

Gateway Clearance number 5222

Dear Colleague,

Guidelines on the Prevention and Treatment of Venous Thromboembolism in Hospitalised Patients

The Government has today responded formally to the Health Select Committee's Report on the Prevention of Venous Thromboembolism in Hospitalised Patients published earlier this year. The key findings of the Committee's report were:

- There is a safe, efficacious and cost effective method of preventing venous thromboembolism (VTE) which is not being as widely administered as it should be. In other words there is no systematic approach to preventing deaths from VTE in hospitalised patients despite the fact that clinical knowledge in this area is well developed;
- Each year over 25,000 people in England die from VTE contracted in hospital.
- Department of Health, National Institute for Health and Clinical Excellence and the Royal Colleges need to work together to raise awareness of VTE and audit the use of existing guidelines

The Government has agreed with the Committee's statement that much more needs to be done and that there are currently far too many preventable deaths from venous thromboembolism in hospitalised patients. 25,000 deaths a year due to VTE is a serious issue which requires rapid and comprehensive action.

The Government recognises that there is a need to ensure that there are strong safety mechanisms embedded in the working practices and systems to minimise the chances of an adverse event occurring and the risk to patients.

We intend to develop a comprehensive strategy that includes both treatment and prevention. An independent expert working group will be established as soon as possible. The first meeting of this group will be in autumn 2005 with a view to making its final recommendations by summer 2006 at the latest and earlier if possible.

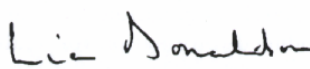
The independent expert working group will:

- quickly assess the guidance that is available;
- consider the work already being done on VTE such as the Venous Thromboembolism Registry and the existing thrombosis committees in hospitals in England;

- recommend what action can be taken immediately, in the medium term, and what can wait for the NICE guidance on the prevention of venous thromboembolism in patients undergoing orthopaedic surgery and other high risk surgical procedures in 2007. NICE's consultation on the first draft of the VTE clinical guideline will take place in 2006.
- specifically consider the appropriateness of promoting more widely existing guidance on the use of mechanical devices (foot-pumps) or pharmacological preparations (namely heparin or other anti-Xa agent) and to clarify the issue of use of aspirin.
- make recommendations on how to develop the existing thrombosis committees into demonstration sites looking at prevention as well as treatment of VTE in hospitalised patients and consider how this approach can be rolled out nationally including the appropriate resourcing at both local and national level.

In meantime, I am taking this opportunity to draw to your attention a selection of the key existing guidelines that aid the prevention of venous thromboembolism in hospitalised patients.

1. The British Committee for Standards in Haematology (BSCH) have issued guidelines on the use of heparin which will cover prevention of venous thromboembolism and will be producing 2 additional guidelines on thromboprophylaxis (in surgery and medicine) to include mechanical methods by the end of this year. <http://www.bcsghguidelines.com>
2. British Thoracic Society guidelines for the management of suspected acute pulmonary embolism. <http://www.thoraxjnl.com>
3. The Royal College of Obstetricians and Gynaecologists which has issued a series of guidelines which are followed by the obstetric community. <http://www.recog.org.uk>
4. American College of Chest Physicians latest guidance on Antithrombotic Therapy. <http://www.chestnet.org/education/guidelines/currentGuidelines.php>
5. The Scottish Intercollegiate Guidelines Network (SIGN) which supports the improvement in the quality of health care for patients in Scotland by developing national guidelines containing recommendations for effective practice based on current evidence have produced guidelines on the Prophylaxis of Venous Thromboembolism. <http://www.sign.ac.uk>.



**SIR LIAM DONALDSON
CHIEF MEDICAL OFFICER**