THE VTE AWARDS 2025

Thrombosis UK

Awareness • Research • Care

CONTENTS

INTRODUCTION 2
WELCOME 3
AWARD CATEGORIES 4
VTE AWARDS FOR:
Award for QI programme that advances practice and innovation in thrombosis prevention or management (Maternity)
- East Kent Hospitals UFT 5
- Newham University Hospital 6

Award for QI programme that advances practice and innovation in thrombosis prevention or management (Prophylaxis and Prescribing)
- Bristol Hospital NHS FT 7
- Spire Healthcare 8
- Spire Healthcare – Norwich 9

Award for QI programme that advances practice and innovation in thrombosis prevention or management (General)
- Ashford and St Peter's Hospitals NHS FT 10
- Chelsea and Westminster Hospital NHS FT 11
- Royal Glamorgan Hospital 12
- Royal Stoke University Hospital 13

Award for Enhancing Patient Experience
- Imperial College Healthcare NHS Trust 14
- Liverpool University Hospital NHS FT 15

Award for DVT pathway leading to improved timely diagnosis of thrombosis
- NHS Lothian Western General Hospital 16
- University Hospitals of Northamptonshire 17
- Swansea Bay University Health Board 18

Award for Work in VTE Prevention
- Birmingham Women's Hospital 19
- Bronglais General Hospital 20
- Whittington Health NHS Trust 21

Award for Outstanding patient resource
- East Kent Hospitals UFT 22
- Oxford University Hospital 23

Unsung Hero Award
Clinician 24

Unsung Hero Award
Non-Clinician 24

Lifetime Achievement Award 25

JUDGES PANEL 24
WHAT WE HAVE ACHIEVED 26
DONATE 28

Thrombosis UK works to increase awareness, understanding and support for all those affected by or at risk of blood clots, also known as 'venous thromboembolism' (VTE) an umbrella term for deep vein thrombosis (DVT) and pulmonary embolism (PE).

Since the charity was founded, its' work has continually extended to support, inform and update best practice in the prevention and management of thrombosis. This has only been possible through working in partnership with healthcare professionals and the public, particularly those whose lives have been affected by VTE.

The VTE Awards seeks to celebrate effective, embedded and sustainable practice across VTE prevention and management, placing patient-safety and outcomes at the heart of exemplary care. The 2024/25 VTE Awards have welcomed many applications from across the UK, each evidencing high standards, passion to implement and determination to deliver the best. This year the Judges noted that even those which may not have been short-listed, had embodied these characteristics.

We cannot rest on our laurels - across VTE prevention and management there is still so much to achieve. The 2024 MBRRACE-UK[1] report showed that VTE is now the most common cause of women's deaths during pregnancy and post-partum. For those at risk during or shortly after pregnancy, it is essential that more research is undertaken in this area and that an evidenced-based national VTE risk assessment tool that is clear and accurate to use is prioritised for development through to validation and implementation.

We know there are challenges in VTE prevention during psychiatric admission, both in poor evidence and lack of validated VTE risk assessment tools for this area. A recent paper, '*Rates of venous thromboembolism associated with acute psychiatric admission: A retrospective cohort study*[2]' found 11 episodes of VTE (1.5/1,000 admissions) were identified, with no VTE cases identified in 4,561 patients being treated in the community for mental illness during an equivalent window. People who have a severe mental illness have a greater risk of poor physical health and of dying prematurely compared with the general population, and that blood clots are a significant risk factor for this vulnerable group.

Thrombosis UK works to, shine a light on, and bring together communities to tackle issues such as these, raising awareness, supporting and informing where there is need for action, research and education. Currently we are liaising with NICE to redress the out-of-date guidelines on prevention of VTE from hospital admission (NG89) and encourage an urgent update.

Today's celebration is also a call to you all – to share what is effective and brings significant improvement to patient outcomes. Working in collaboration with you and fellow passionate drivers-for change from across the UK, we can work to save lives by delivering the best standards in VTE prevention and care.

Prof Beverley Hunt OBE, Founder & Co-Chair of Trustees, Thrombosis UK

Janet Morgan, Co-Chair of Trustees, Thrombosis UK

Prof Simon Noble, Medical Director Thrombosis UK

[1]https://www.npeu.ox.ac.uk/mbrrace-uk
[2]https://www.spandidos-publications.com/10.3892/etm.2024.12476

WELCOME

Introduction from Sarah Green MP

I am pleased to be sponsoring these VTE Awards.

Today, we celebrate those working to improve outcomes for people affected by blood clots; identifying risk, improving diagnosis and managing VTE in the community using innovation and quality improvement to strengthen VTE pathways.

We know that thrombosis can affect anyone. Thrombosis UK is at the forefront of providing education, awareness and research in this area. The statistics speak for themselves...

- Venous thromboembolism can affect anyone regardless of age, gender, race, or ethnicity
- 1 in 4 people die of conditions caused by thrombosis
- 1 in 20 develop a VTE within their lifetime
- 55%-60% of blood clots occur within 90 days of hospital discharge
- Up to 20% of cancer patients develop blood clots
- VTE is the leading cause of indirect maternal death
- Studies of patients who die unexpectedly of pulmonary embolism reveal that they complained of nagging symptoms often for weeks before death related to pulmonary embolism.

National Thrombosis Week brings together VTE clinical experts, associated healthcare professionals and the public. It provides a platform to share and learn from the leading experts with the delivery of educational sessions across a broad range of VTE related areas such as:

- Post Pulmonary Embolism syndrome
- Improving VTE Risk assessment tools and compliance in the UK
- Improving VTE prevention in pregnancy and the puerperium (MBRRACE Report)
- Managing fear and anxiety after a blood clot – psychological impact
- Keeping active after blood clots

For those who are directly affected by a diagnosis of VTE, the impact can be frightening and concerning for the sufferer and their loved ones. The emphasis on supporting people with an opportunity for psychological support is impressive and goes a long way in complementing the care provided by the NHS.

Thank you for all you are doing to secure better outcomes for everyone affected by VTE.

Sarah Green MP

AWARD CATEGORIES

VTE AWARD FOR – MATERNITY:
Quality Improvement Programme that advances practice and innovation in thrombosis prevention or management

VTE AWARD FOR – PROPHYLAXIS AND PRESCRIBING:
Quality Improvement Programme that advances practice and innovation in thrombosis prevention or management

VTE AWARD FOR – GENERAL:
Quality Improvement Programme that advances practice and innovation in thrombosis prevention or management

VTE AWARD FOR:
Enhancing Patient Experience

VTE AWARD FOR:
Deep vein thrombosis (DVT) pathway leading to improved timely diagnosis of thrombosis

VTE AWARD FOR:
Work in VTE Prevention

VTE AWARD FOR:
Outstanding patient resources, sharing information about VTE prevention for patients

VTE AWARD – CLINICIAN:
Unsung Hero Award

VTE AWARD – NON CLINICIAN:
Unsung Hero Award

VTE AWARD FOR:
Lifetime Achievement Award for dedication to work undertaken in VTE awareness, prevention and management

THROMBOSIS UK VTE AWARDS

VTE AWARD – MATERNITY

VTE Awarded for – Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

EAST KENT HOSPITALS UNIVERSITY NHS FOUNDATION TRUST

Quality Improvement project for venous thromboembolism prevention in pregnant and post-partum people

The venous thromboembolism (VTE) in Obstetrics Quality Improvement project was initiated in 2023 following a comprehensive mapping conducted in 2022 as an audit action plan.

The audit reviewed the journey of pregnant women as they navigated women's health and obstetrics services. Initial audit results highlighted critical areas for investigation and quality improvement (QI), particularly in VTE prevention.

An obstetric VTE committee was appointed in 2023 with a core working group comprising of specialist VTE nurses, patient safety midwives and stakeholders across various departments.

The first cycle of the QI project areas of focus included:

- Development of updated thromboprophylaxis guidance for pregnant women.
- Creation of a user-friendly VTE risk assessment tool and patient information resources.
- Development of staff educational resources with face-to-face training.
- Establishment of a process for shared learning from maternity-associated thrombosis with wider teams.
- Introduction of intermittent pneumatic compression devices in line with NICE guidance.
- Establishment of a VTE Working Group to ensure the project was reviewed and on target.

The second cycle of the QI project was informed by the recommendations from MBBRACE 2024 report, and key workstreams included:

- Definition of rapid access pathways for prescribing and administering thromboprophylaxis.
- Development of early pregnancy-specific VTE guidance.
- Review of the restructured risk assessment.
- Provision of pre-pregnancy counselling for women with a history of VTE.

The work is ongoing with work expected to complete by quarter two, 2025.

Initiatives and resources to support were developed and have led to:

- An increase in the use of intermittent pneumatic compression devices.
- Cessation in use anti-embolic stockings for VTE prevention in maternity.
- The thrombosis centre at Kent and Canterbury Hospital establishing a daily nurse-led clinic for patients with a history of VTE to attend and commence thromboprophylaxis within 24 hours of reporting pregnancy.
- This service being managed via the Early Pregnancy units during Bank holidays and weekends.
- Improved VTE risk assessment at Trust-wide level and showing compliance is at 90% – 95%, this includes snapshot data from Obstetrics inpatient wards.
- Continued audit established to monitor the completion of VTE risk assessment from booking to discharge, feeding into the ongoing workstreams.

The VTE Working group implemented training initiatives covering:

- A VTE awareness launch to engage and inform stakeholders.
- Establishment of a VTE google classroom.
- Ready access to Thrombosis UK professional resources, local and national guidance, mechanical thromboprophylaxis use guides and pharmacological prophylaxis prescribing guidance.
- A 'Rapid Review Meeting' platform to investigate VTE related incidents in a timely manner and share learning as part of the Patient Safety Incident Response Framework.

Coupled with robust, well-structured communication across disciplines and with strong senior stakeholder involvement, the QI project has grown to be a collective commitment to VTE prevention in pregnant individuals across the East Kent Trust.

VTE AWARD – MATERNITY.

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

NEWHAM UNIVERSITY HOSPITAL

How evaluating venous thromboembolism (VTE) risk in the context of maternal third trimester and postnatal weight impacts thromboprophylaxis to reduce VTE

Venous thromboembolism (VTE) is a leading cause of maternal death, with its incidence increasing despite being preventable. The reasons for this rise remain unclear. National guidance recommends prescribing thromboprophylaxis (which usually involves anti-clot injections) based on booking (first trimester) or most recent weights. In practice, it is usually the booking weights that are utilised and will ultimately determine the thromboprophylaxis prescribed. Despite weight and body mass index (BMI) influencing VTE risk scoring and prescribing, there is little consensus on the importance of weighing women in the third trimester/postnatal period.

Currently, there is no recommendation for the ideal range of weight gain in pregnancy, neither is there consensus on when to weigh women in pregnancy, apart from at booking. As a result, there is a risk that this could lead to undertreatment if thromboprophylaxis prescribing is based solely on booking weights.

The Newham team aimed to determine whether weighing women during this period improved the accuracy of thromboprophylaxis prescriptions and positively affected VTE incidence rates. The project consisted of a closed-loop two-cycle audit which has evolved into an ongoing quality improvement project.

The team installed weighing scales on the postnatal ward, ensuring all mothers were weighed in the third trimester (with optional concealment) before individualised postpartum VTE risk assessment.

In the first cycle, they retrospectively analysed 142 patient records examining:

- Chemical VTE prophylaxis (i.e. anti-clot injections) prescribing practices for postnatal women admitted during April-May 2023.
- Data on demographics, weight, BMI and type of birth (vaginal delivery, instrumental delivery, elective or emergency caesarean section).
- Low molecular weight heparin dose/duration if prescribed.
- Rates of re-admissions and VTE incidence.

Risk scores were then recalculated and compared to prescriptions made at the time of discharge. After introducing weighing scales, data from the August-September 2024 period was audited (37 patient records), and analysed. It indicated that weighing women in the third trimester/ postnatal period increased thromboprophylaxis accuracy.

The work showcased:

- 74.6% (n=106) of patients in the first cycle received the appropriate thromboprophylaxis.
- 25.4% (n=36) would have required different thromboprophylaxis to that prescribed, primarily due to dose/duration prescription errors for increased weights.
- 8.5% (n=12) were potentially undertreated.
- Mean duration of treatment was 23.8 days±15.9 (SD).
- Total mean BMI was 28.3±5.7 in the first cycle.
- In the second cycle, 81.1% (n=30) received the appropriate thromboprophylaxis.
- The mean duration of treatment was 27.7±17.9.
- Total mean third trimester/postnatal BMI was 31.8±6.1.
- There were no cases of VTE recorded within 12 weeks postpartum in either cycle.
- There was a statistically significant mean increase in weight when comparing booking and third trimester weights of 9.0% (p=0.04).

In conclusion, the initiative has shown that updated weights improved prescribing accuracy when re-auditing the data after implementing the intervention.

The work has led to new local recommendations to weigh women in the third trimester/postnatal period to identify high-risk patients. This inexpensive intervention requires minimal training and is easy to implement, therefore potentially applicable to other postnatal settings as well.

The maternity department will continue to audit data on a six-monthly basis and collect this through the hospital's patient record systems.

Future efforts include extending this intervention to other populations to inform guidance and providing further training for healthcare staff to optimise thromboprophylaxis prescriptions.

VTE AWARD – PROPHYLAXIS AND PRESCRIBING

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

NORTH BRISTOL HOSPITAL TRUST

Pulmonary Embolism Response Team (PERT) – Providing multidisciplinary approach to acute severe Pulmonary Emboli (PE) and a continuous learning environment to improve our approach to managing unwell PE patients in North Bristol Hospital Trust

In 2022, across the North Bristol Hospital Trust, 97 pulmonary embolism (PE) patients were classified as intermediate high risk and 10 patients subsequently died due to their PE.

The traditional management of a patient with a pulmonary embolus (PE) includes initiating anticoagulation drugs under the on call medical team. In severe cases, the patients care must be escalated beyond that, including utilising thrombolytic drugs and intensive care treatment.

Over the last decade, there have been improvements in the management of PE using specialist PERT teams and in select cases the clots are removed with minimally invasive surgery known as mechanical thrombectomy.

In 2023, a handful of highly interested clinicians formed the basis of a rudimentary Pulmonary Embolism Response Team (PERT), as a quality improvement project. This quality improvement moved beyond a traditional QI project and sought to achieve the aim of improving quality of PE care through initial small scale operation and growth through demonstrating success.

To date, the team has managed:

- 22 acute cases.
- Five successful thrombectomies with patients surviving 30+ days beyond discharge
- Has secured urgent access to leg and heart scans for decision making in complex cases in need of escalation.

In addition to acute case review, PERT members collate cases and share learning at bi-monthly meetings. This in turn has had positive impacts in PE pathway optimisation.

What started as a small-scale operation has evolved into a wider awareness and interest in the team's work resulting in the current status of:

- On-call teams referring to the PERT.
- The original handful of consultants is now a team of 20 clinicians and clinical scientists encompassing multiple specialities.

The lack of financial remuneration is offset by not fixing this role into job plans but creating an environment for continued professional development in PE management. Clearly this benefits the organisation by not increasing the cost for high quality care. And the patients benefit from Consultant MDT level decisions for their care with access to the most effective treatments.

By initiating the project as a small-scale QI project as opposed to a business case, the North Bristol team have shown success and potential for perpetual growth which benefits both the patient and organisation.

VTE AWARD – PROPHYLAXIS AND PRESCRIBING

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

SPIRE HEALTHCARE

Spire Healthcare's National Quality Improvement Initiative to prevent VTE across 38 hospitals

Spire Healthcare is a leading independent healthcare group in the United Kingdom running 38 hospitals, over 50 clinics, medical centres and consulting rooms. In 2023, Spire Healthcare delivered care to over 1 million inpatients, outpatient and day-case patients along with occupational health to client base.

Annually, Spire Healthcare provides services for over 200,000 NHS patients with 25.1% of revenue coming from the services for the NHS in 2023.

In early 2023, a review was undertaken using the Systems Engineering Initiative for Patient Safety (SEIPS) to identify areas for improvement, reducing avoidable incidents.

The review identified 6 key factors which needed to align with the whole patient pathway

- VTE risk assessment – accuracy and consistency.
- Patient information.
- Fluid hydration.
- Early mobilisation for arthroplasty patients.
- Pharmacological prophylaxis.
- Mechanical prophylaxis.

In response, a National VTE Working Group was established incorporating, national clinical specialists, medical and hospital representation who met monthly to ensure traction of the QI project.

Extensive quality improvements were put into place to progress this project including:

- A training package, department specific VTE competencies developed by the VTE National Specialist for the VTE Hospital Leads to provide training and competency assessment needed for all clinical staff.
- Audits were streamlined on pharmacological prophylaxis and VTE risk assessment into one audit for robust data analysis.
- Introduction of a 'Patient Safety and Quality Review' (PSQR) to measure assurance and improvement across patient information, early mobilisation, education and training.

Spire VTE audit analysis shows an improvement across the board in 2024:

- VTE risk assessment 99.8%
- Patient information 98.6%
- Anti-coagulation 100%
- Pre-Operative 'sip-til- send' hydration 170ml/hr 93.8%

PSIRF VTE incidence data analysis showed quality improvements between July-December 2024 across:

- Early mobilisation with average length of stay reduced by 10% in arthroplasty incidences.
- Mobilisation targets improved from 41% - 75%.
- Compliance with anticoagulation improved from 80% – 100%.
- Compliance regarding hydration (pre-operatively, 'Sip – 'til -send') improving from 68% - 82%.
- Correct competition of VTE risk assessment improved from 80% - 99% inpatient admissions.
- Unavoidable VTE incidences improved from 48% - 70%.
- The sharing of patient information being standardised across all centres with the choice of literature being Thrombosis UK and the 'Let's Talk Clots' app.

As a result, all aspects of the patient pathway have been mapped out to support VTE prevention and that patients entering their care can be assured that their VTE risk and management satisfies the guidelines set by the UK VTE Exemplar standards.

Spire is now working towards the risk and management strategies to meet with the guidelines set out by the VTE Exemplar network and are working towards VTE Exemplar status across all 38 Spire Healthcare hospitals.

VTE AWARD – PROPHYLAXIS AND PRESCRIBING

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

SPIRE NORWICH

Quality Improvement around the prevention and management of VTEs at Spire Norwich Hospital

Spire Norwich is one of 38 hospitals and 8 clinics working as part of Spire Healthcare. As part of its services, Spire Norwich offers elective surgery to private and NHS patients.

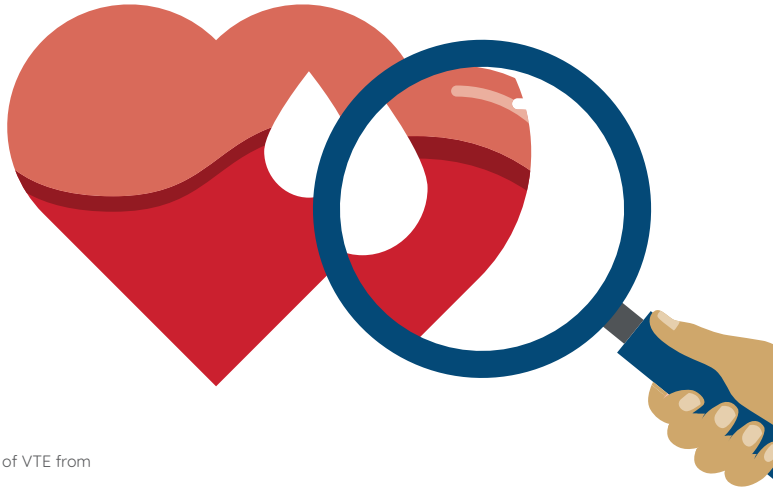
In 2024, audit had shown a rise in incidences of VTEs and so a quality improvement project was established with the objective to maximise patient safety and improve patient outcomes.

An action plan, based on these findings, was drawn up and shared with a multidisciplinary team (MDT).

As a result of the thematic review and the implementation of the action plan Spire Norwich has put into place:

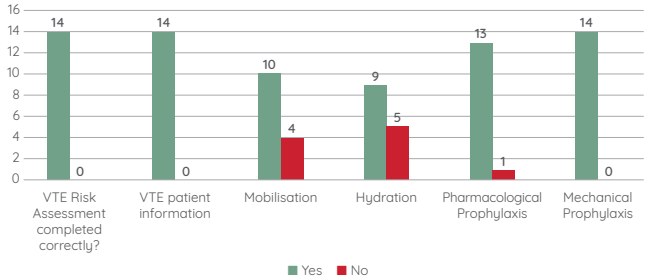
- Thrombosis UK resources offered to patients during the pre-assessment phase.
- An ongoing thematic review template, managed by the VTE lead, with each VTE incident being added so that any themes can be easily identified.
- VTE case reviews discussed at weekly patient safety incident meetings.
- A monthly fluid balance local audit and fluid balance management training run by the urology specialist nurse. Themes from this are shared via our monthly clinical effectiveness meetings.
- Day 0 mobilisation competency completion, led by physiotherapists.
- 2 Clinical training days, linked to the core and clinical competencies which include Day 0 mobilisation, fluid balance management and VTE prevention and treatment.
- Development of a training and development newsletter highlighting VTE training

Work continues, with competency trackers which have been refined to be more effective and a monthly departmental Amat audit carried out by the VTE lead with actions shared via departmental meetings and via the hospital VTE Committee. The incidences monthly since January 2024 have decreased by 50%.



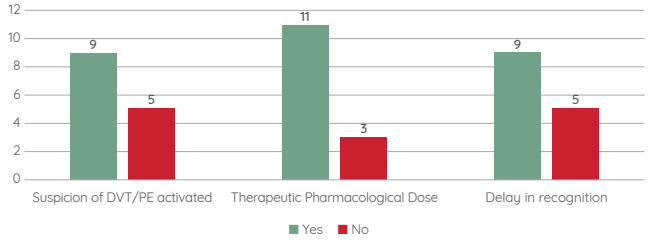
On identifying the peak in January 2024, a thematic review was undertaken looking at 14 cases of VTE from May 23 – January 2024 with the aim of indentifying any trends. The results are below:

Prevention of VTE – 6 key factors



Areas identified within the 6 key factors were mobilisation, hydration and pharmacological prophylaxis. It was identified that there were several cases where post-op mobilisation didn't happen in a timely fashion or wasn't documented so there was no evidence of mobilisation. Hydration wasn't always being accurately documented or documented at all. There was just 1 case where pharmacological prophylaxis wasn't given within the recommended timeframe.

VTE Management pathway



Areas identified within the VTE management were spread across all 3 headings – Suspicion of DVT/PE form activated, Therapeutic pharmacological dose – correct dose administered within the correct timeframe, and if there was any delay in recognition.

VTE AWARD – GENERAL

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

ASHFORD AND ST PETER'S HOSPITALS

Ashford and St Peter's Hospitals NHS Foundation Trust (ASPH) Multidisciplinary approach to improve prescribing rate of chemical thromboprophylaxis within 14 hours of admission

Between April 2020 and May 2023, a monthly sample population audit was conducted across all clinical areas to establish if prescribed, whether chemical thromboprophylaxis (CTP) was administered within 14 hours of admission.

While results from the audit showed consistent compliance of above the Trust target of 80%, the audit revealed there was significantly lower compliance of 63% within 14 hours of admission, when measuring if CTP was prescribed within 14 hours when indicated by VTE risk Assessment

To address this problem, a multidisciplinary team comprising of nurses, pharmacists, clinicians and members of the patient safety team was established.

The primary goals of the quality improvement project were to:

- Improve the prescribing rate within 14 hours of hospital admission of chemical VTE prophylaxis (if indicated).
- Enhance adherence to VTE Prevention guidelines.
- Streamline electronic documentation and workflow processes.

An anonymous survey of junior doctors was also carried out to identify issues which highlighted barriers caused by:

- The electronic patient record (EPR) workflow.
- VTE risk assessment not being directly linked to electronic prescribing.
- Low confidence in prophylactic dosing in extremes of body weight and renal dysfunction.
- Minimal opportunities to clarify plans with senior colleagues following risk assessment.

As a result, key interventions were put into place which included:

- The development and introduction of a visual dosing table.
- A VTE risk assessment and prescribing review at daily board rounds/safety huddles
- Education and training programmes for resident doctors.
- Audit and feedback mechanisms to meet Trust quality priority for 2024/25.

To encourage implementation of the project, the team arranged regular stakeholder engagement meetings; simplified workflows were optimised to trigger VTE risk assessment in a timely manner and support from senior clinical leadership team was secured to reinforce the initiative.

The project has been successful across all adult inpatient areas within the Trust with results showing:

1. Prophylaxis prescribing within 14 hours of admission (if indicated) has increased from 63% to 89.6%.
2. Potentially preventable HATs with delayed initiation of prophylaxis as a key factor, have been reduced from 100% in May 2024 to 0% in September and October 2024.

Evidence indicates that patients will benefit from improved safety, enhanced awareness of the clinical team and as a result, are more likely to have better outcomes and reduced risk of increased anxiety associated with VTE related complications.

The improvements also bring cost savings and efficiency and through the method of delivery are sustainable and meet regulatory compliance.

VTE AWARD – GENERAL

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

CHELSEA AND WESTMINSTER HOSPITAL

Building on VTE stewardship with interventions across two hospital sites Chelsea and Westminster Hospital NHS Foundation Trust

Anticoagulation stewardship is a multidisciplinary approach in VTE healthcare focussed on the optimal anticoagulation management to ensure patient safety, quality and effectiveness.

Post COVID-19 pandemic, and in light of:

- Growing operational and service pressures,
- Restructuring of services/pathways and staffing,
- Implementation of a new electronic prescribing, medicines and administration (ePMA) system covering four large acute Trusts in North West London,
- The VTE stewardship underwent review and resumed quarterly VTE audits, with a dashboard as feedback, shared learning, actions and key messages for:VTE risk assessment completion rates on admission within 14 hours and within 24 hours of admission.
- Assessing prescribed pharmacological thromboprophylaxis within 14 hours and within 24 hours of admission.
- If appropriate, assessing the administered pharmacological thromboprophylaxis within 14 hours and within 24 hours of admission.
- Assessing the prescribed mechanical thromboprophylaxis during admission where clinically indicated.
- Development, review and update of VTE guidelines (the Trust has more than 45 user-friendly VTE/ anticoagulation clinical guidelines including resources to support safe prescribing, administration and monitoring of anticoagulants).

The passionate VTE team also developed/updated key resources, including:

- A new infographic for anticoagulation reversal in minor, moderate to severe and life-threatening bleeding was developed to support reversal agents and dosing.
- A pocket guide on direct oral anticoagulants (DOACs) summarising dosing, assessment prior to prescribing, duration of therapy, pharmacological properties, effect on clotting tests, adverse effects, drug interactions, bleeding management, contraindications and risk factors for bleeding, converting between anticoagulant agents.
- With availability of generic DOACs, new Trust patient information leaflets for atrial fibrillation, DVT and PE were developed to support patient counselling and education when patients newly initiated on DOACs. These leaflets were shared with other North West London acute Trusts to help standardise provision of patient information.

Following an audit on patient information for inpatients, the ePMA system was updated to include patient information e.g. signs and symptoms of blood clots and when to seek urgent medical attention on the discharge summary.

Additionally, ePMA optimisation includes:

- Electronic VTE risk assessment for patients in lower limb immobilisation.
- Warfarin prescribing at 2pm to allow review, appropriate prescribing and follow-up on INR results during working day with access to specialists and less burden for on-call teams.
- DOAC prescribing specific information on indications and loading and maintenance dosing to facilitate safe prescribing.
- New proforma to standardise documentation for anticoagulation counselling ensuring patients have received written and verbal information.
- New drug history proforma for patients established on anticoagulation for relevant details to assist on admission management, during admission and follow-up arrangements on discharge.

The Trust has achieved ≥95% VTE risk assessment completion, and quarterly audits with more than 98% appropriate thromboprophylaxis prescribing with one hospital site achieving 100% in 2024-25.

The Trust was successful in securing revalidation accreditation as a VTE Exemplar Centre in 2023 and has been awarded 'Anticoagulation Centre for Excellence' by the Anticoagulation Forum.

VTE AWARD – GENERAL

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

ROYAL GLAMORGAN HOSPITAL

Pharmacy led Anticoagulation Service – Perioperative management of anticoagulants Royal Glamorgan Hospital Pharmacy Department (RGH)

Venous thromboembolism (VTE) is the number one cause of potentially preventable death in hospitalised patients. It is well known that patients undergoing surgery have an increased risk of VTE. For patients who are already anticoagulated it is important that the anticoagulation is managed appropriately in the perioperative period. This involves making complex decisions, balancing the patient's underlying thrombotic risk against the bleeding risk of the patient, and the procedure.

The team identified differences in the pathways for managing anticoagulants during the perioperative period between the acute hospital sites within Cwm Taf Morgannwg University Hospital Board (CTMUHB).

A review was undertaken in line with new national recommendations and resulted in a referral pathway being introduced by the pharmacy anticoagulation team at the RGH.

The new pathway established a process for:

- Referral of complex patients on anticoagulation.
- Easy to follow plans for staff assessing non-complex patients' pre-admission.
- Complex cases reviewed by an anticoagulation specialist in collaboration with cardiology and haematology.
- Confirmation of appropriate counselling, prescribing and medication provision given for patients.

In the period November 2023–August 2024 reviews showed:

- 58 referrals were made to the team.
- 26% of existing management plans were changed to ensure they were clinically optimised.
- Pharmacy prescribed 21 prescriptions, freeing up anaesthetic and surgery workload.
- 10 patients attended hospital for face-to-face clinics and further counselling.
- 5 patients were switched to a direct oral anticoagulant.

During implementation, every effort was made to seamlessly embed the service into practice by providing guidance and supporting resources accessible on the health board intranet.

Clear benefits to patients, including:

- Receiving care from an appropriate specialist.
- Treatment clinically optimised
- Managed in the most appropriate place.
- Avoidance of unnecessary hospital visits if they can be managed remotely.
- A one-stop shop provision for counselling, medications and consumables for those needing a hospital appointment.

The work has been successfully implemented without any additional funding or provision of extra resources, the project has been accepted by the Dragon's Heart Institute, 'Spread and Scale Academy.'

VTE AWARD – GENERAL

Excellent Quality Improvement programme that advanced practice in thrombosis prevention or management

ROYAL STOKE UNIVERSITY HOSPITAL

NHS University Hospitals of North Midlands, Royal Stoke University Hospital embedding an improvement culture to embrace innovation to drive quality improvement that advances clinical practice in post-stroke thrombosis prevention.

The University Hospital of North Midlands is home to one of the UK's most comprehensive stroke units treating around 1,500 stroke patients per year.

Approximately 68% of admitted patients suffer a degree of paralysis, and VTE risk is recognised as being particularly high and difficult to prevent in immobile stroke patients.

While anticoagulation is typically prescribed for VTE prevention it is not recommended following acute stroke, due to further risk of bleeding, instead NICE Guidance (NG89) recommends mechanical prophylaxis [MP] using Intermittent Pneumatic Compression (IPC), as the primary intervention.

However, not all patients can be prescribed IPC due to intolerance or contraindication.

To address the identified unmet need, a team led by Professor Natarajan, Consultant Stroke Physician at Royal Stoke Hospital carried out a quality improvement (QI) study to evaluate an innovative neuromuscular (NMES) device, recommended by NICE (MTG19) where IPC cannot be prescribed.

Launched in 2018, the QI project programme was initiated after completion of a real-world audit between November 2016 – March 2018.

Partnering with the NMES device manufacturer, the team scoped and implemented a 1,000 patient prospective retrospective audit – NMES v IPC to measure patient compliance (tolerance) to both modalities and VTE events at 90 days post stroke. The protocol included four-hour reviews to maximise patient comfort and compliance of both interventions. The device was added to the drug chart for VTE prevention. The NMES device was used as an alternative anti-stasis intervention when IPC was contradicted or could not be tolerated and worn on both legs for 24 hours a day.

Key outcomes from the audit:

- 688 of admitted stroke patients were prescribed IPC.
- 203 were not suitable or unable to tolerate IPC.
- For those switched to NMES, no adverse events or skin reactions were reported.
- Average length of NMES and IPC was nine days per patient.
- 666 patients were followed up to measure VTE events at 90 days post stroke.
- VTE rate with IPC was 2.4%, whilst no VTE events were recorded with the NMES device.

The real-world data gathered in this project has gone on to influence wider NHS stroke units to assess unmet needs and adopt the NMES device. There are currently 15 fully adopted units and 16 progressing to adoption. A grant application to the National Institute for Health and Care Research has been successful and a multi-centre randomised controlled trial is in the process of being set up to determine if NMES devices could be more effective than IPC in preventing post stroke VTE rather than its use for unmet needs alone. The study will include input from stroke survivors.

VTE AWARD

Enhancing Patient Experience

IMPERIAL COLLEGE HEALTHCARE NHS TRUST

The anticoagulation discharge pathway (ADP) at Imperial College Healthcare NHS Trust is a new model which was implemented to enhance patient experience and improve patient outcomes for patients starting new anticoagulant therapy.

Launched in September 2024 the pathway is supported by a multidisciplinary team of consultants, pharmacists, nurses and administrative staff. As a tertiary centre, the new pathway streamlines patient discharge with safe anticoagulation follow up, regardless of where they live in London.

Primary goals included:

- Reducing admission rates.
- Preventing avoidable adverse events.
- Ensuring timely outpatient follow-up.
- Improving patient education around their condition and treatment.
- Provision of adequate supplies of anticoagulation.

Using an online in-house referral form, local clinicians can submit a referral to the thrombosis team. This is reviewed daily by a consultant or pharmacist and the patient is then triaged to either the low molecular weight heparin (LMWH) clinic, direct oral anticoagulant (DOAC) clinic or new patient warfarin clinic.

Current waiting times for clinics are:

- LMWH – up to 10 days.
- DOAC clinic – up to 14 days.
- New patient warfarin clinic – up to four days.

Patient feedback has already shown that 80% strongly agree with statements asked feedback and none have responded with lower than 'neutral' across all questions which included:

- Receiving education and information around their condition had empowered them to actively engage in their healthcare.
- Agreement that they experienced less stress and confusion post-discharge.
- There was accessibility to dedicated pharmacists and nurse-led clinics who provided expert counselling on their anticoagulation therapy and increased their understanding and confidence in managing their condition.

Benefits to the NHS have been identified from the streamlined, online referral system with centralised email support for queries and automated confirmations. These include:

- Improved communication.
- Minimalised delays.
- Improved discharge efficiency.
- Led to a reduction in re-admission rates.
- Made a positive improvement to patient safety by reducing medication errors.

VTE AWARD

Enhancing Patient Experience

LIVERPOOL UNIVERSITY HOSPITAL

Haematology Liverpool Thrombosis Service

Like many services, the Liverpool thrombosis service, established in 1995, has needed to evolve significantly over time and adapt to the merge of several regional hospitals and clinics across secondary and primary care.

Following the introduction of direct oral anticoagulants (DOACs) and subsequent considerable growth in patient numbers, the service required significant restructure and is now predominantly a nurse-led thrombosis service with the current team utilizing enhanced nursing roles and skills. The team is made up of Advanced Nurse Practitioners and band 6 and 7 Clinical Nurse Specialists, with support from the Consultant Haematologists.

They run a designated Thrombosis MDT weekly meeting where complex cases are discussed, which ensures that all members of the team feel well supported and gain confidence in presenting cases to the multi-disciplinary team and navigating complex decision making.

Specific monitoring clinics are in place for those patients with cancer associated thrombosis and for obstetric haematology.

The service currently:

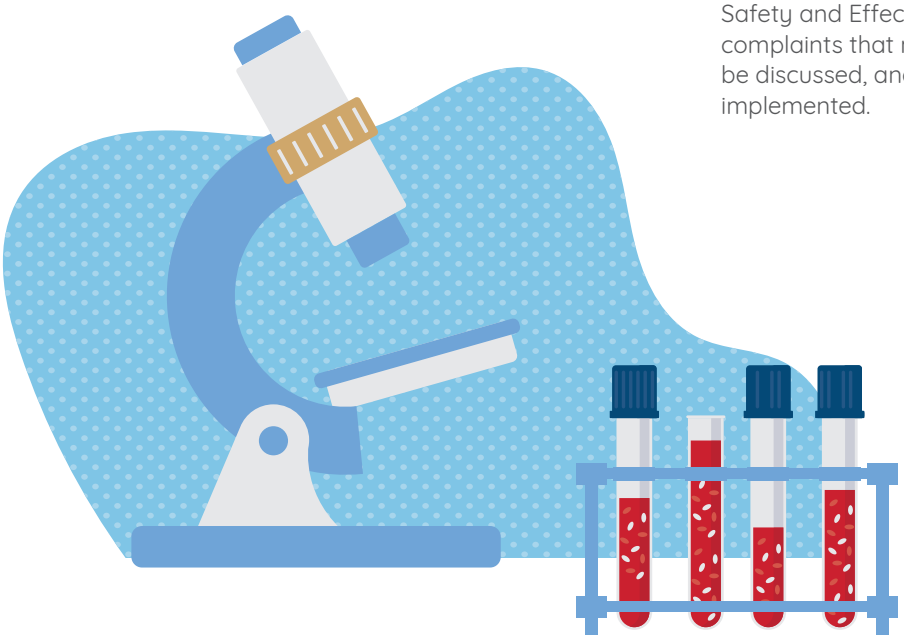
- Is achieving above 95% for VTE risk assessment within 14 hours of admission.
- Has two educational leads who present at bi-annual haematology study days.
- Provide VTE sessions at local Universities and throughout the Trust.
- Ensures patients receive patient information leaflets and are signposted to the Thrombosis UK website resources.
- Offers a dedicated Clinical Haematology Psychology service providing holistic support to those struggling with a serious VTE event causing anxiety and distress, providing coping strategies to overcome these.

Post Covid pandemic, most clinical appointments were virtual. Reviewing feedback, it became apparent that patients wanted an in-person appointment where they could be examined and felt more listened to. Face-to-face clinics have now been reinstated for all new patients where possible, and the service ensures they are seen within a two-week window from diagnosis. This has proved especially effective for patients with communication barriers and has improved patient adherence.

A recent audit of patient feedback showed:

- 94% of responses rated overall experience as excellent.
- 6% rated as good.

In addition to the patient satisfaction audit, patients are routinely asked to complete the ‘Family and Friends Test’ (FFT) which measures their overall experience. This data is collated centrally through the Trust, and both positive and constructive feedback is reported back to the department for review and discussion as part of the monthly ‘Quality, Safety and Effectiveness’ meetings. Within these meetings complaints that may have been submitted will also be discussed, and actions arising from lessons learnt implemented.



VTE AWARD

Deep vein thrombosis (DVT) pathway leading to improved timely diagnosis of thrombosis

WESTERN GENERAL HOSPITAL LOTHIAN

Same Day Emergency Care/ Rapid Assessment and Care Unit (RACU)

The Same Day Emergency Care Unit at the hospital has a well-defined deep vein thrombosis pathway which was embedded within its service at inception.

Following data analysis, it was found that patients were having to visit their GP, then visit the hospital and for the most part return the following day for a scan if that was indicated.

The team introduced a professional-to-professional telephone consultation service between primary and secondary care. This meant for patients with a high risk DVT where a score had been calculated by the primary care assessor, they could be given a direct to scan appointment cutting out the need for the additional assessment in secondary care.

As a result, this:

- Improved the number of same day scans performed.
- Built stronger relationships between primary and secondary care.
- Reduced carbon footprint of the pathway by 1000s of carbon miles.
- Improved confidence in interim anticoagulation within the community

All whilst reducing the cost of the pathway to both patients and the care delivery organisation.

In addition, point of care D-dimer testing machines were introduced to cut laboratory testing of 90 minutes causing unnecessary delay in diagnosis, to just six minutes, and reduced unnecessary testing at triage and streamlined patient assessment.

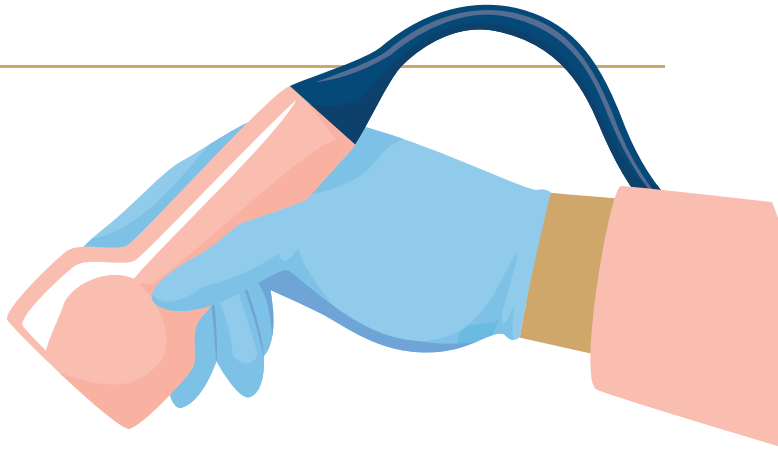
Data shows the pathway has:

- Saved over 2,000 patient appointments (10% of previous appointments).
- Saved over 4,000 hospital journeys and reduced travel for a huge proportion of patients.
- Reduced use of interim anticoagulation, saving costs and reducing risk to patients.
- Improved time to scan.
- Time spent in department illustrates patient time saved at 179 minutes.
- From 1st September – 24th December 2024, 96.2% of patients surveyed gave praise for the Rapid Access Care Unit (RACU).

The service design is now being shared with others.

VTE AWARD

Deep vein thrombosis (DVT) pathway leading to improved timely diagnosis of thrombosis



NORTHAMPTON GENERAL HOSPITAL

University Hospitals of Northamptonshire – Northampton General Hospital

Deep Vein Thrombosis (DVT) Scanning by nurses – an innovative approach

Combined with the anticoagulation service, this is a nurse-led service overseen by a Consultant Haematologist.

Historically, the scanning service offered five scans per day with patients waiting up to seven days, In 2016, a business plan was agreed with the anticoagulation service to purchase an ultrasound machine and train some of the nursing staff to undertake DVT ultrasound scanning. The introduction of nurse sonography has given us complete control of our service.

The DVT service has evolved and we now offer a same day scanning service to GPs, Same Day Emergency Care, Accident & Emergency, Oncology, and more recently, to Obstetric & Gynaecological departments.

The implemented service now offers a four-hour referral time with data audited monthly to monitor:

- Number of referrals per month.
- Source of referrals.
- Number of scans.
- Number of patients not requiring scanning.
- Wells scores.
- D-dimer results.
- If the patient was commenced on interim anticoagulation prior to attending DVT clinic.
- Result of scans.
- If positive, if the clot above or below the knee.
- Number of rescans with outcome.

Patient feedback is gathered via a questionnaire and looks at:

- How long between referral and their appointment with us.
- How long did they wait to be seen once in clinic.
- Did they receive an information leaflet (about what would happen at their appointment).
- Were all the steps explained.
- Were they satisfied with the outcome of the appointment.
- Were all questions answered sufficiently.
- Rate their experience on a 1-10 scale.
- Any suggestions of improvement to service.

To date, data consistently evidences key performance targets are being met across:

- Staying within departmental budget.
- Cost savings.
- Consistent 95% specificity and sensitivity target of DVT ultrasound.
- Reduction in patients commenced on interim anticoagulation prior to scanning
- Reduction in patients having unnecessary scans.
- Provision of 16 patient assessment/scan slots per day.
- Identification of referrers not using the same day service.
- Time from referral to scan.
- Safety.
- Training and development.
- Positive patient feedback.
- No waiting list.

Patients clearly benefit by being seen in a ‘one stop shop’. They do not need to worry about getting to a different department for their scan or multiple appointments.

VTE AWARD

Deep vein thrombosis (DVT) pathway leading to improved timely diagnosis of thrombosis

SWANSEA BAY UNIVERSITY HEALTH BOARD

Deep Vein Thrombosis (DVT) Pathway

Operational since 2021, Swansea Bay University Health Board (SBUHB) provides a comprehensive, centralised diagnosis and review deep vein thrombosis (DVT) service operating out of the Same Day Emergency Care unit (SDEC) at Morriston Hospital.

A novel aspect of the pathway is management, with the service being pharmacist-led while also truly multidisciplinary, utilising support from General Practitioners, medical colleagues, physician associates, nurses, and pharmacists who together bring a diversity of set of skills and experience to the team.

It also integrates the management of the service into the SDEC is where the vast majority of DVT's are diagnosed thus enabling patients to be seen by a DVT specialist much earlier in their treatment and be consistently managed by the same team throughout their journey, where there is a concentration of knowledge.

The service ensures:

- Patients have initial assessment by a nurse and clinician using point of care D-dimer to provide results within minutes.
- If imaging is required, a Doppler Ultrasound scan is offered either on the day or the following day, with anticoagulation being prescribed for the interim if the patient has to return the next day.
- All patients with a new diagnosis are seen on the day or following day to go through questions, treatment plans, provide information and discuss cause of their thrombotic event.
- Follow-up occurs after one month and at three months, with this review including a focus on long term complications such as post thrombotic syndrome and counselling on management of the condition.

Audit in 2024 showed:

- 85% of patients had been diagnosed via the SDEC service, with patients diagnosed outside of the pathway primarily inpatients.
- The mean period between DVT diagnosis and being seen in the VTE clinic was 11.5 hours.
- Patients reviewed by the pharmacist led service show a low rate of VTE recurrence (2.1%) and bleeding (3.2%).
- Patient feedback is gathered and aids identification for improvement.

The training programmes developed for the service in review with the Royal Pharmaceutical Society regarding adoption as part of the national pharmacist advanced practice framework.

VTE AWARD
Work in VTE Prevention

BIRMINGHAM WOMEN'S HOSPITAL

Improving Thromboprophylaxis in the postnatal period by adequately measuring patient's weight

In response to findings highlighted in the MBRRACE-UK Report (2023) 'Saving Lives, Improving Mother's Care' and the audit outcomes, a team within Anaesthetics at Birmingham Women's Hospital worked to implement a protocol to systematically measure the weight of patients pre-elective caesarean birth and post birth.

The Royal College of Obstetricians and Gynaecologists (RCOG) Guidance (2015b) states that a VTE risk assessment should be conducted for all women at least once following delivery and before hospital discharge. Additionally, MBRRACE-UK recommend that women be re-weighed at 28 weeks and in the postpartum period to ensure accurate VTE scoring and appropriate low weight heparin (LMWH) dosing.

In Birmingham Women's Hospital, Anaesthetists are responsible for conducting a VTE assessment in the immediate post-operative period for patients undergoing caesarean birth and also for prescribing the first dose of LMWH.

An audit was undertaken to evaluate the accuracy of weight documentation and its impact on BMI (body mass index). Data analysis revealed that 40% of patients were underdosed for their current weight, while 30% received a shorter treatment duration.

These results highlight the critical importance of accuracy in weight measurement in the postnatal period, to ensure appropriate thromboprophylaxis dosing as failure to do so may result in high-risk patients not receiving optimal prophylactic treatment, remaining at increased VTE risk and other thromboembolic complications.

The project is now extending to focusing on patients that have been prescribed LMWH in the postnatal period, with a multidisciplinary team involved in reviewing the Trust's policy regarding weight monitoring and thromboprophylaxis. The aim of this work will be to align local practice to the MBRRACE/RCOG guidance.

The programme has received positive engagement and feedback from patients and is expected to significantly positively impact patient safety outcomes.

VTE AWARD

Work in VTE Prevention

BRONGLAIS GENERAL HOSPITAL

Sustained compliance to VTE Risk Assessment and VTE Prevention

Bronglais General Hospital is one of four acute sites within the Hywel Dda University Health Board (HDUHB) that provides scheduled and unscheduled care services for the population of Ceredigion.

Historically, investigations around hospital acquired thrombosis (HAT) incidents have shown that risk assessment was variable and so work to audit and improve VTE risk assessment compliance is a continuous process.

In 2020, the Health Board made significant strides to improve VTE risk assessment practices working to engage collaborative engagement across all clinical teams leading to a strong commitment towards patient safety.

These included:

- The redesign of the VTE risk assessment based on clinical feedback.
- Promotion of the All Wales e-learning module.
- Development of a thromboprophylaxis policy and demonstrated a responsive and adaptive approach.

Monitoring and support:

- Monthly spot checks of patient notes across specialities.
- Data related to HAT investigations is shared with clinical leads and at local governance meetings.
- Follow-up quality improvement support is provided where there has been a potentially preventable HAT.

Leadership has been key to the drive and improvements made in this setting.

Risk assessment audits indicate increasing VTE assessment being undertaken and Bronglais maintains a median of one HAT investigation per month and has only identified one potentially avoidable case in two years.

Pharmacy colleagues provide VTE risk training to all new clinicians and a junior doctor is present at every whole hospital meeting.

Between October 2024-January 2025, HDUHB approved new patient information leaflets in English and Welsh, making these available in poster, paper copies and on digital platforms for staff to download.

There is now confidence that patients admitted to Bronglais General Hospital will routinely have a completed VTE risk assessment and appropriate prescribing of thromboprophylaxis during their admission.

VTE AWARD

Work in VTE Prevention

WHITTINGTON HEALTH NHS TRUST

Improvements in the VTE risk assessments completion rates by embedding the forms into the IT system and making their completion mandatory.

Prior to 2020, there was no dedicated thrombosis service in the hospital setting.

Review of services available raised concerns across:

- Collection of data.
- Completion of VTE risk assessments for paediatric, obstetric, medical and surgical patients admitted to the hospital.
- Lack of mandatory element to completing them.
- Lack of clerking proforma.

As a result, the risk assessment rate achieved was around 60%-70% and the data, that was collected, was often incorrect. As a result, the ability to provide accurate data on root cause analysis was lacking.

In light of these findings, funding was secured to appoint a pharmacist to specialise and focus on thrombosis prevention.

Working in collaboration with the pharmacists and IT colleagues,

- VTE risk assessment was embedded within the clerking proforma and became a mandatory part of documentation.
- Training resources (face to face and e - learning modules) were developed and delivered to new starter healthcare professionals, doctors and pharmacists.

Ongoing audits now evidence:

- The risk assessment outcomes for hospital inpatients have increased year on year and from January -December 2024, reached 95.6% exceeding the national target.
- Areas where compliance was not on target.
- Where to target focussed education and training.
- Following targeted training, improvement in compliance across all areas increased to above 95% over six consecutive months.

Extended work to engage with the virtual ward and community rehabilitation units enabled the development of guidance around VTE risk assessments and thromboprophylaxis of these patient groups treatment settings within the integrated health services, improving the overall care provided to patients.

The team now share VTE data outcomes at quarterly patient safety group and medicine safety meetings and strive for a strong interdisciplinary team approach to optimise the quality of care for our patients.

VTE AWARD

Outstanding patient resource, sharing information about VTE prevention for patients

EAST KENT HOSPITALS

Patient information leaflets and other resources to enhance patient awareness & empower them to help for VTE prevention and early diagnosis and management during pregnancy and postnatal period.

Following an incident in 2023, and a thorough evaluation of gaps in patient and clinician information materials relating to venous thromboembolism (VTE) in the maternity setting, the East Kent team created a series of comprehensive educational resources intended to follow a patient's journey and included:

- Patient information leaflets (PIL) covering reducing risk of VTE in pregnancy and post-partum and diagnosis and treatment of VTE in pregnancy and post-partum.
- VTE risk assessment tools accessible for all patients.
- Digital display posters to provide visual awareness of VTE risk, support patient involvement and encourage compliance.

Maternity specific resources from Royal College of Obstetricians and Gynaecologists (RCOG), National Institute of Health and Care Excellence (NICE), and Thrombosis UK and also MBRRACE Report were referred to by the patient information group.

All resources were reviewed by the Patient Information Group and simultaneously underwent peer review through the guidance committee. Review also utilised the Hemingway Editor readability to ensure content and context was clear and understandable. The PILs has been endorsed by The National Maternal Voices.

Extending accessibility, along with access to printed copies, a QR code is printed on the front page of the patients notes, directing patients to an online version of the PIL.

To encourage uptake, the Team ran a series of training and Q&A sessions to reinforce key information and feedback included 85% of staff now feeling VTE risk assessment was more user friendly.

To monitor impact the team regularly review compliance using a snap tool, audit two sets of patient notes per day and are working towards capturing regular patient feedback, however anecdotal comment has highlighted individuals feel they have a clearer understanding of their VTE risk.

VTE AWARD

Outstanding patient resource, sharing information about VTE prevention for patients

OXFORD UNIVERSITY HOSPTIALS(OUH)

Let's Talk Clots App

In 2012, Oxford University Hospitals (OUH) developed an app to share information about VTE risk and prevention, with patients admitted to hospital.

Unfortunately, by 2022, the app had become outdated and was withdrawn. A subsequent audit of 125 patients revealed only 32% confirmed they had received any written information about reducing the risk of blood clots.

The team agreed there was value in developing a new app, but wanted to extend the information, be able to monitor use and impact and offer the resource to all UK medical settings. Approaching Thrombosis UK to discuss, agreement was made to collaborate and develop a medically approved patient information app that:

- Provided medically approved information for patients.
- Scope would be developed by an extensive committee including patients and healthcare professionals from differing roles and centres.
- Information would address 'the patient journey' – from 'what is a blood clot' to diagnosis, treatment, recovery, coping with the impact of a blood clot, as well as specific information on clots and cancer, in pregnancy and similar high-risk areas and popular topics with frequently asked questions.

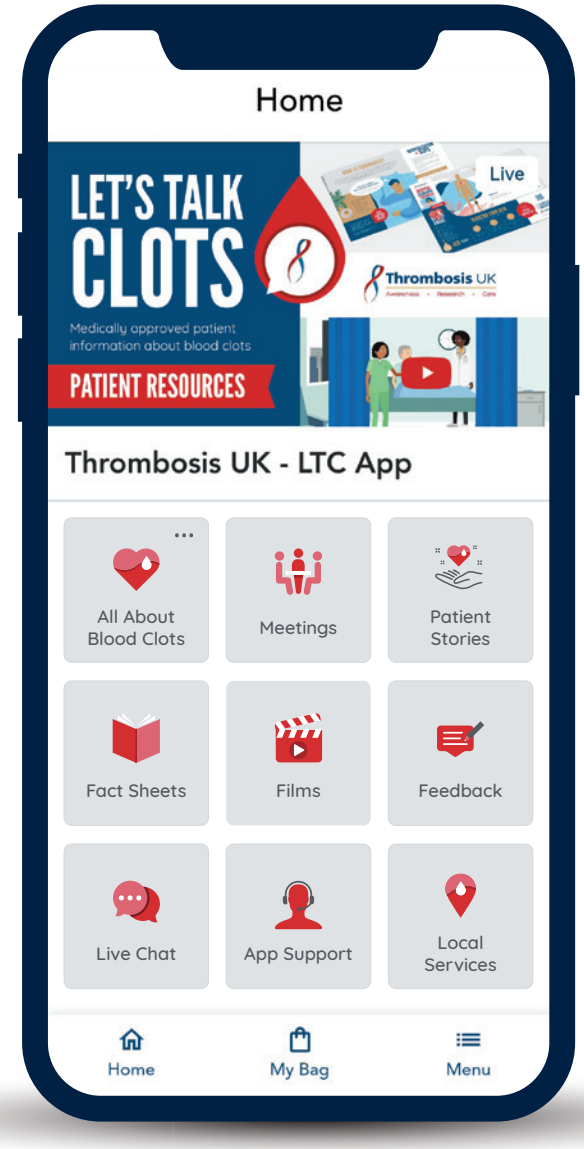
Funding was secured through the International Society of Thrombosis and Haemostasis Legacy Grant, and steering committees were established with all members agreeing the app would:

- Provide patient centred VTE information aligning with NICE recommendations.
- Address the gap in accessible and reliable patient information along the patient pathway.
- Be free to download and use by everyone in any setting.
- Provide information at a click including signposting users to support networks and other reliable sources.
- Be monitored by OUH and Thrombosis UK to guarantee reliability, update and functionality.
- Include an option of a peer-to-peer chat facility for users.

In OUH, app links are added to discharge letters, waiting area screens, on the intranet site and on all blood clot related materials while example text for letters plus postcards and posters advertising the app have been offered to UK medical centres.

In January 2024, the app was approved by NHS Scotland for use across all their healthcare settings.

Since launch in November 2023-March 2025, the app has been downloaded 5283 times, with 6735 log ins, had 93% users return and 26,592 page views.



VTE AWARD, CLINICIAN AWARD

Unsung Hero Award

Nominated by a fellow healthcare professional, this award recognises an individual who has demonstrated exceptional dedication in going above and beyond to make a difference to VTE awareness, VTE prevention, VTE management, VTE advocacy or VTE patient education and support.

Their work has had a tremendous impact positively influencing improving VTE Management to support clinical outcomes and benefit patients requiring anticoagulation therapy. The individual will have led or been part of a team in primary or secondary care with the responsibility to influence policy development, implementation and education within their setting. Their leadership and positive attitude demonstrated by their continuous commitment to improve service delivery.

VTE AWARD, NON-CLINICIAN

Unsung Hero Award

Nominated by an HCP within their setting, this individual provides invaluable support to the team whose function is providing clinical support by raising awareness, identifying risk and preventing blood clots for patients accessing the service.

Behind the scenes, the individual goes above and beyond making a significant contribution by utilising their knowledge and resources to benefit patient and assist colleagues. Their work has placed emphasis on the patient experience, understanding, wellbeing and improved outcomes. Demonstrating innovation and dedication, their inputs bring considerable benefits from all those involved in the service.

Judges Panel

Dr Julia Anderson
Consultant Haematologist
Royal Infirmary of Edinburgh

Dr Frances Acor
Consultant Pharmacist, Anticoagulation, Imperial Healthcare Trust London

Sue Bacon
Quality Improvement Nurse and previously Lead VTE Prevention and Anticoagulation Specialist Nurse, North Bristol Trust

Rosalind Byrne
Principal Pharmacist, Anticoagulation, Kings College Hospital, London

Andrea Croft
Lead Advanced Nurse Practitioner, GIG Cymru NHS Wales

Sharon Collins
VTE Lead, GTD Healthcare Manchester

Dr Matthew Fay
Clinical Director of Cardiology Westcliffe Health Innovation, Trustee Thrombosis UK and AF Association

Emma Gee
Nurse Consultant, Thrombosis and Anticoagulation, Kings College Hospital

Eve Knight
Founder of Anticoagulation UK, VTE Advocate and campaigner

Jig Patel
Consultant Pharmacist, Kings College Hospital, London

Peter Queen
Patient advocate

Dr Lara Roberts
Consultant Haematologist, Kings College Hospital, London

Huw Rowswell
Nurse Consultant Thrombosis, Chair Thrombosis Committee/ Trust VTE Lead, University Hospitals, Plymouth NHS Trust

Katherine Stirling
Consultant Pharmacist, Anticoagulation and Thrombosis, Leeds Teaching Hospitals NHS Trust

Jocelyn Shakespeare
Patient Advocate

Dr Will Thomas
Consultant Haematologist, Cambridge University Hospitals

Astrid Ullrich
Patient advocate

LIFETIME ACHIEVEMENT AWARD

for dedication and work undertaken in VTE Awareness, prevention and management.

In true honour for the prestigiousness of this award, The VTE 'Lifetime Achievement Award' is a first for 2025.

It recognises someone's significant contributions and lasting impact throughout their career and through substantial work to establish learning, process and improvement across prevention and management of venous thromboembolism.

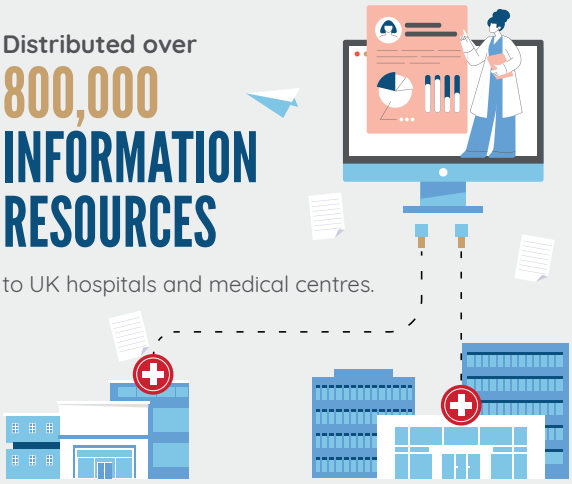
This award acknowledges dedication, hard work, and talent, and celebrates a person's overall impact and lasting legacy to colleagues, providers, and patients.

WITH YOUR SUPPORT WE HAVE...

Distributed over

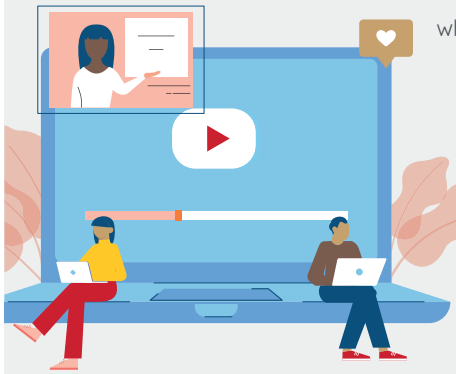
800,000 INFORMATION RESOURCES

to UK hospitals and medical centres.



Published

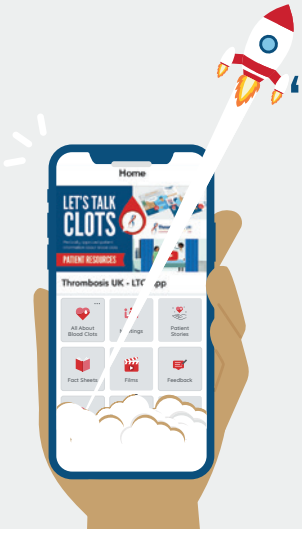
290 EDUCATIONAL VIDEOS



which have received over

1 MILLION VIEWS!

1,000,000



Launched the

'Let's Talk Clots'

Patient information app

In the first 18 months welcoming over

5,421 downloads

27,390 visits!

Provided

36 FREE ONLINE MEETINGS & EDUCATIONAL SESSIONS

For individuals diagnosed with a blood clot.

Sharing information, welcoming questions, time to talk, discuss and benefit from small group support.

Hosted

8 INTERNATIONAL ONLINE CONFERENCES

Welcoming over **17,000** healthcare professionals to **33 DAYS** free, accredited learning in thrombosis.

Collaborated with

LEADING PROFESSIONAL & NHS ENTITIES

to **INCREASE VTE AWARENESS**, **learning and educational opportunities** for all healthcare professionals.

Extended the

REGAIN SERVICE

Providing online psychological support for people experiencing significant emotional difficulties following a thrombosis.

Offered **60** individuals **1-1 sessions**

Published **TWO** **research papers** in the British Medical Journal

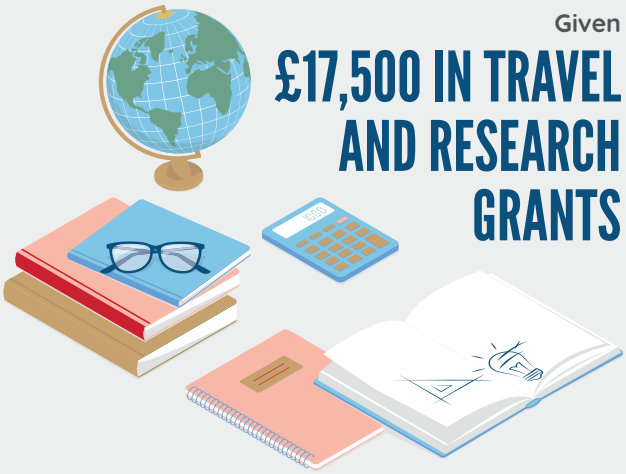
Held **16** **small group meetings**

Led local **EDUCATIONAL TRAINING** for HCPs

EXTENDED **library of resources** on 'coping with...' after a blood clot

Given

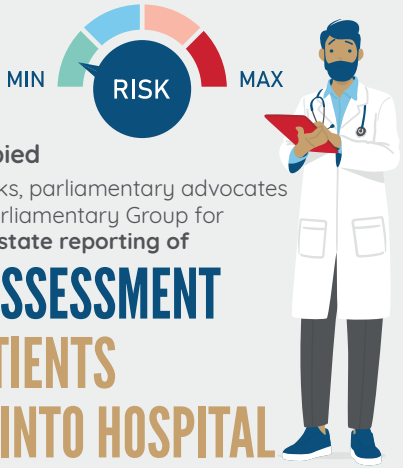
£17,500 IN TRAVEL AND RESEARCH GRANTS



Involved

60 PATIENT REPRESENTATIVES

in **research planning, steering committees** and **Patient and Public Involvement events**.



Successfully lobbied through our networks, parliamentary advocates and the All Party Parliamentary Group for **Thrombosis to reinstate reporting of**

VTE RISK ASSESSMENT ON ALL PATIENTS ADMITTED INTO HOSPITAL

Initiated an audit-review of

400,000 PRIMARY CARE RECORDS

to assess patient experience and pathways to VTE diagnosis from first symptoms to diagnosis of VTE, to understand common challenges and barriers in early detection of VTE.

Welcomed over

71,000 VISITORS

to the **Thrombosis UK website** from across the world.

Thrombosis UK
Awareness • Research • Care

Scan to donate

Helping a lot by donating a little

Thrombosis UK receives no government funding and relies entirely on grants and voluntary donations to continue our work.

Funding is becoming harder yet the work to support and safe-guard patients is as important as ever.

Would you support our work?

As little as £2.00 per month makes a real difference, even more if Gift Aided!
Please consider a monthly donation to Thrombosis UK.

By donating to Thrombosis UK, you will be supporting our work to:

Provide information, support and educational resources to anyone at risk of or diagnosed with a blood clot

Extend understanding of VTE to healthcare and allied healthcare professionals through accredited educational events

Support research into thrombosis

Increase general awareness of the risks, signs, and symptoms of a blood clot

With your help we can save lives and protect lives from venous thromboembolism.