

FOI Request: Best practice in diagnosis and management of venous thromboembolic diseases.  
Our Reference Number: 1314021

**Question 1**

**a) Does the CCG undertake regular audit of local providers' compliance with NICE Clinical Guideline 144 (Venous Thromboembolic Diseases: The Management of Venous Thromboembolic Diseases and the Role of Thrombophilia Testing) published in June 2012?**

No

**b) If yes, please provide details of the most recent audit of local providers' compliance with NICE Clinical Guideline 144.**

N/A

**c) Apart from regular audit of local providers' compliance with NICE Clinical Guideline 144, what steps does the CCG take to ensure compliance with the NICE guideline?**

The local acute provider services at BTUH and SUHFT run NICE implementation groups which review all existing NICE guidance, determining if these are relevant to their services and how these will be implemented throughout their organisation. Their Corporate and clinical audit programmes would include compliance with NICE guidance. The CCGs would monitor reports and actions through their Clinical Quality Review Groups (CQRG) with these providers.

Within Thurrock CCG the pathway for diagnosis and management is as follows Suspected patients are started on Clexane by GP and referred to District nurse via Single point of access for monitoring and further administration of clexane and a referral is made for a scan to confirm the diagnosis.

If the scan is positive then patient stays within the acute setting for administration of anticoagulants.

Pathways is based on map of medicine. Basildon and Brentwood have similar pathway but they also provide anticoagulation clinics in the community from BCH provided by NELFT

**Question 2**

**a) Does the CCG undertake regular audit of local providers' delivery of the quality statements included in NICE Quality Standard 29 published in March 2013?**

No

**b) Please provide details of the most recent audit of local providers' delivery on each of the nine statements for which you indicated that data is collected.**

Any audits undertaken by provider services would be discussed through the CQRG and the audit of the NICE standard 29 could be included contract for 2014-15 as this was published too late to be included in the contract for 2013-14.

**Question 3**

**a) Has your CCG commissioned any formalised structured education in best practice in VTE management for healthcare providers in your area in line with NICE Clinical Guideline 144 and NICE Quality Standard 29?**

No

**b) If yes, please provide details of these courses.**

There is a Time to Learn training programme for GPs and Practice Nurses, this best practice could be included as part of the programme. The training provision by other providers would be discussed through the CQRG meetings

**Question 4**

**a) Please provide any available data on the number of referrals to secondary care with suspected DVT in 2012/13 in your area? If available, please indicate the proportion of these referrals in which DVT diagnosis was confirmed.**

This data is not available for referrals, there is only data for admissions.

**b) Please provide any available data on the number of referrals to secondary care with suspected PE in 2012/13 in your area? If available, please indicate the proportion of these referrals in which PE diagnosis was confirmed.**

This data is not available for referrals, there is only data for admissions.

**c) Please provide any available data on the number of deaths due to VTE in 2012/13 in your area?**

No data