

Venous Thromboembolism
(VTE) Risk Assessment data
collection

Quarter 4 2016/17

2 June 2017



**Venous Thromboembolism (VTE) Risk Assessment data collection
Quarter 4 2016/17 (January to March 2017)**

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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 4 2016/17

- 96% of all adult inpatient admissions to NHS funded acute care received a VTE risk assessment in Quarter 4 2016/17.
- The percentage of patients risk assessed for VTE has remained stable at 96% from Quarter 3 2015/16 to Quarter 4 2016/17.
- The proportion receiving a VTE risk assessment was slightly lower for NHS acute care providers (95%) compared to Independent Sector providers (98%).
- The London, Midlands and East of England, and the South of England NHS England Regions achieved the 95% NHS Standard Contract threshold in Quarter 4 2016/17. The North of England NHS England Region did not achieve the 95% NHS Standard Contract threshold in Quarter 4 2016/17.

3. Findings

Proportion of total admissions receiving a risk assessment

- In Quarter 4 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, 3.6 million (96%) received a VTE risk assessment on admission, the same percentage as in Quarter 3 2016/17 (see Table 1).
- In Quarter 4 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 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 4 2016/17, England)

	January 2017	February 2017	March 2017	Q4 2016/17
NHS acute care providers	95.5%	95.4%	95.4%	95.5%
Independent Sector providers	98.1%	98.0%	97.4%	97.8%
All providers of NHS funded acute care	95.6%	95.5%	95.5%	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 4 2016/17 the proportion of patients risk assessed for VTE is 96%.

- The London, Midlands and East of England, and the South of England NHS England Regions achieved the 95% NHS Standard Contract threshold in Quarter 4 2016/17. The North of England NHS England Region did not achieve the 95% NHS Standard Contract threshold in Quarter 4 2016/17. (see Table 2).

Figure 1: Proportion of adult hospital admissions risk assessed for VTE, (Quarter 2 2010/11 to Quarter 4 2016/17, England)

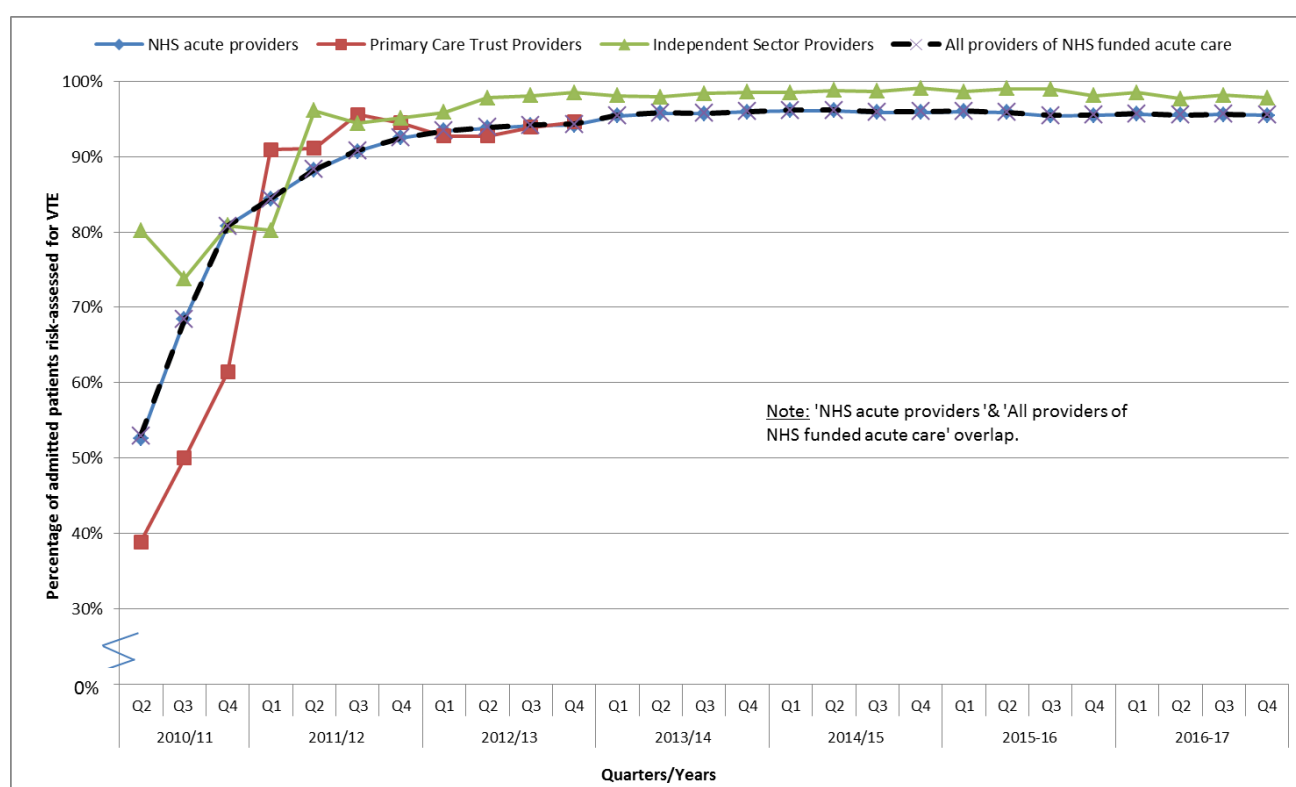


Table 2: Proportion of adult hospital admissions risk assessed for VTE by NHS England Region (Quarter 4 2016/17, England)

NHS Region	All providers	NHS acute care providers	Independent Sector providers
North of England	94.9%	94.8%	98.4%
Midlands and East of England	95.9%	95.9%	97.4%
London	95.9%	95.9%	99.3%
South of England	95.6%	95.5%	97.1%

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

- In Quarter 4 2016/17, 83% of providers (257 providers out 308) carried out a VTE risk assessment for 95% or more of their admissions (the NHS Standard Contract threshold). This breaks down as 77.6% of NHS Acute providers (121 out of 156 trusts) and 89.5% of Independent Sector providers (136 out of 152 providers). This is a decrease compared to Quarter 3 2016/17, where 86% (266 of 308) of providers (NHS Acute and Independent Sector) carried out a VTE risk assessment for 95% or more of admissions.
- 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 4 2016/17 there are 51 providers (17% of all 308 providers who submitted data) that were below the 95% threshold, however 64.7% of providers (33 out of 51) 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 4 2016/17, England)

	All providers		NHS acute care providers		Independent Sector providers	
	Number	%	Number	%	Number	%
90%-94%	33	10.7%	26	16.7%	7	4.6%
Below 95%	51	16.6%	35	22.4%	16	10.5%
95% and above	257	83.4%	121	77.6%	136	89.5%

Number of data returns

- The total number of data returns submitted by all providers of NHS funded acute care over Quarter 4 2016/17 was 308 in each of January, February and March.
- The number of NHS acute care providers submitting a data return in each month over Quarter 4 2016/17 was 156 in each of January, February and March.
- For Independent Sector providers, it was 152 in each of January, February and March.

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.

Weston Area Health NHS Trust (RA3) reported consistently low percentages of patients risk assessed for VTE across the last three quarters due to the trust experience data entry resource issues. Back office staffs were unable to audit case note for every admission and then input findings from the paper assessment forms into the relevant database.

West Suffolk NHS Foundation Trust (RGR) has not reported since Quarter 4 2015/16. The Trust have advised that they are currently working through reporting issues and hope to start reporting again from Quarter 1 2017/18.

Milton Keynes Hospital NHS Foundation Trust (RD8) reported a lower percentage of patients being VTE risk assessed than the previous quarter. The Trust advised that it is a data collection issue due to the fact that the processes in place to collect the data are dependent on an individual inputting the data for each patient onto a separate system that is not linked to the patient record.

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 Improvement Press Office at:

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