NHS Standard Contract - SCHEDULE 2 – THE SERVICES

DVT Service Specification

Service Specification No.	
Service	DVT Local Enhanced Service
Commissioner Lead	Dr David Clitherow, GP for Primary Care
Provider Lead	As signed
Period	1 April 2025 to 31 March 2026
Date of Review	31 March 2026

1. Population Needs

National prevalence of deep vein thrombosis (DVT) suggests an incidence of 1:1000 per annum. This is a crude rate and makes no allowance for DVTs occurring whilst in hospital. Whilst accurate figures for DVTs presenting in primary care are difficult to find, studies of referral of swollen leg/suspect DVT have shown conversion rates from suspicion to proven of between 33% and 50% and 75% of patients with suspected DVT present during working hours DVT.

Traditionally, patients with suspected DVT have been diagnosed in secondary care. Assessment tools for DVT and near patient testing means that there is a safe and effective way of excluding this condition in the community in patients with a low probability of the condition.

This specification follows NICE guideline NG158, last updated August 2023, Venous thromboembolic diseases: diagnosis, management and thrombophilia testing.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	Yes
Domain 2	Enhancing quality of life for people with long-term conditions	Yes
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

3. Scope

3.1 Exclusions

The following patients or excluded from this service and should be referred to the Care Co-ordination Centre at TRFT:

- Pregnant or breastfeeding
- History of recurrent DVT/Pulmonary Embolism
- Aged <18 years
- Known liver failure
- Known bleeding disorder
- Known severe renal failure

3.2 Service Delivery

The pathway for this service is outlined in Appendix 1. Patients with suspected DVT will be scored against the Wells diagnostic algorithm. Patients with a low score will require near patient testing using a D-dimer kit with a minimum of 99% negative predictive value. The result of the D-dimer test will determine whether or not the patient should be referred for further investigations:

- Patients with a Low Risk Wells score and a negative D-dimer should be reassured that they do not have a DVT and an alternative diagnosis should be considered.
- Patients with a Low Risk Wells Score and a positive D-dimer test should be referred to AMU via CCC.
- Patients with High risk Wells score should be referred to AMU via CCC (D-dimer in this group of patients is not necessary as they will require onward referral for further investigations.

The practice will be responsible for the procurement and storage of the D-dimer testing kits.

The following are examples of kits that are suitable for use with this pathway:

Clearview® Simplify D-dimer
Biosynex® D-dimer
Suresign® Professional D-dimer

(These tests are similar to single use pregnancy tests. A machine is not required)

Patients with a negative D-dimer test where GPs have confidently excluded DVT should be provided with the management and aftercare of the alternative diagnosis

3.3 Prevention/Self Care and patient and carer information

The diagnosing clinician should provide patient information in relation to DVT and maintain a record of all patients to whom this service is provided.

Practices are responsible for ensuring that staff undertaking diagnostic tests and assessments are adequately trained and supervised, where required to do so.

3.4 Quality Standards

Practices which take part in the scheme must:

- Demonstrate that LES provision is of high quality, evidence based, safe and effective, with robust governance systems in place, and that staff have received appropriate training. Practices may be required to provide commissioners with assurance that services provided are within the criteria specified.
- Collect measurable activity data related to the provision of these services including who provides the service, type of activity and number of contacts.

- Maintain adequate records of the service provided, incorporating all known information relating to significant events.

3.5 Clinical Governance requirements

As part of the delivery of the LES practices must:

- Ensure that all services are delivered to quality, patient safety and clinical governance standards detailed in service specifications and appropriate clinical records must be kept.
- Work with Rotherham Place to support negotiations with secondary care on repatriation of funding for services performed in primary care, ensuring that these are not paid twice.

3.6 Training

The Practice will ensure that all staff are competent to work under the conditions of this enhanced service

3.7 Monitoring

The following method of monitoring must be undertaken:

- Quarterly activity reports
- Participation in contract and quality reviews
- Significant event analysis of individual patients who should have received treatment under this agreement, but are found to have received treatment elsewhere and of any patients requiring further treatment elsewhere because of complications.

3.8 Reporting Achievement

Practices will submit a quarterly data report to Rotherham Place via the Ardens Manager System. As a minimum the dataset will include:

- Number of patients with a low risk wells score and positive D-dimer
- Number of patients with a low risk wells score and negative D-dimer

3.9 Remuneration

Rotherham Place will pay £46.02 per patient for all patients with Low Risk Wells Score and both positive or negative d-dimers (Patients with High Risk Wells score do not require a D-dimer as they should be referred to TRFT for ongoing investigation/management), upon receipt of a quarterly claim from the practice.

For the avoidance of doubt, this is one payment per patient per episode

<u>Consequences for late submission of activity data:</u>

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/ practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for Rotherham Place to process a payment without precedent. It is however a

practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If Rotherham Place makes a payment to a practice under the LES and:

a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due);or
b) Rotherham Place was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money has already been paid,

then Rotherham Place is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the ICB's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the ICB's Counter Fraud Specialist for further investigation.

3.10 Audit – compliance with the Scheme

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

3.11 Termination

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment.

The Practice and/or Rotherham Place may give three months written notice to terminate the service for reasons other than those outlined above.

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