

MM

**East Lancashire DVT Service
Elective Centre
Burnley General Hospital
Casterton Avenue
Burnley
BB10 2PQ**

Dear Colleague

New Community based DVT service for GPs launches from Monday 11th June 2018

I am writing to inform you that East Lancashire CCG has commissioned a new and an innovative one-stop shop style GP-led DVT service available for East Lancashire GPs to refer patients to within 24 hours. The service will start on 11th of June 2018 and is a primary care based service, referred via ICE. Please see full patient pathway below and details below.

Please note that the Airedale pathway as attached, is still available for GP's to refer to.

This new service is a collaboration between primary and secondary care and will be delivered from 2 sites:

- 1. Elective Centre in Burnley General Hospital Wilson Hey Unit, Area 6, Entrance B**
- This will serve the majority of East Lancashire patients.

Telephone: 01282 804590

- 2. Roe Lee Surgery 367 Whalley New Road Blackburn**
This will serve patients in Blackburn with Darwen and is available Hyndburn and Ribble Valley patients.

Telephone: BwD: 01254 618009

Referrals should be made via ICE but the service can be contacted for queries/advice by contacting the DVT administration team on 01254 618009 or via Fax number: 01254 618001 or email bwd-elancs.dvtservice@nhs.net

Best wishes

Dr David White
GP Lead - Urgent Care

Key features of the new community based DVT service are:

- 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, being based at the Elective Centre at Burnley General Hospital
- Follow up for 3 months for most confirmed DVT patients.
- On demand phone or face to face follow ups.
- 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 week
- 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

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 01282 804590 (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