

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Post-Operative Wound Care
Commissioner Lead	NHS Shropshire CCG
Provider Lead	GP Practice
Period	1st April 2020 to 31st March 2021
Date of Review	October 2020

1. Population Needs

1.1 National/local context and evidence base

Optimal management of surgical wounds is an important part of post-operative recovery and health care professionals should monitor the process of acute wound healing, prevent wound complications and treat appropriately if complications arise. The key elements of post-operative wound management include timely review of the wound, appropriate cleansing and dressing, and early recognition and intervention of wound complications. Evidence suggests patient factors may increase the risk of post-operative wound complications. These include the type of surgery and the body part involved certain medications, immunosuppressive disorders, poorly controlled diabetes, peripheral vascular disease, tobacco smoking and malnutrition.

Appropriate wound and dressing care promotes healing and reduces the risk of infection. It is therefore important to ensure appropriate factors are managed to prevent wound complications from developing.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

To provide access to wound care services within the local community and:

- To increase the availability of care closer to home;
- To improve patient experience;
- To provide safe and effective access to timely health interventions;
- To support consistency of care to patients;
- Potentially reduce duplicate attendances/appointments within Primary care;
- To avoid unnecessary delays in diagnosis/treatment;
- Responsive access to diagnostics and results;
- To reduce the attendance of patients to an Emergency Department.

3. Scope

3.1 Aims and objectives of service

The aim of the service is to enable GP practices to provide a service to deliver Post-Operative Wound Care following a surgical procedure in secondary care.

The objectives are:

- To ensure that ambulatory patients requiring post-operative wound care have access to services within primary care, enabling continuity of care and consistent review.
- To ensure that patients are not attending urgent and emergency care centres in order to have their wounds managed.

Where a practice wishes to refer a patient to a neighbouring practice who provides the service within Shropshire CCG they may, with the consent of the patient. Where inter-practice referrals are made the contracting practice will maintain responsibility for the assessment of suitability.

3.2 Service description/care pathway

The service shall provide a post-operative wound service to all Shropshire patients who are not housebound.

Surgical wound classification (NG125)

Clean: an incision in which no inflammation is encountered in a surgical procedure, without a break in sterile technique, and during which the respiratory, alimentary or genitourinary tracts are not entered.

Clean-contaminated: an incision through which the respiratory, alimentary, or genitourinary tract is entered under controlled conditions but with no contamination encountered.

Contaminated: an incision undertaken during an operation in which there is a major break in sterile technique or gross spillage from the gastrointestinal tract, or an incision in which acute, non-purulent inflammation is encountered. Open traumatic wounds that are more than 12 to 24 hours old also fall into this category.

Dirty or infected: an incision undertaken during an operation in which the viscera are perforated or when acute inflammation with pus is encountered (for example, emergency surgery for faecal peritonitis), and for traumatic wounds if treatment is delayed, there is faecal contamination, or devitalised tissue is present

Complex Wounds are those that are not showing signs of healing at 4 weeks (the complex wound care LCS would therefore apply).

Healing by primary intention

Occurs when a wound has been sutured after an operation and heals to leave a minimal, cosmetically acceptable scar.

Healing by secondary intention

Occurs when a wound is deliberately left open at the end of an operation because of excessive bacterial contamination, particularly by anaerobes or when there is a risk of devitalised tissue, which leads to infection and delayed healing. It may be sutured within a few days (delayed primary closure), or much later when the wound is clean and granulating (secondary closure), or left to complete healing naturally without suturing.

Interactive dressing

Dressings designed to promote the wound healing process through the creation and maintenance of a local, warm, moist environment underneath the chosen dressing, when left in place for a period indicated through a continuous assessment process.

3.2.1 Service Delivery

Service assessment:

Undertake evidence based comprehensive holistic assessment of the individual

Service Interventions:

The service shall implement evidence based interventions to assist wound healing:

- Holistic wound and patient assessment. These 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.
- Treat all patients with existing wounds and wounds which due to patient condition may occur whilst under the care of the service.
- 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.
- Information shall be given to promote and encourage patient understanding and concordance with treatment and future wound prevention management.
- Offer lifestyle advice and referrals -this shall include, but not limited to lifestyle advisors, emotional wellbeing services, smoking cessation services
- Ensure compliance with the all Shropshire wound care formulary

Service Referrals:

- Complex wounds are those that are not showing signs of healing at 4 weeks (the complex wound care LCS would therefore apply).
- Refer patients for specialist wound care services if necessary in order to assist wound healing and prevention of further illness/wound deterioration. This may include referrals to tissue viability or surgical consultant
- Provide signposting, information and support to facilitate access to a range of community based support service

Payment:

Payment under the service will be made for the following services;

- Episodes of suture removal
- Episodes of clip removal
- Episodes of post-surgical wound care for example:
 - Infection
 - Dehisced wound
 - Cavity wound
 - Post-surgical burns
 - Perianal abscess
 - Pilonidal sinus

3.2.2 Data Collection

- Production of an appropriate GP record. Adequate recording should be made regarding the patient's clinical history, problems with the procedure, follow-up arrangements and onward referral details.
- If the patient is not registered with the practice providing the service, the providing practice must ensure the digital transfer of all appropriate clinical details for inclusion into the patient's notes.

3.2.3 Facilities

- The provision of adequate clinical space, equipment and sterile dressings.

3.2.4 Clinical qualifications

The service provider will ensure that all staff involved in providing any aspect of care under this scheme have completed relevant training, are proficient and competent in the management of post-surgical wounds and are provided with appropriate clinical management support within the practice

The service provider must provide evidence to the CCG that their healthcare professionals have the appropriate knowledge, skills, experience, qualifications and competency to provide the service. This must include but would not be limited to the following requirements:

- Enhanced Disclosure and Barring Service (DBS formally Criminal Records Bureau CRB) checks have been completed;
- Where applicable staff will be fully registered with the appropriate Professional Body;
- All staff will be able to provide evidence of their continuing professional development post qualification that is relevant to the area of intervention.
- Annual Appraisal

The service provider must comply with all relevant policy and procedure as contained in the NHS Standard Contract including but not limited to; safeguarding of vulnerable patients (including children), health and safety, marketing and branding and insurance requirements (professional, public and product and employers liability).

The service provider must also comply with all relevant guidance and referral protocols produced by the CCG. The aim of these protocols will be to ensure that patients are treated by the most appropriate professional, in the most appropriate location with the most effective treatment.

Patient transport arrangements do not form part of this service specification. Patients will be expected to make their own transport arrangements. Those patients who are entitled to assistance with transport under existing NHS arrangements will be able to access this through their GP Practice as per local arrangements.

3.2.5 Tariffs and Codes

Patients included and being claimed as part of this service shall be coded appropriately.

Please refer to the Read Codes included in the Supporting Documents Folder for the codes that should be used for recording patient activity for this scheme.

Frequency of data extraction shall be completed on a monthly basis.

Please see [Schedule 3 Part A](#) for the Local Prices.

Please also refer to [Schedule 6 Part A](#) for the Reporting Requirements.

3.2.6 Key Performance Indicators

Please see [Schedule 4 Part C](#) and [Schedule 6 Part A](#) for details of these requirements.

3.2.7 Equal Opportunities

The service provider must demonstrate how they meet equal opportunity requirements in the following areas:

- They must be committed to equal opportunities and must not discriminate in performance of the service towards service users or members of staff in any way;
- The service provider must be able to provide chaperones at the patient's request;
- The service provider must also be able to provide premises, facilities and treatment rooms that are compliant with disability legislation;
- The service provider must be able to provide access to foreign language interpreter if necessary.

3.2.8 Clinical Governance

The service provider will be responsible for their own system of clinical governance. This will include but not be limited to the following:

- An appointed Clinical Governance Lead;
- Development and implementation of Clinical Governance policies;
- Adherence to the Serious Untoward Incident reporting and investigation process;
- Compliance with Infection Control policies;
- Compliance with NHS complaints procedure and processes.

The service provider will have secure IT systems in place which enable the capturing of patient information and activity reporting. They will ensure that all information relating to patients is safeguarded and complies with the Data Protection Act (1998), the Access to Health Records Act (1990), the Freedom of Information Act (2000) and the Caldicott Principles. Activity reporting

3.2.6 Annual Review

All practices providing this service shall conduct an annual review of the register of patients receiving the service to include:

- Type of wound
- Length of appointments
- Complication and referral rates
- Staff training records in place and up to date

3.3 Population covered

The populations of all registered patients within all Practices that comprise Shropshire CCG. Any treatment for patients, outside of this definition, will not be paid for by Shropshire CCG.

3.4 Any acceptance and exclusion criteria and thresholds

The service is for:

- The registered population of Shropshire CCG.

3.5 Interdependence with other services/providers

If providing the service for patients registered at another practice, the provider will work closely with the patient's registered GP practice and other healthcare professionals as appropriate.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

Compliance with relevant guidance and policy

The service must comply with the guidelines produced by the following organisations (where applicable):

- NICE Guidelines and recommended pathways <http://guidance.nice.org.uk/>

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

- Rules of Professional Conduct
<http://www.gmc-uk.org/guidance/index.asp>
- Care Quality Commission registration requirements.

4.3 Applicable local standards

- Wound management formulary

Please see Sections 3.2 of the Service Specification.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

Not applicable.

6. Location of Provider Premises

The services will be provided from the GP Practice premises.