

**Subject: NICE Clinical Guideline NG89 – Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (updates & replaces CG92)**

**For action by:**

Chief Executive of HSC Board – **for distribution to:**  
All HSC Board Directors – for cascade to relevant staff

Director of Integrated Care, HSC Board – **for cascade to:**

Head of Pharmacy and Medicines Management  
Family Practitioner Services Leads – for cascade to relevant  
Family Practitioner groups

Chief Executive of Public Health Agency – **for distribution to:**

Director of Public Health and Medical Director – for cascade  
to relevant staff  
Director of Nursing and AHPs – for cascade to relevant staff

Chief Executives of HSC Trusts – **for distribution to:**

Medical Directors – for cascade to relevant staff  
Directors of Nursing – for cascade to relevant staff  
Heads of Pharmaceutical Services – for cascade to relevant  
staff  
Directors of Acute Services – for cascade to relevant staff  
HSC Clinical and Social Governance Leads  
Directors of Social Services – for cascade to relevant staff  
Directors of Finance – for cascade to relevant staff  
AHP Leads – for cascade to relevant staff

Chief Executive, Regulation & Quality Improvement Authority – **for  
cascade to:** relevant independent healthcare establishments

Chief Executives of HSC Special Agencies and NDPBs

**For Information to:**

Chair of HSC Board  
Chair of Public Health Agency  
Chairs of HSC Trusts  
Chair of RQIA  
NICE Implementation Facilitator NI  
Members of NI NICE Managers' Forum

**Summary of Contents:**

This guideline updates and replaces NICE Clinical Guideline CG92. It covers assessing and reducing the risk of venous thromboembolism (VTE or blood clots) and deep vein thrombosis (DVT) in people aged 16 and over in hospital. It aims to help healthcare professionals identify people most at risk and describes interventions that can be used to reduce the risk of VTE.

**Enquiries:**

Any enquiries about the content of this Circular should be addressed to:  
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**Circular Reference: HSC (SQSD) (NICE NG89) 13/18**

**Date of Issue:** 31 May 2018

**Related documents:**

HSC (SQSD) 3/13

**Superseded documents**

HSC (SQSD) (NICE CG92) 07/2011

**Status of Contents:**

Action

**Implementation:**

As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

**Additional copies:**

Available to download from  
<https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>

## Dear Colleagues

### **NICE Clinical Guideline NG89 - Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism (updates & replaces CG92) - <https://www.nice.org.uk/guidance/ng89>**

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (<https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf>)

#### 1. HSC Board / PHA

- a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
- b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
- c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
- d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.

#### 2. HSC Trusts

- a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
- b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
- c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
- d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

#### 3. RQIA

- a. Disseminate the Guideline to the independent sector as appropriate.

#### 4. HSC Special Agencies and NDPBs

- a. Take account of this Guideline in training and other developments as appropriate.

To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.

A full current list of NICE guidance endorsed for application in Northern Ireland can be found on the Department's website at <https://www.health-ni.gov.uk/topics/safety-and-quality-standards/national-institute-health-and-care-excellence-nice>



**Dr Paddy Woods**  
**Deputy Chief Medical Officer**

## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Clinical Guideline – NG89 <a href="https://www.nice.org.uk/guidance/ng89">https://www.nice.org.uk/guidance/ng89</a>
Title	Venous thromboembolism in over 16s: reducing the risk of hospital-acquired deep vein thrombosis or pulmonary embolism
Summary of guidance	<p>This guideline updates and replaces NICE Clinical Guideline CG92 - Reducing the risk of Venous Thromboembolism (Deep Vein Thrombosis and Pulmonary Embolism) in Patients Admitted to Hospital (endorsed by DoH in March 2011).</p> <p>It covers assessing and reducing the risk of venous thromboembolism (VTE or blood clots) and deep vein thrombosis (DVT) in people aged 16 and over in hospital. It aims to help healthcare professionals identify people most at risk and describes interventions that can be used to reduce the risk of VTE.</p> <p>The guideline includes recommendations on:</p> <ul style="list-style-type: none"><li>• risk assessment</li><li>• giving information and planning for discharge</li><li>• all patients</li><li>• interventions for people with acute coronary syndromes or acute stroke or for acutely ill patients</li><li>• interventions for people with renal impairment</li><li>• interventions for people with cancer</li><li>• interventions for people having palliative care</li><li>• interventions for people admitted to critical care</li><li>• interventions for people with psychiatric illness</li><li>• interventions when using anaesthesia</li><li>• interventions for people having orthopaedic surgery</li><li>• interventions for people having CNS surgery</li><li>• interventions for people with major trauma</li><li>• interventions for people having abdominal, thoracic or head and neck surgery</li><li>• interventions for people having cardiac or vascular surgery</li><li>• interventions for pregnant women and women who gave birth or had a miscarriage or termination of pregnancy in the past 6 weeks</li></ul>
Related strategically relevant DoH/ HSC policies	None

Inter-Departmental interest	None
Legislative / policy caveats	<p>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</p> <p>Where this guidance indicates that informed consent should be obtained and documented, the DoH guidance <i>Reference Guide to Consent for Examination, Treatment or Care (2003)</i>, gives advice on the law concerning consent to intervention. Available at: <a href="https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care">https://www.health-ni.gov.uk/articles/consent-examination-treatment-or-care</a></p> <p><i>Religion or belief: a practical guide for the NHS</i> does not apply in NI. Section 75 of the <i>Northern Ireland Act 1998</i> should be read in place of this guide. Available at: <a href="https://www.equalityni.org/ECNI/media/ECNI/Publications">https://www.equalityni.org/ECNI/media/ECNI/Publications</a></p> <p>Where this guidance refers to <i>DoH England's VTE Risk Assessment Tool</i>, HSC staff in Northern Ireland should refer to the Safety Forum's <i>Risk Assessment Tool for Venous Thromboembolism (VTE)</i>. Available at: <a href="https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-13-2011.pdf">https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hss-md-13-2011.pdf</a>.</p>