

# Guidance notes to accompany VTE risk assessment data collection

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Original prepared by the Nursing and Medical Analytical Unit,  
NHS England and National VTE Prevention Programme

We support providers to give patients safe, high quality, compassionate care within local health systems that are financially sustainable.

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# General guidance notes

## Changes since previous guidance

Since the previous version, the main change to this guidance is that the data collection will now include inpatients aged 16 and over. Mandatory data collection for venous thromboembolism (VTE) commenced in 2010 and since then the requirement had been to include adult inpatients aged 18 and over. This guidance should be read in conjunction with the current NHS contract and the current National Institute for Health and Care Excellence (NICE) thromboembolism guidance:

- updated link to the NHS standard contract which can be found on the NHS England website: <https://www.england.nhs.uk/>
- updated link to the national guidance (NG89) from the National Institute for Health and Care Excellence (NICE) which can be found on the NICE website: <https://www.nice.org.uk/>

## Overview of requirements

The purpose of this data collection is to quantify the numbers and proportion of inpatient hospital admissions – aged 16 and over – who are being risk assessed for VTE to allow for appropriate prophylaxis to be given based on national guidance from NICE. The data collection is still mandatory (DCB number: DCB1593 Amd 99/2018) and now includes the requirement to report on inpatients aged 16 and over.

All providers of NHS-funded acute hospital care (including foundation trusts and independent sector providers of acute NHS services) must complete this data collection.

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

## Data collection summary

**What?** This data collection asks for the following information:

1. number of patients aged 16 and over admitted as inpatients in the month who have been risk assessed for VTE on admission to hospital using the criteria in the NICE guidance
2. total number of inpatients aged 16 and over admitted in the month.

The percentage of inpatients aged 16 and over admitted in the month assessed for risk of VTE on admission is automatically calculated from items (1) and (2) and cannot be overwritten.

**When?** The mandatory data collection started in June 2010 and is ongoing until further notice. Providers are still required to collect data each month but they only need to submit the return at the end of each quarter with each month covered separately.

**How often?** Data must be collected each month and the return must be submitted quarterly and cover each month separately.

Data collection terms and specifics are defined below.

## Data collection specifics

### Completion

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The 'VTE risk assessment – data collection' must be completed and signed off by providers. A return is expected for each quarter covering each month of the quarter separately.

### Submission

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Data on VTE risk assessment for a particular month (running from 00:00 on the first day of the month to 23:59 on the last day of the month) should be collected for all three months in each quarter, uploaded onto SDCS and signed off no later than 20 working days after the quarter end. The timetable covering the submission dates is available on the NHS Digital website <http://content.digital.nhs.uk/VTE> and the

timetable covering the publication dates is available on the NHS Improvement website <https://improvement.nhs.uk/resources/vte/>.

## Sign off policy

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Data collection should be signed off at provider level by the chief operating officer/director or their directly delegated officer. Commissioners are not required to sign off this collection.

## Revisions policy

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- **Revisions before the cut-off date** for submission of data are allowed, and can be made as many times as necessary. These revisions can be submitted by emailing [nhsi.vte@nhs.net](mailto:nhsi.vte@nhs.net). As stated above, the cut-off date is 20 working days after the month end.
- **Revisions after the cut-off date** can be made, but only after sending a revision request to our analytical services team at [nhsi.vte@nhs.net](mailto:nhsi.vte@nhs.net), giving details of the changes.

## Scope of this data collection

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Patients aged 16 and over admitted to hospital as inpatients need to be risk assessed according to the criteria set out in the NICE guidance (NG89) which can be found at <https://www.nice.org.uk/>. Although NICE guidelines may differ for particular groups of patients (eg medical versus surgical), all patients should be protected from avoidable illness or death from VTE.

The scope of this data collection therefore aligns with the current NICE guidance on VTE prevention and applies to both numerator and denominator.

Currently within scope (NG89) are patients (aged 16 and over at the time of admission) who are admitted to hospital as inpatients, including:

- surgical inpatients
- inpatients with acute medical illness (eg myocardial infarction, stroke, spinal cord injury, severe infection or exacerbation of chronic obstructive pulmonary disease)
- trauma inpatients and trauma patients being immobilised with a cast or brace, including those treated as outpatients and discharged straight after

- patients admitted to intensive care units
- cancer inpatients
- people undergoing long-term rehabilitation in hospital
- patients admitted to a hospital bed for day-case medical or surgical procedures
- private patients attending an NHS hospital.

The definition of inpatients applies to all patient classifications (1 to 5) set out in the NHS Data Model and Dictionary Service.

The frequently asked question (FAQ) section at the back of this guidance gives more detail on handling the data collection for two specific groups of patients

- the repeated risk assessment of regular day-case attendees (FAQ 6)
- permitted approaches to risk assessment for particular cohorts of patients (FAQ 7).

## Out of scope

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The following specific groups of patients are not covered by NICE NG89 and are therefore currently outside the scope of this data collection:

- people under the age of 16 at admission
- people attending hospital as outpatients (other than patients admitted to a hospital bed for day-case medical or surgical procedures, as listed above).
- people attending hospital emergency departments who are not admitted as inpatients (other than patients being immobilised with a cast or brace).
- people who are admitted to hospital because they have a diagnosis or signs and symptoms of deep vein thrombosis (DVT) or pulmonary embolism.

## Other sources of reference

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- NHS Data Model and Dictionary: [www.datadictionary.nhs.uk/index.asp](http://www.datadictionary.nhs.uk/index.asp)
- Further information about the NHS Planning guidance: [www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/](http://www.england.nhs.uk/ourwork/futurenhs/deliver-forward-view/)
- Latest NICE guidelines: [www.nice.org.uk/](http://www.nice.org.uk/)
- SDCS: <https://collectionportal.sdcs.digital.nhs.uk/>

# Data collection form

The data collection for this return is now managed by NHS Digital. Instructions can be found on the NHS Digital website: <http://content.digital.nhs.uk/VTE>

Table 1 below shows an example of the collection template. Providers enter items (i) and (ii) for each month of the quarter, but (iii) and the quarter columns are automatically calculated from items (i) and (ii) and cannot be overwritten. Guidance on the definitions that can be used to calculate (i) and (ii) is given in the Definitions section below.

**Table 1: Example data collection form for collection**

VTE risk assessments on admission to hospital					
		Month A	Month B	Month C	Quarter X
i	Number of inpatients aged 16 and over (ordinary admission and day case) admitted in the month who have been risk assessed for VTE using a national tool	57	60	56	173
ii	Total number of inpatients aged 16 and over (ordinary admission and day case) admitted in the month	60	61	56	177
iii	Percentage of patients aged 16 and over admitted in the month who were assessed for risk of VTE on admission to hospital	95.00%	98.36%	100.00%	97.74%

In addition to the items collected above, providers can add supporting or explanatory comments in a box on the SDCS.

The validation checks prevent this form from uploading if validation errors are present, that is:

- number of patients admitted to the trust must be greater than zero

- number of patients who have received a risk assessment cannot be greater than the number of patients admitted.

# Definitions

## Age on admission

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The NHS Data Model and Dictionary defines the age on admission as 'derived as the number of completed years between the PERSON BIRTH DATE of the PATIENT and the START DATE (HOSPITAL PROVIDER SPELL)'.

## Admissions

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For the purposes of the VTE risk assessment data collection the definition of an admission is subject to local arrangements for admission criteria.

By way of background, the NHS Data Model and Dictionary definition for hospital provider spell is intended to capture all patients who are admitted to hospital under local criteria irrespective of intended management.

The full definition can be found at:

[http://www.datadictionary.nhs.uk/data\\_dictionary/nhs\\_business\\_definitions/h/hospital\\_provider\\_spell\\_de.asp?shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/nhs_business_definitions/h/hospital_provider_spell_de.asp?shownav=1)

The number of patients reported includes all admissions, irrespective of intended management, admission method or patient classification. These definitions can be found in the attributes section of the NHS Data Model and Dictionary at:

[http://www.datadictionary.nhs.uk/data\\_dictionary/attributes/attributes.asp?shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/attributes/attributes.asp?shownav=1)

## VTE risk assessment – pre-admission

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Risk assessments undertaken pre-admission cannot be included in this data collection until the patient is admitted and the continued validity of the risk assessment at the point of admission is subsequently confirmed. At this point, the risk assessment does not need to be recorded twice in the data collection (that is, do not record one admission and two risk assessments). Instead, for the purposes of this collection one patient is admitted and one patient has been risk assessed according to the NICE guidance, and this data is recorded for the month in which the admission occurs. The requirement is for the use of a tool published by a national UK body, professional network or peer-reviewed journal.

# Frequently asked questions

**1. Do independent sector providers need to complete this data collection?**

Yes. This data collection is mandated for all trusts, including independent sector providers if they are delivering services under the NHS acute services contracts.

**2. Will NHS Improvement be issuing specific OPCS codes to allow providers to determine whether a VTE risk assessment has been carried out at the point when a patient is discharged?**

NHS Improvement has no plans to issue OPCS codes for the above purpose.

**3. Can we carry on using our own risk assessment tool and established procedures?**

We realise that some providers already have risk assessment procedures in place, but confidence in the mandatory data collection requires that any audit can clearly demonstrate that the clinical risk assessment criteria described in the national VTE risk assessment tool (as published) are being employed in full. We expect trust/hospital medical directors to sign off that the VTE risk assessment being used at a local level is fully compliant with a national tool.

**4. What if a patient is transferred from another provider?**

The provider is responsible for ensuring that patients are risk assessed on admission using the criteria set out in the national VTE risk assessment tool, either by verifying the risk assessment undertaken by the transferring provider or by undertaking a new risk assessment.

**5. What happens if a patient is risk assessed before admission, but also risk assessed on admission? How should this be recorded?**

Risk assessments undertaken pre-admission cannot be included in this data collection until the patient is admitted and their continued validity at the point of admission is subsequently confirmed. At this point, the risk assessment does not need to be recorded twice in the data collection (that is, do not record one admission and two risk assessments). Instead, for the purposes of this collection, one patient is admitted and one patient has been risk assessed using the criteria set out in the national VTE risk assessment tool, and this data is recorded for the month in which the admission occurs.

**6. Do we have to risk assess patients for VTE if they are regular attenders who are admitted to hospital for treatment frequently?**

In the case of regular attenders over a period of time for the same clinical condition, they are required to be individually risk assessed on each admission. If a person is being admitted again for treatment, then it implies their condition may have changed.

**7. What if there is a specific patient cohort deemed to be not at risk of VTE locally? Do we still have to risk assess all patients in this cohort on an individual basis at every admission; and if not, how should we count these patients in the data collection?**

A 'cohort approach' to risk assessment using a national VTE risk assessment tool may be considered locally for certain cohorts of patients undergoing certain procedures where the cohort of patients share similar characteristics and are not at risk of VTE according to the NICE guidance. A cohort approach to risk assessment can only be used when the trust's medical director is satisfied that, when reading the NICE guidance it would always result in the determination that the patient is not at risk of VTE, or that under the NICE guidance no pharmacological or mechanical prophylaxis would be appropriate regardless of the risk factors.

Any such local protocols must be agreed with the trust or hospital medical director, and included in local VTE governance policy and audits. The trust/hospital medical directors will be responsible for signing off that the VTE risk assessment being used at a local level is fully compliant with the criteria

set out in the NICE guidance and that all risk factors have been taken into account.

For the purpose of patients in scope for this data collection, they should be counted individually in the numerator and denominator regardless of whether they have been risk assessed individually or as part of a cohort.

**8. Do we need to fill in all three months of the quarter?**

With the change to publishing quarterly (from April 2015), providers need to fill in all three month columns. If you have data for only some of the months in the quarter, please add a comment to explain why this is.

# Contact details/further information

If you have any comments on the document or any queries, please find contact details below:

- for general VTE data collection and data queries email [nhsi.vte@nhs.net](mailto:nhsi.vte@nhs.net)
- for questions related to VTE prevention or safety improvement please email [patientsafety.enquiries@nhs.net](mailto:patientsafety.enquiries@nhs.net)

VTE risk assessment data is published by NHS Improvement at <https://improvement.nhs.uk/resources/vte/>

Data on VTE associated with hospitalisation is published by NHS Digital at <https://digital.nhs.uk/data-and-information/areas-of-interest/hospital-care/quality-accounts>

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