



The
HOUSE

Parliament's weekly magazine

Thrombosis supplement • June 14, 2010

THE SILENT KILLER

PREVENTING VENOUS THROMBOEMBOLISM



ALL-PARTY PARLIAMENTARY
THROMBOSIS GROUP

LIFEBLOOD
THE
Thrombosis
CHARITY





ALL-PARTY PARLIAMENTARY THROMBOSIS GROUP

The All-Party Parliamentary Thrombosis Group is one of the most active groups in Parliament.

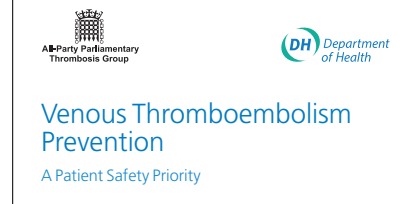
It has orchestrated a high profile research and media led campaign to prioritise public, professional and parliamentary awareness of thrombosis (blood clots).

VTE accounts for **25,000 deaths in hospital patients each year**. This is more than the combined total of deaths from breast cancer, AIDS and traffic accidents, and more than five times the number who die from MRSA. This equates on average to 40 of your constituents each year!

Many of these deaths are avoidable with cheap and effective preventative methods. VTE prevention is estimated by NICE to be one of the top ten most cost saving interventions in the NHS.

To ensure VTE prevention becomes an embedded standard of hospital care, we need to continue our VTE awareness campaign.

Support the work of the group by becoming a member and hearing more about our strategy for 'stopping the clots'.



AGM & STRATEGY MEETING "A route map for stopping the clots"

2 - 3PM WEDNESDAY 30TH JUNE 2010
THE HOUSE OF COMMONS
COMMITTEE ROOM 16

Please contact the secretariat for more details
E. james@insightpa.com T. 020 7824 1861

PUBLISHER
Gerry Murray

MANAGING EDITOR
Richard Hall

POLITICAL EDITOR
Sam Macrory

CHIEF SUB-EDITOR
Andrew Schofield

HEAD OF PRODUCTION
John Levers

DESIGN
Kaz Kapusniak

SPECIAL PROJECTS EDITOR
Sally Dawson

CIRCULATION
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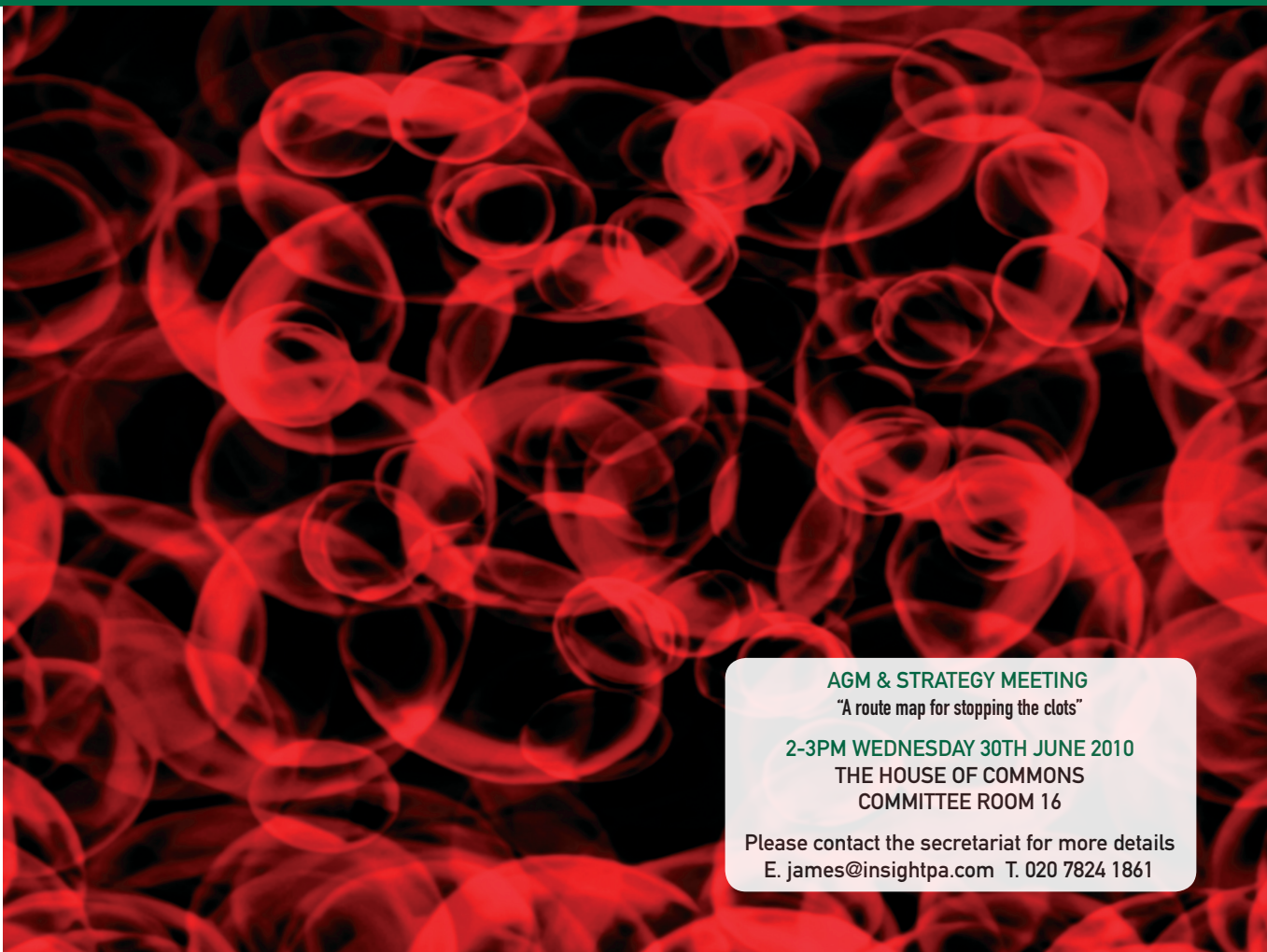
The House Magazine
3rd Floor,
Westminster Tower
3 Albert Embankment
London SE1 7SP

EDITORIAL
editorial@housemag.co.uk
Tel 020 7091 7530
Fax 020 7091 7525

ADVERTISING
leonard.rolles@dods.co.uk
Tel 020 7091 7579

SUBSCRIPTIONS
Nick Toghill
Tel 020 7091 7564
nick.toghill@dods.co.uk

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SYSTEMS IN CIRCULATION

A unique partnership between royal colleges and NHS managers led to a breakthrough in the early diagnosis of venous thromboembolisms in hospital, explains **Sir Bruce Keogh**



**SIR BRUCE
KEOGH**

**NHS medical
director**

Venous thromboembolism (VTE) is a terrible condition which strikes rapidly and often silently, causing death or long-term problems such as swollen limbs, varicose veins or festering limb ulcers.

There is a range of estimates as to the burden of VTE, but everyone agrees that there are many thousands of deaths each year in hospitals in England from VTE, and many of these are avoidable.

Last year, at a symposium hosted by the all-party parliamentary thrombosis group, I was asked by two Royal Medical College presidents why, given that the problem had been known about for three decades, the government would not mandate treatment to prevent VTE in our hospitals. I was struck by the sad irony that leaders of the medical profession had to ask the government to enforce good clinical practice.

It seemed to me that the key to resolving this problem was to change professional and organisational

attitudes. The first requires aggressive leadership from clinical royal colleges and the latter requires system-wide carrots and sticks that acknowledge the devolved nature of the modern NHS.

So we forged common cause between the Academy of Medical Royal Colleges, the Royal College of Nursing and the NHS leadership to make tackling VTE a top clinical priority for 2010. The deal was the DH would put levers in the system; the royal colleges would provide professional clinical leadership.

So, through the NHS leadership team, we have introduced a range of measures to prevent VTE in hospitals. These measures build on the former chief medical officer's work to raise awareness of this issue in the NHS since 2005.

We are now in an aggressive implementation phase, which started with the inclusion of VTE prevention in the NHS Operating Framework for 2010-



The Royal College of Nursing has produced specialty-specific guidelines to help prevent VTE in hospital wards

11, which states explicitly that professional leadership in the area of VTE prevention will be provided by the Academy of Medical Royal Colleges. This represents a unique partnership between the Royal Colleges and NHS management in improving patient safety.

The implementation phase for VTE prevention aims to ensure that all adult patients admitted to hospital are risk-assessed for VTE and, where appropriate, receive the right prevention (thromboprophylaxis).

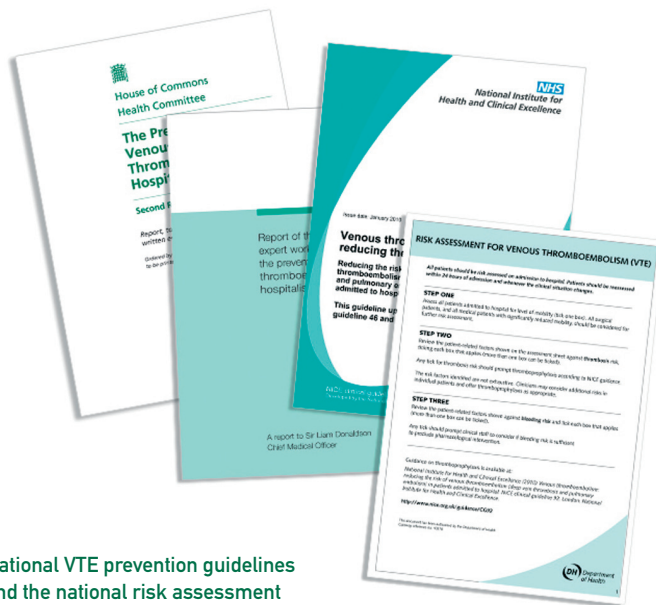
To support this, the National Institute for Health and Clinical Excellence (NICE) published the new clinical guideline 92, *Venous thromboembolism – reducing the risk*, in January 2010 and will be publishing a follow-up quality standard which will define good practice in this arena in June/July 2010. A national tool for risk assessment based on the NICE guidelines has been developed.

A financial incentive for organisations to focus on VTE prevention has been introduced through the Commissioning for Quality and Innovation Payment Framework (CQUIN) for 2010-11. A proportion of CQUIN payments to acute providers will be conditional on risk-assessing at least 90 per cent of patients admitted to hospital.

“The deal was the Department of Health would put levers in the system; the royal colleges would provide professional clinical leadership”

From 1 June 2010, providers have been required to report the proportion of admitted patients who have been risk-assessed. As well as ensuring uptake of risk-assessment procedures, this will also support VTE prevention by providing a national picture so that further work can be targeted appropriately.

The commissioning arrangements for VTE prevention have been strengthened in the national contracting process for 2010/11. Acute service providers will be required to report to their lead commissioner through monthly audits of the percentage of patients receiving



National VTE prevention guidelines and the national risk assessment template are key components of the VTE prevention programme.

appropriate prophylaxis after risk assessment using the national tool. A root cause analysis of all confirmed cases of hospital-acquired VTE will also be required from every acute provider. This approach has proven to be of particular importance in reducing rates of MRSA.

The Academy of Medical Royal Colleges and Royal College of Nursing are supporting this work by producing speciality-specific guidance where needed, ensuring that their fellows and members are aware of the importance of VTE prevention and encouraging participation in audit of VTE prevention practice.

I have appointed Dr Anita Thomas OBE as national clinical lead on VTE, and she will report to me on progress of this implementation strategy.

I look forward to continuing to work with colleagues across the healthcare community in reducing avoidable death, long-term disability and chronic ill health from VTE and welcome the continued support of parliamentarians. 🇬🇧

Professor Sir Bruce Keogh has been NHS medical director since November 2007 and is responsible for the Clinical Policy and Strategy, Healthcare Quality and Medicines, Pharmacy and Industry divisions within the Department of Health. He oversees the work of NICE, the National Patient Safety Agency and Medical Education England.

VEIN INTERVENTION

VTE is a silent but preventable killer, writes **Beverley Hunt**



**PROFESSOR
BEVERLEY
HUNT**

Medical director of Lifeblood: The Thrombosis Charity and Professor of Thrombosis & Haemostasis at King's College, London. She is a consultant in the Department of Haematology, Pathology & Rheumatology and lead in blood sciences at Guy's & St Thomas' NHS Foundation Trust

For many years, venous thromboembolism (VTE) – blood clots – has been known internationally as the ‘silent killer’.

VTE is manifested as a deep vein thrombosis (DVT), a blood clot forming in the veins deep in the leg, usually in the calf or thigh, although occasionally DVT can occur in other veins of the body. The majority of deaths from hospital-acquired DVT are caused by part of the clot ‘breaking off’, travelling around the body and eventually blocking an artery in the lungs. This is known as a pulmonary embolism (PE). Together, DVT and PE are known as VTE.

Parliament’s select committee on health estimated in 2005 that over 25,000 avoidable deaths occur each year as a result of hospital-acquired VTE – blood clots acquired from a hospital stay. This equates to more than the combined total deaths from breast cancer, Aids and traffic accidents, and is more than three times the total who die from healthcare-acquired infections. This makes VTE the most common cause of avoidable hospital mortality, yet VTE can be easily prevented through simple risk assessment and management. It is this simple fact that inspired our campaign to prioritise the prevention of VTE in our hospitals.

After years of campaigning by Lifeblood and the all-party parliamentary thrombosis group, we are delighted the Department of Health has recognised VTE prevention as a clinical priority for the NHS, making it a national goal in the Commissioning for Quality and Innovation (CQUIN) payment scheme for hospitals. Incentivising hospitals to put evidence-based steps in place to ensure all patients are assessed for their risk of contracting a blood clot in hospital will enable those high-risk patients to receive the life-saving preventative treatments they need. At the same time NICE has estimated this will save the NHS tens of millions of pounds in treating the expensive long-term effects of those who survive a blood clot.

However, anecdotal research reveals that VTE prevention is still not being delivered effectively on the ground due to difficulties in delivering the CQUIN goal. We must ensure that resources are made available to enable trusts to do this. Coupled with this, it is essential that the under-

graduate syllabus for all our medical professionals includes education on the causes and prevention of VTE, so that these steps become an embedded standard of care and are second nature to our doctors and nurses of tomorrow.

Therefore we fully support the recently announced partnership between the National Quality Board and the Academy of Medical Royal Colleges who have been tasked with providing professional leadership on VTE to their members.

“The biggest risk for VTE is being admitted to hospital”

Public and patient awareness of VTE remains a challenge as there is still a perception that the biggest risk of contracting a blood clot is long-distance air travel. We know, though, that the biggest risk is being admitted to hospital. Therefore it is disquieting that recent research has shown that high-risk patients are still not receiving information on the warning signs of VTE on admission, and especially discharge, from hospital. The health select committee found this was significantly lacking in 2005 and it seems little has changed since then.

So, as we undertake our own fifth annual National Thrombosis Awareness Week, our tale is one of mixed fortunes. Recent support from the Department of Health in VTE prevention has no doubt made VTE a talking point in hospitals around the country, and we hope the CQUIN incentive will translate into action. But if we are to fight this head on and save thousands rather than hundreds of lives, we need to address VTE at every point of the patient pathway.

With such a high volume of new MPs in Parliament, we see the continued role of the all-party parliamentary thrombosis group as being particularly vital in continuing to push the campaign forward. I do hope it continues to garner the support of MPs and peers, as this condition affects every hospital in the country. 🏥

LEADING FROM THE FRONT

Dr Roopen Arya outlines developments in best practice in VTE prevention

The Exemplar Centre Network forms a key component of the National VTE Prevention Programme. By bridging national strategy and local implementation, these demonstration sites provide leadership and promote best practice in VTE prevention.

Selected because of an existing track record of excellent VTE prevention and care, King's College Hospital was named the first NHS Exemplar Centre in 2007 together with the London Clinic in the independent sector.

Each year since, they have been joined by six further centres with a total of 16 exemplar centres, spanning the length and breadth of the country and incorporating diverse models of healthcare. These include acute hospital trusts (from 200 to 2,000 beds), North Lancashire Teaching PCT and the South West SHA, forming an enlightened network of centres of excellence in VTE care.

Under this 'kite-mark' for good practice in VTE care, the exemplar centres share clinical best practice and educational and audit material; they provide advice regarding VTE care, receive visitors, and collaborate on clinical research into VTE.

Innovative VTE prevention practices being developed within the Exemplar Centre Network include the use of electronic risk assessment and e-learning modules, inclusion of VTE risk assessment as a key performance indicator in trust clinical scorecards, and development of VTE Link Nurses as ward champions.

The Network can also provide help and advice in relation to managing VTE prevention locally such as establishing hospital thrombosis committees. The network's study days and workshops on the practicalities of VTE prevention have proven popular.

The Exemplar Centre website, hosted by the King's Thrombosis Centre, was launched in late 2008 and provides an easy way for other sites to access exemplar materials. With many thousands of hits, this practical and informative open-access web resource has proven a great success in the drive to implement the National VTE Prevention Programme. 🏠



The King's Thrombosis Centre website provides a central resource for VTE prevention, offering a repository of VTE prevention-related materials and hosting the VTE Exemplar Centre Resource Centre. The website can be accessed at www.kingsthrombosiscentre.org.uk



DR ROOPEN ARYA

Director of the King's Thrombosis Centre, King's College Hospital NHS Foundation Trust, and lead of the VTE Exemplar Centre Network



Location of VTE Exemplar Centres. This nationwide network aims to promote and develop best practice in VTE prevention.

A deep vein thrombosis (DVT) is a clot which forms in a deep vein, usually in the leg. If the clot breaks off, it can travel in the blood stream, through the heart and become lodged in the lung - known as a pulmonary embolism (PE). This is a very serious and potentially life-threatening condition.

Many people think that going on a long aeroplane flight is the biggest risk of contracting a DVT. Unfortunately the biggest risk of DVT is being admitted to hospital.

If more than one of the following boxes applies to you, your risk of DVT is greater than average:

- You are going into hospital
- You are over 40 years old
- You are pregnant or have recently had a baby
- You are immobile
- You have cancer or have been treated for cancer in the past
- You are taking Hormone Replacement
- Therapy or take a contraceptive pill that contains oestrogen
- You are taking a long-distance journey
- You are obese
- You have a family history of DVT or certain blood diseases
- You have had a previous DVT or pulmonary embolism
- You have had recent surgery or an injury, especially to your hip or knees

Over 25,000 people die each year from blood clots in hospital – this is 5 times the number who die from MRSA and C.Difficile. Yet the majority of these are preventable!

Make sure you ask for a DVT risk assessment when going into hospital – this 2 minute check could be a lifesaver!

For further information or to register your interest in helping to support please contact:

Tele: **01558 650222**

Email: **lifeblood.charity@googlemail.com**

Website: **www.thrombosis-charity.org.uk**



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