

Venous thromboembolism risk assessment data collection

Quarter 1 2017/18 (April to June 2017)

1 September 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 (prophylaxis) can be given. This data collection quantifies the numbers of adult hospital admissions who are being risk assessed for VTE to identify those who should be given appropriate prophylaxis based on guidance from the National Institute for Health and Care Excellence (NICE).¹ Such measures have the potential to save many lives each year.

This data collection is intended to embed VTE risk assessment across the NHS in England 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 2017/18.² It sets a threshold of 95% of adult inpatients being risk assessed for VTE on admission 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 that is, NHS trusts, NHS 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.

¹ <http://pathways.nice.org.uk/pathways/venous-thromboembolism>

² <https://www.england.nhs.uk/wp-content/uploads/2016/11/7-contract-tech-guid.pdf>

This data collection is a census of all patients – it is not appropriate to use sampling methodologies to produce estimates.

2. Key findings for quarter 1 2017/18

- 95% of all adult inpatient admissions to NHS-funded acute care received a VTE risk assessment in quarter 1 (Q1) 2017/18.
- The percentage of patients risk assessed for VTE remained at 96% from Q3 2015/16 to Q4 2016/17 but has decreased to 95% in Q1 2017/18.
- The percentage receiving a VTE risk assessment was slightly lower for NHS acute care providers (95%) compared to independent sector providers (98%).
- Three regions (London, North of England, and Midlands and East of England) achieved the 95% NHS Standard Contract threshold in Q1 2017/18 (see Table 2). The South of England did not meet the threshold, achieving 94.98%.

3. Findings

Percentage of total admissions risk assessed for VTE

- In Q1 2017/18 providers of NHS-funded acute care (NHS trusts, NHS foundation trusts and independent sector providers) reported just over 3.7 million admissions. Of these, just over 3.5 million (95%) received a VTE risk assessment on admission (see Table 1).
- In Q1 2017/18, the percentage 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 Percentage of adult hospital admissions risk assessed for VTE (Q1 2017/18, England)

	April 2017	May 2017	June 2017	Q1 2017/18
NHS acute care providers	95.2%	95.2%	95.0%	95.1%
Independent sector providers	97.7%	98.0%	98.4%	98.0%
All providers of NHS-funded acute care	95.2%	95.3%	95.1%	95.2%

- There has been a steady increase in the percentage of risk assessments for adult admissions across NHS-funded acute care in England, from 53% in Q2 2010/11 (the first mandatory data collection) to 96% in Q2 2013/14. The percentage of patients risk assessed for VTE remained at 96% from Q2 2013/14 to Q2 2015/16, before dropping in Q3 2015/16 to 95%. From Q4 2015/16 to Q4 2016/17 the percentage of patients risk assessed for VTE was stable at 96%. The latest results for Q1 2017/18 show a decline of 1% with 95% of patients being risk assessed for VTE. Figure 1 below shows the percentage of adult admissions risk assessed for VTE since Q2 2010/11.
- Three regions (London, North of England, and Midlands and East of England) achieved the 95% NHS Standard Contract threshold in Q1 2017/18 (see Table 2). The South of England did not meet the threshold, achieving 94.98%.

Figure 1: Percentage of adult hospital admissions risk assessed for VTE (Q2 2010/11 to Q1 2017/18, England)

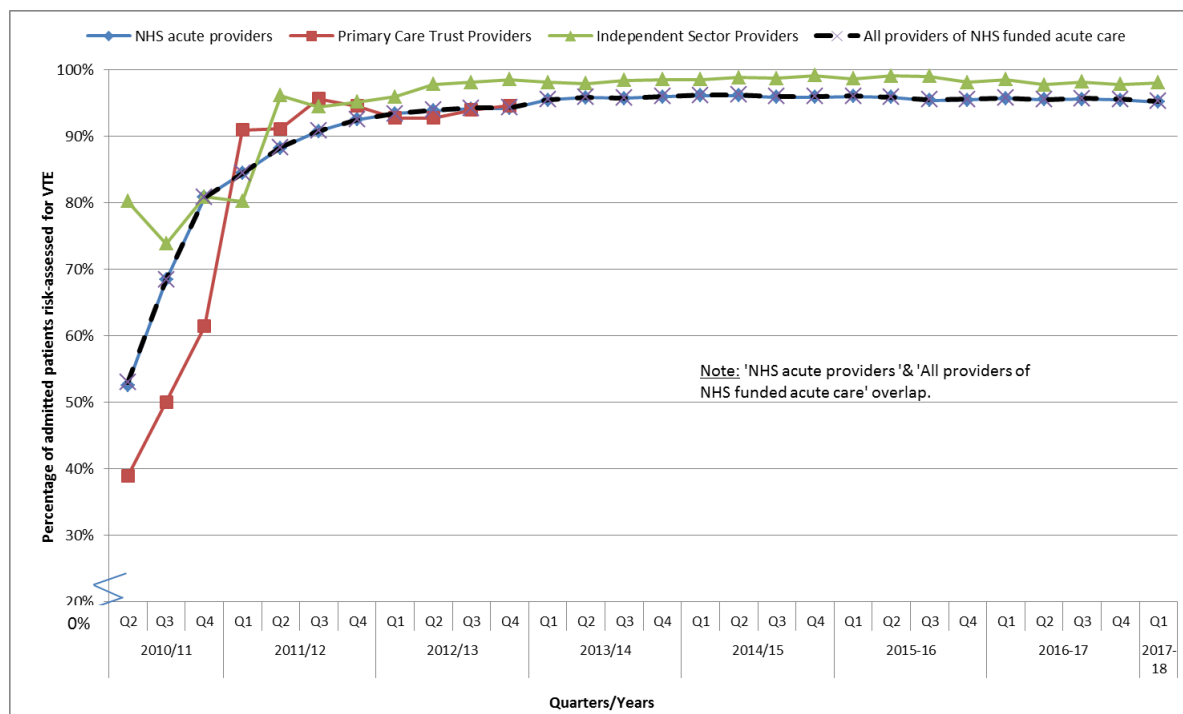


Table 2: Percentage of adult hospital admissions risk assessed for VTE by region (Q1 2017/18, England)

NHS region	All providers	NHS acute care providers	Independent sector providers
North of England	95.07%	94.97%	98.02%
Midlands and East of England	95.31%	95.23%	97.70%
London	95.52%	95.47%	98.78%
South of England	94.98%	94.85%	98.17%

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

- In Q1 2017/18, 84% of providers (256 of the 306 submitting data) 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 of 156) and 90.0% of independent sector providers (135 of 150). This is an increase compared to Q4 2016/17, when 83% (257 of 308) NHS acute and independent sector providers risk assessed 95% or more of admissions for VTE.
- 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 threshold? To answer this, the number of providers carrying out a VTE risk assessment for 90% to 95% of their admissions is assessed. Table 3 below shows that in Q1 2017/18 50 providers (16% of the 306 that submitted data) fell below the 95% threshold; however, 66% of providers (33 of 50) risk assessed 90% to 95% of their total admissions for VTE.

Table 3: Providers reporting rates above and below 95% of admissions receiving a VTE risk assessment (Q1 2017/18, England)

	All providers		NHS acute care providers		Independent sector providers	
	Number	%	Number	%	Number	%
90% to 95%	33	10.8	21	13.5	12	8.0
Below 95%	50	16.3	35	22.4	15	10.0
95% and above	256	83.7	121	77.6	135	90.0

Number of data returns

- The total number of data returns submitted by all providers of NHS-funded acute care over Q1 2017/18 was 306 in each month of April, May and June.
- The number of NHS acute care providers submitting a data return in each month over Q1 2017/18 was 156 in each month of April, May and June.
- For independent sector providers, it was 150 in each month of April, May and June.

4. Further information on how the statistics are produced

Nil returns

Providers are required to submit information based on a census of patients. Providers that submit data based on a sample or audit of patients are not included in the figures above, and are classed as 'nil returns'. Those that did not admit any patients in a particular month in the quarter are also classed as 'nil returns' in that month.

Timings and publication

Providers must collect and submit data onto UNIFY 2. The deadline is 20 working days after the quarter end. The full data tables can be found at:

<https://improvement.nhs.uk/resources/vte>

Data are submitted and published according to the timings below:

Timing	Process
Month A (eg June)	Data is collected from patients in each provider for the quarter
Month B (eg July)	Providers submit their data for the previous quarter with a deadline of 20 working days after the end of that quarter (eg Q1 data is submitted towards the end of July)
Month C (eg August)	Data is quality assured

Month D (eg September)

Data for the quarter is published on the NHS Improvement website. NHS Improvement took over responsibility for collecting and publishing this data from NHS England in Q1 2017/18. The data is published on UNIFY 2.0 at the beginning of month D (eg Q1 data is published in early September)

Guidance

Guidance on the data collection is given in the 2017/18 NHS Standard Contract and can be found at: <https://www.england.nhs.uk/wp-content/uploads/2016/11/7-contract-tech-guid.pdf>

Quality assurance

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

Data quality issues

As from Q3 2015/16 for the purposes of transparency we report any data quality issues reported to us by trusts.

Weston Area Health NHS Trust (RA3) reported consistently low percentages of patients risk assessed for VTE for the last three quarters. The trust is experiencing data entry resource issues. Back-office staff have been unable to audit case notes for every admission and then input findings from the paper assessment forms into the relevant database in time. The figures provided show the 'total assessed' position and this was proven via audit at the time of submission.

Gloucestershire Hospitals NHS Foundation Trust (RTE) was unable to submit the return due to operational issues around the implementation of a new electronic patient record system.

Royal United Hospitals Bath NHS Foundation Trust (RD1) reported a lower percentage of patients being risk assessed for VTE than in the previous quarter. At the start of 2017/18, the trust changed the way the VTE risk assessments are audited for the VTE return but not the process for completing the documentation for the VTE risk assessment. The trust is certain the fall in its performance is due to the

change in its audit process and is working on improving the recording of its audit process.

East Kent Hospitals University NHS Foundation Trust (RVV) reported a lower percentage of patients being risk assessed for VTE than in the previous quarter. The trust has an ongoing action plan with local CCGs to improve VTE risk assessment compliance. It has noted that compliance can be affected at times of high demand and junior doctor rotation, and contingency measures are being developed to prevent further occurrence.

North Cumbria University Hospitals NHS Trust (RNL) reported higher numbers of admissions and patients being risk assessed for VTE than in the previous quarter. The trust reported that it had improved the method of collecting information for this return, following the implementation of a new patient administration system.

5. Additional information

Data for individual organisations are available at:
<https://improvement.nhs.uk/resources/vte>

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