



Trust Headquarters
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14th March 2022

Email:

Dear,

I am writing in response to your enquiry under the Freedom of Information Act 2000 (FOIA) reference FOI 220306.

You requested the following information, please also see our response below:

Under the Freedom of Information Act of 2000, please can you provide me with the following information:

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)?**
No
- 2. Please provide a copy of the Trusts' management policy on management of acute venous thromboembolism (VTE).**
We do not have inpatient services and so do not have a VTE policy. We have clinical practice guidance relating to patients with actual or suspected DVT/PE.
- 3. Does the Trust provide all patients with an unprovoked VTE a medical opinion from a thrombosis physician?**
Patients who present to the Trust via 111 or 999 with symptoms suggestive of VTE will be directed to or conveyance to hospital immediately.
- 4. Does the Trust definition of an 'unprovoked VTE' include women using the combined oral contraceptive pill or hormone replacement therapy (HRT)?**
Patients who present to the Trust via 111 or 999 with symptoms suggestive of VTE will be directed to or conveyance to hospital immediately. The patient's health history will be taken and passed to the hospital which will include OCP or HRT (where the patient discloses this)
- 5. Do investigations after an unprovoked VTE follow NICE guidance?**
Not applicable. See answer 3

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

Not applicable to ambulance trusts

7. **How many full-time equivalents are employed by the Trust to provide thromboprophylaxis and care of thrombosis patients from?**

- a) **Nursing** None
b) **Pharmacists** None
c) **Medical** None

Thromboprophylaxis

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

Not applicable as SECAMB does not provide inpatient services.

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.**

Not applicable as SECAMB does not provide inpatient services.

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

Not applicable as SECAMB does not provide inpatient services.

COVID-19

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

Not applicable as SECAMB does not provide inpatient services.

Psychological care

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

Not applicable as SECAMB does not provide inpatient services.

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

Not applicable as SECAMB does not provide inpatient services.

Cancer-associated VTE

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

Not applicable as SECAMB does not provide inpatient services.

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

Patients presenting to 111 or 999 with symptoms suggestive of VTE, and with (or without) a history of cancer will be directed to or conveyed to hospital.

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

Not applicable as SECAMB does not provide inpatient services

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.**

We don't have access to any direct VTE pathways

18. Does the Trust have specific VTE guidance for:

- (i) System wide protocols?**
- (ii) E-consultation facilities?**
- (iii) On call clinician to discuss problems and seek advice from?**

We used nationally published evidence based clinical practice guidance as well as locally derived guidance where needed. Staff can speak to senior clinicians who specialise in urgent care or critical care to discuss patients with potential VTE. We do not aim to treat VTE in the community and so convey patients to hospital. This negates the need for the 3 items listed above specific to VTE.

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

- (i) System wide protocols**
- (ii) E-consultation facilities**
- (iii) On call clinician to discuss problems and seek advice from**

Not applicable. See response to Q18

I hope you find this information of some assistance.

If for any reason you are dissatisfied with our response, kindly in the first instance contact Caroline Smart, Head of Information Governance via the following email address:

FOI@secamb.nhs.uk

Yours sincerely

**Freedom of Information Coordinator
South East Coast Ambulance Service NHS Foundation Trust**

