



Department  
of Health &  
Social Care

From Maria Caulfield MP  
Parliamentary Under Secretary of State for Primary Care and Patient Safety

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Mr Simon Milburn  
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18 November 2021

Dear Mr Milburn

Thank you for your letter of 13 July 2021 to Sajid Javid about the death of Jonathan Mark Kingsman. I am replying as Minister with responsibility for patient safety and I am grateful for the additional time in which to do so.

To begin, I would like to offer my sincere condolences to Mr Kingsman's family and loved ones. I can appreciate how upsetting the circumstances around his death must be.

I have noted carefully your concerns in relation to the Department of Health 2010 Risk Assessment Tool for Venous Thromboembolism (VTE)<sup>1</sup>.

In preparing this response, my officials have made enquiries with NHS England and NHS Improvement (NHSEI), and the National Institute for Health and Care Excellence (NICE).

I am advised that NICE guideline 89: *Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism*<sup>2</sup>, is clear that all acute psychiatric patients should be assessed to identify their risk of VTE and bleeding:

- *As soon as possible after admission to hospital or by the time of the first consultant review; and,*
- *Using a tool published by a national UK body, professional network or peer reviewed journal.*

NICE does not recommend a particular risk assessment tool, as there is no evidence currently to support the use of one over another. The Guideline explains that a tool commonly used in the NHS for hospital patients is the Department of Health Risk Assessment Tool for Venous Thromboembolism (VTE) (2010) (see Recommendation 1.9.1).

<sup>1</sup> [Risk assessment for venous thromboembolism \(VTE\) \(nice.org.uk\)](https://www.nice.org.uk/guidance/ta89)

<sup>2</sup> [Overview | Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism | Guidance | NICE](https://www.nice.org.uk/guidance/ta89)

The 2010 Department of Health Risk Assessment Tool acknowledges that the risk factors identified are not exhaustive, and that clinicians may consider additional risks in individual patients and offer thromboprophylaxis (preventative measures against the formation of blood clots) as appropriate.

NICE Guideline 89 notes that the 2010 Department of Health Risk Assessment Tool has not been validated or tested against other tools to evaluate its diagnostic accuracy or effectiveness at correctly identifying people at risk of VTE. The NICE Guideline Committee made a research recommendation in this area, reflecting the uncertainty in the evidence for one risk tool over another but supports its use until tools that incorporate new evidence and have been tested through research can replace it.

You may wish to note that NICE has advised that it will consider the use of specific tools for acute psychiatric patients at its next review of Guideline 89.

I am advised by NHSEI that there is a recognised need for research to be conducted to identify the balance of risk of VTE versus the risk of bleeding with VTE prophylaxis for some groups where NICE requires this (including for acute psychiatry settings) to inform the development of new evidence-based risk assessment tools.

I am informed by the National Institute for Health Research (NIHR) that it has supported or funded a number of research studies in relation to VTE prevention. This includes studies in relation to the cost-effectiveness of VTE risk assessment tools for hospital inpatients and looking at the risk of VTE in patients admitted to acute psychiatric wards. NHSEI advise that once these studies are complete, it will then be feasible to create an updated tool to encompass patients on acute psychiatry wards, where NICE guidelines recommend that VTE prophylaxis (usually through injections of Low Molecular Weight Heparin) should be given if the risk of VTE exceeds the risks of bleeding. The National Patient Safety Committee will work to identify the best route to take this forward.

More generally, VTE prevention continues to be an area of significant focus in relation to patient safety. The 'Getting it Right First Time' (GIRFT) Programme has undertaken a national survey in partnership with Thrombosis UK and published a report in September 2021<sup>3</sup>, that makes recommendations for improvement that providers of care can take forward, as well as recommendations to NICE. In addition, the National Patient Safety Committee is currently working to understand, and improve, the contributions that each partner organisation can make in the prevention of healthcare associated VTE.

I hope this response is helpful. Thank you for bringing these concerns to my attention.



**MARIA CAULFIELD**  
**Minister for Primary Care & Patient Safety**

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<sup>3</sup> [TUK-GIRFT-REPORT.pdf \(thrombosisuk.org\)](#)