OCCG SERVICE SPECIFICATION (2017/18)
PRIMARY CARE SERVICE FOR DVT TESTING

1. Background

DVT has an annual incidence of about 1 in 1,000 people in the UK[1]. The assessment and treatment of patients with suspected Deep Vein Thrombosis (DVT) is a significant source of admissions to the Oxford Haemophilia and Thrombosis Centre (OHTC) and the Medical Assessment Unit at Horton Hospital.

Developments in the assessment and identification of DVT mean that this condition can be identified in primary care in an effective and safe way when combined with improved access to Ultrasound. This service is designed to aid the introduction of a primary care DVT assessment service.

This service is underpinned by NICE Clinical guideline 144[2] setting out diagnostic assessment of DVT based on the Wells score, D-dimer measurement, ultrasound and radiological imaging. In primary care settings, if the Wells score is 2 or more then a d-dimer is not required and the patient should be immediately referred to the DVT service at the Churchill Hospital. If the Wells score is less than 2, a negative d dimer can be useful to rule out DVT. In addition guidelines[3] updated in January 2014 by the OHTC provide advice on DVT assessment and access arrangements for the DVT service based at the Churchill Hospital.

2. Service Scope

This service will support practices to provide DVT assessment and identification in practice premises, or within the community. The treatment of suspected DVTs is not included in this service, which only covers the identification of potential DVTs.

DVT patients should be diagnosed and have their Dalteparin provided by the DVT clinic in secondary care. They should be switched to warfarin prior to discharge to primary care. It is not expected that GPs should administer low molecular weight heparin following diagnosis.
The exception to this rule is where patients are diagnosed as having a suspected DVT outside of the opening hours of the DVT clinic and where it is important for the treatment to commence. In these circumstances the practice could either advise the patient to attend the John Warin ward or prescribe & administer one dose of Dalteparin within the practice before referring the patient to the DVT clinic. For the latter though it is imperative that the practice confirms stock before giving the patient a prescription as pharmacies will not usually keep all strengths.

The Practice providing this service must ensure an appropriate record of activity is developed and maintained for audit and payment purposes. Each episode must be recorded in the electronic patient record.

3. Eligibility to Provide the Service

The Practice must adhere to the agreed assessment tool, and treatment guidelines which may be updated periodically.

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[1] Pulmonary embolism; NICE CKS, January 2015
[2] NICE Clinical Guideline CG:144 June 2012, page 6
[3] January 2014

Staff undertaking diagnostic tests must be adequately trained and supervised as determined by the Practice. For Practice Nurses, this would normally include certification or record of training in anticoagulation. In case of doubt, the Clinical Governance Lead for the CCG should be consulted. Practice clinicians must be able to demonstrate competence following training. The practice must have adequate mechanisms and facilities, including premises and equipment, as are necessary to enable the proper provision of this service.

The practice must adhere to good practice as outlined in the Infection Control Guidance for General Practice.

The services delivered by this service will be subject to clinical audit and monitoring will be carried out as part of the annual review of the contract.

4. Monitoring

Practices are asked to submit a quarterly report using QUEST of actual activity to the CCG by the 15th of the month following the end of each quarter during the year

Key performance indicators (KPI) monthly reporting

- Patients presenting with possible DVT
- Patients Wells Score
- Patients d-dimer result
- Patients referred for ultrasound
- Length of wait for ultrasound
- Number of patients with confirmed DVT
- Number and outcome of investigations for any significant incident/untoward event

Read Codes

D-dimer assay = 7P085
Wells Score: DVT Screening = 68X0

Activity Monitoring

- Read Codes for template are available through CSCSU to enable monitoring of patient pathway using QUEST query
- Number of clinical incidents

6 Clinical Governance

6.1 CQC Essential Standards of Quality and Safety (2010)[4]

It is expected that providers of this service will be able to demonstrate compliance with all CQC Essential Standards of Quality and Safety. Where the provider is not able to demonstrate full compliance on any core standard, this should be notified immediately to the commissioner. This includes any in-year change. The provider may be asked for evidence of action plans and these may be subject to further discussion and monitoring by the Commissioner if required. Should a concern arise regarding the quality of any commissioned service that can be directly related to one or more core standards, these concerns must be raised promptly through formally established processes agreed between the Commissioner and the Provider.

[4]Care Quality Commission Essential Standards of Quality and Safety (2010) Care Quality Commission Essential Standards of Quality and Safety (2010)

6.2 Record Keeping and transfer of information All patient records should be kept in accordance with national and local protocols and policies i.e. the NHS Confidentiality Code of Practice, Data Protection Act and any transfer of patient information should be done in accordance with Caldicott regulations.

6.3 Competency and accreditation standards of healthcare professionals providing service.
All healthcare professionals providing the service should be registered with the relevant professional body and have appropriate qualifications and accreditation for the role they perform.

6.4 Professional indemnity cover
All healthcare professionals working within the service should provide evidence of professional indemnity cover appropriate to their role within the service.

6.5 Continuing Professional Development and Training
The Provider shall undertake to facilitate the appropriate appraisal process, continuing professional development and training for healthcare professionals providing the service to ensure that they meet the minimum competency standards.

6.6 Risk Management
The Provider shall ensure that the following areas have procedures developed that meet relevant NHS management standards:

- Clinical risk management and reporting systems for clinical and other incidents
- Complaints and accolades management system
- Patient concerns and queries
- Business Continuity Management plans

6.7 Equipment
The Provider shall ensure that the following areas have procedures developed for them:

- All relevant National Guidance and Legislation e.g. Medicines and Healthcare Products Regulatory Agency(MHRA), Healthcare Commission (HCC)
- A system is in place to ensure medicines, consumables and other medical devices are stored appropriately and expiry dates are checked regularly.

6.8 Prevention and Control of Infection
The Provider shall comply with the Health Protection Agency Guidance on Infection Control, Communicable Diseases for Primary and Community Care within the Thames Valley and CCG Policies.

7. Evaluation of the service
The Provider must make all information available to the commissioner requested for audit purposes, and will be required to support the commissioner in monitoring the quality of the service. This will primarily be available from the practice clinical system and will include:

- Activity and patterns of demand
- Referral information and patient exclusions

Other aspects to include:

Outcome of Significant Event Analysis
Clinical Audit results including false negatives and false positive results,
Patient experience
Incidents / complaints
Accolades

8. Sustainability

The service should be available 52 weeks of the year and evidence should be provided that appropriate plans have been devised for cover of leave (both anticipated and unanticipated) and succession planning for staff turnover.

9. Accountability

The Provider is ultimately accountable to Oxfordshire CCG as the commissioner of the GP contract.

10. Health and safety

The Provider shall ensure that the services comply with UK Health and Safety Legislation, CCG Health and Safety Policies and procedures.

11. Payment

Payment will be made based on actual activity carried out as reflected in quarterly activity monitoring reports to the CCG. The payment will be staged as follows:

Stage	**Activity**	**Payment per patient**	**Cumulative total per patient**
Stage 0	Initial clinical assessment undertaken (within GMS)	**£ 0.00**	
Stage 1	D-Dimer test undertaken where necessary (only following a Wells Scoring of less than 2). If the Wells score is 2 or more d dimer is not required before referral to the DVT clinic £25.00 administration of test and £20 D-Dimer kit	**£45.00**	**£45.00**

12. Termination

This service will terminate on 31st March 2018. Any change or early termination of this agreement must be agreed by both Commissioner and Provider.

APPENDIX 1

Data Collection Specification for Primary Care Service for DVT 2017/18

	Item	Read Code	Code Description
Search Population	Patients with record of D-dimer assay or Wells Score: DVT Screening in the quarter	7P085 68X0.	D-dimer assay Deep vein thrombosis screening
Payment Criterion	Patients with record of D-dimer assay **and** Wells Score: DVT Screening in the quarter	7P085 68X0.	D-dimer assay Deep vein thrombosis screening
For information	Patients in the cohort for payment with a record of referral for ultrasound investigation or to the DVT clinic in the quarter.	8HQ2. 8HTm.	Refer for ultrasound investigation Referral to deep vein thrombosis clinic

In all cases patients who have died or left during the quarter, but who have received a Service within the practice will be included. Temporary residents will be included.