Our Ref: 639/2023
November 2023

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

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

Under the Freedom of Information Act 2000, could you provide an answer to the following:

1. How many patients in your Trust had SNOMED CT code Venous Thromboembolic Disease: 429098002, included in their patient record during A) 2021, B) 2022, C) 2023.

We don't currently code using SNOMED but we have been able to use related ICD10 codes to for Venous Thromboembolic Disease. The codes used are:

I80.2 Phlebitis and thrombophlebitis of other deep vessels of lower extremities
I80.3 Phlebitis and thrombophlebitis of lower extremities, unspecified
I80.8 Phlebitis and thrombophlebitis of other sites
I80.0 Phlebitis and thrombophlebitis of superficial vessels of lower extremities
I80.1 Phlebitis and thrombophlebitis of femoral vein
I80.9 Phlebitis and thrombophlebitis of unspecified site
I82.1 Thrombophlebitis migrans
I82.3 Embolism and thrombosis of renal vein
I82.2 Embolism and thrombosis of vena cava
I82.0 Budd-Chiari syndrome
I82.8 Embolism and thrombosis of other specified veins
I82.9 Embolism and thrombosis of unspecified vein

Year	Number of patients	Number of spells
2021	459	591
2022	491	610
2023*	437	572

When a patient has had multiple relevant diagnoses noted during their spell, each patient/spell is counted only once.
***2023 data only complete up until 04/12/2023**

2. Does your Trust use the National Venous Thromboembolism (VTE) risk assessment tool? If no, does your Trust have its own risk assessment tool?

Yes, we use the National VTE risk assessment tool as per NICE guidelines.

3. Who is responsible for the implementation of your Trust's VTE risk assessment tool?

As to who is responsible for the implementation of the risk assessment I would say that each clinician has a responsibility to ensure the VTE risk assessment is completed when they review an inpatient. The VTE Action group, chaired by myself, are actively trying to increase the completion compliance of the assessments. I have recently hosted a safety seminar in an attempt to promote awareness of VTE thromboprophylaxis. We have also just started a Wellsky pilot on AMU which means that no medication can be prescribed until the VTE risk assessment is completed. The hope is that, whilst this won't guarantee thromboprophylaxis is prescribed, it will remind clinicians of the need to consider it. The plan is for the pilot to run for at least two weeks before potentially rolling it out trustwide.

4. What training do you have in place to ensure the adoption of the VTE risk assessment tool in clinical practice?

This is covered as part of the training staff receive on the use of nerve centre. The VTE assessment is part of the digital nursing assessment bundle.

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