



working together to improve health and
wellbeing in Cheshire & Merseyside

SUMMARY:

Varicose Veins: Impact of NICE Guidance (2013)

Siobhan Farmer
Public Health Registrar

April 1st 2014

BACKGROUND

Approximately a third of the population has varicose veins, which are tortuous, dilated, superficial leg veins which can cause itching, aching and pain, and can have a deleterious effect on the individual's quality of life. Complications can include bleeding or ulceration (around 3% to 6% of cases). Costs in 2011/12 for over 33,000 surgical procedures amounted for more than £44 million in the UK.

The purpose of this report is to present an overview of the NICE guidance on the management and treatment of varicose veins. It uses the NICE costing tool to estimate the likely economic impact of implementing the guidance and compares this to intelligence data locally and elsewhere in the country,

CURRENT LOCAL POLICY

Treatment of varicose veins is not currently commissioned in Cheshire and Merseyside except in the following circumstances:-

- Ulcers/history of ulcers secondary to superficial venous disease.
- Liposclerosis.
- Varicose eczema.
- History of phlebitis.

NICE GUIDANCE

In July 2013, NICE released Clinical Guideline (168) entitled "varicose veins in the legs". This states that *all* patients with primary or symptomatic recurrent varicose veins should be referred to a vascular surgeon. This opens up access to surgery to a much larger population and represents a significant change to local policy (above) which is more restrictive. NICE place a higher emphasis on minimally invasive techniques rather than more conventional or open surgery.

NICE COST ASSUMPTIONS

Using the NICE costing template, it is estimated there would be an additional total cost of implementing the NICE guidance in Cheshire and Merseyside of £30,764. This assumes that there are currently 1,241 procedures for varicose veins in this area per year, and that after implementation, there will be an additional 310 procedures (a 25% increase). This totals 1,551 procedures per year across the footprint (see table 1).

There are a number of concerns regarding the assumptions adopted by NICE in these calculations. Firstly, the disease codes (ICD) may or may not be fully comprehensive. Secondly, the prevalence of varicose veins is assumed to be 25% (although this could range between 20% to 40%). Thirdly, NICE assumes that the current ratio of surgery:endothermal ablation:foam guided sclerotherapy is 52%:35%:13%. This needs to be tested out in practice. Fourthly, NICE expect around 70% of procedures in future to consist of ablation therapy which again needs to be tested out.

Finally, Liverpool CCG have made a valid point that should full implementation of NICE guidance be adopted, there will need to be a transition period which could take up to 3 years. During this time, costs will be higher than expected until maximum uptake of the minimally invasive techniques occurs. This suggestion ties in with anecdotal evidence that the vascular service doesn't currently have the capacity to deal with the expected increase in demand.

Table 1: NICE cost estimates following guidance implementation

Organisation	Total population	Eligible population	Estimated number of procedures (before/after NICE)	Additional estimated cost
NHS Eastern Cheshire CCG	202,252	163,667	101/136	£2,497
NHS Halton CCG	128,264	100,604	62/77	£1,535
NHS Knowsley CCG	161,064	126,564	78/97	£1,931
NHS Liverpool CCG	493,964	397,825	245/306	£6,070
NHS South Cheshire CCG	174,605	139,199	86/107	£2,124
NHS South Sefton CCG	155,198	124,755	77/96	£1,903
NHS Southport & Formby CCG	121,995	99,977	62/77	£1,525
NHS St Helens CCG	193,191	154,264	95/119	£2,354
NHS Vale Royal CCG	102,219	80,718	50/62	£1,232
NHS Warrington CCG	204,490	161,214	99/124	£2,460
NHS West Cheshire CCG	253,815	204,993	126/158	£3,128
NHS Wirral CCG	329,647	262,524	162/202	£4,005
TOTAL	2,520,704	2,016,304	1,241/1,551	£30,764

CONCLUSION

It is not possible at this stage to recommend whether NICE guidance for the treatment and management of varicose veins should be implemented. There are a number of issues the CCGs may wish to discuss/consider.

RECOMMENDATION

It is recommended that the 12 CCGs in Cheshire and Merseyside commit to an extension of the review and consultation on this new guidance.

This is because of the uncertainties identified above. Further consultation would give time to properly test out the assumptions described and allow a full discussion between stakeholders. It is recommended that further consultation is held on this aspect of the Cheshire and Merseyside PLCP and that the current guidance is maintained in the interim period