

Venous Thromboembolism (VTE) Risk Assessment data collection

Quarter 1 2016/17

5 September 2016











Venous Thromboembolism (VTE) Risk Assessment data collection Quarter 1 2016/17 (April to June 2016)

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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 former national CQUIN indicator and is a national quality requirement in the NHS Standard Contract for 2016/17². It sets a threshold rate of 95% of inpatients undergoing a 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://pathways.nice.org.uk/pathways/venous-thromboembolism

² https://www.england.nhs.uk/wp-content/uploads/2016/04/2-nhs-contrct-tech-guid-1617.pdf

2. Key findings for Quarter 1 2016/17

- 96% of all adult inpatient admissions to NHS funded acute care received a VTE risk assessment in Quarter 1 2016/17.
- The percentage of patients risk assessed for VTE has remained stable at 96% from Quarter 4 2015/16 to Quarter 1 2016/17.
- The proportion receiving a VTE risk assessment was slightly lower for NHS acute care providers (96%) compared to Independent Sector providers (98%).
- All NHS England Regions (London, North of England, South of England, and Midlands and East of England) achieved the 95% NHS Standard Contract threshold in Quarter 1 2016/17.

3. Findings

Proportion of total admissions receiving a risk assessment

- In Quarter 1 2016/17 all providers of NHS funded acute care, including NHS trusts and Independent Sector providers, reported almost 3.7 million admissions. Of these, 3.5 million (96%) received a VTE risk assessment on admission, the same percentage as in Quarter 4 2015/16 (see Table 1).
- In Quarter 1 2016/17, the proportion of adult inpatient admissions receiving a VTE risk assessment was slightly lower for NHS acute care providers (96%) compared to Independent Sector providers (98%), with NHS acute care providers carrying out 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 2016/17, England)

	April 2016	May 2016	June 2016	Q1 2016/17
NHS acute care providers	95.6%	95.7%	95.6%	95.6%
Independent Sector providers	98.6%	98.2%	98.6%	98.5%
All providers of NHS funded acute care	95.7%	95.8%	95.7%	95.7%

- 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 of risk assessments for adult admissions across NHS funded acute care, from 53% in Quarter 2 2010/11 to 96% in Quarter 2 2013/14. The proportion of patients risk assessed for VTE had remained stable at 96% from Quarter 2 2013/14 to Quarter 2 2015/16, before undergoing a decline of 1 percentage point in Quarter 3 2015/16. For Quarter 4 2015/16 to the latest results in Quarter 1 2016/17, the proportion of patients risk assessed for VTE is 96%.
- Overall, all NHS England Regions achieved the 95% goal in this quarter (see Table 2).

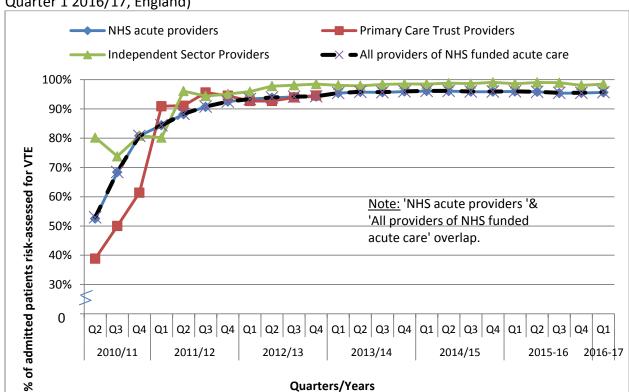


Figure 1: Proportion of adult hospital admissions risk assessed for VTE, (Quarter 2 2010/11 to Quarter 1 2016/17, England)

Table 2: Proportion of adult hospital admissions risk assessed for VTE by NHS England Region (Quarter 1 2016/17, England)

NHS Region	All providers	NHS acute care providers	Independent Sector providers	
North of England	95.4%	95.3%	98.8%	
Midlands and East of England	96.0%	95.9%	98.3%	
London	96.3%	96.2%	99.5%	
South of England	95.4%	95.3%	98.1%	

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

- In Quarter 1 2016/17, 89% of providers (271 providers out 305) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold). This is a slight increase compared to Quarter 4 2015/16, where 88% (277 of 313) of providers carried out a VTE risk assessment for 95% or more of admissions (see Table 3).
- These percentages are lower for NHS acute care providers compared to Independent Sector providers, with NHS acute care providers carrying out around 97% of all VTE risk assessments.

Of those providers not achieving the 95% threshold, how many are close to achieving the
NHS Standard Contract goal? To answer this, the number of providers carrying out a VTE risk
assessment from 90% to below 94% of their admissions is assessed. Table 3 below shows
that in Quarter 1 2016/17 there are 34 providers (11% of all 305 trust who submitted data)
that were below the 95% threshold, however the majority of these providers (24 out of 34)
achieved risk assessments for 90-94% of total admissions for VTE.

Table 3: Providers reporting rates above and below 95% of admissions receiving a VTE risk assessment (Quarter 1 2016/17, England)

	All providers		NHS acute care providers		Independent Sector providers	
	Number	%	Number	%	Number	%
90%-94%	24	7.9%	20	12.8%	4	2.7%
Below 95%	34	11.1%	27	17.3%	7	4.7%
95% and above	271	88.9%	129	82.7%	142	95.3%

Number of data returns

- The total number of data returns submitted by all providers of NHS funded acute care over Quarter 1 2016/17 was 305 in each of April, May, and June.
- The number of NHS acute care providers submitting a data return in each month over Quarter 1 2016/17 was 156 in each of April, May, and June.
- For Independent Sector providers, it was 149 in each of April, May, and June.

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 quarter 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. June)	Data are collected from patients in each provider for the quarter.
Month B (e.g. July)	Providers submit their data quarterly for the previous quarter (e.g.
	Quarter 1 data is submitted towards the end of July).
Month C (e.g. August)	Data are quality assured during Month C.
Month D (e.g.	Data for the quarter are published in the NHS England website and in

September)	UNIFY 2.0 in the beginning of month D (e.g. quarter 1 are published in
	early September).

Guidance

Guidance on the data collection is included in the 2016/17 NHS Standard Contract and can be found at: https://www.england.nhs.uk/wp-content/uploads/2016/04/2-nhs-contrct-tech-guid-1617.pdf

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.

Data Quality Issues

As from Quarter 3 2015/16 for the purposes of transparency we will report on any data quality issues reported to us from trusts.

Yeovil District Hospital NHS FT (RA4) reported a drop in the percentage of admitted patients risk-assessed for VTE due to a new electronic PAS system being put in place in June 2016. This issue is not expected to affect any other months going forward.

The Newcastle Upon Tyne Hospitals NHS FT (RTD) reported a drop in VTE compliance during the month of June as a result of a clinical capacity coding issue. This is currently being addressed and is not a reflection of deteriorating quality of care.

Weston Area Health NHS FT (RA3) reported the data reflected the electronic audit records showed at time of submission. There had been reductions in the data entry/audit coordinator staffing resource allocated to the VTE 'project' in June. More case notes than usual remain unchecked, so the trust could not capture sufficient data to demonstrate a higher score this time.

5. Additional Information

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

For press enquiries please e-mail the NHS England media team at: nhsengland.media@nhs.net or call the national media team during normal office hours on 0113 825 0958 / 0113 825 0959

The Government Statistical Service (GSS) statistician with overall responsibility for this report is: Medical and Nursing, NHS England

Quarry House, Quarry Hill, Leeds, LS27UE

Email: england.vte@nhs.net