

FOI 0322/2022 Response

Please note BSMHFT provides secondary Mental Health services and therefore many of the questions below are not applicable to our service provision

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)?**

LMWH would be first line. However, this practice would not be routine as VTE screening is not done Trust wide. We are piloting it on one ward with the intention of screening all patients on admission in the future.

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

The policy hasn't been developed. We are currently following NICE guidelines for the pilot.

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

All patients with an unprovoked VTE would be managed by the acute hospital and the medical management pathway for VTE.

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

N/A – please refer to response provided in question 3.

5. **Do investigations after an unprovoked VTE follow NICE guidance?**

N/A– please refer to response provided in question 3.

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

N/A – please refer to the response provided in question 3

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

This is not applicable to our trust

Thromboprophylaxis

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

N/A

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.**

The Trust is unable to provide a response to this query, this is because we do not capture the requested information.

Please be aware that BSMHFT explicitly provide mental health services.

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

N/A

COVID-19

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

N/A – we do not treat inpatients with COVID – 19 pneumonia

Psychological care

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

Yes

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

There isn't dedicated support specifically for VTE, however if a patient had a psychological need relating to VTE, that need could be met.

Cancer-associated VTE

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

N/A

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

N/A

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

N/A

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.

This is not applicable to our services

18. Does the Trust have specific VTE guidance for:

(i) System wide protocols?

Not developed

(ii) E-consultation facilities?

N/A

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

N/A – we would seek advice from our acute care colleagues

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

(i) System wide protocols

Not developed

(ii) E-consultation facilities

N/A

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

N/A – this is the same as all other physical health escalation processes