

VTE risk assessment data collection Q2 2010-11 Key Points

1.0 Background

- 1.1 This is the first publication of the Department of Health VTE risk assessment data collection. The data collection was first made mandatory from June 2010, and the publication refers to the first full quarters data, July-September 2010.
- 1.2 The data collection asks for three items of information:
 1. Number of adult hospital admissions admitted in the month risk assessed for VTE on admission to hospital according to the DH/NICE National Tool
 2. Total number of adult hospital admissions admitted in the month
 3. Calculated from (1) and (2), the percentage of adult hospital admissions, admitted within the month assessed for risk of VTE on admission
- 1.3 Trusts are required to upload their data on VTE risk assessment onto Unify2 and signed off no later than 20 working days after the month end.
- 1.4 The full data tables can be found at:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsStatistics/DH_122283
- 1.5 Guidance on the data collection can be found here:
http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_117030.pdf
- 1.6 As this is the first publication of this data collection, Department of Health analysts will continue to keep the methodology of this new data collection under review. For any further queries on this data collection, or if you would like to provide feedback, please contact the VTE mailbox at vte@dh.gsi.gov.uk

2.0 VTE risk assessment

- 2.1 VTE 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 for the first time, the numbers of adult hospital admissions who are being risk assessed for Venous Thromboembolism (VTE) to allow appropriate prophylaxis based on national guidance from the National Institute for Health and Clinical Excellence (NICE)¹. Such measures have the potential to save many lives each year.
- 2.2 All providers of NHS funded acute hospital care (including 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 The NICE guidance can be found at the following link: <http://guidance.nice.org.uk/CG92>

- 2.3 This data collection is a census of all patients – it is not appropriate to use sampling methodologies to produce estimates. This data collection also serves as the mechanism to enable providers to demonstrate to their commissioners that they have achieved the national CQUIN goal on VTE in 2010/11².
- 2.4 This data collection on VTE risk assessment 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. As a result, we expect to move quickly to focus on audit of appropriate prophylaxis.

3.0 Analysis

Number of data returns

- 3.1 In Q2 2010-11, the number of data returns submitted by NHS providers of acute funded care increased from 159 to 172 between July and September. The proportion of providers who returned a data submission was 47% in July and increased to 50% in September. Figures outlined in the further analysis of the data is based on only those admissions which were submitted in the data returns.

Table 1 – Number and proportion of providers submitting a data return

	Total	Returned VTE data					
		July		August		September	
	Number	%	Number	%	Number	%	
NHS Acute Providers	163	146	89.6%	149	91.4%	154	94.5%
PCT Providers	19	3	15.8%	3	15.8%	3	15.8%
IS Providers	162	10	6.2%	15	9.3%	15	9.3%
Total	344	159	46.2%	167	48.5%	172	50.0%

Nil returns

- 3.2 Trusts are required to provide information based on a census of all patients. Those Trusts 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”. The number of provider who reported nil returns in July, August and September is outlined below. Figures outlined in the analysis of the data does not include information from nil returns.

² Further information about CQUIN framework:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_091443

Table 2 – Number and proportion of providers submitting a nil return

		Number of nil returns	Total returns	% nil returns
July	NHS Acute Providers	10	146	6.8%
	PCT Providers	1	3	33.3%
	IS Providers	0	10	0.0%
	Total	11	159	6.9%
August	NHS Acute Providers	10	149	6.7%
	PCT Providers	0	3	0.0%
	IS Providers	0	15	0.0%
	Total	10	167	6.0%
September	NHS Acute Providers	9	154	5.8%
	PCT Providers	1	3	33.3%
	IS Providers	0	15	0.0%
	Total	10	172	5.8%
July-September	NHS Acute Providers	29	449	6.5%
	PCT Providers	2	9	22.2%
	IS Providers	0	40	0.0%
	Total	31	498	6.2%

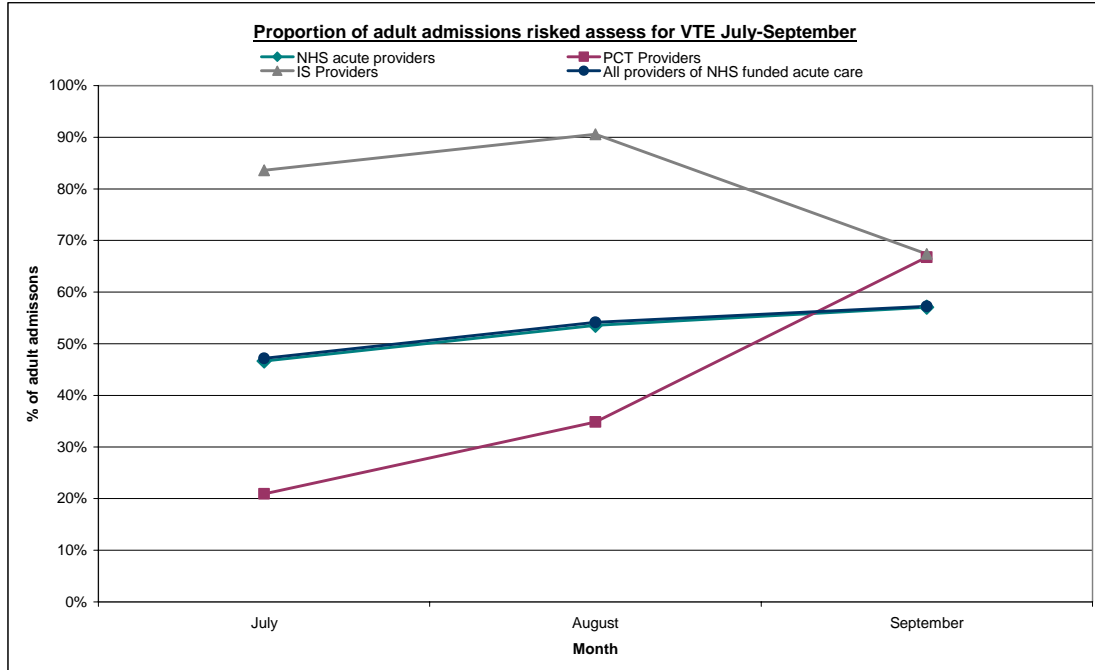
Proportion of total admissions getting a risk assessment

- 3.3 In Q2 2010-11, providers reported 2.7m adult admissions to NHS acute hospitals. 53% of these received a VTE risk assessment on admission. This proportion increased from 47% to 57% between July and September 2010.
- 3.4 In Q2 2010-11, the proportion of admissions receiving a VTE risk assessment is higher in Independent Sector providers (80.2%) than in NHS acute providers (52.5%). However, the compliance rate for NHS acute providers is much higher than for other types of providers, so this may have an influence on the performance figures. In Q2 2010-11 the proportion of admissions receiving a VTE risk assessment was 38.9% in PCTs providing NHS funded acute care.

Table 3 –Proportion of adult admissions risked assessed for VTE

	July	August	September	Q2 2010-11
NHS acute providers	46.7%	53.6%	57.1%	52.5%
PCT Providers	20.9%	34.9%	66.8%	38.9%
IS Providers	83.6%	90.6%	67.4%	80.2%
All providers of NHS funded acute care	47.2%	54.1%	57.3%	53.0%

Figure 1 –Proportion of adult admissions risked assessed for VTE



3.5 A breakdown of the number of trusts and their reported proportion of admissions who receive a VTE risk assessment is outlined below. Between July and September the proportion of providers who reported that at least 50% of adult admissions were risk assessed for VTE increased from 49.7% to 64.5%. In September 2010, 27 providers reported that at least 90% of adult admissions were risk assessed for VTE.

Table 4 – Number of providers by proportion of adult admissions risk assessed for VTE

% of admissions assessed for VTE	July		August		September	
	Number of providers	% of providers	Number of providers	% of providers	Number of providers	% of providers
Nil returns	11	6.9%	10	6.0%	10	5.8%
<50%	69	43.4%	58	34.7%	51	29.7%
50-90%	61	38.4%	74	44.3%	84	48.8%
>90%	18	11.3%	25	15.0%	27	15.7%
Total	159	100.0%	167	100.0%	172	100.0%