

National Institute for Health and Clinical Excellence

Varicose Veins – Clinical Guideline

Scope Consultation Table

09.06.11 – 05.07.11

Type	Stakeholder	Order No	Section No	Comments Please insert each new comment in a new row.	Developer's Response Please respond to each comment
SH	MHRA	1.0		No comment on scope	Thank you for your comment.
SH	Vascular Society	2.0	Whole Document	The Vascular Society was represented on the scoping meeting and we can confirm that the scope accurately reflects the decisions made on the day.	Thank you for your comment.
SH	Vascular Society	2.1	3.1d 4.1.1.	Varicose veins in pregnancy were initially excluded, but following discussion an agreement was made to include this. The Vascular Society notes this inclusion.	Thank you for your comment.
SH	Vascular Society	2.2	4.1.1 4.1.2	The Vascular Society agrees with the inclusion of adults (> 18 years) and the exclusion of children and young adults (< 18 years). We recognised that VVs can occur in under 18s but agree that any attempt to include a lower age group would unnecessarily complicate matters, due to the paucity and variability of the paediatric literature on this subject.	Thank you for your comment.
SH	Vascular Society	2.3	4.3.2.a	The clinicians present were keen to raise the profile and management of venous leg ulceration (something the original scope has sought to omit) within the scope and hence hopefully within the guideline. We seek assurance that this will occur, in view of the comment made in 4.3.2a	Thank you for your comment. The guideline will be addressing the impact of treatments for varicose veins on ulcer occurrence, recurrence and healing rates. In this context skin ulcer occurrence and changes have been included as an outcome measure. However, we will not be addressing the direct treatment of ulcers, such as wound dressings, which do not affect the underlying pathology of varicose veins.
SH	Lifeblood: The Thrombosis Charity	3.0	Inclusion of pregnant	Thank you for listening to the comments at the scoping session and considering the needs of pregnant women. This is an important neglected	Thank you for your comment.

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SH	Servier International	4.0	3.1.e	Deep venous thrombosis (DVT) could be listed as a risk factor for disease progression	Thank you for your comment. This section of the scope is not meant to be exhaustive – we are happy with it as it currently reads.
SH	Servier International	4.1	3.2.d	The term 'interventional therapy' could be replaced by 'operative treatment', because conservative and pharmacological treatments are also 'interventional treatments' in that they intervene in the natural evolution of the disease	Thank you for your comment. We will use the term 'interventional procedure' instead of 'interventional therapy', to distinguish it from the other therapies. We prefer not to use the term 'operative treatment' because that term implies the use of an operating theatre, which is not relevant to most of the interventional procedures used.
SH	Servier International	4.2	4.1.2	Since primary varicose veins are covered by the guidelines, secondary (postthrombotic) varicose veins are not. This might be specified.	Thank you for your comment. We feel that specification of only primary or recurrent varicose veins adequately rules out secondary varicose veins.
SH	British Society of Interventional Radiology (BSIR) and the Faculty of Clinical Radiology, Royal College of Radiologists (RCR)	4.3	4.3.1	Our comments are as follows... As the traditional boundaries between specialties are blurring, as interventional radiologists expand their clinical role and as subspecialty interests become more established it must not be assumed that all patients should continue to be referred to general vascular surgeons. It would probably be better if patients were referred to doctors with a specific and major interest in phlebology. The scope of the guidelines should address who to refer to and there should be a section on this.	Thank you for your comment. We will address the issue of indications for referral based on the assessment of the literature, but guidelines do not normally specify to whom referral should be made.
SH	British Society of Interventional Radiology (BSIR) and the Faculty of Clinical Radiology, Royal College of Radiologists (RCR)	5.0	General	Our comments are as follows... There is nothing in this document about training. As new treatment methods increasingly take over from traditional surgery there is a need to ensure that doctors managing patients with varicose veins are appropriately trained and skilled. There should be a section on training requirements.	Thank you for your comment. The guideline addresses the management of varicose veins. We recognise the importance of training for healthcare practitioners but specific training and competency requirements are not addressed within clinical guidelines.

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			General	Our comments are as follows...There is nothing in the document about experience. If patients are to be well served the guidelines should consider and specify minimum numbers of patients treated per year by each specialist by the various means to maintain experience and quality. This is especially so in a climate of severe reductions in numbers of varicose veins being treated in the NHS. As the definitive treatment of varicose veins is never an emergency this is an area probably best served by small numbers of specialists who have a major interest in phlebology rather than being shared out as at present amongst almost all vascular surgeons most of whom have their major interest in arterial work. There should be a section on experience.	Thank you for your comment. The guideline provides recommendations on the management of varicose veins. Competency in procedures is not within the remit of NICE guidelines but is a matter for professional and regulatory organisations.
SH	NHS Direct	6.0	General	NHS Direct welcome the draft scope and have no comments on the content.	Thank you for your comment.
SH	Royal College of Nursing	7.0	General	The Royal College of Nursing welcomes proposals to develop this guideline. It is timely.	Thank you for your comment.

These organisations were approached but did not respond:

Abertawe Bro Morgannwg (ABM) University NHS Trust

All Wales Tissue Viability Nurse Forum

AngioDynamics UK Ltd

Association of British Health-Care Industries

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Barnsley Hospital NHS Foundation Trust

BMJ

British Geriatrics Society

British Heart Foundation

British Medical Association (BMA)

British National Formulary (BNF)

British Orthopaedic Association

British Psychological Society, The

British Society for Haematology

Cambridge University Hospitals NHS Foundation Trust (Addenbrookes)

Care Quality Commission (CQC)

Connecting for Health

Cook Medical

Covidien UK Commercial

Department for Communities and Local Government

Department of Health

Department of Health Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection (ARHAI)

Department of Health, Social Services & Public Safety, Northern Ireland (DHSSPSNI)

George Eilot Hospital Trust

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Gloucestershire Hospitals NHS Trust

Gloucestershire LINK

Great Western Hospitals NHS Foundation Trust

Healthcare Improvement Scotland

Healthcare Quality Improvement Partnership

Humber NHS Foundation Trust

Huntleigh

Lambeth Community Health

Leeds Teaching Hospitals NHS Trust

Liverpool Community Health

Lothian University Hospitals Trust

Luton & Dunstable Hospital NHS Foundation Trust

Ministry of Defence (MoD)

National Patient Safety Agency (NPSA)

National Treatment Agency for Substance Misuse

NETSCC, Health Technology Assessment

NHS Clinical Knowledge Summaries Service (SCHIN)

NHS Hertfordshire

NHS Plus

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NHS Sheffield

NHS Western Cheshire

Northern Ireland Vascular Surgeons (NIVASC)

Patient Assembly

PERIGON Healthcare Ltd

Pfizer Limited

Pharmacosmos

Public Health Wales

Rotherham NHS Foundation Trust

Royal Berkshire NHS Foundation Trust

Royal Bournemouth and Christchurch hospitals NHS Foundation Trust

Royal College of Anaesthetists

Royal College of General Practitioners

Royal College of General Practitioners Wales

Royal College of Midwives

Royal College of Obstetricians and Gynaecologists

Royal College of Paediatrics and Child Health

Royal College of Pathologists

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Royal College of Physicians London

Royal College of Psychiatrists

Royal College of Surgeons of England

Royal Pharmaceutical Society of Great Britain

Royal Society of Medicine

Sacyl

Scottish Intercollegiate Guidelines Network (SIGN)

Servier Laboratories

Sheffield Teaching Hospitals NHS Foundation Trust

Social Care Institute for Excellence (SCIE)

Social Exclusion Task Force

Society for Vascular Technology of Great Britain and Ireland

Society of Vascular Nurses

St Marys Hospital, Manchester

Teva UK Limited

Trafford NHS Provider Services

United Lincolnshire Hospitals NHS Trust

University of Sheffield

Urgo Medical Ltd

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Welsh Assembly Government

Welsh Scientific Advisory Committee (WSAC)

West Midlands Ambulance Service NHS Trust

Western Health and Social Care Trust

Wirral University Teaching Hospital NHS Foundation Trust

Worcestershire PCT

York Teaching Hospital NHS Foundation Trust

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