

# VENOUS THROMBOEMBOLISM LOCAL ENHANCED SERVICE 2019- 2020 (1<sup>st</sup> October 2019 – 31<sup>st</sup> March 2020)

## 1. Purpose of Agreement

This Agreement outlines the service to be provided by the Provider, called Venous Thromboembolism (VT). This Agreement is set up as a two-part payment agreement.

- All practitioners are required to fully complete activities listed in part one to achieve the first tariff payment (including purchasing D-Dimer kits).
- A second tariff is available for practitioners referring to a community pathway
- Onward referral to a hospital pathway will NOT attract a tariff-

Appendix 1 outlines the activities that are required to achieve **Part 1 & Part 2 (A)** payments.

## 2. Duration of Agreement

This agreement is for a period of six months, commencing from **1<sup>st</sup> October 2019** and ending on the **31<sup>st</sup> March 2020**.

## 3. Background

The Venous Thromboembolism Service has been introduced by Cambridgeshire and Peterborough CCG. Currently this agreement is only available to practices located within the Greater Peterborough geography.

The Greater Peterborough agreement involves partnership working with either North West Anglia NHS Foundation Trust (PCH) or Excell Ultrasound Ltd

## 4. Aims

The key aim for this local commissioned service is to provide a high quality service to patients to access an initial assessment and diagnosis of a suspected VT. This Agreement supports primary care practitioners to manage the assessment and initiate treatment for a confirmed VT without the need for an onward referral to a hospital pathway. The expectation is that this will ensure the hospital pathway is accessed appropriately, (where the community option is not clinically indicated and/or available)

## 5. Service Delivery

This specification sets out an in-hours service. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

**To be eligible for Part 1 payment you must have the ability to:-**

- **Assessment and completion of Wells Test**
- **Complete D-Dimer (including purchase of the equipment and ability to near test) if clinical indicated**
- **Initiate Dalteparin/Rivaroxiban if clinically indicated**

If you are unable to offer all of the above elements you will not be eligible to sign up to the LES.

### 5.1 Part 1 - tariff payment £50.00

All Practitioners will need to complete a full assessment and initiate immediate management of a suspected VT to become eligible to receive Part 1 payment – see **Appendix 1** of the agreement.

- I. If a patient presents with a suspected VT, the GP should undertake a Wells test. The NICE guidance Wells score template can be accessed on Systm1 (*click on Blue dot*) .
- II. If a patient scores 1 or less, the GP should complete a D-Dimer test. Practices to purchase their own equipment or D-dimer test kits
- III. If the D-Dimer test is positive, or the patient scores 2 or more, the GP should commence suitable treatment, either Dalteparin or Rivaroxaban and choose onward referral for an ultrasound scan to either the Community Provider, Excell Ultrasound Ltd or the hospital.

### 5.2 – Part 2 (A)– Community Provider Pathway - tariff payment £35.00

- a. Excell Ultrasound Ltd is commissioned to provide access to a community ultrasound service and can be used by any GP Practice in the Greater Peterborough geography
- b. For practices that choose to refer patients to the community provider for an ultrasound scan, practices will be responsible for the treatment plan, ensuring that patients receive the appropriate care following the scan. Depending on whether the result is positive or negative, this may include initiating treatment and organising further investigation where appropriate. An additional payment is attached to this part of the agreement – see Appendix 1.
- c. A copy of the referral form is attached – **Appendix 2**. Referral forms can also be downloaded from the Excell Ultrasound Ltd website [www.excellultrasound.co.uk](http://www.excellultrasound.co.uk).
- d. Referrals can be made via nhs.net to [capccg.excell@nhs.net](mailto:capccg.excell@nhs.net).
- e. Please ensure that all the relevant information is included in the referral, including previous examinations, any mobility issues and BMI/weight and language if a non - English speaker.
- f. The Community Ultrasound Provider will contact the patient to arrange an appointment. All patients are offered an appointment date and slot, usually on the same day or on the next working day. This may mean that an appointment is not at the patient's own surgery. If the patient refuses to travel to another venue, this may result in a delay in scanning and therefore we cannot guarantee the scan will be performed within the timeframe advised by NICE guidance.
- g. The hours of operation of the service are attached - **Appendix 3**.
- h. When the patient is returned to the general practice with or without a positive test for a VT, the GP now has the responsibility for initiating treatment and organising further investigation where appropriate.
- i. On receipt of the scan, the GP makes a decision based on the result and prescribes Warfarin as required, investigating unprovoked VTs as per pathway. This will involve 1-3 consultations.
- j. Positive patients will require daily administering of Dalteparin or Rivaroxaban until INR is in the therapeutic range. This may be self-administered or administered by a practice clinician.
- i. Any patient registered with a GP, who has signed up to this pathway, within the Peterborough locality can use this service.

### 5.3 Part 2 (B) Hospital Provider Pathway - Tariff payment £0.00

Practices can choose to refer patients to the hospital for an ultrasound scan, where the hospital will be responsible for undertaking the scan and acting on the results. **Therefore there is no additional payment for practices for onward referral via the hospital pathway.**

#### How to make a referral to the hospital (PSHFT)

A referral form is available on the Peterborough Hospitals extranet (a copy of this is attached at **Appendix 2**). Referrals should be made through e-RS when possible. Alternatively referrals may be made by email to [peh\\_tr.VTService@nhs.net](mailto:peh_tr.VTService@nhs.net) or via a telephone call (01733 677779). The patient will be given an appointment date and slot, usually on the same day or on the next working day

## 6 Service outline

- a. **The development and maintenance of a register.** Contractors should be able to produce an up to date VT register of all patients which includes patient ID reference number, date of birth, the indication for, and length of treatment
- b. **Professional Links.** To work together with other professionals when appropriate. Any health professionals involved in the care of patients in the programme should be appropriately trained
- c. **Referral Policies.** When appropriate to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist
- d. **Patient Education.** To provide education to patients (and their carers and support staff when appropriate) in the management of their condition
- e. **Call and Recall.** To ensure that a systemic call and recall of patients on this register is taking place either in a hospital or general practice setting.
- f. **Clinical Procedures.** To ensure that all clinical information related to the service is recorded in the patient's own GP held lifelong record, including the completion of the "significant event" record that the patient is on warfarin
- g. **Record-Keeping.** To maintain adequate records of the service provided. This may include the number of bleeding episodes requiring hospital admission and deaths caused by anti-coagulants
- h. **Training.** Each practice must ensure that all staff involved in providing any aspect of care under this scheme have the necessary training and skills to do so
- i. **Review.** Providers must perform an annual review and make available to the Commissioner on request:

## 7 Accreditation

- a. The contractor will ensure the provision of adequate facilities including premises and equipment as are necessary to enable the proper provision of services under this Agreement, including D-Dimer kits.
- b. The contractor will ensure that the premises are fit for the purpose of the task with appropriate measures in place. All relevant staff should have received infection prevention and control training within the last 12 months and that policies are available to include hand hygiene, personal protective equipment, sharps and waste management including sharps injury management, decontamination and environmental cleaning. These should be in place in line with the Care Quality Commission registration requirements which come into force April 2012.
- c. Further advice, guidance and training can be sought by directly contacting the Infection Prevention Control Team on email [CAPCCG.ipc@nhs.net](mailto:CAPCCG.ipc@nhs.net).

## 8 Untoward events

It is a condition of participation in this service that practitioners will give notification to the Commissioner clinical governance lead of all emergency admissions or deaths of any patient covered under this service, where such admission or death is or may be due to usage of the drug(s) in question or attributable to the relevant underlying medical condition. This must be reported within 72 hours of the information becoming known to the practitioner. This is in addition to a practitioner's statutory obligations.

## 9 Pricing & Payment Arrangements

### - Pricing

Payment is dependent upon the level of service provided as outlined in the table below:

	Requirements	Payment Tariff
<b>Part 1</b>	Assessment, Wells Score <b>plus D – Dimer if required</b>	<b>£50.00</b>
<b>Part 2 (A)</b>	Onward referral to Community Provider	<b>£35.00</b>
	<b>TOTAL PAYMENT</b>	<b>£85.00</b>
<b>Part 2 (B)</b>	Onward referral to Hospital	<b>£0.00</b>

### Payment Arrangements

Practices will be commissioned in the first instance against their commissioned levels of activity and indicative budget for the provision of the service for the forthcoming year. Practices will receive 12 monthly payments based on the total indicative budget for the year with any adjustments to be made at year end if necessary.

If a practice performs within their indicative budget for the service they will be paid at the full rate. However, payment for over performance will only be paid the full rate for activity above their budget if there is sufficient funding in the Enhanced Service cash pool.

## 10. Activity Reporting

Practices are required to submit the following information, on a quarterly basis via the Practice Commissioning Statement to [capccg.enhancedservices@nhs.net](mailto:capccg.enhancedservices@nhs.net) by the 15th day of the following month, following Quarter end.

- The Total number of patients who have been assessed for a VT
- The Total number of patients with a positive result who have been referred for further management via the community pathway
- The Total number of patients with a positive result who have been referred for further management via the hospital pathway

If Practices require help or advice on clinical recording, coding and reporting, please contact The Primary Care Information team via the following email address: [capccg.primarycareinformation@nhs.net](mailto:capccg.primarycareinformation@nhs.net)

## 11. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records to ensure a full and proper audit trail is available and Practices are encouraged to utilise Practice computer systems to enable this condition to be met.

## **12. Performance**

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

## **13. Safeguarding Adults**

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

## **14. Care Quality Commission (CQC)**

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

## **15. Termination**

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

## **16. Signatories to the Agreement**

Practices will be commissioned to provide the service as outlined in this agreement, based on the original sign up for 19/20. Practices are advised to inform the CCG if there are any changes to these current arrangements.



## DVT Request Form Community Ultrasound

Surname:

First Name:

Male/Female *please circle*

D.O.B:

NHS Number:

Address

Tel:

Mobile:

Leave Message? Y / N

Is the patient able to move onto the examination couch unassisted? Y/N  
If not please refer them to the hospital for their scan where a hoist or moving aid is available.

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**ULTRASOUND VENOGRAM OF THE RIGHT / LEFT LEG**

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**Clinical Information & Relevant Medical History:**

Please complete the boxes below.

Well's score  (Positive = 2 or more)

D Dimer

Please note the request will be returned if both of the above values are negative.

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**Urgency:**

**Urgent**

Please advise the patient that they will be contacted by our administration team by telephone today to make an urgent appointment.

**Date:**

**Requesting Dr:**

**Surgery Tel:**

**Surgery Address:**

**Surgery Fax No:**

**Practice Code :**

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**Exclusions**

**Please tick to confirm none of the following exclusions apply:**

**Any patient with suspected cancer. These should be referred through the 2 week referral pathway.**

**Patients with poor mobility who cannot get onto the couch.**

**Chronic (> 2 weeks).**

**Bilateral.**

**Already on Warfarin or other anticoagulants.**

**Assessed as not clinically fit for treatment.**

**For whom Warfarin is contra-indicated.**

**Where their baseline INR (day 0) > 1.4.**

**Where target INR is not 2.5.**

**Facing imminent surgery.**

**Known alcoholism.**

**Epidural in-situ.**

**That may have problems comprehending or complying with the treatment plan.**

**Pregnant or breast feeding.**

**Has an upper limb DVT.**

**Under 16 years of age.**

**Exhibits chest pain, shortness of breath or haemoptysis.**

**LMWH is contraindicated including renal patients.**

**Patients suspected of having a DVT who fall into any of these categories should be referred directly to Peterborough and Stamford Foundation Trust.**

***If the Patient requires transport, this needs to be organised /arranged by the referring Doctor.***

**Please email this form to [capccg.excell@nhs.net](mailto:capccg.excell@nhs.net).**

**Location:**  
**Appointment Date & Time:**

**Provider ID:**



## Appendix 3 – Hours of Operation

### Excell Ultrasound Ltd

#### Location:

- Bretton Medical Practice
- Nene Valley Medical Practice
- Yaxley Group Practice
- New Queen Street Surgery
- Jenner Health Centre
- Stanground Surgery
- Thorney Medical Practice
- Hampton Health
- City Care Centre
- Thistlemoor Surgery
- Oundle Medical Practice
- Wansford Surgery
- Parnwell Medical Centre

**Operational hours:** Monday - Friday: 08.30 - 17.00.

**The email address for secure patient information:** [capccg.excell@nhs.net](mailto:capccg.excell@nhs.net)

**Contact Email for General Enquiries:** [capccg.excell@nhs.net](mailto:capccg.excell@nhs.net) or [Teresa.brandon@nhs.net](mailto:Teresa.brandon@nhs.net)

**Appointments:** Excell Ultrasound Ltd aims to provide the patient with an appointment on the same day or the next day after receiving the referral.

#### Further information available from:-

Excell Ultrasound Ltd  
Unit 9, Swan Court,  
Forder Way,  
Cygnet Park,  
Hampton.  
Peterborough  
PE7 8GX

**Tel: 01733 565928**