National Vascular Registry

**DATA BURDEN
REDUCTION
STRATEGY**

December 2024

1. Introduction

The National Vascular Registry (NVR) was established in 2013 as a national clinical audit of hospital-based vascular services and evaluates the care and patient outcomes delivered by NHS hospitals in the UK.

The NVR is commissioned by Healthcare Quality Improvement Partnership (HQIP) as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP). NCAPOP covers NHS services in England and Wales, and the NVR has established separate agreements to extend its scope to NHS vascular services in Scotland and Northern Ireland. The NVR encourages all NHS hospitals to participate so that, in addition to its role within NCAPOP, it continues to support the work of the Vascular Society of Great Britain and Ireland (VSGBI) and British Society of Interventional Radiologists (BSIR) and the Vascular Anaesthesia Society of Great Britain and Ireland (VASGBI) to improve the care provided by vascular services within the UK. The National Vascular Registry is also working with NHS England and Digital Health and Care Wales on the Outcomes and Registries Programme.

Data is entered by NHS trusts / health boards into a secure bespoke web-based IT platform (the NVR IT system) which is hosted by NEC Software Solutions. Logins can be created for individual clinicians (consultant surgeons, radiologists or anaesthetists) for them to enter and view their own data. Logins can also be created for hospital level administrative accounts which allow data entry for all consultants at that hospital.

The NVR datasets are structured in a way that supports contemporaneous data entry. This promotes the entry of data onto the NVR IT system when patient medical records are readily to hand and by individuals involved in the process of care (surgeons, interventional radiologists, postgraduate doctors in training). Other IT users include administrative staff, with vascular units organising the data collection process locally to suit their circumstances. The NVR datasets are created around a 'patient master index' to reduce the chance of entry of duplicate patient records. It also means that all the patient details don't need to be entered if a patient has multiple procedures on the NVR. There is also an automated linkage between the National AAA Screening Programme (NAAASP), whereby a man who is referred from NAAASP has their NHS number shared with the NVR. Upon entering this NHS number on the NVR, the rest of his patient details will appear and will not have to be entered by the member of staff entering their details on the NVR.

2. Strategy for reducing data burden

The NVR datasets have been developed to capture only the information that is necessary for the purposes of the NVR. As a result, the majority of data items are mandatory. Non applicable fields are hidden unless required (conditional on previous answer options). Most NVR data items are tick boxes (single or multi select), dropdown boxes or date fields to speed up data entry. There are no free text fields as they are prone to errors, take too long to complete, and are not feasible to analyse. Date fields contain validation rules to minimise future dates being entered or dates in the wrong order (e.g. admitted after procedure date).

We will work with stakeholders to review the NVR dataset for each procedure to ensure the indicators derived from it continue to support QA and local QI. A particular focus will be on ensuring the NVR IT system interface meets the need of interventional radiologists when entering data on a lower-limb angioplasty/stent. For example, we implemented an option that allows interventional radiologists to download a patient's data in the form of an operation note. The NVR currently offers the option for data to be uploaded, but this is not a widely requested / used feature. We will keep the demand for uploading data under review and enhance the upload function as more hospitals have the capacity to upload data from local IT systems. We will also explore opportunities to capture data from routine hospital datasets (HES / PEDW) to minimise need for duplicate data entry.

The NVR IT system is due to be moving to a new platform hosted by NEC, and at the moment, no changes are being made to the existing system. We have continued to review the datasets over the last year and have identified a number of changes that will be made o the new system to reduce the number of questions that are asked. The datasets are reviewed annually and any data items that are added or removed go through a rigorous process involving the NVR's clinical reference group and clinical leads. The NVR team also work with NEC to ensure that any changes are thoroughly tested to ensure that they are incorporated successfully.

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