

Healthcare Policy and Strategy Directorate

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Fergus D Cochrane Esq
Clerk to the Committee
Public Petitions Committee
TG.01
The Scottish Parliament
Edinburgh
EH99 1SP

Your ref: Petition PE1056
16 April 2009

Dear Fergus,

CONSIDERATION OF PETITION PE1056 (DEEP VEIN THROMBOSIS)

I am replying to your letter of 17 December 2008 in which you asked for a response from the Scottish Government on the issues raised by the Committee's further consideration of this Petition on 16 December 2008.

As the Committee is aware, NHS Quality Improvement Scotland (NHS QIS) carried out a follow-up exercise in November 2008 to assess NHS Boards' progress in addressing the need for written policies for the prevention and management of DVT, as instructed by the Chief Medical Officer (CMO) and the Chairman of NHS QIS in their joint letter of 26 January 2008.

The NHS QIS report in December 2008 showed that all but one Board had suitable leaflets in place, and since then the remaining Board has produced its leaflets. In view of the Petitioner's concerns that this assessment did not tally with the results of his approaches to NHS Boards under Freedom of Information (FoI) legislation, NHS QIS has re-confirmed its findings, and has told Mr McPherson that the discrepancy is likely to have arisen because FoI requests are handled through different processes, in some cases, not by the staff with responsibility for oversight of patient care with whom NHS QIS routinely deals.

NHS QIS has also been able to verify that Boards' leaflets are in line with the text recommended by CMO and the Chairman of NHS QIS, and has provided Mr McPherson with copies. His concern that the NHS Grampian leaflet was marked 'draft' is explained by the fact that the Board was at that point waiting for NHS QIS's assurance that its leaflet met the required criteria.

The Committee will also wish to be aware that the Chief Medical Officer (CMO) took the opportunity at his most recent meeting with Medical Directors of NHS Boards to emphasise the importance of this issue, especially in the period between now and the publication in October 2010 of the revised SIGN Guideline 62. He has also asked NHS QIS to continue to keep the issue under review, whether through monitoring NHS Boards' implementation of their written policies and protocols or otherwise.

In relation to Mr McPherson's concerns about variations in the availability of the Lifeblood leaflet within general practice, I should mention that the Minister for Public Health & Sport has agreed that an electronic copy of the leaflet should be sent to all GP practices, with a covering letter from CMO, asking GPs to make it available to those whom they consider to be at risk of DVT.

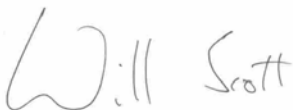
To take account of the fact that Mr McPherson is now advocating the distribution of a patient information leaflet other than that developed by Lifeblood, CMO has indicated to NHS QIS that SIGN should draw on both leaflets in developing the patient-friendly materials that will accompany the revised Guideline on venous thromboembolism (VTE). As a member of the Guideline development group, Mr McPherson will be able to contribute to that process, drawing on his experience of working on the Lifeblood leaflet.

Mr McPherson expresses continued concerns around testing for thrombophilia, in particular the approach that testing should apply to high risk groups. The group responsible for revision of SIGN Guideline 62 on prophylaxis of VTE is looking at the key questions relating to the investigations which might predict risk of VTE, and this will help health care professionals determine who should be offered testing.

In his most recent submission to the Committee, Mr McPherson makes reference to the fact that some 12,000 deaths a year in Scotland are attributed to thrombosis. The vast majority of these are due to a thrombosis, or blood clot, causing a heart attack or stroke. The Committee will wish to be clear that there is no question of more than 12,000 deaths a year associated with undiagnosed DVT.

I trust that the information in this letter, the terms of which have been cleared with the Director General, Health, is of assistance to the Committee in its further consideration of the Petition.

Yours sincerely,



W S SCOTT