

# VTE risk assessment data collection Q4 2010-11 Key Points

## 1.0 Background

- 1.1 This is the third 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 third full quarters data, January-March 2011.
- 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/PublicationsSt atistics/DH\_127236
- 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 a relatively new data collection, Department of Health analysts will continue to keep the methodology 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

- 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.

<sup>&</sup>lt;sup>1</sup> 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 2010/11<sup>2</sup>.
- 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 Q4 2010-11, the number of data returns submitted by NHS providers of acute funded care increased from 178 to 179. Over 52% of all providers returned a data submission between January to March 2011, a slight increase since Q3 2010-11. The proportion of NHS Acute Providers returning data reached just over 98% in March 2011. Please note that figures outlined in the further analysis of the data are based on only the number admissions as submitted in the data returns.

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

		Returned VTE data					TE data	
			January	February			March	
	Total	Number	%	Number	%	Number	%	
NHS Acute Providers	163	160	98.2%	159	97.5%	160	98.2%	
PCT Providers	16	2	12.5%	3	18.8%	3	18.8%	
IS Providers	162	16	9.9%	16	9.9%	16	9.9%	
Total	341	178	52.2%	178	52.2%	179	52.5%	

## 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 providers who reported nil returns in January, February and March 2011 is outlined below. Please note that figures outlined in the analysis of the data do not include information from nil returns.

 $<sup>^2</sup>$  Further information about CQUIN framework: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\_0 91443

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

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		Number of nil returns	Total returns	% nil returns
January	NHS Acute Providers	5	160	3.1%
	PCT Providers	0	2	0.0%
	IS Providers	0	16	0.0%
	Total	5	178	2.8%
February	NHS Acute Providers	5	159	3.1%
	PCT Providers	0	3	0.0%
	IS Providers	0	16	0.0%
	Total	5	178	2.8%
March	NHS Acute Providers	4	160	2.5%
	PCT Providers	1	3	33.3%
	IS Providers	0	16	0.0%
	Total	5	179	2.8%
January- March	NHS Acute Providers	14	479	2.9%
	PCT Providers	1	8	12.5%
	IS Providers	0	48	0.0%
	Total	15	535	2.8%

Proportion of total admissions getting a risk assessment

- 3.3 Over the period Q4 2010-11, providers reported 3.0m adult admissions to NHS funded acute care. 81% of these received a VTE risk assessment on admission, an increase compared to Q3 2010-11 (68%). The proportion increased each month from 78% in January to 83% in March 2011.
- In Q4 2010-11, the proportion of admissions receiving a VTE risk assessment is the same for NHS acute providers as it is for Independent Sector providers (80.8%). 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 Q4 2010-11 the proportion of admissions receiving a VTE risk assessment was 61.4% in PCTs providing NHS funded acute care, compared to 50.0% in Quarter 3.

Table 3 – Proportion of adult admissions risked assessed for VTE

				Q4 2010-
	January	February	March	11
NHS acute providers	77.7%	81.3%	83.2%	80.8%
PCT Providers	63.7%	52.0%	77.2%	61.4%
IS Providers	79.9%	83.2%	79.6%	80.8%
All providers of NHS funded acute care	77.7%	81.2%	83.2%	80.8%

3.5 A chart showing the proportion of adult admissions risked assessed for VTE since July 2010 is shown below. There has been a steady increase in the proportion of adult admissions risked assessed for VTE in all providers of NHS funded acute care, from 47% in July 2010 to 83% in March 2011.

Proportion of adult admissions risked assess for VTE July 2010-March 2011 NHS acute providers PCT Providers

All providers of NHS funded acute care 100% 90% 80% 70% % of adult admissons 60% 50% 40% 30% 20% 10% 0% July December February August September October November January March Month

Figure 1 - Proportion of adult admissions risked assessed for VTE

3.6 A breakdown of the number of trusts and their reported proportion of admissions who receive a VTE risk assessment is outlined below. Between January and March, the proportion of providers who reported that at least 50% of adult admissions were risk assessed for VTE increased from 88% to 91%. In March 2011, 115 providers reported that at least 90% of adult admissions were risk assessed for VTE, compared to 18 in July 2010.

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

		January		February		March
% of admissions assessed for VTE	Number of providers	% of providers	Number of providers	% of providers	Number of providers	% of providers
Nil returns	5	2.8%	5	2.8%	5	2.8%
<50%	16	9.0%	14	7.9%	12	6.7%
50-90%	80	44.9%	73	41.0%	47	26.3%
>90%	77	43.3%	86	48.3%	115	64.2%
Total	178	100.0%	178	100.0%	179	100.0%