

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	
Service	Complex Wound Care
Commissioner Lead	NHS Shropshire CCG
Provider Lead	GP Practice
Period	1st July 2019 to 31st March 2020
Date of Review	October 2019

1. Population Needs

1.1 National/local context and evidence base

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

The annual cost of wound care services in 2014 was estimated at £2,165 million, which is predicted to rise by £212 million to £2,377 million by 2019 (Dowsett et al, 2014). The cost of wound dressings and other materials is expected to rise by £41 million from 2014 to 2019. In 2014, 86.7% of wound care was delivered by registered nurses in the community (Dowsett et al, 2014).

The prevalence of 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).

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 complex wound care services within Primary Care will improve access and convenience and avoid unnecessary attendances in secondary care.

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	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

For the service provider(s) to deliver complex Wound Care as described in the service description from within GP practices across Shropshire.

The objectives are to:

- Improve the self-reported quality of life by patients with complex wounds
- To reduce hospital admissions for individuals with complex wounds
- To encourage and increase patient self-care to assist with their wound healing and to prevent reoccurrence of complex wounds

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 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.

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:

- 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

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 other wounds that fail to heal.

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

- Provision of adequate clinical space, equipment and dressings to provide the service.

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 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.

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

3.2.9 Annual Review

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

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

3.3 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.

3.4 Any acceptance and exclusion criteria and thresholds

3.4.1 Exclusions:

- Simple wounds (this is seen as core work)
- Patients who are housebound
- Post-operative wounds (unless these fall within the complex wound care definition)

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):

- 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

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

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

4.3 Applicable local standards

- Wound Management Formulary

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.