Bristol, North Somerset and South Gloucestershire Integrated Care Board

Meeting of BNSSG ICB Board

Date: 1st February
Time: 12:30 – 15:45
Location: University of the West of England, Enterprise Park 1, Lecture Theatre, Long Down Avenue, Stoke Gifford, BS34 8QZ

Agenda Number:	6.3
Title:	Changes in Practice for the Assessment and Treatment of Varicose Veins and Venous Ulcers
Confidential Papers	**Commercially Sensitive**: No **Legally Sensitive**: No **Contains Patient Identifiable data**: No **Financially Sensitive**: No **Time Sensitive – not for public release at this time**: **No** **Other (Please state)**: No
Purpose: Discussion & Information	
Key Points for Discussion:	
Under BNSSG ICB current commissioning policy, an individual with a venous ulcer would not be eligible for NHS treatment, without the presence of a wound that hadn't healed after 6 months, or without significant recurrence. Following an evidence review and discussions with local vascular surgeons there is strong evidence that earlier assessment and treatment of these ulcers can lead to quicker healing and patient recovery. Under the revised policy, patients could be referred if a venous ulcer has not healed within two weeks. Assessment would take place in secondary care. Currently assessment takes place within the community service.	
Recommendations:	To note the changes to both the policy and the current treatment pathway. To approve for adoption the commissioning policy presented, and support, where possible, the implementation of new service models.
Previously Considered By and feedback:	BNSSG ICB Commissioning Policy Review Group (CPRG) where the policy was recommended for adoption. BNSSG Outcome, Performance and Quality Committee (OPQC) where the policy was endorsed.
Management of Declared Interest:	None declared

Shaping better health

Risk and Assurance:	Changes are aligned with NICE guidance; therefore no clinical risks are anticipated. Short term additional costs are anticipated for BNSSG ICB. The policy will not, however increase activity, rather patents are being seen sooner, so expenditure is effectively being 'brought forward'. Contract managers across the system are working to implement the appropriate service changes and reallocation of resource.
How does this reduce Health Inequalities:	This policy ensures that, with the exception of an emergency presentation, all patients will have equal access to care for their condition regardless of demographic difference.
Communications and Engagement:	Vascular services have been well engaged in the review of this policy. Contract managers at all services were involved in CPRG discussions, and have committed to supporting the implementation of the new pathway. Primary care will receive good notice and guidance prior to the go live of this policy.
Author(s):	Chris Moloney (Commissioning Policy Development Manager), Dr Peter Goyder (Clinical Lead for Policy Development and Exceptional Funding)
Sponsoring Director / Clinical Lead / Lay Member:	Dr Jo Medhurst

Briefing Paper

Date: 1st February 2024
Title: Changes in Practice for the Assessment and Treatment of Varicose Veins and Venous Ulcers
Author: Chris Moloney (Commissioning Policy Development Manager)

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1 Situation

BNSSG ICB's Commissioning Policy Review Group (CPRG) recently reviewed and agreed changes to the ICB's commissioning policy for the treatment of Varicose Veins and Venous Ulcers. Changes to the policy criteria will necessitate a change in practice for services across community, primary and secondary care.

2 Background

Under the current policy, an individual with a venous ulcer would not be eligible for NHS treatment, without the presence of a wound that hadn't healed after 6 months, or without significant recurrence. Following an evidence review and discussions with local vascular surgeons there is strong evidence that earlier assessment and treatment of these ulcers can lead to quicker healing and patient recovery. These findings are aligned with NICE guidance. Under the revised policy, patients could be referred if a venous ulcer has not healed within two weeks. Assessment would take place in secondary care. Currently assessment takes place within the community service. Contract managers from all services are working together to implement required changes to their services. The ICB's Chief Medical Officer, and Chief Finance Officer are supportive the proposed change. The revised policy was presented BNSSG ICB's Outcomes, Performance and Quality Committee (OPQC) who endorsed the proposed changes.

3 Assessment

Along with shorter healing and recovery time, there is evidence that the changes approved for the new policy can lead to a reduction in some costs across the system in both workload and medical equipment (dressings etc.).

There will be a short-term additional cost for the ICB. The policy does not broaden the scope of the patient cohort, and it is not anticipated that changes to the policy will increase the number of referrals per year. Due to changes in the pathway, larger numbers of patients will be referred to secondary care earlier in the pathway. Vascular teams involved in the review of this policy are confident their services will be able to deal with these pressures through strong implementation planning. An initial sharp increase in activity is anticipated, however it is expected that activity will 'level out' over time.

Teams in secondary care and community care will need time to scope and plan relevant changes to their services. Contract managers from Sirona, NBT and BNSSG ICB agree that the change in policy is appropriate. Given the increased demands on resource already across the system, the approach from these services needs to be considered. The proposed policy cannot be formally adopted by the ICB until providers have completed appropriate service planning.

4 Next Steps

Contract managers from across the system are working together to ensure required changes are agreed and implemented in a timely manner. It should be noted that the revised policy will greatly benefit patients and will better align the ICB's commissioning stance to current best practice set out by NICE and the Evidence Based Interventions (EBI) programme.

The ICB board is asked to note the changes to the policy and the necessary changes to the current treatment pathway. The group is asked to approve for adoption the proposed policy The group is asked to note and support, where possible, the implementation of new service models.

Venous Ulcer & Varicose Vein Surgery

Criteria Based Access & Prior Approval

All Patients

Policy - Criteria to Access Treatment - Criteria Based Access

Referral should be considered for one or more of the following indications:

1. A venous ulcer (a break in the skin below the knee that has not healed within 2 weeks).

OR

2. Recurrent venous ulceration of the lower limb.

Policy - Criteria to Access Treatment - Prior Approval

Severe changes of the lower limb including:

1. External bleeding from a varicosity that has eroded the skin and is at risk of recurring *as evidenced within the Primary Care Records*.

OR

2. Superficial vein thrombosis (characterised by the appearance of hard, painful veins) **AND** suspected venous incompetence *as evidenced within the Primary Care Records*.

OR

3. Recurrent superficial thrombophlebitis *as evidenced within the Primary Care Records*.

NOTE

If the patient in question is clinically exceptional compared to the cohort, then an Exceptional Funding Application may be appropriate. The only time when an EFR application should be submitted is when there is a strong argument for clinical exceptionality to be made. EFR applications will only be considered where evidence of clinical exceptionality is provided within the case history/primary care notes in conjunction with a fully populated EFR application form.

BRAN

For any health- related decision, it is important to consider **"BRAN"** which stands for:

- **B**enefits
- **R**isks
- **A**lternatives
- Do **N**othing

Benefits

- Early assessment and if needed intervention often leads to better outcomes around venous ulceration

Risks

- Varicose veins can recur after surgery
- All surgery carries risks as well as benefits

Alternatives

- Continue to treat conditions conservatively, if appropriate.

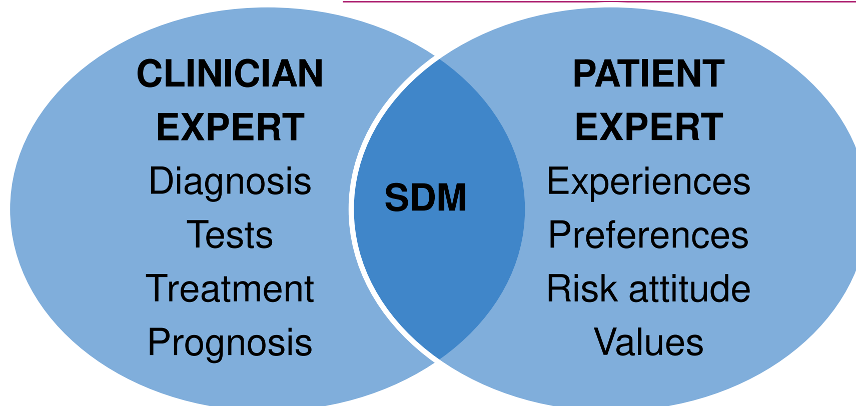
Do Nothing

- Remember, you always have the option to do nothing. Doing nothing is an equally reasonable option to doing something. Sometimes "not yet" is a good enough answer until you gather more information.

Shared Decision Making

If a person fulfils the criteria for venous ulcer or varicose vein surgery, it is important to have a partnership approach between the person and the clinician.

Shared Decision Making (SDM) is the meeting of minds of two types of experts:



It puts people at the centre of decisions about their own treatment and care and respects what is unique about them. It means that people receiving care and clinicians delivering care can understand what is important to the other person.
The person and their clinician may find it helpful to use 'Ask 3 Questions':

1. What are my options? (see sections above)
2. What are the pros and cons of each option for **me**?
3. How do I get support to help me make a decision that is right for **me**?

Varicose vein surgery– Plain Language Summary

Varicose veins are veins which have become enlarged and tortuous. They are usually asymptomatic, but can be complicated by inflammation, skin changes (including ulceration), rupture and bleeding as well as pain and discomfort.

Superficial Thrombophlebitis occurs when a superficial vein (usually the long saphenous vein of the leg or its tributaries) becomes inflamed and the blood within it clots.

Evidence also suggests that patients with varicose veins and an elevated BMI may find their symptoms progress more quickly and may also suffer more post-surgery complications. Patients should therefore be advised of the benefits of reducing their BMI in such cases.

Surgery does not achieve ulcer healing any faster than multi-layer compression treatment, but is more effective at preventing ulcer recurrence.

This policy has been developed with the aid of the following references:

1. Varicose veins - NHS (www.nhs.uk)

Due regard

In carrying out their functions, the Bristol North Somerset and South Gloucestershire Clinical Policy Review Group (CPRG) are committed to having due regard to the Public Sector Equality Duty (PSED). This applies to all the activities for which the CCGs are responsible, including policy development and review.

Document Control

Document Title	Varicose Vein Policy
Author(s) job title(s):	Commissioning Policy Development Team
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Discussed at Commissioning Policy Review Group (CPRG):	
Approval Route (see Governance):	
Approval Date	
Date of Adoption:	
Publication/issue date:	
Review due date:	

Governance

Commissioning policies are assessed for their likely level of impact on BNSSG ICB and the population for which it is responsible. This determines the appropriate level of sign off. The below described the approval route for each score category.

Policy Category	Approval By
Level 1	Commissioning Policy Review Group.
Level 2	Chief Medical Officer, or Chief Nursing Officer, or System Executive Group Chair
Level 3	ICB Board

OPCS Procedure codes

Must have any of (primary only):
L831,L832,L838,L839,L841,L842,L843,L844,L845,L846,L848,L849,L851,L852,L853,L858,L859,L871,L872,L873,L874,L875,L876,L877,L878,L879,L881,L882,L883,L888,L889

Support

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