**SCHEDULE 2 – THE SERVICES**

## A. Service Specifications (B1)

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|---|---|
| **Service Specification No.** | 03_CVDS_44 |
| **Service** | DVT Follow-up Service - Weymouth and Portland Locality |
| **Commissioner Lead** | CVDS CCP |
| **Provider Lead** | |
| **Period** | 01/10/2015 – 31/03/2017 |
| **Date of Review** | October 2016 |

### 1. Population Needs

#### 1.1 National/local context and evidence base

**Evidence Base**

Venous thromboembolic (VTE) diseases cover a spectrum ranging from asymptomatic deep vein thrombosis (DVT) to fatal pulmonary embolism (PE). They are the result of a blood clot forming in a vein. If the blood clot dislodges and travels to the lungs, this can lead to a potentially fatal PE. Even if blood clots are non-fatal, they can still result in long-term illness, including venous ulceration and development of a post-thrombotic limb and have a significant impact on quality of life.

Major risk factors for blood clots include cancer and thrombophilia, an inherited or acquired disorder in which the blood is prone to clot abnormally. Other risk factors include a history of DVT, age over 50 years, recent surgery/serious injury, IV drug use, obesity, prolonged travel, acute medical illness, immobility and pregnancy. NHS England has identified VTE prevention as a national patient safety priority and previously CQUIN measures required acute Trusts to audit DVT/PE occurring within 90 days of a secondary care episode.

There are on average 850,000 reported thromboembolic patient episodes per year in England and two thirds of these are DVT. Nationally it is estimated that two thirds of patients with suspected DVT present in primary care and of these only 12-20% will have a positive diagnosis.

Whilst a confirmed DVT is accepted to require urgent medical attention, 85% of presenting cases are not medical emergencies and the development of clinical probability tools and near patient testing devices mean that DVT assessment and treatment can be safely provided in settings other than hospitals.

NICE Guidance published in June 2012 provides key recommendations in the

diagnosis of and management of DVT. The recommendations for diagnosis include:

- Clinical assessment and 2 level Wells Score
- D-dimer testing for patients with Wells Score <2 (low probability of DVT)
- Proximal leg vein ultrasound scan for patients with Wells score >2 (high probability of DVT) or a positive D-dimer.
- Interim anticoagulation with Low Molecular Weight Heparin (LMWH) for patients who cannot have a proximal leg vein ultrasound scan (USS) within 4 hours and the ultrasound to be performed within 24 hours.
- Repeat ultrasound scan 6–8 days later if negative for all patients with a positive D-dimer test.

The recommendations for the treatment of confirmed DVT are:

- Appropriate anticoagulation therapy
- below-knee graduated compression stockings if clinically appropriate
- cancer investigation for patients with unprovoked DVT thrombophilia screening for patients with aged < 45years if clinically indicated

Further NICE guidance was published in July 2013 recommending Rivaroxaban as a treatment option for DVT with further licensing of additional NOAC drugs anticipated in July 2015.

**Local context**

In Dorset, DVT services are community and GP practice based in the West of the County and secondary care based in the East.

In Weymouth and Portland locality patients presenting in primary care with suspected DVT are referred to a community DVT clinic at Weymouth Hospital.

Data collected from across Dorset suggests a prevalence of between 3 and 4.5 patients per thousand presenting annually in primary care with suspected DVT and 15-20% of the total presenting patients ultimately have a confirmed DVT. This equates to approximately 223 to 334 patients presenting annually in Weymouth and Portland locality and 33-65 patients with confirmed DVT.

The activity and outcomes for Weymouth DVT clinic in 2014/15 are shown in the table below:

| **Weymouth Clinic DVT annual activity based on data to month 6 2014/15** | |
|---|---|
| Patients referred with suspected DVT | 256 |
| Patients with DVT confirmed | 38 |
| % of patients with DVT confirmed | 15% |

The existing pathway for Weymouth and Portland patients is for Community DVT clinic to initiate Warfarin and manage the patient until therapeutic range is achieved before referring to Dorset Health Care anticoagulation service for ongoing monitoring.

In December 2014, Dorset CCG implemented a new service specification for

community DVT services which introduced NOAC as the first treatment option. This pathway eliminates the need for patients with confirmed DVT to be referred to local anticoagulation services for Warfarin monitoring although there is still a requirement for clinical review, patient education and ongoing monitoring of adherence. This service specification has been developed to enable GPs to provide this follow-up element of the DVT pathway for patients who are prescribed NOAC.

GP practices in Weymouth and Portland locality may also deliver the whole DVT assessment and treatment pathway in line with the Primary Care DVT NOAC Pathway and Payment Structure (Appendix 2) for housebound patients or where attendance at the Weymouth DVT clinic for assessment is not appropriate.

## 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 outcomes of the GP DVT follow-up service will be:

- patients diagnosed with DVT receive safe and effective treatment and follow-up;
- improved interface between primary, community and specialist DVT services;
- positive patient/user experience;
- efficiency and value for money.

## 3. Scope

### 3.1 Aims and objectives of service

The aims of this service are:

- to implement use of appropriately licensed NOACs as the preferred treatment option for DVT if clinically appropriate;
- to ensure that patients from Weymouth and Portland Locality who are commenced on NOAC for treatment of DVT have access to clinical review and follow-up;
- to provide education for patients to maximise drug compliance and minimise bleeding risk;
- to promote collaborative working between all providers of DVT and related services;
- to provide a timely, equitable and high quality service for patients as close to

home as possible.

### 3.2 Service description/care pathway

The Weymouth DVT assessment clinic is located in Weymouth Hospital Walk-in Centre and is available 7 days per week from 8am to 8pm.

The GP DVT follow-up service for patients with confirmed DVT will be located in Weymouth and Portland GP practices and will be available on weekdays during normal working hours from 9am to 6pm.

**Scope of Service**

Referrals to the DVT follow-up service will primarily be received from Weymouth DVT clinic who will deliver the assessment and diagnostic element of the pathway.

Referrals may also be accepted following DVT diagnosis and commencement on NOAC therapy by a secondary care specialist.

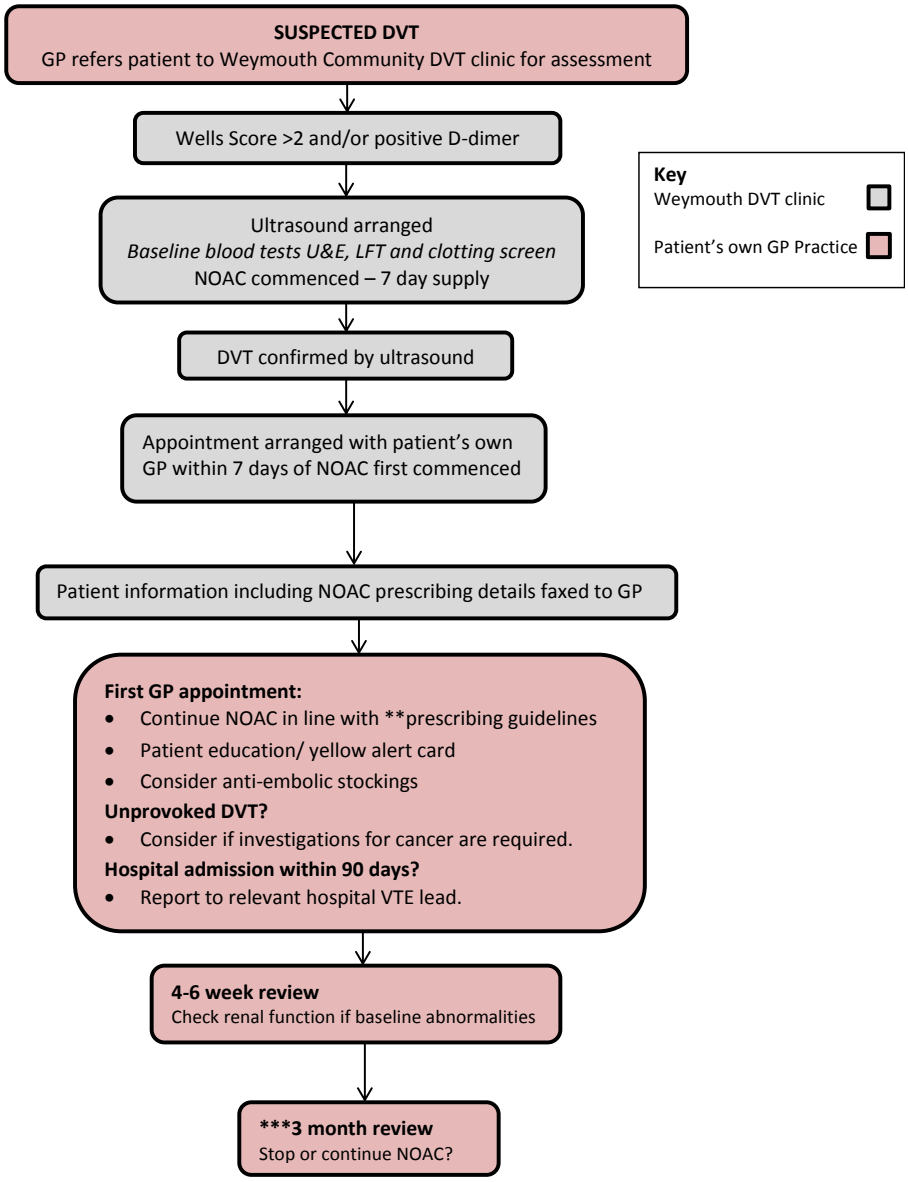
The key elements of the DVT follow-up service will be:

- to continue prescribing of NOAC medication initiated by the referring DVT provider in line with relevant prescribing guidelines and manufacturer instructions;
- to ensure that patients are fully informed regarding bleeding risk and adherence and how to report any adverse reactions;
- to ensure that patients are provided with the NPSA Yellow anticoagulation alert card and advised to carry at all times;
- to provide Class 2 knee length compression stockings in accordance with NICE guidelines for above knee DVT only;
- to ensure that compression stockings are fitted by an appropriately trained healthcare professional with information given to patient to ensure correct application and use;
- to review patient 4-6 weeks after commencing NOAC medication including blood tests for U&E and LFTs if any baseline abnormalities were detected or as clinically indicated;
- to refer to the DVT lead specialist for cancer investigations/thrombophilia screening if clinically indicated;
- to report DVT occurring within 90 days of admission to the relevant

secondary care provider;

- to review patient the at 3 months post commencement of NOAC treatment to determine whether treatment should stop or continue dependent upon DVT cause and other risk factors.

**Care Pathway – See Appendix 1**




### 3.3 Any acceptance and exclusion criteria and thresholds

DVT services will be accessible to all patients aged 18 years and over who are registered with a Weymouth and Portland locality GP practice.

Exclusion criteria from community based DVT services include:

- Suspected PE
- Pregnant patient
- Groin pain
- Significant colour change of affected limb
- Involvement of whole leg

In addition, there will be some patients who will be excluded from community anticoagulation initiation, (e.g. intravenous drug users, patients with clotting disorders etc.)

The above list is not exhaustive and individual cases may be considered by GP for exclusion depending on clinical circumstances

Patients deemed unsuitable for management in a primary/community service will be immediately re-referred to the appropriate specialist in secondary care and the referrer and patient informed.

### 3.4 Interdependence with other services/providers

Providers will effectively interface with other key services to deliver the DVT pathway including:

- Weymouth DVT clinic
- Anticoagulation services
- Secondary care
- Pharmacists
- Service users
- Commissioners

**Relevant networks**

- Dorset CCG Long Term Conditions Frail Elderly and End of Life Programme
- Dorset CCG Medicines Advisory Committee
- Dorset Thrombosis Committee

## 4. Applicable Service Standards

### 4.1 Applicable national standards (e.g. NICE)

- CG144 Venous Thromboembolic diseases: the management of venous thromboembolic diseases and the role of thrombophilia testing (June 2012).

- TA261 Rivaroxaban for the treatment of deep vein thrombosis and prevention of recurrent deep vein thrombosis and pulmonary embolism(July

2012)

- TA327 Dabigatran etexilate for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (December 2014)
- TA341 Apixaban for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism (June 2015)
- NICE QS19 Diagnosis and management of venous thromboembolic diseases (March 2013)

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

**4.3 Applicable local standards**

- Dorset CCG Shared Care guidelines for Rivaroxaban and Dabigatran for treatment of DVT and PE
- Service Specification for Dorset CCG Community DVT Service

## 5. Applicable quality requirements and CQUIN goals

**5.1 Applicable quality requirements (See Schedule 4 Parts A-D)**

**5.2 Applicable CQUIN goals (See Schedule 4 Part E)**

None

## 6. Location of Provider Premises

**The Provider's Premises are located at:**

**Individual Service User Placement**