Item Number: 15

Name of Presenter: Dr Shaun O'Connell

Meeting of the Governing Body

4 June 2015

NHS
Vale of York
Clinical Commissioning Group

Implementation of NICE Guideline CG168 – Varicose Veins in the legs

Purpose of Report
For Approval

1. Rationale

The advice offered by NICE CG168 is evidence based and covers the diagnosis and management of varicose veins in adults aged 18 years and over, and is applicable to primary and secondary care acute services.

2. Strategic Initiative

- ☐ Integration of care
- ☐ Person centred care
- ☐ Primary care reform
- ☐ Urgent care reform
- ☒ Planned care
- ☐ Transforming MH and LD services
- ☐ Children and maternity
- ☐ Cancer, palliative care and end of life care
- ☐ System resilience

3. Actions / Recommendations

Approve the implementation of NICE CG168 and as a result the review and revision of the current CCG threshold for varicose veins.

4. Engagement with groups or committees

This report was approved by the Senior Management Team on 19 May 2015.

5. Significant issues for consideration

Implementation could cause an increase in the number of procedures undertaken to 52 and subsequent outpatient activity. This in turn could potentially cause a cost pressure, estimated in the attached paper as a worst case scenario of £68,000.

6. Implementation

Any actions that teams or individuals within the CCG need to take to progress this work, including named leads and timescales.

Senior Innovation and Improvement Manager to develop a project plan for implementation of NICE CG168 to commence from 1 October 2015.

7. Monitoring

Via contract monitoring of varicose vein procedures.

8. Responsible Chief Officer and Title

Dr Shaun O'Connell
GP Lead for Prescribing and Planned Care

9. Report Author and Title

Andrew Bucklee, Senior Innovation and Improvement Manager

10. Annexes

N/a

Varicose veins in the legs (NICE CG168)

This report takes into account advice from clinical colleagues and a comparative look at the cost implications based on the full implementation at neighbouring CCGs in relation to implementing NICE CG 168

This clinical guideline offers evidence-based advice on the diagnosis and management of varicose veins in adults aged 18 years and over, and is applicable to primary and secondary care acute services. NICE has recommended that some people with varicose veins, such as those causing pain and ulcers, should be offered alternatives to surgery which are less invasive with a much speedier recovery time. Many with varicose veins have no symptoms, but for some they can cause pain, aching or itching. Some can also develop into leg ulcers, which can be difficult to heal and can have a significant effect on their quality of life and are expensive for the NHS.

NICE CG168 should also be considered alongside the NICE Quality Standard, which was published in August 2014 that essentially reflects what the guidance means for patients and carers. It states:

"…that people with varicose veins that are causing symptoms (for example pain, aching, discomfort, swelling, heaviness, and itching) or problems such as bleeding, eczema or leg ulcers are referred to a specialist vascular service…"

Adherence to NICE CG168 will increase referrals to vascular services. This is due to the recommendation that people with symptomatic primary or symptomatic recurrent veins should be referred to vascular services. It is also estimated that the number of interventional procedures carried out will also increase.

We have been able to judge the impact of implementation on the neighbouring Leeds CCGs. These CCGs moved from a similar threshold/IFR approach to ourselves to full implementation of the guidance. Prior to implementation Leeds CCGs undertook 389 procedures, which is 0.5 procedures per 1,000 head of population. Following full implementation they forecast undertaking 613 procedures i.e. 0.8/1,000 population (full year forecast based on 9 months actual activity). For 2014/15 we had an outturn of 215 procedures for Vale of York CCG i.e. 0.6/1,000 population. If we modelled a proportional increase in activity similar to Leeds, as a result of full implementation of the guidelines, potentially we could undertake a further 52 procedures. Based on our 2014/15 spend, this could result in additional potential procedure costs of £53,470. There would also be additional outpatient costs. Based on one first attendance and one follow-up per procedure, this would be an extra £14,720. Therefore based on these assumptions the potential cost pressure, essentially an estimated worst case scenario, of £68,190.

The above does not take into account primary care responsibilities associated with NICE CG168, which may require additional training for primary care colleagues and may also cause additional time pressures within practices. It has been proposed that to support the guideline the Clinical,

Etiological, Anatomical and Pathophysical (CEAP) classification of varicose veins is used. This aims to ensure that symptomatic patients who will benefit most from treatment are prioritised. Requests for surgical treatment outside the criteria outlined below and outside the pathway must be considered via the Individual Funding Request (IFR) process

CEAP classification consists:

- C0 no visible or palpable signs of venous disease
- C1 telangectasia or reticular veins
- C2 varicose veins
- C3 oedema
- C4 changes in skin and subcutaneous tissue: eczema, lipomatosclerois or atrophie blanche
- C5 as C4 but with healed ulcers
- C6 skin changes with active ulcers venous insufficiency ulceration

For people who present in primary care with varicose veins NICE recommends the following information should be provided:

- An explanation of what varicose veins are.
- Possible causes of varicose veins.
- The likelihood of progression and possible complications, including deep vein thrombosis, skin changes, leg ulcers, bleeding and thrombophlebitis. Address any misconceptions the person may have about the risks of developing complications.
- Treatment options, including symptom relief, an overview of interventional treatments and the role of compression.
- Advice on:
    - weight loss
    - light to moderate physical activity
    - avoiding factors that are known to make their symptoms worse if possible
    - when and where to seek further medical help.

Following discussions with the lead Consultant Vascular Surgeon at York Hospital it was recommended that to be fully compliant with NICE CG168 (and the associated Quality Standard) the CCG should be referring into secondary care C2-C6. *[Please note, that if this recommendation was implemented the current IFR threshold would have to be reviewed to take account that only C0 and C1 would not be commissioned routinely]*. NICE recommends that patients are referred to a vascular service if they have any of the following:

- Symptomatic primary or symptomatic recurrent varicose veins (see Quality Standard quote above for typical symptoms)
- Lower-limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency
- Superficial vein thrombosis (characterised by the appearance of hard, painful veins) and suspected venous incompetence
- A venous leg ulcer (a break in the skin below the knee that has not healed within 2 weeks)
- A healed venous leg ulcer

After clinical assessment and the use of duplex ultrasound to confirm the diagnosis of varicose veins and the extent of truncal reflux (venous blood flowing backwards due to valves not working properly), it is proposed commissioning appropriate interventional treatment or surgery.

Interventional treatment may include endothermal ablation (NICE IPG8 and IPG52), or, if this is unsuitable ultrasound guided foam sclerotherapy (NICE IPG 440). Surgery (traditionally involving 'stripping' of the three superficial truncal veins under general anaesthetic) will only be commissioned in patients in whom these treatments are unsuitable. It is proposed that the CCG clearly identifies such 'unsuitable' occasions. Please note that where treatment consists of a surgical procedure under general anaesthetic, then the 'Stop Before Your Op' smoking cessation policy will apply.

It is also proposed that interventional treatment for varicose veins in pregnancy will not be commissioned unless exceptional circumstances apply and agreement is sought via the IFR process.

Compression hosiery for symptomatic varicose veins should not be offered unless interventional treatment is unsuitable. Additionally Transilluminated Powered Phlebectomy or Endovenous Mechanochemical Ablation (NICE IPG435 and IPG37) will not be offered to treat varicose veins, due to inadequate evidence on the safety and efficacy of these techniques.

It is recommended that the Governing Body approves the implementation of NICE CG168 reflecting the detail described above. The aim is to have the processes in place to commence implementation by 1 October 2015.