NHS Rotherham Clinical Commissioning Group

Operational Executive – 16 April 2021

Strategic Clinical Executive – 21 April 2021

PCN Clinical Directors/LMC – 26 April 2021

Primary Care Sub Group – 28 April 2021

Primary Care Committee - 12 May 2021

Deep Vein Thrombosis (DVT) Pathway

Lead Executive:	Ian Atkinson – Deputy Chief Officer
Lead Officer:	Jacqui Tuffnell, Head of Commissioning/Janet Sinclair-Pinder, Senior Care Pathways Manager
Lead GP:	Dr David Clitherow, SCE GP Lead

Purpose:

The purpose of this report is to provide an update on the review of the DVT Pathway and proposals for the DVT Local Enhanced Scheme for 2021/22.

Background:

The Deep vein Thrombosis Pathway in Primary Care commenced at the end of October 2019. Following discussions with the Local Management Committee (LMC) it was agreed that a review of the pathway would take place after 6 months. The reason for the review was to ensure that the pathway was safe and to address concerns raised by the LMC that changes to the pathway in October regarding GPs being asked to refer patients for investigations to rule out cancer, had not been factored into the original costings that had been agreed for the LES.

The review showed that 75% of patients could have rule out of a DVT using the Wells score and D-Dimer test in Primary care.

Following changes in NICE Guidance an updated pathway was sent to LMC for review on the 13 May and following discussions it was agreed that the CCG would install "fail safes" onto the GP systems template which would flag to clinicians.

In late 2020, the LMC requested that the second scan should be ordered by secondary care when it was clear that a second scan was required. This was discussed with TRFT clinicians and unfortunately because often the D-dimer outcome is not known, it is not a safe practice for secondary care to automatically request the second scan as it is only required where there is a positive D-dimer outcome

Given the ongoing problems with getting the pathway approved through LMC, An options paper was sent to SCE and the Operational Executive (OE) in respect of whether or not to continue with the DVT pathway. The outcome of this options paper was a decision to continue the DVT pathway, but to amend the DVT LES and payment to only require the D-dimer to be undertaken in general practice and the remainder of the service to be provided in secondary care

Analysis of key issues and of risks

The ambition of implementing the DVT was to improve patient experience and also reduce footfall into secondary care for a condition that can be managed in primary care.

The amended pathway and LES now requires that Primary care undertake a Wells score on those patients in whom a DVT is suspected.

- Patients with a high risk of DVT will be referred to secondary care for further investigation/assessment.
- Patients with a low risk of DVT will have a near patient D-dimer test.
    - Patients with a positive D-dimer will be referred to secondary care for further investigation/assessment.
    - Patients with a negative D-dimer will be given reassurance and advice that they do not have a DVT and review of the differential diagnosis

Payment for this amended DVT LES has therefore been reduced to reflect the reduction in the time and tasks required on the pathway (please see financial implications). Practices will remain responsible for the procurement and storage of the D-dimer testing kits.

Payment under this LES will only be for patients with low risk Wells Score and either positive or negative D-dimer

Patients with High Risk Wells score do not require a near patient D-dimer test.

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

An EIA was undertaken on the 11 January 2019. There are no significant changes to require a further EIA

Financial Implications:

There was a small inflationary uplift for 20/21 regarding payment for the previous DVT LES however as the allocation is not yet known, there has been no change as yet for 21/22.

The previous LES would have been paid at £78.33. per patient.

The new LES will be paid at £41.13 per patient.

Human Resource Implications:

N/A

Procurement Advice:

N/A

Data Protection Impact Assessment

N/A

Approval history:
Pathway approved by OE, SCE and LMC
Recommendations:
Primary Care Committee to approve the DVT Pathway LES
Paper is for approval

Appendix 1

DVT Pathway in Primary Care

Exclusion Criteria

If patient meets any of the criteria below refer to Acute Medical Unit (AMU)

	tick
Pregnancy or breast feeding/postpartum	
Aged < 18 years	
Symptom of PE	
Systolic BP > 180 or Diastolic >115	
Anticipated compliance problems even with support	
Severe renal impairment(CKD stage 5 eGFR<15ml/min)	
Known liver failure	
Congenital/acquired bleeding disorders/platelets <90x109/L	
Gross limb oedema with ischaemia	
Weight over 120kg	

WELLS SCORE	
Active cancer (treatment ongoing, within 6 months, or palliative)	1
Paralysis, paresis or recent plaster immobilisation of the lower extremities	1
Recently bedridden for 3 days or more or major surgery within 12 weeks requiring general or regional anaesthesia	1
Localised tenderness along the distribution of the deep venous system	1
Entire leg swollen	1
Calf swelling at least 3cm larger than asymptomatic side	1
Pitting oedema confined to the symptomatic leg	1
Collateral superficial veins (non-varicose)	1
Previous documented DVT	1
An alternative diagnosis is at least as likely as DVT	-2
Clinical probability simplified score	
DVT *likely*	2 points or more
DVT *unlikely*	1 point or less