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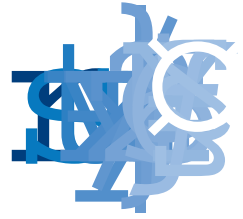
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Fergus D Cochrane Esq
Clerk to the Committee
Public Petitions Committee
TG.01
The Scottish Parliament
Edinburgh
EH99 1SP



Your ref: Petition PE1056
31 October 2008

Dear Fergus,

CONSIDERATION OF PETITION PE1056 (DEEP VEIN THROMBOSIS)

I am replying to your letter of 15 May in which you invited the Scottish Government to respond on how our policies address the particular issues raised in the petition. The Committee also asked that the Scottish Government and other agencies should continue to communicate and work with the petitioner on the revision of written policies.

As I mentioned in my letter to you of 5 March, the Chief Medical Officer and the Chairman of NHS Quality Improvement Scotland (NHS QIS) wrote jointly to NHS Boards on 26 January 2008 requiring them, as a matter of urgency, to address the need for written policies for the prevention and management of DVT, based on the relevant SIGN Guidelines.

NHS QIS collated the information received from NHS Boards and reported the results to the Chief Medical Officer in May. NHS QIS took the view in that report that NHS Boards had all provided reasonable reassurance that they had reviewed, or were reviewing, their policies and procedures in line with the SIGN guidelines. NHS Boards have also reported that they had reviewed, in what NHS QIS considers an appropriate manner, their patient information leaflets in accordance with the recommended text and these are being implemented across the Boards. The NHS QIS report has also been sent to NHS Board Chief Executives to encourage them to share examples of good practice.

As many NHS Boards had indicated that this was work in progress, NHS QIS has decided to carry out a follow-up exercise in November. It will then provide a further report to the Chief Medical Officer in December. All of this information has been shared with Mr McPherson.

As the Committee may recall, the Scottish Government also provided Lifeblood, the Thrombosis Charity, with funding to assist them with the development of a more general patient information leaflet on DVT, with assistance from the McPherson family. The aim of the leaflet is to promote general awareness of thrombosis and to increase understanding of its causes, effects and the treatment available. This leaflet was distributed in April to every GP practice in Scotland. Both this and the NHS Board leaflet make clear that current tests are unable to exclude a DVT completely. It was a specific concern of the Ombudsman that the previous leaflets referred to 'exclusion of DVT', thereby suggesting a greater degree of medical certainty than is currently possible. If people are in doubt, the leaflets advise them to go back to their local DVT clinic or A&E department.

As regards testing for Factor V Leiden, the gene has been shown to increase susceptibility to DVT, and affects about 5% of the population. It is important to emphasise, however, that a positive test for this gene does not mean the person will go on to develop a venous thromboembolism (VTE - thromboembolism is the general term used to describe a blood clot formed at one point in the circulatory system which becomes detached and lodges in another part), and doctors would not offer any preventive treatment in those circumstances.

The Scottish Government has accepted the National Screening Committee's (NSC) advice that it would be inappropriate to introduce population screening for VTE. This has nothing to do with cost, but is entirely because the NSC does not consider there is sufficient evidence to justify the introduction of such a programme. Should new evidence emerge on the effectiveness of screening at a population level, the NSC will consider it and advise UK Health Ministers accordingly.

The Scottish Government agrees, though, that high risk groups should be tested. The adult relatives of someone with Factor V Leiden should be offered genetic testing, and given suitable advice in the light of the results. Testing would apply above all to people whose relatives carry the genetic abnormality who might be considering going on the combined oral contraceptive pill. The pill itself carries an increased risk of VTE, but in women who carry the Factor V Leiden gene, this risk is increased by a factor of 3.

The SIGN guideline development group which is reviewing Guideline 62 on the prophylaxis of Venous Thromboembolism has of course developed a set of key questions covering issues such as risk factors and testing, and the key questions about the investigations which predict risk of VTE refer to testing for thrombophilia (disorders likely to predispose to thrombosis) as well as to family history. The first meeting of the group was held in March 2008 and consultation on the draft guideline will take place during 2009.

All of the work that I have outlined above has been undertaken on an interim basis, until SIGN completes its revision of its Guideline 62. That work is well under way, and we are pleased that SIGN has included Mr Gordon McPherson as a member of the guideline development group.

I hope it will be clear that we have taken the Ombudsman's recommendations extremely seriously. We have also made sure that the McPherson family has been fully involved in all of this work.

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

Yours sincerely,

Will Scott

W S SCOTT