient Safety representatives.</li> </ul>
--

- Between 1<sup>st</sup> April 2017 and 31 March 2018 there has been a Task and Finish Group established to review the policies and practices for VTE risk assessment and treatment. This group has met bimonthly during the course of the year, holding at least six meetings during this time.

The above allows an element of understanding of the range of activity regarding VTE during the year; however we are unable to reliably quantify the exact amount of time spent.

- c) Does the Trust estimate the annual all-cause costs of the treatment of VTE complications (i.e. postthrombotic syndrome (PTS), and chronic thromboembolic pulmonary hypertension (CTEPH)?  
(Tick a box)

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the number of VTE complications that occurred between 1 April 2017 and 31 March 2018:

583 admissions coded with I87.0 post-thrombotic syndrome, or I127.0, I127.2 pulmonary hypertension

- d) Does the Trust estimate the annual all-cause costs of the treatment of VTE comorbidities? (Tick a box)

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes', then please indicate how much in the box below between 1 April 2017 and 31 March 2018; if 'No' then please indicate the number of VTE comorbidities that occur between 1 April 2017 and 31 March 2018:

**360 admissions with comorbidities.**

Our coding team has advised that it is difficult to identify whether a comorbidity is related to VTE just by looking at the coding as the condition could be pre-existing. Also the codes could be almost anything out of the ICD10 book. The comorbidities figure relates to coding for the following conditions: arterial thrombosis, hypertension, heart failure (including congestive) and diabetes.

- e) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE.

Cost of DVT	£584,481
Cost of PE	£356,605
Total spend	£941,086

f) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE in the following health settings.

	DVT	PE
Primary care		
Secondary care	£584,481	£356,605
Total spend		

g) Between 1 April 2017 and 31 March 2018, please estimate how much your Trust spent on VTE in the following health settings.

	DVT	PE
Community care		
Hospital care	£584,481	£356,605
Total spend		

#### QUESTION TWO – SANCTIONS AND NEGLIGENCE PAYMENTS

a) Between 1 April 2017 and 31 March 2018, has your Trust imposed any financial sanctions on providers for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of hospital-associated thrombosis (HAT)? *(Please tick one box)*

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes', please specify which providers your Trust has imposed financial sanctions, between 1 April 2017 and 31 March 2018:

Name of provider	Financial sanction?
N/A	

- b) Between 1 April 2017 and 31 March 2018, has your Trust imposed sanctions (e.g. percentage reduction in tariff payments) on secondary care providers that fail to risk assess at least 95 per cent of all adult inpatients? (Tick a box)

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes' please outline the estimated reduction in tariff payments on secondary care providers in the box below:

N/A
-----

- c) Please outline, if any, the monetary amount the Trust has paid out in clinical negligence claims due to failures to undertake VTE prevention duties in the last three years:

2014/2015	2015/2016	2016/2017
£0	£0	£0

### QUESTION THREE – COMMISSIONING FOR QUALITY AND INNOVATION

*In 2010, the Commissioning for Quality and Innovation (CQUIN) payments framework issued a national target for >95% patients to receive an initial VTE risk assessment within 24 hours of admission, the final 5% accounting for patients quickly transferred or discharged. Trusts failing to meet this target are now liable for penalty fines of £200 per patient missed.*

- a) Please outline, if any, the monetary amount the Trust has paid out in penalty fines per patient missed in the last three years.

2014/2015	2015/2016	2016/2017
£0	£0	£0

**END**

**THANK YOU FOR YOUR RESPONSE**