

**VTE risk assessment data collection
Q4 2011-12 Key Points**

1.0 Background

- 1.1 This is the seventh publication of the Department of Health VTE risk assessment data collection. The data collection was first made mandatory from June 2010, and this publication refers to data for January to March 2012.
- 1.2 The data collection asks for three items of information:
1. Number of adult hospital admissions admitted in the month risk assessed for VTE on admission to hospital according to the DH/NICE National Tool
 2. Total number of adult hospital admissions admitted in the month
 3. Calculated from (1) and (2), the percentage of adult hospital admissions, admitted within the month assessed for risk of VTE on admission
- 1.3 Trusts are required to upload their data on VTE risk assessment onto Unify2 by 20 working days after the month end.
- 1.4 The full data tables can be found:
<http://transparency.dh.gov.uk/2011/04/01/vte-data/>
- 1.5 Guidance on the data collection can be found here:
<https://www.wp.dh.gov.uk/transparency/files/2012/06/Guidance-notes-for-VTE-data-collection.pdf>
- 1.6 For any further queries on this data collection, or if you would like to provide feedback, please contact the VTE mailbox at vte@dh.gsi.gov.uk

2.0 VTE risk assessment

- 2.1 VTE is a significant international patient safety issue. The first step in preventing death and disability from VTE is to identify those at risk so that preventative treatments can be used. The purpose of this data collection is to quantify for the first time, the numbers of adult hospital admissions who are being risk assessed for Venous Thromboembolism (VTE) to allow appropriate prophylaxis based on national guidance from the National Institute for Health and Clinical Excellence (NICE)¹. Such measures have the potential to save many lives each year.
- 2.2 All providers of NHS funded acute hospital care (including foundation trusts and independent sector providers of acute NHS services) must complete this data collection. Providers of non-acute health services are not asked to complete this data collection, although they should be aware that all patients should be protected from unnecessary risk of VTE.
- 2.3 This data collection is a census of all patients – it is not appropriate to use sampling methodologies to produce estimates. This data collection also serves as the mechanism to enable providers to demonstrate to their

¹ The NICE guidance can be found at the following link: <http://guidance.nice.org.uk/CG92>

commissioners that they have achieved the national CQUIN goal on VTE in 2011/12².

- 2.4 This data collection on VTE risk assessment is intended to embed VTE risk assessment across the NHS and will be critical in evaluating the impact of the National VTE Prevention Programme on improving health outcomes for patients. As a result, we expect to move quickly to focus on audit of appropriate prophylaxis.

3.0 Analysis

Number of data returns

- 3.1 The number of data returns submitted by NHS providers of acute funded care had reached 274 by the end of Q4 2011-12. The proportion of NHS Acute Providers returning data remained just over 99% in this period. Please note that figures outlined in the further analysis of the data are based on only the number admissions as submitted in the data returns.

Table 1 – Number and proportion of providers submitting a data return

	Total	January		February		Returned VTE data March	
		Number	%	Number	%	Number	%
NHS Acute Providers	164	161	98.2%	160	97.6%	163	99.4%
PCT Providers	16	2	12.5%	2	12.5%	2	12.5%
IS Providers	153	106	69.3%	109	71.2%	107	69.9%
Total	332	269	81.0%	271	81.6%	272	81.9%

Nil returns

- 3.2 Providers are required to provide information based on a census of all patients. Providers who submit data based on a sample or audit of patients are not included in the figures below, and are classed as a “nil return”. Providers who did not have any admissions in a particular month are also classed as a ‘nil return’.

Proportion of total admissions getting a risk assessment

- 3.3 Over the period Q4 2011-12, providers reported around 3.4m adult admissions to NHS funded acute care. 93% of these received a VTE risk assessment on admission, an increase compared to Q3 2011-12 (91%).
- 3.4 In Q4 2011-12, the proportion of admissions receiving a VTE risk assessment was slightly lower for NHS acute providers (93%) than Independent Sector providers (95%), although NHS acute providers carried out around 98% of all VTE risk assessments. In Q4 2011-12, two PCTs providing NHS funded acute care returned data with the proportion of admissions receiving a VTE risk assessment at 95%.

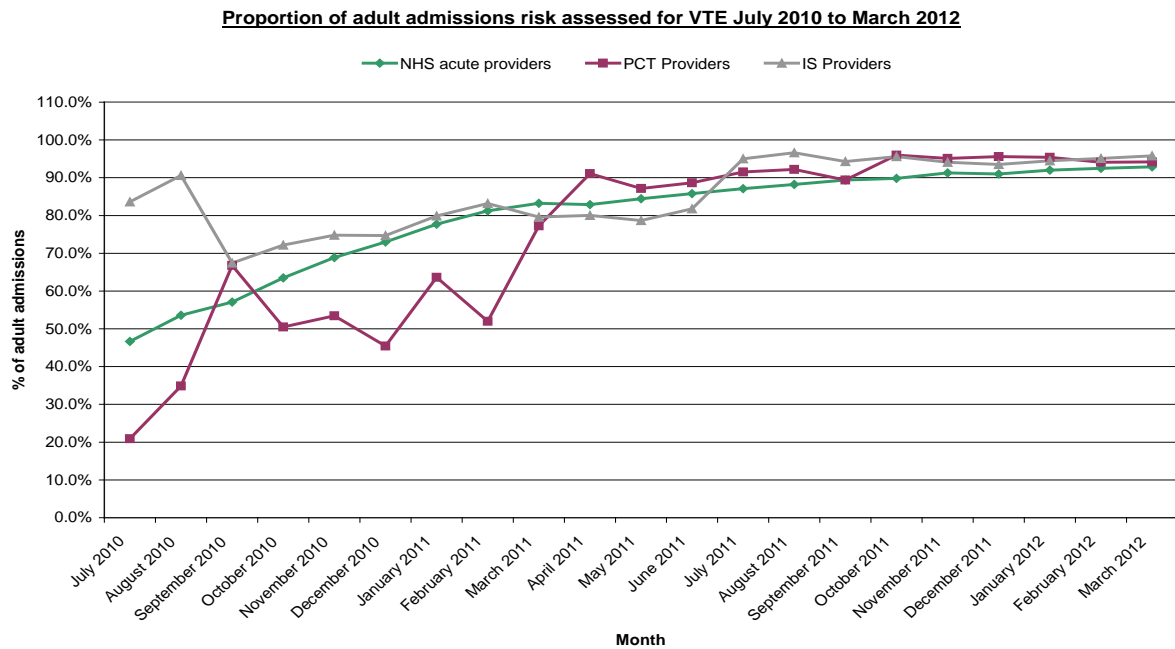
² Further information about CQUIN framework:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

Table 2 –Proportion of adult admissions risked assessed for VTE

	January 2012	February 2012	March 2012	Q4 2011-12
NHS acute providers	92.0%	92.5%	92.9%	92.5%
PCT Providers	95.4%	94.1%	94.2%	94.5%
IS Providers	94.5%	95.1%	95.8%	95.1%
All providers of NHS funded acute care	92.1%	92.5%	92.9%	92.5%

3.5 A chart showing the proportion of adult admissions risked assessed for VTE since July 2010 is shown below. There has been a steady increase in the proportion in all providers of NHS funded acute care, from 47% in July 2010 to 93% in March 2012.

Figure 1 –Proportion of adult admissions risked assessed for VTE



3.6 A breakdown of the reported proportion of admissions who receive a VTE risk assessment for providers by Strategic Health Authority in Q4 2011-12 is shown in the table below.

Table 3 –proportion of adult admissions risk assessed for VTE reported by providers by SHA in Q4 2011-12

SHA	Proportion risk assessed
North East	93.4%
North West	94.1%
Yorkshire & The Humber	93.6%
East Midlands	91.2%
West Midlands	94.2%
East of England	96.4%
London	88.9%
South East Coast	92.5%
South Central	90.0%
South West	91.9%