



Ref: FOIA Reference 2019/20-045

Royal Stoke University Hospital
Quality, Safety and Compliance Department
Newcastle Road
Stoke-on-Trent
Staffordshire
ST4 6QG

Date: 30th April 2019

Email foi@uhn.nhs.uk

Dear

I am writing in response to your email dated 18th April 2019 requesting information under the Freedom of Information Act (2000) regarding the use of catheter-directed thrombolysis to treat arterial occlusions.

I can neither confirm nor deny whether the information you have requested is held by the Trust in its entirety. This is because the information requested in question 2 is not held centrally, but may be recorded in individual health records. In order to confirm whether this information is held we would therefore have to individually access all health records within the Trust and extract the information where it is present. We therefore estimate that complying with your request is exempt under section 12 of the FOI Act: cost of compliance is excessive. The section 12 exemption applies when it is estimated a request will take in excess of 18 hours to complete. We estimate that accessing and reviewing all health records and then extracting relevant information would take longer than the 18 hours allowed for.

Under section 16 of the FOI Act we are required to provide requestors with advice and assistance where possible. We would therefore like to advise you that your request is shortened to just the questions that we are able to comply within the 18 hour time frame. In order to avoid delay to your response we have provided this below.

As of 1st November 2014 University Hospitals of North Midlands NHS Trust (UHNM) manages two hospital sites – Royal Stoke University Hospital, and County Hospital (Stafford). Therefore the response below is for the two sites combined from that date where appropriate.

Q1 With regards to the use of catheter-directed thrombolysis to treat acute arterial occlusions occurring anywhere between the proximal end of the Common Iliac Artery to the distal end of the Common Femoral Artery, that have received no prior treatment i.e. it's the first recorded / diagnosed arterial occlusion of an untouched native vessel.

Please could you answer the following?

NB Dependant on how your Trust records procedures, If questions 1 and 2 would require you to take a considerable amount of time to compile i.e. going through hundreds of case notes etc. then please just answer those with "Not answered due to time constraints" .

1. The number of catheter-directed thrombolysis treatments that have been performed during the last 3 years?

- A1 At UHNM this procedure is not carried out at the County Hospital site. At the Royal Stoke University Hospital this is very variable with a maximum of two per year, but there are sometimes none done.
- Q2 The number of successful treatments during the past 3 years, success defined as the vessel still being patent at follow up preferably over 90 days but dependant on how you log/monitor this etc.?**
- A2 Not answered due to time constraints (as per your note above) which therefore fall under section exemption 12 as detailed above.
- Q3 What clinical guidance document(s) if any are in use for determining/aiding the decision for the use of catheter-directed thrombolysis as a viable treatment if administered within a certain time frame?**
- A3 The Trust has clinical guidelines that are available for clinicians on the Trust Intranet, (these include Clinical guidelines for surgical and specialised divisions). The clinical decision is largely made in the twice weekly Vascular Multi-Disciplinary Meeting (MDT) unless this is urgent, then it is discussed on-call between the vascular surgeon and the vascular interventional radiologist.
- Q4 What time frame does your Trust use in aiding the decision of whether or not the use of catheter-directed thrombolysis in the aforementioned vessels may be a viable option?**
- To clarify what I am interested in, an example response would be: "Catheter-directed thrombolysis may be a viable treatment if administered within 120 hours of the occlusive event etc.**
- A4 Less than 1 week and particularly <24hrs as per the surgical guidelines on acute limb ischaemia (as above). This depends on the clinical history and how the patient presents and there are surgical options as well as Interventional Thrombolysis.

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

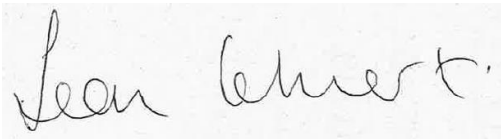
Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

If following review of the responses I can be of any further assistance please contact my secretary on 01782 676474.

Yours,



Jean Lehnert
Information Governance Manager