

# NHS Standard Contract - SCHEDULE 2 – THE SERVICES

## Wound Care Service Specification

<b>Service Specification No.</b>	
<b>Service</b>	Wound Care Local Enhanced Service
<b>Commissioner Lead</b>	Dr Avanthi Gunasekera, Strategic Clinical Executive
<b>Provider Lead</b>	As signed
<b>Period</b>	1 April 2021 to 31 March 2022
<b>Date of Review</b>	End of contract period or as necessary

### 1. Population Needs

All practices are expected to provide essential and those additional services that they are contracted to deliver to all their patients. 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.

The aims of this agreement are:

- To provide ambulatory wound care to the practice population;
- To support consistency of care to patients and bring treatment closer to home;
- To reduce the attendance of patients at the Urgent and Emergency Care Centre;
- Prevent people from developing lower limb ulceration;
- Improve healing rates of wounds and leg ulcers;
- Reduce risk of wound infection;
- Reduce recurrence rates of leg ulcers;
- To engage with secondary care services where specialist input is required;
- Improve patient's quality of life and experience;
- To work towards enabling patients to self-manage their care where possible.

Patient consultation has not taken place as this is a revision to an existing service that supports both National and CCG priorities

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	N/A
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

### 3. Scope

#### 3.1 Overview

- The prevalence of acute and chronic wounds, including diabetic foot ulcers, pressure ulcers and leg ulcers, is strongly related to age and the development of disease, with forecasted

UK population trends indicating that there will be a significant increase in the number of patients with chronic wounds and a corresponding rise in the costs of care (Posnett and Franks, 2008; Dowsett et al, 2014). This service specification outlines the Wound Care Local Enhanced Service for ambulant patients.

- Current best practice indicates that all patients who present with wounds such as those of the acute lower limb, should be assessed for compression to reduce the risk of chronicity. Such patients should undergo full holistic assessment.
- In the UK, most wounds are managed largely in the community. The most commonly treated chronic wounds are leg ulcers. Leg ulcers occur in the lower leg; they are distressing and painful to those who have them, they are prone to infection and can have a negative impact upon a patient's mobility and quality of life. This service will provide wound care including leg ulcer care.

This document outlines the service specification for ambulatory patients living with wounds within primary care. The aim of this specification is to enable patients living in Rotherham to have equal access to an effective, efficient and high quality services.

The objectives of this service are to:

- To appropriately treat an acute wound to prevent it becoming a chronic wound
- Improve the self-reported quality of life by patients with wounds
- To reduce hospital admissions for individuals with wounds
- To encourage and increase patient self-care to assist with their wound healing and to prevent the occurrence or reoccurrence of complex wounds

The service will incorporate two elements:

- Holistic Assessment / Reassessment of wound;
- Management of the wounds including skin care, dressings/compression bandages/garments as clinically indicated

The practice will refer patients for further specialist advice if necessary in order to assist wound healing and prevention of further illness/wound deterioration. This may include for example, referrals for vascular consultancy, to the Diabetic Foot Clinic/Community Podiatry, Dermatology, The Lymphoedema Service or to the Tissue Viability Service.

### **3.2 Patient Eligibility**

Children and Adults who are not housebound and are registered with a Rotherham GP Practice.

The following are some examples of the type of wound that this service will provide care for (this list is not exhaustive):

- Wounds which present with slough/necrotic/devitalised tissue in the wound bed;
- Simple wound infections and localised cellulitis;
- Infected post-surgical wounds;
- Wounds with heavy exudate – risk of infection/maceration;
- Skin Tears;
- Leg Ulceration with venous disease to incorporate comprehensive lower limb assessment including clinical and psychosocial needs;
- Leg Ulceration with arterial disease to incorporate comprehensive lower limb assessment including clinical and psychosocial needs;
- Leg Ulceration with mixed aetiology or uncertain diagnosis to incorporate comprehensive lower limb assessment including clinical and psychosocial needs.

For patients with wounds that are more complex in nature, it should be ensured that appropriate referrals are made to specialist teams if needed, for an assessment and an overarching management plan before either being referred back to the practice or kept by the specialist service if particularly complex and meet the referral criteria. Such services could be for instance Tissue Viability and Lymphoedema Services / Community Podiatry Team / Burns Services/Dermatology etc.

### **3.3 Exclusion criteria**

- All non-ambulatory patients requiring assessment and management of all lower leg ulcers/wounds will remain under the care of the Rotherham Community Nursing Team;
- People who have dermatological condition, including suspected melanoma, should be referred to the dermatology services in line with the dermatology pathway;
- People who have diabetes and a foot ulcer should be referred to the Diabetes Foot Clinic Service at The Rotherham Foundation Trust (TRFT), in line with the NICE pathway. This service will provide an assessment and care package and, if appropriate, will refer the patient back to the Community Wound Care Service.
- People who have been seen under the Suture Removal LES.
- People who have been seen under the Minor Surgery LES.

### **3.4 Patient Pathway**

The practice will implement evidence based interventions to assist wound healing:

- Holistic wound assessment. This shall be documented using standardised wound management documentation and patient electronic records;
- Recording wound size/depth, tissue type periwound, skin condition and exudate type and amount;
- Measure and review the patient's pain level/pain management and the patient's self-reported quality of life score in order to optimise the patient's self-reported comfort and quality of life;
- Implement evidence based treatments including wound management products, debridement techniques, compression therapies and skin care;
- Encourage patients and carers to take an active part in their own care/treatment wherever possible. Patients and/or carers shall be given all necessary education and information to assist this. Patient engagement is key to successful concordance with their treatment (Wounds UK 2016);
- Give information to promote and encourage patient understanding and concordance with treatment and future wound prevention management.

The patient's progress should be monitored and reviewed at each intervention. The longer wounds are present, the greater the risk of complexity (Wounds UK 2016). If the wound is not progressing or healing, the patient should be referred for specialist assessment (Wounds UK 2016). The practice shall therefore ensure effective liaison with other relevant services such as the Tissue Viability Service, Consultant Vascular Surgeons / Practitioners, Diabetic Foot Ulcer Clinic, Community Podiatry Service, Dermatology and Lymphedema Service, when clinically indicated.

Patients who are able to self-care will receive intermittent reviews as necessary to ensure that the wound is healing. Patients who self-care will collect dressings from the practice.

When patients' wounds /leg ulcers are healed, patients should receive where applicable:

- Advice on effective skin care;
- Advice on leg and foot exercises to enhance their circulation;
- Measurement and fitting with compression therapy (Including wraps and hosiery if clinically indicated);
- Education on prevention of recurrence of wounds / leg ulcers and to recognise early warning signs.

### **3.5 Interdependence with other services/providers**

Practices will be expected to work and liaise with primary, secondary and community services to refer patients into appropriate services when clinically indicated. Practices will also work closely with RCCG and TRFT colleagues responsible for wound care dressings.

### **3.6 Clinical Obligations**

- The practice must ensure that sufficient numbers and grades of staff are employed in order to provide an appropriate skill mix and to ensure the service can be consistently delivered for the duration of this contract.

- The practice must demonstrate that systems are in place to ensure that competencies are maintained and that skills are up to date.
- The practice will encourage self-care and empower patients to be proactive and involved in the management of their condition.
- Provision of appropriate professional links, training (including annual updates in infection control) and supervision for staff providing the service, which includes clinical supervision and caseload management.

### **3.7 Staff Skills**

Staff must be knowledgeable and competent in key areas / skills indicated below:

- Fully understand the implications / impact of wounds and leg ulcers on patients' health and wellbeing.
- Patient's holistic assessment which includes history taking and clinical assessment.
- Assessment of arterial supply by which ever method is used in local practice e.g. Doppler.
- Wound assessment
- Appropriate dressing selection and application to achieve wound healing using the Rotherham CCG Dressings Formulary
- Measurement of limbs.
- Application of compression system(s) as used locally.
- Documentation and effective communication

If practice staff do not have these all skills at the commencement of the contract, they must be obtained within 6 months of commencement i.e. by 1<sup>st</sup> October 2021.

### **3.8 Equipment**

All equipment where appropriate should be regularly maintained to relevant national or international requirements and undergo regular checks in accordance with national recommendations.

Equipment and electrical connections should meet the NHS requirements of safety of equipment used with patients and comply with the relevant NHSE recommendations.

All wound care products will be supplied in accordance with the terms and conditions of the CCGs contract for dressings, there will be no charge for these products. The practice will provide all equipment and products to enable the change of dressings and any cleansing of the affected areas.

The practice should ensure there are effective processes in place for the safe and secure handling, dressing and related products and that these are in line with the relevant guidance and legislation. The service should have an standard operating procedure this must incorporate the following principles:

- The storage and security of products will be according to the manufacturer's instructions, relevant guidance and legislation, and a system for checking stock expiry dates and for any damage to the packing or product that could compromise the integrity of the product.
- Managing and reporting incidents and near misses relating to medicines system
- All staff involved in any aspect of handling medicines will be trained and assessed as competent regarding the safe and secure handling of medicines, dressing and related appliances. This also includes the safe handling and disposal of wound dressing.

### **3.9 Reporting Achievement**

Practices will submit a quarterly data report to the CCG via the LES data worksheet when requested by the Primary Care Team. To ensure the quality of the service, we will also request additional information each quarter:

- Number of wounds
- Predominant wound type
- Predominant leg ulcer type:
- Venous insufficiency: Arterial / Mixed

- Number of patients: Referred / Number face-to-face contacts
- Numbers healed i.e. patients discharged from the service
- Number of wounds infected
- Number of complaints and serious incidents
- Participation in the Rotherham Wide Wound Care Audit

Recording (in line with the NHS Record Keeping Standards) should be made regarding the patient's clinical history, problems with the procedure, follow-up arrangements and onward referral details. The provider will work with the CCGs wound care service to order dressings and liaise with that service regarding the levels of stock and range of products kept. The service provider will be expected to participate in the Rotherham wide Wound Care Audit which is overseen by the Rotherham TVN Service. At the time of writing, the National Wound Care Strategy Programme is working on a national standardised data set and it is envisaged that point of care data collection will take place. This will cover for example, national Snomed codes for outcomes, referrals and wound type.

Other data recorded in the patients record;

- The products used
- The rationale for choosing the products
- The time and date the dressing was changed
- Any information given to the patient or carer including information of subsequent dressing changes or how to monitor the wounds progress.
- Any allergies observed to any of the products used
- Date of the next planned review

### 3.10 Patient Satisfaction

In order to ensure patients are satisfied with the service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. Practices will provide the patient with the appropriate link for completion.

### 3.11 Remuneration

Practices will be paid at £17.25 per face to face appointment.

#### Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

- a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due );or
- b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further

investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

### **3.12 Audit – Compliance with the Scheme**

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

### **3.13 Termination of Agreement**

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment

The Practice and/or CCG may give three months written notice to terminate the service for reasons other than those outlined above.