

# Report of the Feasibility Study for a National Clinical Audit of Venous Thromboembolism (VTE) Prevention in Hospital

## Background

A National Clinical Audit of venous thromboembolism (VTE) prevention in hospital was proposed as a new national clinical audit (NCA) topic for the National Clinical Audit and Patient Outcomes Programme (NCAPOP) in 2015. The original proposal was evaluated in March 2015 by the National Advisory Group on Clinical Audits and Enquiries (NAGCAE), the Healthcare Quality Improvement Partnership (HQIP), and NHS England (NHSE), and it was felt that the proposal as it stood did not meet the threshold for commissioning a full national audit. It was agreed instead that a feasibility study should be commissioned and that the topic would then return to the NHSE topic prioritisation meeting when the report was available to determine whether a future national roll-out would be supported. HQIP, on behalf of NHSE, went on to commission a 12-month Feasibility Study of a National Clinical Audit for VTE Prevention to test both the feasibility and the likely impact, of an NCA in this area by identifying:

- what would be its specific improvement aims;
- the patient group(s) and services that it should include;
- the quality indicators and outcome measures that would best support the improvement aims;
- the methodology that would deliver its required outcomes most efficiently and effectively in terms of local burden and central costs; and
- the roles, groups and/ or professions who would need to be influenced to realise and drive any required change locally and their needs in terms of reporting and other outputs

The project was undertaken by the Healthcare Innovation Network (HIN), the Academic Health Science Network for South London, and the report submitted to HQIP in December 2017.

## Evaluation

HQIP co-ordinated an independent evaluation of the report to ensure rounded feedback to NHSE. A panel of 5 members comprised of HQIP and external representatives each independently evaluated the report and accompanying clarification questions against the following 10 questions, providing a score (0-4) and accompanying comments for each question.

### Questions for the evaluators

1. To what extent does the report clearly define improvement aims for a proposed national clinical audit which are specific and meaningful?
2. To what extent does the report define the population and services which could feasibly be audited by a national clinical audit?
3. Does the report propose and justify a design for a national clinical audit which could produce reliable and meaningful results likely to stimulate quality improvement?
4. This report does not propose the collection of identifiable data or any patient level data linkages: is this recommendation substantiated?

5. To what extent does the report identify and justify provisional datasets (including process and outcome measures) and sources of data?
6. Does the report propose a robust sampling methodology?
7. To what extent does the report set out the types of analyses to be undertaken by a national clinical audit?
8. Does the report propose meaningful reporting and quality improvement support activities?
9. Do the proposed high-level timeframes for key activities (for the first three years of a future audit) and the estimated central cost correspond to the proposed audit design?
10. Could funders have confidence in this report when using it to prioritise a potential national clinical audit in VTE prophylaxis?

### Evaluation Criteria: Table 1

Score	Definition
0	Unacceptable, the proposal completely fails to meet the required standard or does not provide an answer
1	Weak, the proposal significantly fails to meet the standards required, contains significant shortcomings or is inconsistent with other aspects of the tender
2	Satisfactory, the proposal meets the required standard in most material respects but is lacking or inconsistent in others
3	Good, the proposal meets the required standard in all material respects
4	Excellent, the proposal meets the required standard in all major respects and exceeds some or all of the major requirements

### Outcome Scoring and Summary

No.	Question summary	Mean	Median
1.	Clear definition of improvement aims?	1.6	1
2.	Definition of the population and services to be included?	1.8	1
3.	Design could produce reliable and meaningful results?	1.2	1
4.	Decision not to collect identifiable data substantiated?	2.8	2
5.	Provisional datasets identified and justified?	1.6	1
6.	Robust sampling methodology?	1.5	1
7.	Types of analyses identified?	1.4	1
8.	Meaningful reporting proposed?	2.0	2
9.	High-level timeframes and costs provided?	1.4	2
10.	Funders could be assured for this report to be used for prioritisation	1.6	1
<b>TOTAL</b>		<b>17/40</b>	<b>12/40</b>

The total mean score was 17/40 with 8/10 questions achieving a mean score less than 2, the total median score was 12/40 and, whilst there are clear strengths in aspects of the VTE feasibility study report, the overall panel conclusion was that a significant number of questions posed remain unanswered. HQIP is not therefore in a position currently to recommend the commissioning of a national project with confidence that it would be effective.