

Information Governance

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Our reference: FOI DA3343a

Thank you for your freedom of information request received on 6th January 2020 which was responded to on 31st January 2020. I am sorry for the delay in responding to your request for clarification received 3rd February 2020. This has been treated as a request under the Freedom of Information Act 2000.

I am now enclosing a response which is attached to the end of this letter. Please do not hesitate to contact me on the contact details above if you have any further queries.

Yours sincerely,

Ayomide Adediran
Information Governance Coordinator

If you are dissatisfied with the Trust's response to your FOIA request then you should contact us and we will arrange for an internal review of this decision. If you remain dissatisfied with the decision following our response to your complaint, you may write to the Information Commissioner for a decision under Section 50 of the Freedom of Information Act 2000. The Information Commissioner can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

Tel: 0303 123 1113
Web: www.ico.org.uk

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Request:

Question 1. Please may I ask for some clarification around question 2, “Is there a preferred Direct Oral Anticoagulant (DOAC) or are all utilised within the Trust for VTE”

Answer: For question 2, the Trust originally said the Trust would not normally treat venous thromboembolism directly, this is treated by acute Trusts and we would follow acute Trust guidelines. To clarify, this means that the Trust does not prescribe direct oral anticoagulants for venous thromboembolism as this is undertaken by an acute Trust. We therefore do not decide what should be used as treatment and so the Trust does not have a preferred direct oral anticoagulant.

Question 2. Please may I request which acute Trust guidelines you follow and if you could provide a copy of these guidelines?

Answer: The Trust receives both in and out of area referrals, including but not limited to Homerton University Hospital, St Bartholomew's Hospital, Luton and Dunstable University Hospital and Bedford Hospital, as the Trust can receive a referral from anywhere. Therefore, the guidance would be dependent on where the patient has been received from.

Question 3. Please may I also request for question 3 that has been exempt by section 12, how much this would cost to retrieve this information.

Answer: Under the Freedom of Information Act 2000, the Trust does not need to comply with a request for information where it estimates that the cost of complying with the request would exceed the appropriate limit.

The Trust provides mental health and community health services and would not be responsible for diagnosing or initiating treatment for venous thromboembolism using direct oral anticoagulants as this is undertaken by an acute Trust.

For the period January 2019 – December 2019, the Trust received 198,711 referrals. This does not include service users who were already under the Trust's care. To establish how many patients were administered with direct oral anticoagulants in relation to venous thromboembolism, we would need to review each patient's file to retrieve this information as this information is not collated separately. Therefore, the Trust is unable to comply with your request as the cost of compliance and extracting your exact requirements would exceed the appropriate cost limit of £450 which is specified in Section 12 of the Freedom of Information Act 2000. This is based on a rate of £25 per hour, regardless of the rate of pay of any individual involved in the retrieval of requested information, and equates to 18 hours work.

Original Request:

Question 1. Does a specific venous thromboembolism protocol exist for your Trust? If so:

- **What date was this protocol put into place?**
- **When is it due for review?**

Answer: Yes, the Trust has a venous thromboembolism policy. The policy was ratified on 11th December 2019 and this is due for review in October 2022.

Question 2. Is there a preferred Direct Oral Anticoagulant (DOAC) or are all utilised within the trust for VTE?

Answer: The Trust would not normally treat venous thromboembolism directly, this is treated by acute Trusts and we would follow acute Trust guidelines.

Question 3. How many patients have been treated for VTE with a DOAC in the last 12 months?

Answer: The Trust has not routinely captured this information over the last 12 months. To answer this question we would need to manually review each patient record to retrieve this information therefore, the Trust is unable to comply with your request as the cost of compliance and extracting your exact requirements would exceed the appropriate cost limit of £450 which is specified in Section 12 of the Freedom of Information Act 2000. This is based on a rate of £25 per hour, regardless of the rate of pay of any individual involved in the retrieval of requested information, and equates to 18 hours work.

Question 4. What volume of each DOAC was used to treat in this same time period?

Answer: Please see below usage for the past 12 months (January 2019 – December 2019):

Apixaban (Eliquis) 2.5mg tablets = 54 boxes

Apixaban (Eliquis) 5mg tablets = 127 boxes

Edoxaban (Lixiana) 15mg tablets = 1 box

Edoxaban (Lixiana) 30mg tablets = 49 boxes

Edoxaban (Lixiana) 60mg tablets = 34 boxes

Rivaroxaban (Xarelto) 10mg tablets = 7 boxes

Rivaroxaban (Xarelto) 20mg tablets = 73 boxes

Rivaroxaban (Xarelto) 15mg tablets = 8 boxes