

**Circular HSC (SQSD) (NICE NG158) 17/21**

**Subject: NICE Clinical Guideline NG158 - Venous thromboembolic diseases: diagnosis, management and thrombophilia testing (updates and replaces CG144)**

**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 Dental Services  
Head of Ophthalmic Services  
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 covers diagnosing and managing venous thromboembolic diseases in adults. It aims to support rapid diagnosis and effective treatment for people who develop deep vein thrombosis (DVT) or pulmonary embolism (PE). It also covers testing for conditions that can make a DVT or PE more likely, such as thrombophilia (a blood clotting disorder) and cancer.

**Enquiries:**

Any enquiries about the content of this Circular should be addressed to:  
Quality Regulation and Improvement Branch  
Department of Health  
Room D1.4  
Castle Buildings  
Stormont Estate  
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[SGU-NICEGuidance@health-ni.gov.uk](mailto:SGU-NICEGuidance@health-ni.gov.uk)

**Circular Reference: HSC (SQSD) (NICE NG158) 17/21**

**Date of Issue: 18 August 2021**

**Related documents:**

HSC (SQSD) 3/13

**Superseded documents**

NICE Clinical Guideline CG144 - Venous thromboembolic diseases  
HSC (SQSD) (NICE CG144) 04/16

**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 NG158 - Venous thromboembolic diseases: diagnosis, management and thrombophilia testing (updates and replaces CG144) -**

<https://www.nice.org.uk/guidance/ng158>

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 and other Integrated Care Services as appropriate/relevant.
  - c. Seek positive assurance from the HSC Trusts and Integrated Care 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>

A handwritten signature in black ink, reading "Dr Lourda Geoghegan". The signature is written in a cursive style and is contained within a thin black rectangular border.

**Dr Lourda Geoghegan**  
**Deputy Chief Medical Officer**

## Appendix 1

### Endorsed NICE guidance - Details from Departmental review

Reference Number	NICE Clinical Guideline – NG158 <a href="https://www.nice.org.uk/guidance/ng158">https://www.nice.org.uk/guidance/ng158</a>
Title	<b>Venous thromboembolic diseases: diagnosis, management and thrombophilia testing</b>
Summary of guidance	<p>This guideline updates and replaces NICE Clinical Guideline CG144 - Venous thromboembolic diseases (endorsed by DoH in August 2012 and addendum in January 2016).</p> <p>The guideline covers diagnosing and managing venous thromboembolic diseases in adults. It aims to support rapid diagnosis and effective treatment for people who develop deep vein thrombosis (DVT) or pulmonary embolism (PE). It also covers testing for conditions that can make a DVT or PE more likely, such as thrombophilia (a blood clotting disorder) and cancer.</p> <p>It includes new and updated recommendations on:</p> <ul style="list-style-type: none"> <li>• D-dimer testing</li> <li>• pulmonary embolism rule-out criteria</li> <li>• outpatient management of low-risk PE</li> <li>• anticoagulation treatment for suspected and confirmed DVT or PE</li> <li>• long-term anticoagulation for secondary prevention</li> <li>• inferior vena caval filters</li> <li>• investigations for cancer</li> </ul> <p>It also includes recommendations on:</p> <ul style="list-style-type: none"> <li>• diagnosing and managing suspected DVT and PE</li> <li>• information and support for people having anticoagulation treatment</li> <li>• thrombolytic therapy</li> <li>• thrombophilia testing</li> </ul> <p><b><u>This guideline does not cover pregnant women.</u></b></p>
Related strategically relevant DoH/ HSC policies	None
Inter-Departmental interest	None

<p>Legislative / policy caveats</p>	<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>It should be noted that this guidance contains some recommendations for off-label use of medicines. Trusts and practitioners must be aware of their responsibilities and ensure that appropriate policies are in place when medicines are used off-label.</p>
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