SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	LCS 03
Service	DVT Initial Assessment
Commissioner Lead	Elizabeth Walker, Head of Medicines Management, NHS Shropshire CCG
Provider Lead	GP Practice
Period	1st April 2019 to 31st March 2021
Date of Review	January 2019

1. Population Needs

1.1 National/local context and evidence base

Shropshire Clinical Commissioning Group has a population of approximately 312,000. It consists of 41 GP member practices, which are working together to ensure that the local population has high quality healthcare services, which are sustainable.

All practices are expected to provide the essential and those additional services, which they are contracted to provide to all their patients. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

Acute deep vein thrombosis (DVT) consists of the formation of a thrombus in a deep vein, usually in the legs, which partially or completely obstructs blood flow. It has an annual incidence of approximately 1 per 1,000 population and can result in a potentially life threatening pulmonary embolism.

There is evidence from within the UK that ambulatory community management of uncomplicated Deep Venous Thromboses (DVTs) provides a high level of patient satisfaction and is highly cost-effective.

This service is designed to reduce variation in the consistency and management of care for patients with DVT with some being hospitalized and others being managed or partially managed within primary care settings. This enhanced service seeks to ensure consistency of care in the community for patients with a diagnosis of Deep Venous Thrombosis and to avoid unnecessary hospital admissions for those patients who able to be managed within a primary care setting. Primary care clinicians therefore need to ensure that patients meet the criteria for referral as outlined in this document and the local Pathway for Assessment and Management of Suspected DVT.

This document represents the minimum service specifications required in order to achieve accreditation for the delivery of the DVT enhanced service care for patients who are registered permanently with Shropshire GP Practices.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term**	

	conditions	
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

The key outcomes, which are expected are:

- A reduction in hospital admissions for initial DVT assessments.
- Patients seen, diagnosed and treatment started within the same day.
- Diagnosis and signposting of other conditions.
- Care closer to home.

3. Scope

3.1 Aims and objectives of service

Initial assessments for suspected Deep Vein Thrombosis (DVT) are the cause of a significant number of contacts with secondary care services. There are now effective methods of assessment for the likelihood of a DVT diagnosis, which can be applied in primary care and as a result, identify patients with a low probability of this condition, without the involvement of secondary care services.

The aims of this service are to ensure that:

- Patients presenting to a GP with signs or symptoms of non-complex deep vein thrombosis are diagnosed in a timely manner.
- Patients have access to local assessment, diagnosis and treatment of DVT.
- Patients are fully informed regarding their condition, have given consent and have been fully involved in the planning of their treatment programme.
- Patients suitable for diagnosis, management and treatment in a community setting are not admitted into an acute setting.
- Inappropriate emergency admissions to acute hospital wards and emergency departments are reduced.

3.2 Service description/care pathway

- The service will offer assessment, diagnosis and as appropriate, treatment facilities for patients presenting with symptoms of DVT.
- The key objective is for the Provider to deliver a facility in a primary care or a community setting for the initial assessment of DVT.
- The CCG will commission this service across its geographical area for the initial assessment.
- Following confirmation of diagnosis the Provider will initiate anticoagulation treatment as appropriate (see Anticoagulation Therapy Monitoring Local Service Specification for details).

3.2.1 Initial assessment:

GP providers will take responsibility to:

- Carry out an initial assessment using the two level DVT Wells Score and exclude other possible causes
- Arrange a D-dimer test if appropriate i.e. Wells score of 1 or less
- Arrange an ultrasound scan through the Care Co-ordination Centre and provide initial treatment with a parenteral anticoagulant e.g. Tinzaparin once daily until

ultrasound is performed. (NOACs can be used for initial treatment but this is not a licensed indication and should not be commenced until local pathway has been updated.)

- Following a definitive diagnosis carry out a secondary assessment to establish possible underlying causes and refer to appropriate services if required.
- Take responsibility for the ongoing prescribing of vitamin K antagonists. The ongoing dosing will remain the responsibility of Secondary Care Anticoagulation Services.

The alternative provider will be responsible for making the definitive diagnosis following ultrasound scan and communicating the relevant information to GP practices.

3.2.2 Equivocal Scan Results:

An equivocal result is provided when an accurate picture of the leg vein cannot be obtained, this is usually due to the size of the patient's leg. In such circumstances an accurate diagnosis cannot be made.

- Patients with equivocal scan results will be referred back to their GP
- Clinical reassessment of patients with equivocal scan results is essential
- D-dimer test must be carried out if not already done
- If there is a high clinical suspicion AND the D-dimer test is positive (i.e. $\geq$500ng/ml FEU) patient should be referred for a proximal vein scan after one week. A negative proximal vein scan indicates that DVT is unlikely

3.2.3 Service Delivery

The service should be patient focused and as such GPs should ensure that:

- Both they and their patients know how to access the service.
- Patients are fully informed regarding their condition and their informed consent has been obtained.
- The patient is provided with good quality information at each step of their pathway of care for the diagnosis, management and treatment of their condition.
- The patient is fully involved in the planning of their treatment programme.
- Patients are provided with advice, information and contact details should their condition worsen.
- Patient information is reinforced using the appropriate media including patient information and advice sheets.
- Patients are ensured of a smooth transition, safety, continuity and empowerment of their care.

It is expected that all practice partners will be willing and competent to manage patients with a diagnosis of DVT before the Provider signs up to provide this service.

The Provider should ensure that clinicians providing this service are adequately insured by their Defense Organization.

3.2.4 Training

Provider Clinicians will be competent in managing DVTs and they are responsible for ensuring that their skills are regularly updated.

Nurses assisting in providing DVT management should be First level registered nurses, be competent to administer drugs subcutaneously, carry out assessments and identify deterioration of conditions taking into consideration their professional accountability and the Nursing and Midwifery Council guidelines on the scope of professional practice.

3.2.5 Patient Records

Full records of all patients will be maintained in such a way that aggregated data and details of individual patients are readily accessible.

Practices must ensure that details of the patient's monitoring, as part of this service is included in their lifelong record.

3.2.6 Audit

Practices will annually audit and review the assessment and management of DVTs and topics for audit include:

- number of patients referred with suspected DVT
- percentage of referred patients diagnosed with DVT
- complications
- numbers of patients requiring consequent admission to hospital as a result of complications

3.3 Population covered

The enhanced DVT service will provide a service for people aged 18 years or over registered with Shropshire GP Practices.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Inclusion Criteria

Patients that are appropriate for the Service are:

- Patients aged 18 years of age and over.
- Patients registered with Shropshire GP Practices.
- Patients suitable for Ambulatory care
- Patients with a stable Medical Condition
- Patients whose alcohol or substance misuse is under stable clinical care with another primary health care professional/service
- Patients who will be concordant with treatment

3.4.2 Exclusion Criteria

Patient transport arrangements do not form part of this service specification. Patients will be expected to make their own transport arrangements. Those patients who are entitled to assistance with transport under existing NHS arrangements will be able to access this through their GP Practice as per local arrangements

Patients who are not suitable for the DVT pathway should be referred to an Acute Assessment Unit by the General Practitioner this includes patients:

- Under 18 years of age
- Not registered with a Shropshire GP.
- With suspected thrombosis of the upper limbs
- With complex multiple medical conditions, which the Nurse led team will be unable to manage in terms of assessment and anticoagulation.
- Who are bed bound or in a plaster cast
- With bilateral leg swelling
- With a previous history of a DVT in last 18 months
- Already on anticoagulant treatment
- In whom tinzaparin (or NOACs) are contraindicated

Also patients with:

- Severe acute venous obstruction (severe pain, tense swelling, decreased perfusion)
- Suspected pulmonary embolus (e.g. chest pain, shortness of breath, haemoptysis)
- Known heparin allergy or heparin induced thrombocytopenia
- High bleeding risk i.e. active or recent Peptic ulcer disease/Oesophageal varices (or a GI bleed within the previous month)
- Liver disease (INR >2 at baseline)
- A verified bleeding disorder (e.g. haemophilia, platelets <100 x 10^9/L)
- Uncontrolled hypertension (>200/110 mmHg)
- Recent eye or CNS surgery (within 1 month)
- Recent haemorrhagic stroke (within 1 month)
- Renal Failure with serum creatinine > 170 micromoles/L
- Patients unwilling or likely to be unable to co-operate with the service

If any of the above exclusion criteria are fulfilled, discussion will take place with the patient and GP for referral to Emergency Department for medical evaluation.

3.5 Interdependence with other services/providers

As the Provider is only delivering the initial assessment component of the enhanced service, Shropshire CCG have commissioned the full management component from Shropshire DAART services.

A variety of interdependencies are recognized in the delivery of a Primary Care DVT service to ensure effective and seamless care for patients. Key interdependencies include:

- General Practitioners
- Nursing Staff
- Administrative/support staff
- Diagnostic services
- Allied Health Professionals
- Patients/carers
- Practice Based Commissioners

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

National Institute of Clinical Excellence (June 2012). Venous Thromboembolic diseases: the management of venous thromboembolic diseases and the role of thrombophilia testing (CG144):

https://www.nice.org.uk/guidance/cg144

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

None identified.

4.3 Applicable local standards

Patients included and being claimed as part of this service shall be coded appropriately. Please refer to the Read Codes included in the Supporting Documents Folder for the codes, which should be used for recording patient activity for this scheme.
Frequency of data extraction shall be completed on a monthly basis.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

Not applicable.

6. Location of Provider Premises

The Provider's Premises are located at:

The Provider's GP Practice premises.