

**Venous Thromboembolism (VTE) Risk Assessment data collection
Quarter 1 2014/15 (April to June 2014)**

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1. Background

Venous Thromboembolism (VTE), commonly known as blood clots, 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 the numbers of adult hospital admissions who are being risk assessed for VTE to allow appropriate prophylaxis based on national guidance from NICE¹. Such measures have the potential to save many lives each year.

This data collection 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. The VTE risk assessment is a previous national CQUIN indicator and is a National Quality Requirement in the NHS Standard Contract for 2014/15². It sets a threshold of 95% rate of inpatients undergoing risk assessment each month.

The data collection asks for three items of information:

1. Number of adults admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the National VTE Risk Assessment Tool
2. Total number of adult inpatients admitted in the month
3. Calculated from (1) and (2), the percentage of adult inpatients, admitted within the month assessed for risk of VTE on admission

All providers of NHS funded acute care (including foundation and non-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. This data collection is a census of all patients – it is not appropriate to use sampling methodologies to produce estimates.

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

² <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/07/tech-guid-march14.pdf>

2. Key findings

- 96% of all admissions to NHS funded acute care received a VTE risk assessment in Quarter 1 2014/15.
- The percentage of VTE risk assessment was slightly lower for NHS acute care providers (96%) compared to independent sector providers (98.5%) in Quarter 1 2014/15.
- The percentage of patients risk assessed for VTE has remained stable at 96% from Quarter 2 2013/14 to Quarter 1 2014/15.
- All the NHS regions (London, North of England, South of England, Midlands and East of England) achieved the 95% goal in Quarter 1 2014/15.

3. Findings

Proportion of total admissions getting a risk assessment

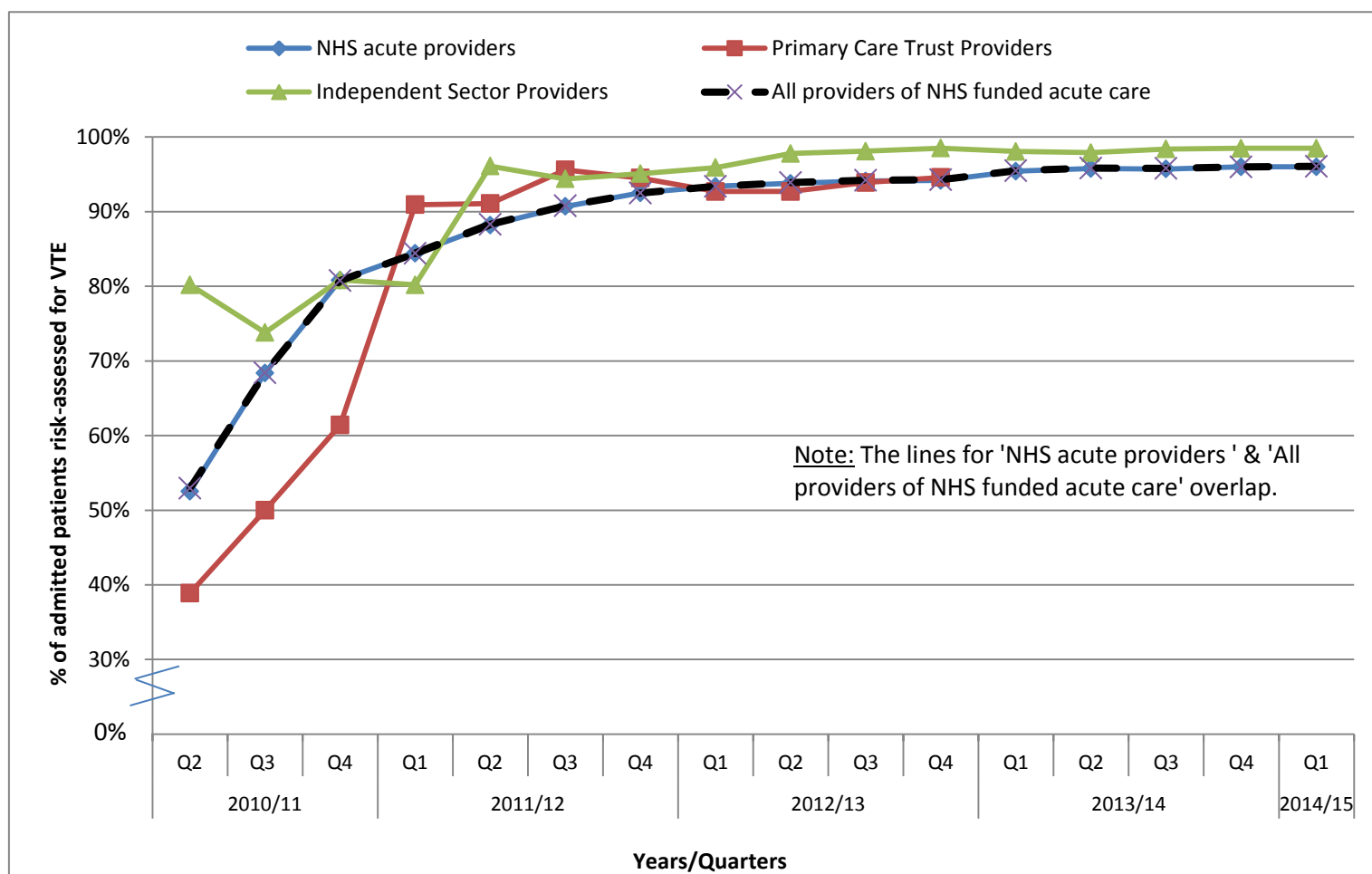
- Over Quarter 1 2014/15 all providers of NHS funded acute care, including NHS trusts and Independent sector providers, reported over 3.4 million admissions. Of these, 3.3 million (96%) received a VTE risk assessment on admission, the same percentage as in Quarter 4 2013/14 – see Table 1.
- In Quarter 1 2014/15, the proportion of admissions receiving a VTE risk assessment was slightly lower for NHS acute care providers (96%) than for Independent sector providers (98.5%), with NHS acute care providers carrying out around 97% of all VTE risk assessments and independent sector providers carrying out 3%.

Table 1. Proportion of adult hospital admissions risk assessed for VTE (Quarter 1 2014/15, England)

	April 2014	May 2014	June 2014	Q1 2014/15
NHS acute care providers	96.0%	96.0%	96.0%	96.0%
Independent sector Providers	98.4%	98.4%	98.6%	98.5%
All providers of NHS funded acute care	96.1%	96.0%	96.1%	96.1%

- The data collection was first made mandatory on June 2010 with its first publication covering Quarter 2 2010/11 (July-September 2010). A chart showing the proportion of adult admissions risk assessed for VTE since Quarter 2 2010/11 is shown below (see Figure 1).
- There has been a steady increase in the proportion in all providers of NHS funded acute care, from 53% in Quarter 2 2010/11 to 96% in Quarter 2 2013/14. This proportion has remained stable from Quarter 2 2013/14 to Quarter 1 in 2014/15.

Figure 1: Proportion of adult hospital admissions risk assessed for VTE, England (Quarter 2 2010/11 to Quarter 1 2014/15)



- Overall, all the NHS regions achieved the 95% goal in this quarter – see table 2.

Table 2: Proportion of adult hospital admissions risk assessed for VTE by NHS Region (Quarter 1 2014/15, England)

NHS Region	All providers	NHS acute care providers	Independent sector providers
North of England	97.3%	96.2%	98.6%
Midlands and East of England	97.7%	96.6%	98.9%
London	96.7%	95.9%	98.2%
South of England	97.5%	96.4%	98.2%

Proportion of providers above and below 95% of admissions receiving a VTE risk assessment

- In Quarter 1 2014/15, 89.8% of the providers (289 trusts) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold), a similar percentage (90.3%) as in Quarter 4 2014/15 (290 trusts) – see table 3. These percentages are lower for NHS acute care providers than for Independent sector providers, but NHS acute care providers are responsible for 97% of the admissions.
- From the trusts below 95%, how many are getting close to the CQUIN goal? To answer this, the number of trusts carrying out a VTE risk assessment from 90% to below 95% of their admissions is counted. In quarter 1 2014/15 there are 28 trusts (out of 33 trusts below 95%). This is an improvement from 23 (out of 31) trusts in Quarter 4 2013/14.

Table 3: Providers reporting above and below 95% of admissions receiving a VTE risk assessment, England (Quarter 4 2013/14)

	All providers		NHS acute care providers		Independent sector providers	
	Number	%	Number	%	Number	%
90%-95%	28	8.7%	21	12.8%	7	4.4%
Below 95%	33	10.2%	22	13.4%	11	7.0%
95% and above	289	89.8%	142	86.6%	147	93.0%

Number of data returns

- The number of data returns submitted by all providers of NHS funded acute care over Quarter 1 2014/15 was 319, 320 and 319 in April, May and June, respectively.
- The number of NHS acute care providers submitting a data return in each month over Quarter 1 2014/15 was 164, 164 and 163 in April, May and June, respectively. For Independent sector providers, it was 155, 156 and 156 in April, May and June, respectively.

4. Further information on how the statistics are produced

Nil returns

Providers are required to provide information based on a census of 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 in the quarter are also classed as a ‘nil return’ in that month.

Timings and publication

Providers must collect and submit data onto UNIFY 2 by 20 working days after the month end. The full data tables can be found: <http://www.england.nhs.uk/statistics/vte/>

Data are submitted and published according to the timings below:

Timing	Process
Month A (e.g. April)	Data are collected from patients in each trust for that month.
Month B (e.g. May)	Trusts submit their data monthly for the previous month (e.g. April data are submitted towards the end of May).
Month C (e.g. June)	Data for month A (April) are quality assured.
Month D (e.g. July)	Data for month A (April) are published in the NHS England website and in UNIFY 2.0 in the beginning of the month (e.g. April data are published in early July).
Early every September, December, March, June	Publication of reports for Quarters 1, 2, 3 and 4 respectively, on the NHS England website.

Guidance

Guidance on the data collection is included in the 2014/15 NHS Standard Contract and can be found at: <http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2014/07/tech-guid-march14.pdf>.

Information on the 2014/15 NHS Standard Contract can be found at: <http://www.england.nhs.uk/nhs-standard-contract/>

Quality assurance

Data quality assurance focusses on identifying missing data, data errors (e.g. the numerator should not be greater than the denominator) and data consistency over time. Any issues identified are discussed with providers who have the opportunity to clarify or resubmit their data within the quality assurance period.

5. Additional Information

Data for individual organisations are available at: <http://www.england.nhs.uk/statistics/vte/>

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