



Local Enhanced Service (LES) for:

Treatment for Patients with Suspected Deep Vein Thrombosis (DVT)

Service Level Agreement

PRACTICE –

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1. Financial Details

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This enhanced service specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

This agreement is valid from 1 April 2009, and will be reviewed annually in line with the annual review of the GMS Contract set out in the NHS (General Medical Services Contracts)(Scotland) Regulations, or other legislation as appropriate.

Payment

	Stage in Pathway
£60 (per patient) (-ve Scan)	Pre-Test Scoring, Initial diagnosis, referral and presumptive treatment pending scan.
£240 (per patient) (+ve Scan)	As above plus Outpatient Treatment of patients confirmed with DVT, and ensuring access to Patient Information.

Payment Verification

Practices entering into this contract must participate fully in evidencing service delivery if required/requested, and in any verification process determined by the PCO and LMC. They should ensure that they keep proper records to ensure a full and proper audit trail. It is anticipated that Practice computer systems will be utilised to enable this condition to be met.

2. Signature Sheet

This document constitutes the agreement between the practice and the CHP in regards to this local enhanced service.

PRACTICE.....

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the CHP:

Signature	Name	Date

PAYMENT WILL ONLY BE MADE UPON RECEIPT OF THIS SIGNED CONTRACT

3. Introduction

Following a National Stock Take exercise in 2007, facilitated through QIS, a lack of integrated care pathway for patients who present with suspected DVT was identified. The need to implement evidence based protocols and advice for patients was highlighted. There is an expectation that all Boards will have implemented appropriate Policies and Procedures (in line with SIGN Guidelines).

Significant discussion and joint working has been undertaken across Primary and Secondary Care to agree a new Pathway and management for patients with suspected and proven DVT. Where clinically appropriate and practical, outpatient management of ambulant persons who develop DVT has gained wide acceptance across the UK. Work within Highland has been developed through a Working Group which has involved considerable discussion with the Radiology Department, Medical Directorate, Haematology Department, Primary Care Pharmacy, Inverness 12 Practice Forum, Highland-GP Sub-Committee, Highland LMC, the Area Medical Committee, Pharmacy and Clinical Leads.

4. Service to be Provided

Taking account of available evidence (SIGN Guidelines and Wells Criteria) together with local clinical dialogue, process mapping, NHS Highland has developed the following:

- ✓ Clinical decision algorithm for suspected leg DVT (Appendix 1)
- ✓ Direct Booking for GPs/Clinician for Ultrasound Scan within Raigmore Hospital
- ✓ Clinical Pathway and Protocol for suspected and confirmed DVT including diagnosis, treatment and management (Appendix 2)
- ✓ Assessment and Referral Form for investigation of lower limb (Appendix 3)
- ✓ Patient Information (Appendix 4)

In order to provide safe and effective care for patients with suspected and confirmed DVT, clinicians should routinely adhere to the Pathway and Protocol.

The appended Assessment and Referral forms, and patient information leaflets should also be used.

5. Dispute Resolution

Every attempt will be made to resolve any dispute informally between the Practice and the PCO. Failing that, the Dispute Procedure contained within the sections 464 to 474 of the Scottish General Medical Services Contract 2004 will apply.

6. Variation and Termination of Contract

Any variation to the terms and conditions contained herein requires to be agreed between the Practice and the PCO.

A 6 month notice period applies to this contract which must be provided in writing by, and to, the Practice and the CHP.