Response to NHS Chief Executive’s Open Call for Evidence and Ideas

Respondent ID: 293

Organisation name: South West VTE Prevention Initiative

Type of response: Online
Respondent ID: 293

Your name (completed by): Julie Blumgart/Tim Brown/ Mike Durkin

Email: julie.blumgart@southwest.nhs.uk

Telephone: 01823 361246

Organisation name: South West SHA

Please choose the description below that best fits your organisation’s main role:

SHA

What can the NHS and NHS Commissioning Board learn from national and international best practice to accelerate the pace and scale of adoption of innovations throughout the NHS?

VTE Prevention, now recognised as an international patient safety issue, was developed as a patient safety/public health policy issue by the Chief Medical Officer between 2005 and 2010. This policy development worked alongside a campaign begun in 2005 by health professionals, parliamentarians and patient groups which has successfully used effective messaging to highlight the clinical and financial burden of hospital acquired VTE in order to provide the foundations for a national approach to VTE prevention across the NHS in England.

In 2005 VTE prevention had no priority at all in the NHS in England. The House of Commons Health Select Committee Report on the Prevention of Venous Thromboembolism in Hospitalised Patients highlighted VTE as one of the commonest causes of avoidable death in our hospitals and accounted for up to 25,000 deaths each year, many of which were avoidable. Responding to this government formal response was that "We recognise that there is no systematic approach to identifying and treating those patients at risk from VTE in hospitals and that there is significant room for improvement." In 2010 leadership for VTE Prevention passed to Sir Bruce Keogh (NHS Medical Director) who stated that VTE Prevention was a clinical priority for the NHS in England.

In 2011 VTE prevention in the NHS in England is now seen as the most comprehensive approach to VTE Prevention by any healthcare system in the world and, as result of a unique patient safety partnership between the National VTE Prevention Programme in England and the Patient Safety Campaign in Japan, a Global VTE Prevention Forum has been established with the inaugural meeting in July 2011 in Kyoto. As a result the National VTE Prevention Programme in England is at the centre of a global approach to raising awareness and sharing learning and best practice.

The NHS and NHS Commissioning Board should look to learn from the experience of developing VTE prevention policy as public health/patient safety issue and then rapidly with the foundations
What specific actions do you think national NHS bodies, such as the NHS National Commissioning Board, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?

The experience of the National VTE Prevention Programme is that successful rapid adoption and spread is possible if the policy behind the innovation, clinical evidence and engagement with clinicians is fully thought through and in place before implementation.

For example partners of the National VTE Prevention Programme include parliamentarians, Charity/Patients Groups DH/NHS healthcare organisations and Regulators. By late 2008 the annual audit of the acute trusts VTE policies published by the All Party Parliamentary Group demonstrated that 77% of acute trusts responding wanted VTE risk assessment to be mandatory. By time of the first national VTE NHS leadership conference in June 2009 local NHS had identified implementing a comprehensive system based approach to VTE prevention as a priority issue.

At heart of the national approach to VTE prevention is the concept that VTE risk assessment of all adults on admission followed up with appropriate prophylaxis based on national guidance saves lives. By 2010 all the elements required to implement a national approach to VTE prevention were in place. The first stage of the national prevention programme – implementation of a national VTE risk assessment policy was backed up a national risk assessment tool, a mandatory census data collection and financial incentives and targets though a (first ever) national CQUIN target. The success of providers of NHS acute service providers (increasing from 45% to over 80% in less than a year) in reaching the 90% VTE risk assessment of all adult patients national CQUIN goal is in part as a result of the commitment by the NHS to VTE Prevention. The National VTE Prevention Programme is underpinned by a NICE VTE Prevention Quality Standard and the Three Professions VTE Group – a unique partnership of the Academy of Medical Royal Colleges, The Royal College of Nursing and the Royal Pharmaceutical Society.

This comprehensive approach to VTE Prevention is likely to have a substantial effect on reducing the economic burden of both acute and chronic VTE which is estimated to account for around 1-2% of western healthcare expenditure.

Do you have any further comments about accelerating the adoption and spread of innovation in healthcare?

The National VTE Prevention Programme has concentrated on acute care where the clinical evidence for intervention is at its greatest. The success of the programme in implementing behavioural and system change has meant that VTE prevention in both community and primary care settings is an issue that is increasingly being considered by clinicians, providers and commissioners.
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>We would like to be able to follow up interesting comments and case studies. Can we contact you for this purpose?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you want to be kept in touch with the next steps in this process?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you want to be included in a wider community of interest?</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>What specific actions do you think local NHS bodies, such as providers and Clinical Commissioning Groups, need to take to encourage and stimulate the successful and rapid adoption and spread of innovations throughout the NHS?</strong></td>
<td>In 2007/8 during the policy development phase of the national programme South West SHA piloted a VTE Prevention initiative across the South West. The South West VTE Prevention Initiative used a Clinical Peer Review process to assess and evaluate the effectiveness of local VTE Prevention Strategies in acute and community providers. A self-assessment was completed in advance of trust visits by the Clinical Peer Review Team who validated the responses. This approach provided the opportunity to speak to frontline clinical staff and review local policies and medical records. A feedback report was provided and from this an action plan was implemented at a local level and the improvement monitored and supported by the lead Commissioners. The South West VTE Prevention Initiative also advocated the establishment of Health Economy VTE Prevention Committees whose membership included representation from acute, community and primary care teams. This also provided the opportunity to share learning and support adoption and spread of innovation into other care settings and fostered a collaborative approach to improvement. The Clinical Peer Review model has been used in NHS South West to review pathways previously and by including frontline clinical staff as part of the Clinical Review Team has the potential to accelerate the adoption and spread of innovation. Our experience has demonstrated that there are pockets of excellence that are worthy of sharing in all organisations. This approach has served to reduce variation in clinical practice across the region.</td>
</tr>
</tbody>
</table>