

Venous Thromboembolism
(VTE) Risk Assessment data
collection

Quarter 2 2016/17

5 December 2016



**Venous Thromboembolism (VTE) Risk Assessment data collection
Quarter 2 2016/17 (July to September 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-contract-tech-guid-1617.pdf>

2. Key findings for Quarter 2 2016/17

- 96% of all adult inpatient admissions to NHS funded acute care received a VTE risk assessment in Quarter 2 2016/17.
- The percentage of patients risk assessed for VTE has remained stable at 96% from Quarter 1 2016/17 to Quarter 2 2016/17.
- The proportion receiving a VTE risk assessment was slightly lower for NHS acute care providers (95%) 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 2 2016/17.

3. Findings

Proportion of total admissions receiving a risk assessment

- In Quarter 2 2016/17 all providers of NHS funded acute care, including NHS trusts and Independent Sector providers, reported just over 3.7 million admissions. Of these, 3.5 million (96%) received a VTE risk assessment on admission, the same percentage as in Quarter 1 2016/17 (see Table 1).
- In Quarter 2 2016/17, the proportion of adult inpatient admissions receiving a VTE risk assessment was slightly lower for NHS acute care providers (95%) compared to Independent Sector providers (98%), with NHS acute care providers carrying out 98% of all VTE risk assessments and Independent Sector providers carrying out 2%.

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

	July 2016	August 2016	September 2016	Q2 2016/17
NHS acute care providers	95.6%	95.4%	95.4%	95.5%
Independent Sector providers	97.9%	97.6%	97.5%	97.7%
All providers of NHS funded acute care	95.7%	95.4%	95.4%	95.5%

- 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 2 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 2 2016/17, England)

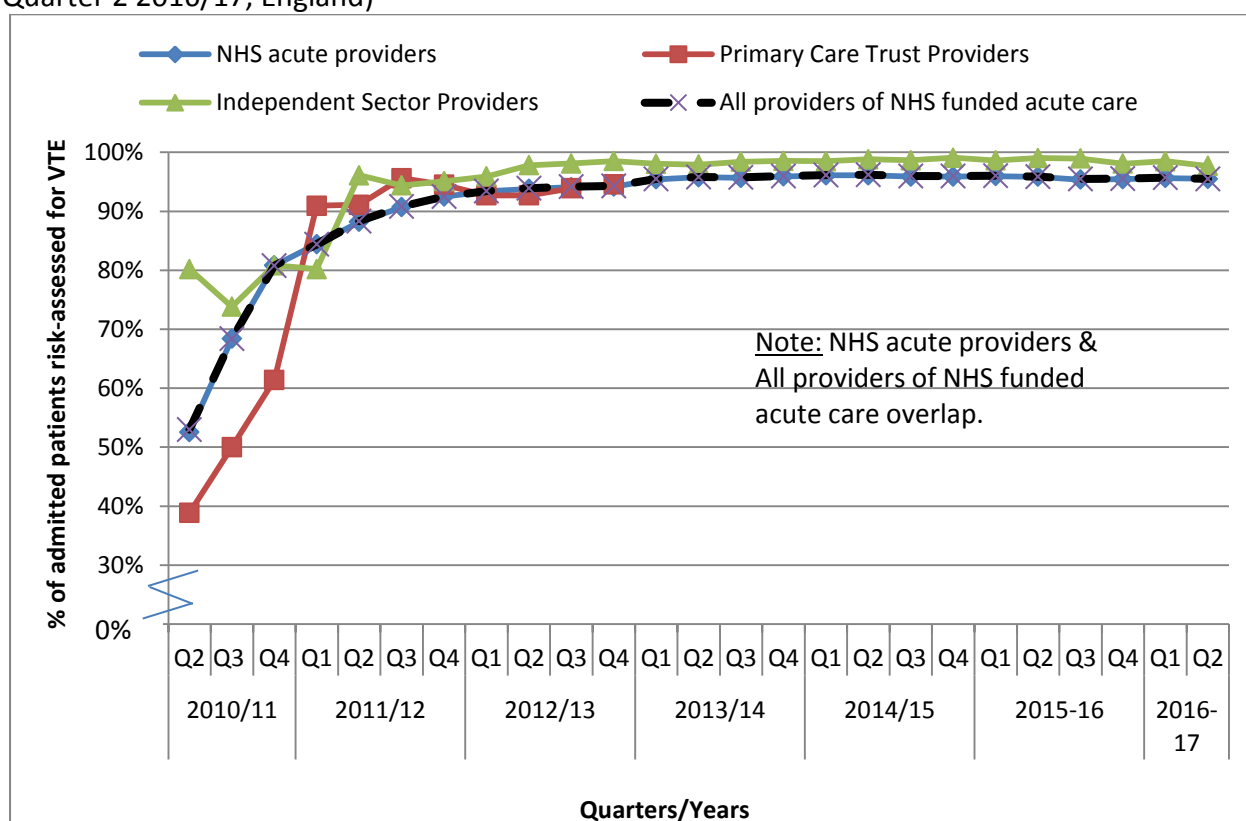


Table 2: Proportion of adult hospital admissions risk assessed for VTE by NHS England Region (Quarter 2 2016/17, England)

NHS Region	All providers	NHS acute care providers	Independent Sector providers
North of England	95.1%	95.1%	98.4%
Midlands and East of England	95.7%	95.6%	97.9%
London	96.1%	96.1%	99.7%
South of England	95.3%	95.3%	96.3%

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

- In Quarter 2 2016/17, 85% of providers (236 providers out of 277) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold). This breaks down as 79.6% of NHS Acute providers (125 out of 157 trusts) and 92.5% of Independent Sector providers (111 out of 120 trusts). This is a decrease compared to Quarter 1 2016/17, where 89% (271 of 305) of providers (NHS Acute and Independent Sector) carried out a VTE risk assessment for 95% or more of admissions (see Table 3). A number of Independent Sector organisations didn't report for Quarter 2, and this has resulted in a lower overall compliance rate than previously.

- These percentages are lower for NHS acute care providers compared to Independent Sector providers, with NHS acute care providers carrying out around 98% 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 2 2016/17 there are 41 providers (15% of all 277 trust who submitted data) that were below the 95% threshold, however the majority of these providers (30 out of 41) 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 2 2016/17, England)

	All providers		NHS acute care providers		Independent Sector providers	
	Number	%	Number	%	Number	%
90%-94%	30	10.8%	22	14.0%	8	6.7%
Below 95%	41	14.8%	32	20.4%	9	7.5%
95% and above	236	85.2%	125	79.6%	111	92.5%

Number of data returns

- The total number of data returns submitted by all providers of NHS funded acute care over Quarter 2 2016/17 was 277 in each of July, August and September.
- The number of NHS acute care providers submitting a data return in each month over Quarter 2 2016/17 was 157 in each of July, August and September.
- For Independent Sector providers, it was 120 in each of July, August, and September.

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. September)	Data for the quarter are published in the NHS England website and in 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.

Hull And East Yorkshire Hospitals NHS Trust (RWA) reported consistently low percentages of patients risk assessed for VTE across the last 2 quarters due to the implementation of a new PAS system. The trust is actively addressing this problem within wards to ensure staffs are following the correct process.

The Clatterbridge Cancer Centre NHS FT (REN) reported a drop in the percentage of admitted patients risk assessed for VTE due to the implementation of a new EPR system during the month of May which has impacted on data quality and completeness for all activity across the Trust whilst end users adjust to this, plus the Information Team have had to re develop the Trust Data Warehouse and Reports.

Wrightington, Wigan And Leigh NHS FT (RRF) reported a drop in the percentage of admitted patients risk assessed for VTE due to the implementation of new patient information system. The trust is running a dual system for a period of time. Once assurance is gained that they are able to extract the validated data they will move back to a single system, expecting to once again report full compliance.

Brighton And Sussex University Hospitals NHS Trust (RXH) reported consistently low percentages of patients risk assessed for VTE across the last 2 quarters due a lack of EDS (Electronic Discharge Summary) data on 1594 patients (of total 18110 patients). Currently as a trust they are looking into these patients that have no data on VTE risk assessment. Unfortunately they are not close to having EPR locally which would improve the data collection.

Milton Keynes Hospital NHS FT (RD8) reported consistently low percentages of patients risk assessed for VTE across the last 2 quarters due to challenges regarding data collection and validation. This issue is not expected to affect any other months going forward.

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:

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