

BSIR membership
Trust Medical Directors

2nd February 2017

Dear BSIR member,

Re: Support for data submission to the National Vascular Registry

We are writing to emphasise the importance of data submission to the National Vascular Registry. NVR is now the only national audit of peripheral and AAA intervention practice; BIAS having been closed in November 2015.

The BSIR Registries and Audit Committee has worked closely with the Vascular Society to make the datasets more relevant to IR, and the registry was updated at the start of 2015. Several data fields were added including the type of lesion, technical results and run-off after the procedure. Some angioplasty-specific complications were added. Although the NVR data-entry website can be slow at times it is recently much speedier and improvement work continues.

To date the submission of peripheral intervention data has been poor. During 2015 fewer than 15% of peripheral vascular procedures were entered onto the NVR (compared with HES data).

The administrative and logistical hurdles to be overcome to improve data submission by busy IRs are recognised by the BSIR and the society is committed to mitigating this as much as possible. The society is progressing several projects to make data submission easier including an alternative data submission tool that should assist (rather than add to) workload. The society has also produced a paper document for both data capture and consent which members may find useful. This is available on the BSIR website.

The BSIR strongly recommends that DCC time be allocated for data submission and the BSIR supports members in negotiating this at job planning. Administrative support is also essential to support data submission. Clinical and Medical Directors should recognise these imperatives and make suitable arrangements to support IRs in their trusts.

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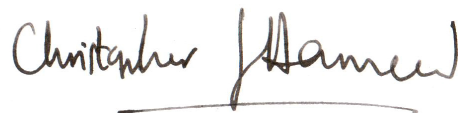
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Increasingly, datasets such as the NVR will be used to assess and commission services. It is therefore vital that IRs are supported by trusts in engaging with these datasets to benchmark unit practice and to ensure commissioning decisions are relevant and informed. Individual outcome data will enable IRs to benchmark their own practice and are a powerful tool in supporting revalidation.

Yours faithfully



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President, BSIR



Dr Christopher Hammond
Chair, BSIR R&A Committee

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