

Health and Social Care Committee

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Inquiry into venous thromboembolism (VTE) prevention in hospitalised patients in Wales - Suggested Terms of Reference

Introduction

The Committee agreed at its meeting on 2 February 2012 to launch an inquiry that focuses on venous thromboembolism (VTE) prevention. VTE is a very serious condition and can be acquired in a community or hospital setting. It is estimated that two thirds of thrombosis deaths are caused by hospital-acquired thrombosis and therefore this will be the focus of the Committee's inquiry.¹

The purpose of this paper is to present the Committee with some background information, suggested terms of reference and suggested witnesses with regard to an inquiry into venous thromboembolism prevention in hospitalised patients in Wales.

This briefing has been produced by the Research Service for use by the Health and Social Care Committee.

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¹ Lifeblood: The Thrombosis Charity, Public, [Blood clots affect all ages](#) [accessed 23 February 2012]
Enquiry no: 12/0570/ Victoria Paris

Background information

Venous relates to veins and **thrombosis** is a blockage of a blood vessel by a **thrombus** (a blood clot). When a thrombus dislodges from where it is formed, travels through the venous system and lodges itself in an artery causing a blockage, this is called an **embolism**. Venous thrombosis can form in any part of the venous system but **deep vein thrombosis (DVT)** (the formation of a thrombus in the deep veins of the body, usually the leg) and the thrombus then dislodging itself from the leg and travelling through the venous system to lodge itself in the lung to cause a **pulmonary embolism (PE)** is the most common. The **collective term for DVT and PE is venous thromboembolism (VTE)**.

Prevalence of venous thromboembolism

VTE is a **major cause of death** and it is anticipated that the **number of cases of DVT and PE will increase** as a result of the ageing population and the increased exposure to risk factors for VTE (such as surgery, long distance travel, increasing levels of obesity etc). Presently it is estimated that:

- Up to one in every 1,000 are affected by venous thrombosis in the UK each year.
- Around one in every 1,000 women develops thrombosis during pregnancy, which can lead to related long-term health problems.
- One in three surgical patients can develop a DVT if no preventative measures (prophylaxis) are given.
- Approximately 50 per cent of people who have DVT will go on to develop PE.
- PE following DVT in hospitalised patients causes between 25,000 and 32,000 deaths in the UK every year – this exceeds the combined total of deaths from breast cancer, AIDS and traffic accidents.²
- In patients who survive an initial episode of VTE, it is estimated that up to 30 per cent of patients will suffer a recurrence (DVT and/or PE) within 10 years.
- Over 20 per cent of patients who suffer an episode of VTE are also at risk of developing long-term complications in the form of post-thrombotic syndrome (a painful and potentially disabling condition associated with the development of leg ulcers which are persistent and difficult to heal) within 10 years.³

² House of Commons, Health Committee, HC99, [*The Prevention of Venous Thromboembolism in Hospitalised Patients*](#), February 2005 [accessed 22 February 2012]

³ Lifeblood: The Thrombosis Charity, Professional, Hospital-based Health Professionals, About VTE, [*Incidence of VTE*](#) [accessed 22 February 2012]

Guidance

In February 2005 the **House of Commons Health Committee** published their report *The prevention of venous thromboembolism in hospitalised patients*⁴. This report highlighted the substantial number of deaths attributable to VTE and that the benefits of thromboprophylaxis (a measure taken to prevent thrombosis) were not being effectively implemented in the UK. Following the publication of the report the **National Institute for Clinical Excellence (NICE)** were commissioned to produce guidelines for all hospitalised patients, not just the surgical guidelines they were working on at the time. In April 2007 NICE published the *Venous thromboembolism: reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in inpatients undergoing surgery (CG46)* guidance and in January 2010 this was replaced by the *Reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital (CG92)*⁵. The CG92 guidance makes recommendations on assessing and reducing the risk of VTE in hospitalised patients, including the **recommendation that a risk assessment should be done on all hospital admissions**, and offers guidance on the most clinically and cost-effective measures for VTE prophylaxis in these patients.

In 2010 the thrombosis charity **Lifeblood Wales and 1000 Lives Plus** launched a programme which encouraged hospitals across Wales to use a simple checklist when risk assessing patients for blood clots. The **Risk Assessment Tool** enables teams to carry out a thorough evaluation of a patient's risk of developing a blood clot by looking at a number of issues, including a family history of DVT, obesity etc, and then once assessed the appropriate form of prophylaxis can be decided upon.

⁴ House of Commons, Health Committee, HC99, [*The Prevention of Venous Thromboembolism in Hospitalised Patients*](#), February 2005 [accessed 22 February 2012]

⁵ NICE, CG92, [*Venous thromboembolism: reducing the risk: Reducing the risk of venous thromboembolism \(deep vein thrombosis and pulmonary embolism\) in patients admitted to hospital*](#), January 2010 [accessed 22 February 2012]



Suggested Terms of Reference

The purpose of this session is:

- To examine the implementation of the National Institute for Clinical Excellence (NICE) guidance and the 1000 Lives Plus risk assessment tool across Wales and its adequacy and effectiveness in preventing venous thromboembolism (VTE) in hospitalised patients.

The Committee will also consider the effectiveness and utilisation of pharmacological and mechanical prophylaxis for VTE and where there are particular problems in the implementation and delivery of VTE prevention actions.

*Please note that this inquiry will focus on the prevention of **hospital acquired** thrombosis only.



Witnesses

It is suggested that the Committee takes evidence from the following:

- Public sector bodies e.g. Welsh NHS Confederation and Public Health Wales;
- Professional bodies e.g. Royal College of Nursing Wales, Welsh Orthopaedic Association, Royal College of Physicians, Royal College of Obstetricians and Gynaecologists;
- Third sector organisations e.g. Lifeblood: The Thrombosis Charity, 1000 Lives Plus, All-Wales Thrombosis Group.

Members might also wish to seek written evidence from interested parties in addition to the general call for evidence.

At the end of the meeting a private session will be scheduled for Members to consider the evidence received and agree what action to take. Members may decide to hold a further session where they can take oral evidence from the Minister for Health and Social Services and/or the Chief Medical Officer for Wales and further relevant stakeholders.