

Lancashire DVT Service

**Elective Centre
Burnley General Hospital
Casterton Avenue
Burnley
BB10 2PQ**

Dear Colleague

We are writing to inform you that East Lancashire CCG has commissioned a new and an innovative one stop shop DVT service to unify DVT services for East Lancashire and Blackburn with Darwen areas, This New service is a collaboration between Primary and secondary care and this will be delivered from 2 sites across Pennine Lancashire;

- 1- **Elective Centre in Burnley General Hospital** will serve Majority of East Lancashire patients and
- 2- **Roe Lee Surgery 367 Whalley New Road Blackburn** will serve patients in Blackburn with Darwen and surrounding East Lancashire areas including Hyndburn and Ribble valley.
This new service will start on 11th of June 2018.

New DVT Service feature:

- GP led
- Online simple referral process through ICE
- No waiting time
- Same day assessment for all referral received between 8am till 5:30 pm
- Referrals made after 5:30 pm would be assessed next working day.
- One appointment including clinical assessment, lab tests, venous Doppler US scan and initiation of anticoagulant treatment for Positive DVT and appropriate treatment for many other conditions
- Phone advice available till 6:30 pm.
- EMIS web based record keeping
- Highly accessible, Based at Elective Centre at Burnley General Hospital
- Follow up for 3 months for most confirmed DVT patients.
- On demand phone or face to face follows up.
- Opportunity for interested GPs to engage and train

Not suitable for Collaborative Care DVT Service referral

- Suspected upper Limb DVT
- Age < 18 years
- Symptoms of Pulmonary Embolism
- Systolic BP > 180 mm Hg or diastolic > 110 mmHg
- Known liver failure
- Potential bleeding lesions e.g.
GI Bleed or intracranial bleed in last 4 weeks
Oesophageal varices
Proliferative retinopathy
- Bleeding disorders or platelet count < 90 x 10⁹/L
- Patients with complex needs and requiring inpatient management

Please refer all patients not suitable for collaborative DVT service to UCC/A&E/AMU or Ambulatory care for further management

Please see below agreed referral pathway and contact details

Draft Pennine Lancashire Collaborative DVT Service referral pathway for all providers

Patient with suspected DVT presents to Healthcare Professional

Conduct normal consultation including full History with Provoking factors and clinical examination including **2 level Well's score**
 If suspicion remains high based on your clinical assessment, Well's score of 1 or more then during working hours 8am-5:30pm
 Monday to Friday please refer patient to DVT clinic as per referral pathway below.

During OOH please follow BNF prescribing guidelines and initiate appropriate anticoagulation treatment with NOAC or LMWH
 and then refer according to referral pathway stated below (please confirm patient's most up to date telephone number and contact details and
 inform patient/Carer that a member of DVT clinic team will contact them in due course)

Please complete ICE based DVT referral form which is accessible Via test Request Tab(Lab Link) on the left hand side of consultation screen on the EMIS

- If you do not have access to ICE only then use one of the following referral methods
- Phone 0345 xxxxxx(Mon-Fri 8 am -5:30pm) or
- Fax document to 0345 xxxxxx(all hours) or
- Email document to bwd-elancs.DVTservice@nhs.net or
- Contact Clinical Navigation Hub 0300 2471040(during opening hours)

For all referrals received between 8am -5:30pm: A member of DVT service management will contact patient/Guardian/Referring Clinician and arrange a mutually suitable time and location for Same day clinical assessment Quantitative Ddimer and Venous leg Doppler US scan if required

For referrals received during OOHs: A member of DVT clinic admin staff will contact patient/Guardian/Referring Clinician next working day and arrange for a mutually suitable time and location for same day clinical assessment Quantitative Ddimer and Venous leg Doppler US scan if required

DVT Clinic would liaise with patient's own GP and feedback the outcome and arrange follow up if required.

2 level wells score

Clinical Feature	Points
Active cancer in last 6 months	1 <input type="checkbox"/>
Paralysis, paresis or recent leg plaster	1 <input type="checkbox"/>
Recently bedridden > 2 days or major surgery within past 4 weeks	1 <input type="checkbox"/>
Tenderness along with distribution of the deep venous system	1 <input type="checkbox"/>
Entire leg (calf and thigh) swollen	1 <input type="checkbox"/>
Calf swelling 3 cm larger than asymptomatic side	1 <input type="checkbox"/>
Pitting oedema confined to/worse in the symptomatic leg	1 <input type="checkbox"/>
Collateral superficial veins (non-varicose)	1 <input type="checkbox"/>
Previously documented DVT	1 <input type="checkbox"/>
An alternative diagnosis is at least as likely as DVT	-2 <input type="checkbox"/>
Clinical probability simplified score	Total Score
DVT possible (refer to Primary Care DVT Service)	1 or more
DVT unlikely	0