

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Complex Wound Healing Service - Primary Care LCS
Commissioner Lead	NHS Shropshire CCG
Provider Lead	GP Practice
Period	1st April 2020 to 31st March 2021
Date of Review	Oct 2020

1. Population Needs

1.1 National/local context and evidence base

As part of transforming community services as part of the NHS Long Term Plan, commissioners are coordinating the shift towards prevention and optimised wellbeing & independence through the provision of enhanced or redesigned community services and pathways, and in some cases investing local resources into community based services that were formerly the remit of GP contracts. While a New Shropshire approach to Wound Management is being worked up, this specification will enable the continuation of the Complex Wound Care LCS within General Practice with an improved focus on Wound Healing. The service aims to promote independence, healing and reduce the risk of infection and pain through the provision of personalised wound care management.

Chronic and complex wounds present a substantial burden to both the NHS and patients. For patients, wounds can have negative impacts both on a personal and societal level.

In 2018/19, the national annual cost of providing wound care services to 2.2 million patients was estimated to be around £6 billion. As more people live longer and the incidence of those aforementioned diseases increases, the burden of wounds is likely to increase. NHS costs are predicted to reach £15 billion per annum by 2023 (Guest et al, 2017).

The prevalence of chronic wounds, including diabetic foot ulcers, pressure ulcers and leg ulcers, is strongly related to age and the development of disease, and with the forecasted ongoing increase in a locally aging population there is expected to be consistent ongoing growth and demand in this area on the number of patients requiring wound care. (Dowsett et al, 2014).

The aging population within Shropshire CCG geographical area will lead to an increase in the prevalence of, and subsequent demand for wound prevention and management provision. The provision of a comprehensive Primary Care based wound healing/care service will improve access and convenience, avoid unnecessary attendances in secondary care, and improve outcomes & patient experience.

This service specification describes a complex wound care service for ambulant patients who have a chronic or complex wound and provides evidence based best practice interventions to promote healing and improved quality of life.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	✓
Domain 2	Enhancing quality of life for people with long-term conditions	✓
Domain 3	Helping people to recover from episodes of ill-health or following injury	✓

Domain 4	Ensuring people have a positive experience of care	✓
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	✓

2.2 Local defined outcomes

By commissioning a Complex Wound Care locally commissioned service in Primary Care, it is intended and expected that the following outcomes will be achieved and delivered:

- Provision of a locally accessible service to patients registered with a Shropshire GP Practice
- Ensure the appropriate and relevant coding of wound care activity recorded on the patients clinical history;
- Improved clinical outcomes for patients and fewer complications:
 - Ankle Brachial Pressure Index (ABPI) should be performed prior to initiation of compression bandaging for patients with leg ulcers;
 - Serious Untoward Incidents (SUIs) to be raised within 24hrs of incident;
- All staff providing service evidence appropriate wound care and tissue viability training and annual refresher training;
- Reduced health inequalities by improved access to the service.
- Increase the availability of care closer to home;
- Improve patient experience;
- Provide safe and effective access to timely health interventions;
- Support consistency of care to patients with a focus on improvement and healing;
- Avoid unnecessary delays in diagnosis/treatment;
- Provide timely responsive access to diagnostics and results.
- Reduction in avoidable referrals and admissions to community or specialist services, urgent care centres, hospital

The service will actively promote improved outcomes for patients with complex wounds.

A proactive focus on healing not only improves quality, patient experience and outcomes, it is also likely to generate cost efficiencies for the system through:

- Reductions in acute admissions related to sepsis;
- Reduction in amputation;
- Reduction in costs associated with dressings and increased compliance to the wound care formulary.

3. Scope

3.1 Aims and objectives of service

The aim of the Complex Wound Care locally commissioned service is to improve the quality of life for people requiring management of their wounds, through the delivery of clinically effective care and advice which promotes healing and independence and reduces risk of recurrent infection.

For the service provider(s) to deliver complex Wound Care as described in the service description from within GP practices across Shropshire, this could be at a practice or Primary Care Network level. 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. For patients seen in a clinic outside their usual practice, the referring practice needs to ensure the clinic has access to the patient's clinical records to ensure full clinical picture is given to guide safe and effective wound care for this patient.

The service provider(s) will do this by:

- Delivering a timely, effective and personalised wound management and healing service within a safe and clinically appropriate environment in Primary Care;

- Improving patients' experience by reducing pain, exudate, odour and increasing healing rates through the use of appropriate treatment in accordance with best practice, published guidance and clinical evidence thereby reducing unnecessary or inappropriate use of dressings and wound care products;
- Detecting, and where appropriate treating, any infection with appropriate antibiotics in line with the Shropshire and Telford Primary Care Antimicrobial Guidelines to prevent deterioration of the wound or systemic involvement;
- Providing appropriate patient education so that patients may make informed choices and fully participate in their care and improve concordance;
- Promoting the use of wound care management plans for all patients promoting the long-term care and reducing the risk of recurrence of wounds;
- Preventing unnecessary referrals and admissions to community or specialist services, urgent care centres or hospital.

The objectives of the service are to:

- Improve the self-reported quality of life by patients with complex wounds;
- Reduce hospital admissions for individuals with complex wounds;
- Encourage and increase patient self-care to assist with their wound healing and to prevent reoccurrence of complex wounds;
- Support and enable the timely and effective healing of wounds.

3.2 Service description/care pathway

The service shall provide a complex wound service to all Shropshire patients who are not housebound.

Definition: Simple wounds are wounds that heal uneventfully. They may be a simple traumatic wound, such as a haematoma, minor abrasion or laceration, or a more substantial injury, for example an incision wound (surgical) that heals as expected by primary intention.

Complex wounds are those that are not showing signs of healing at 4 weeks following appropriate wound management intervention.

Payment under the service will be made for the following services

Complex wound care:

- Complex wounds are those that are not showing signs of healing at 4 weeks. They defy healing via conventional and simple "dressings" therapy. Examples may include fungating lesions, leg ulcers, diabetic foot ulcers, wound fistulae and venous stasis ulcers and other wounds that fail to heal.

The Provider(s) shall deliver Complex Wound Care, including treatment and management of ulcers, and provide the appropriate necessary ongoing wound care, treatment or advice as required until wound healed; with a focus on timely healing and recovery.

The Provider(s) shall provide wound care to all patients that qualify for the service who are registered with a Shropshire GP; including temporary registration, regardless of their place of residence (excluding nursing homes), with further detail in Section 3.2.4 - eligibility and exclusion criteria.

3.2.1 Service Delivery

Referral & assessments

- Ensure consent has been obtained and where appropriate assess for Gillick competency;
- Undertake an evidence-based comprehensive holistic assessment of the individual

in line with the service inclusion criteria and current NICE Guidelines;

- Offer consistent assessment of the urgency of the individual's care needs and an appropriate response to meet that need;
- Refer patients for further specialist advice if necessary in order to assist wound healing and prevention of further illness/wound deterioration. This may include referrals for vascular consultancy, diabetic foot clinic or tissue viability service
- Provide signposting, information and support to facilitate access to a range of community based support services

Assessment & Wound Care

- Holistic wound and patient assessment. These shall be documented using standardised wound management documentation and patient electronic records;
- Recording wound size/depth, tissue type per wound, skin condition and exudate type and amount, a photograph of the wound should be taken with the patient's consent;
- 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 in line with local health economy pathways;
- Treat all patients with existing wounds and wounds which due to patient condition may occur whilst under the care of the service;
- If there are clinical signs of infection a wound swab should be taken for diagnostic support;
- For people with leg ulcers the arterial supply to the leg should be assessed to support the safety of compression bandaging. This should occur at the initial assessment. This includes an Ankle Brachial Pressure Index (ABPI) performed before treatment and appropriate training is required due to the complexity of interpretation of the results;
- Following treatment initiation (excludes compression bandaging), patients should be reassessed within 5 working days or sooner if clinically indicated and at regular intervals thereafter;
- Initiation of compression bandages patients should be assessed for complications within 24 – 48 hours either via a telephone or face to face consultation;
- Lower limb un-healed wounds should be referred for Doppler reassessment within 2 weeks;
- Wound dimensions should be recorded at every assessment;
- Dressings should be changed in line with product specific/clinical recommendations;
- Patient records to be updated with any changes in condition, or required changes to care plan based on reviews and monitoring;
- A full assessment should be completed if a patient presents with a new or recurrent wound even though the patient may be well known to the nurse or doctor.
- Encourage patients and carers to take an active part in their own care/treatment wherever possible;
- 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 and nutrition advice
- Provide the patient/carer with information on, and signposting to, any relevant communication/social support services where appropriate.

Interventions should be based on clinical and professional judgment and may be carried out in a number of locations including:

- A designated wound care space within a GP practice

Medicines Management

Provide clinically appropriate treatment in line with the local health economy formulary and clinical pathways including the prescribing of wound care products and antibiotics as

necessary.

- Addition of new products to local health economy wound care formulary should be requested via the wound care working group for review and Area Prescribing Committee for final approval.
- Provision of dressings to patients through direct ordering system stock where possible or FP10 (including for prescription only medicine status dressings) as appropriate, ensuring any dressings are removed from patient's current repeat prescription.

NB: For dressings supplied directly from stock there will no longer be a record of these on the patient's prescription. Dressings/ wound products provided directly from stock need to be fully recorded on the patients consultation. Details of the dressing/ product provided, frequency of change, quantity supplied and review date all need to be documented at each consultation.

- Secure storage of stocked dressings at the agreed quantities.

Dressings

- Dressing packs, gloves, stitch removers and normal saline are included in the cost of the service, which is per attendance and should not be supplied via the Amcare direct ordering system or prescribed via FP10. *Direct ordering will be rolled out to practices on a phased approach from 1st April 2020. Prior to this dressings should continue to be prescribed on FP10.
- The provider will be expected to use and provide dressings for patients through Amcare direct ordering system stock, working to the CCG advanced wound care formulary for Amcare.
 - Items unavailable on Amcare (e.g. POM dressings) should be prescribed via an FP10. Requests for non-formulary products should follow the Shropshire CCG non-formulary request process.
- Use of products outside of Amcare ordering system should be fully justified and recorded. Audit data may be requested by the CCG demonstrating use outside of Amcare direct ordering.
- Dressings and wound care products should be issued on a needs basis for each patient until they no longer require wound care management.
- Compression Bandages
 - After initiation of compression bandages, patients should be assessed for complications within 24 – 48 hours (telephone or face to face consultation) and at regular intervals thereafter until discharged;
 - Ankle measurements should be completed and recorded before and after compression bandage application;
 - A Doppler should be completed at 6 monthly intervals as a minimum or sooner if clinically indicated;
 - A person's concordance with treatment is likely to improve if they are properly informed about the disease and its management.
- Compression Hosiery
 - Prescribing of below-knee graduated compression hosiery and an annual review from registered GP practice (6 monthly for the first year) is recommended to prevent reoccurrence of a venous leg ulcer once a leg ulcer has healed;
 - Completion of annual Doppler test is also recommended to confirm that the ABPI remains within the normal limits.
- Additional Interventions (to include)
 - Signposting to alternative services or provision of advice and guidance on self-care;
 - Referral to specialist community wound service i.e. Tissue Viability;
 - Promotion of personal hygiene and, where applicable, use of emollients in

line with NHSE guidance on conditions for which over the counter items should not routinely be prescribed in primary care;

- Referral for other appropriate care package/community bed;
- Referral to Community Falls Prevention Service;
- Referral to Social Care/Housing Dept. - home adaptations;
- Referral to Community Pharmacist - medicine use review;
- Referral to voluntary, independent and third sector – Red Cross, Age UK etc.;
- Referral to Health and Wellbeing Services - NHS health check
- Referral to Dietetics – review hydration, malnutrition and alcohol consumption and promotion of bone health;
- Referral to Dermatology;
- Referral to Vascular Service;
- Referral to Lymphedema Service;
- Referral to Plastic Surgeon;
- Referral to Diabetic Podiatry;
- Referral to Podiatry;
- Referral to Surgical team.

The service must be flexible and responsive enough to offer the appropriate level of intervention and involvement for each individuals needs and be able to increase or decrease the intensity of care as health and well-being improves or deteriorates.

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. See also section 3.2.1 for recording of dressing and wound product supply.

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 Provider(s) is expected to provide wound care in a safe and clinically appropriate space.

Where the individual is unable to travel/ is house-bound, the service shall be provided in the person's own home or place of residence by the community nurse team. A referral of this patient to the Community Nurse team will be required.

3.2.4 Any acceptance and exclusion criteria and thresholds

Inclusion criteria

Anyone registered with a Shropshire GP where the need for complex wound care healing service has been identified. Please see 3.2 for service description.

Exclusion criteria

- Individuals who are not registered with a Shropshire CCG GP (excluding temporary patients);
- Simple wounds (this is seen as core work)
- Patients who are housebound or within Care Homes
- Patients unwilling or likely to be unable to be compliant with the service;
- Removal of post-operative suture and clips.

3.3 Equal Opportunities

The Provider(s) must demonstrate compliance in meeting 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.

3.4 Clinical Governance

The Provider(s) shall 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 provider(s) will ensure that all information relating to patients is safeguarded and complies with the GDPR Act 2019 (formerly the Data Protection Act 2018), the Access to Health Records Act (1990), the Freedom of Information Act (2000) and the Caldicott Principles. Activity reporting.

3.5 Annual Review

The Provider(s) shall conduct an annual review of the register of patients receiving the service to include:

- Type of wound;
- Length of appointments;
- Complications;
- Healing rates;
- Staff training records in place and up to date.

3.6 Interdependence with other services/providers

The Provider will need to develop and maintain positive collaborative relationships with other Providers in order to become an integral member of the local health and social care community which could include;

- Other Shropshire GP's, PCNs and Primary Care professionals;
- Social Care;
- Shrewsbury and Telford Hospitals NHS Trust;
- Robert Jones and Agnes Hunt Orthopaedic Hospital;
- MPFT;
- Community health professionals;
- Community mental health professionals;
- Community Hospitals;
- Shropshire Enablement Team;
- Local authority services;
- MacMillan / Hospice Outreach Teams;
- Voluntary sector;
- Independent sector care providers;
- Community Equipment Service/Wheelchair service;
- Drug and alcohol Services;
- Community Pharmacists.

3.7 Workforce

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 complex 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 policies and procedures 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.

3.8 Population covered

All patients (who are not housebound) registered with practices within Shropshire CCG. Any treatment for patients, outside of this definition, will not be paid for by Shropshire CCG.

3.9 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.

3.10 Key Performance Indicators

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

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

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

- All applicable NICE guidance <http://guidance.nice.org.uk/>
- SIGN - Management of chronic venous leg ulcers - A national clinical guideline
- National Best Practice Guidance for the Management of Leg Ulcers (Wound UK, 2016)
- EPUAP / NPUAP Pressure ulcer guidelines 2014
- NICE: Wound care products, key therapeutic topic. (2016)
- NICE: Pressure ulcers: prevention and management. (2014)
- NHSE: Serious Incident: supporting learning to prevent recurrence. (2015)
- NICE clinical guideline 74 – Surgical site infection
- NG21 Home care: delivering personal care and practical support to older people living in their own homes, 2015
- CG161 Falls in older people: assessing risk and prevention, NICE, 2013 (reviewed 2016)
- NG31, Older people: independence and mental wellbeing, NICE, 2015
- NG22, Older people with social care needs and multiple long term conditions, NICE 2015
- Tissue viability:
 - CG179 Pressure ulcers: prevention and management (2014)
 - QS89 Pressure ulcers (2015)
 - Relevant Medical Technology Guidance (MTG 5, 17, 20)

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

- Care Quality Commission registration requirements.
- Rules of Professional Conduct
- <http://www.gmc-uk.org/guidance/index.asp>
- SIGN: Health Improvement Scotland. Management of chronic venous leg ulcers (2010)
- National Pressure Ulcer Advisory Panel. Available at <https://www.npuap.org/>

Tissue Viability Society:

- Achieving consensus in pressure ulcer reporting (2012)
- Clinical guidelines

4.3 Applicable local standards

Wound Management Formulary

- The provider will be expected to use and provide dressings for patients through Amcare direct ordering system stock following phased implementation from 1st April 2020, working to the CCG advanced wound care formulary for Amcare.

4.4 Equipment

The Provider(s) has responsibility for all regular maintenance, calibration and safety checks of any equipment, according to the manufacturer's schedule i.e. Doppler and moving and handling equipment.

4.5 Infection prevention and control

- Wounds must be dressed using strict hand hygiene and aseptic non touch technique (ANTT);
- Good wound management practice must be followed, using the appropriate dressing products to promote healing;
- All staff carrying out wound dressings must be trained and updated in ANTT;
- Sepsis protocols should be adhered to as per practice policy;
- The service provider shall also:
 - Ensure clinical area is clean, use detergent wipes to clean chairs, plinth and trolley before and after each patient contact;

- Wash hands with soap and water then use hand sanitiser;
- Ensure the surrounding area is appropriate for undertaking an aseptic procedure and appropriate materials are available/dressing trolleys are fully stocked;
- Remove dressings or padding to allow for a full examination of the wound site using standard IP&C procedures;
- Wash/cleanse the wound site/surrounding area if required;
- Apply barrier product to the surrounding intact skin to protect if necessary;
- Wounds should be swabbed if (and only if) they show signs and symptoms of infection;
- A new swab should be used for each wound site;
- Swab results must be followed up and an assessment made as to whether antibiotics are required (antibiotics must be prescribed and/or supplied in line with existing prescribing guidance for primary care);
- The following should be adhered to:
 - To take a swab move the tip of the swab over the entire wound bed in a zig zag motion.
 - Ensure the swab goes under any undermining tissue and into any deep cavities;
 - If the wound is dry moisten the tip of the swab with sterile saline;
 - Collection of wound exudate can also be beneficial;
 - In deeper wounds where anaerobes may be present it is advisable that swabs should reach the lab within a timely manner;
- Ensure you include all relevant clinical information on the swab form including if the patient has diabetes, presenting symptoms and current antimicrobials;
- Advise patients that a swab result should be followed up after 3-5 days;
- It is the responsibility of the clinician taking the swab to chase the result or delegate to a colleague if not available.

5. Applicable quality requirements and CQUIN goals

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

- The services delivered by this contract will be subject to clinical audit and monitoring will be carried out as part of the annual review of the contract.
- SUIs should be raised within 24hrs of the incident and CCG guidance should be adhered to.

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.