PE1056/D

16 November 2007

Richard Hough
Assistant Clerk
Public Petitions Committee
Edinburgh

EH99 1SP

Dear Richard,

Re. Lifeblood: The Thrombosis Charity consideration Of Petition Pe1056

Thank you for contacting Lifeblood to seek a written response to petition PE1056 made by Gordon and Jane McPherson and considered by the Petition Committee at its meeting on 2 October 2007.

Lifeblood: The Thrombosis Charity was founded in February 2002. Although small in size, Lifeblood is the leading thrombosis charity group in the UK, increasing awareness and commissioning research. Our ambition is to improve the understanding of its causes, the impact on sufferers and the treatments available.

For many years Venous Thromboembolism (VTE) – blood clots – has been known internationally as the silent killer. It is a major cause of death. In England and Wales alone, there are around 25,000 deaths from VTE each year, more than the combined total deaths from breast cancer, AIDS and traffic accidents, and the death rate due to hospital acquired DVT equates to nearly five times the number who die from hospital acquired infections .

Indeed thrombosis is the commonest cause of hospital mortality that can be prevented, with effective awareness, education, risk assessment and management. We applaud the McPherson family in raising this important issue, an issue close to their heart following the tragic loss of the young daughter Katy due to an undiagnosed DVT.

Petition 1056 calls for: ***'mandatory risk assessment tools for all health boards for the diagnosis of DVT'.***

This is a recommendation firmly supported by Lifeblood and is a best practice recommendation contained within:

- the 2005 House of Commons Health Select Committee Report into venous thromboembolism VTE in hospitalised patients;
- The Chief Medical Officer's report of the Expert Working Group into the Prevention of Venous Thromboembolism in Hospitalised Patients (April 2007); and
- the NICE Guideline 46: The prevention of venous thromboembolism in surgical inpatients (April 2007).

All of these publications include the key recommendation that all adult hospitalised patients should, as part of a mandatory risk assessment, be considered for thromboprophylaxis (blood clot prevention) measures.

Lifeblood urges the Petitions Committee to ensure that mandatory risk assessment tools are put in place for all health boards in Scotland, to prevent and assist in the diagnosis of DVT.

Petition 1056 calls for the Scottish parliament to: '***ensure commonality of patient guidance information regarding DVT'***

Lifeblood agrees thoroughly with this recommendation as VTE currently suffers from low public awareness of VTE which has made it more difficult to elevate this public health emergency to the profile some other conditions benefit from in the media headlines.

The NICE Guideline on the prevention of VTE in hospital surgical inpatients emphasised the need for 'good communication between healthcare professionals and patients,' supported by 'evidence-based written information tailored to the patient's needs.'

In this day and age it should not have to be left to patients to ask for a simple risk assessment. DVT has a mortality rate of 30% when left untreated, but evidence supports the fact that this drops to just 2-8% with appropriate therapy[1]. This makes not only good clinical sense but has sound economic justification when the total costs of managing DVT within the NHS are estimated to be £640 million.

Lifeblood is currently writing such a patient leaflet in collaboration with Gordon McPherson and the Scottish executive.

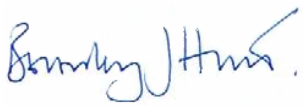
Petition 1056 calls for the Scottish parliament to: ***'to introduce a newborn screening programme for the Factor V gene, which has been shown to increase susceptibility to DVT.'***

Lifeblood is unable to support this particular recommendation. In our professional view, being identified with Factor V Leiden will raise unnecessary anxiety for patients because most people who test positive for Factor V Leiden will not go on to suffer from thrombosis. Also it is felt that a screening programme may also generate a false sense of security in those people without Factor V Leiden, as the majority of patients who suffer a DVT actually test negative for the Factor V Leiden gene.

I do hope this clarifies the position of Lifeblood. We are encouraged by the Scottish Public Petitions Committee interest in this important issue. For a condition that causes 10% of all hospital deaths per year[2] it is essential that decision makers ensure the simple step of risk assessing patients is mandated in Scotland's hospitals.

Please do not hesitate to contact me if I can be of further assistance.

Yours sincerely,



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Lifeblood: The Thrombosis Charity

[1] Task Force Report: Guidelines on diagnosis and management of acute pulmonary embolism. Torbicki, EJR, et al. *Eur Heart Journal* 2000; 21, 1301-1336.

[2] Sandler DA. Autopsy proven pulmonary embolism in hospital patients: are we detecting enough deep vein thrombosis? J R Soc Med 1989; 82:203-205.

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