

PE2016/E: Raise awareness of Thrombosis in Scotland

Cabinet Secretary for NHS Recovery Health and Social Care, 19 April 2024

Thank you for your correspondence of 25 March 2024 relating to Petition PE2016. Raise awareness of Thrombosis in Scotland.

I welcome the opportunity to respond and also to offer my personal sympathies to Mr McPherson on all that he has experienced, having lost his daughter.

Thrombosis Figures

I note Mr McPherson's concerns and his views regarding the figures provided by Scottish Government previously. While I appreciate that Mr McPherson does not agree with our interpretation of the figures, I would disagree with the concern that the Scottish Government is seeking to minimise the impact of thrombosis deaths.

The risk factors for venous thromboses (deep vein thrombosis (DVT), pulmonary embolism (PE) and venous thromboembolism (VTE)) and arterial thromboses, which can lead to heart attack and stroke, are very different, and therefore the Scottish Government has different strategies for each. These include public awareness raising and issuing clinical guidance. I am aware that Mr McPherson has been advised by officials previously that the definition of venous thromboses more appropriately covers his area of interest.

Awareness Campaign

The Scottish Government receives many requests to run public awareness campaigns and we do not have the financial capacity to accommodate all of them. We assess each request carefully and we keep our plans for awareness-raising activity under regular review. We most recently posted about the signs and symptoms of DVT in December 2023 from our @scotgovhealth channel on X, formerly Twitter, resulting in around 4,000 views.

There is a range of information available on the NHS Inform website on DVT and arterial thrombosis, and on the Thrombosis UK website, and we would refer the public to those sites for further details. Patients themselves are routinely advised in healthcare settings about the symptoms of VTE and the situations in which it is most likely to occur. I

therefore do not feel that the cost of a public awareness campaign on thrombosis is justified at this time.

Thrombosis and Covid-19

I note your reference to the study published by the British Medical Journal into DVT after covid-19 infection. While studies such as these are important for the development of understanding and treatment of medical conditions, it is important to recognise that is only an indication of potential higher risk. The article itself states:

“This is an observational study, so the researchers cannot establish cause, and they acknowledge several limitations which might have affected their findings. For example, VTE may have been underdiagnosed in patients with covid-19, testing for covid-19 was limited, especially during the first pandemic wave, and information on vaccination was not available.”

Further research would be required to verify the findings of this study, which is based on a group of subjects from only one country. Therefore we need to exercise caution in basing clinical guidance or public awareness campaigning on its findings.

The Scottish Intercollegiate Guidelines Network (SIGN) published a national clinical guideline on the prevention and management of venous thromboembolism in patients with COVID-19 in December 2021, which recognised the increased risk of thrombosis and associated complications in patients with severe covid infection.

The National Institute for Health and Care Excellence (NICE) also has a guidelines for Venous thromboembolic diseases: diagnosis, management and thrombophilia testing, which was updated in August 2023 following new evidence on the diagnosis of VTE in people with covid-19. Clinicians in Scotland will be familiar with and should adhere to both the SIGN and NICE guidelines.

Finally, I would like to thank Mr McPherson for his engagement so far with the Scottish Government – I know how much that has been valued by the Minister for Public Health and Women’s Health and our Deputy National Clinical Director, and I hope this continues.

Neil Gray MSP