[INSERT YOUR ADDRESS &

Date]

Send to:

**Shona Robison, The Cabinet Secretary for Health and Sport,**

**Dr Catherine Calderwood, Chief Medical Officer,**

**Joanne Matthews, NHS Scotland Healthcare Improvement and**

**Roberta James, SIGN Programme Lead**

**Re: SIGN Guidance 122, Prevention and management of venous thromboembolism (VTE)**

I am writing concerned that SIGN guidance 122, published 2010 and reviewed 2014, is being considered for withdraw in 2020.

I am extremely concerned that this will cause risk and potential harm to patients.

The number VTE events has increased across all NHS Scotland Health Boards, many of which could have been prevented if

* There was improved awareness and education for all health care professionals to ‘think thrombosis’
* VTE risk assessment was carried out on all patients who may be at risk, who are admitted to hospital, whilst in hospital and on discharge from hospital
* Information was given to individuals n the risks, signs and symptoms of thrombosis (VTE)
* Appropriate management to reduce the risks and manage diagnosed blood clots was embedded in routine clinical practice

[*Insert personal experience if appropriate*]

From my own experience, thrombosis …

As a Scottish citizen I am also concerned of the loss this is causing to fellow Scottish citizens and the cost to NHS Scotland.

I understand from published figures that between 2014-2016, VTE cost NHS Scotland over £97 million. This is a huge amount of money spent often on preventable events, devastating families and NHS budgets.

Please will you support review and update of SIGN Guidance 122 in light of new clinical evidence and ensure **risk assessment of VTE** is a **routine clinical requirement** evidenced by clinical practice that is **proven to prevent and protect from VTE**.

It is important to every family and potential patient in Scotland that VTE prevention and management is effectively implemented to protect from avoidable harm, save lives and unnecessary cost.