NHS
Somerset
Clinical Commissioning Group

Service Specification No.	11x-06-03
Service	Leg Ulcer Service (Federation Based – South Somerset)
Commissioner Lead	Sheryl Vincent, Commisisoning Manager
Provider Lead	
Period	1 April 2018 - 31 March 2019
Date of Review	TBC

1 Population Needs

National/local context and evidence base

1.1 As part of their essential General Medical Services (GMS) or Personal Medical Services (PMS) contract, Providers should continue to identify and prevent, as far as possible, the development of leg ulcers in all patients considered to be at high risk. This would include patients with previous leg ulcer history, varicose eczema, other signs of venous disease such as skin changes, lymphovenous diseases or thrombophlebitus as well as those for whom elasticated hosiery is being used. Treatment should also continue for patients with leg ulceration for whom compression therapy is not a suitable option. Staff should be appropriately trained to undertake this work.

1.2 Venous leg ulcers are a major cause of morbidity especially for older people. Leg ulcers are "areas of loss of skin below the knee on the leg or foot which take more than six weeks to heal". About 1.5-3.0 per 1000 population have active leg ulcers and prevalence increases with age up to around 20 per 1000 in people over 80 years. Leg ulceration is strongly associated with venous disease, and is typically chronic. Inappropriate treatment/inadequate management can lead to unnecessary suffering for the patient and costs to society/ the individual and the NHS.

1.3 Compression therapy has been shown to improve healing rates in patients with venous leg ulcers. Considerable damage can be caused by inappropriately applying high compression bandaging in patients with arterial and small vessel disease (see 64.3). This enhanced service is for the treatment of those patients who have venous leg ulcers and meet the criteria set out in 3.27.

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

Not applicable

3 Scope

Aims and objectives of service

3.1 The aim of the service is to improve the quality of life for people with, or at risk of recurrence of, leg ulcers through the delivery of effective care and advice and reduce the risk of recurrence.

Service description/care pathway

3.2 The Provider will provide clinics for the assessment and treatment of patients who are registered with a General Practice in the Federation area and require compression bandaging for a leg ulcer(s). This excludes housebound patients who will be managed by the District Nursing service. In addition, the Provider will provide well leg provision to patients with healed ulcers.

3.3 The clinic sessions will be held at various locations across the federation which will allow reasonable access to all patients requiring treatment across the federation and will support patients requiring more than one dressing per week, if required.

3.4 The service will fund assessment and management of leg ulcers with:

- provision of staff trained in management of leg ulcers with compression bandages, including use of Doppler ultrasound to measure ankle brachial pressure index (ABPI), and additionally in some instances Pulse Oximetry and other equipment as may be required.
- provision of suitable clinic facilities throughout the year, including the implementation of the standards for infection control and the safe disposal of contaminated waste
- provision and arrangement of weekly clinics, including patient appointments agreed with the patient
- assessment of the patient by appropriately trained personnel using the Somerset Leg Ulcer Assessment form
- A timely assessment as soon as possible and within 6 weeks of referral
- continuous assessment/management of the patient and ulcer(s) in accordance with national guidance. Compression bandaging will be undertaken as frequently as clinically required, as part of a 12 week episode of care (or episodes of care as clinically required) which will include:
    - checking for infection
    - general health and social assessment
    - assessment of nutritional status
    - ascertain if referral to Social Services for benefit advice if appropriate
    - f/u Doppler, identification of ankle brachial pressure index (ABPI) measurement
    - maintenance of accurate, contemporaneous records using venous leg ulcer care pathway
- the supply of all dressings, bandages, emollients and creams at each appointment in accordance with the Somerset Formulary. Furthermore, the service will fund compression hosiery and appliance aid for patients upon discharge from the service
- provision of report on assessment and discharge information to General Practitioner (GP) provider, and provider nurse for follow up checks of healed leg ulcers as part of essential services
- effective liaison with local tissue viability nurses, dieticians, Consultant Vascular Surgeons, dermatology service, Lymphoedema nurse specialists and social services

when appropriate

- Well Leg Provision to eligible patients which will include:
    - Removal of stockings
    - Examination, washing and moisturising
    - Applying new stockings
    - Doppler assessment and provision of results to patient's GP

3.5 A summary of the pathway is included as Appendix 1.

CONSENT

3.6 In each case the patient should be fully informed of the treatment options, risks and the treatment proposed.

3.7 National guidelines suggest that written consent should be obtained from patients. Somerset Clinical Commissioning Group (CCG) wishes the Providers to note that their interpretation of 'written consent' in this context is the recording of consent by Read Code. Where the Provider Read Codes consent given, Somerset CCG will take this to mean that the patient has been fully informed of the treatment options and risks, has been offered written information and has given consent.

3.8 Somerset CCG would expect that there would be exceptions to this interpretation in certain circumstances (for example if a patient was not competent or appeared uncertain) and or for certain procedures where actual written consent would be required. It would be for the individual clinician to make the judgment as to what should be deemed necessary. Due consideration should be given to obtaining written consent where risks of dissatisfaction are higher, for example where visible scarring is likely.

TRAINING AND ACCREDITATION

3.9 All clinicians providing the services will have completed the relevant training course and are proficient and competent in the care of people with venous leg ulceration including skills in the use of Doppler and compression bandaging, assessment and application of hosiery.

3.10 Nurses not possessing skills in the management of leg ulceration with compression bandaging are required to undertake the minimum mandatory training of two days, followed up by a half day practical assessment session. Nurses will be encouraged to practice their newly acquired skills, with a trained mentor, between training sessions until deemed competent and have all competencies signed by the trained mentor.

3.11 All practitioners providing leg ulcer services must update their knowledge and skills base every two years.

3.12 In order to maintain skill levels, individual practitioners will be expected to care for a minimum of 12 patients requiring compression bandaging per year.

INFECTION CONTROL

3.13 Providers must have infection control policies that are compliant with national guidelines and current handling protocols, including but not limited to The Health and Social Care Act 2008 Hygiene Code and which takes into account:

- disposal of clinical waste
- needle stick incidents
- environmental cleanliness

- standard precautions, including hand washing

SIGNIFICANT/ADVERSE EVENTS

3.14 The Department of Health emphasises the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

3.15 The Provider should be aware of the various reporting systems such as:

- the NHS England National Reporting and Learning System. Reports to NRLS can be submitted via the Somerset CCG medication incident reporting system, or the national GP e-form. If using the GP e-form please check the box to share your report with Somerset CCG. For details of the Somerset CCG Medication Incident reporting form see below.
- the Medicines and Healthcare products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system), and accidents involving medical devices
- the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)

3.16 In addition to any regulatory requirements Somerset CCG wishes the Provider to use a Significant Event Audit system (agreed with Somerset CCG) to facilitate the dissemination of learning, minimising risk and improving patient care and safety by:

- Reporting all significant events* to the CCG, via the Medications Incident Reporting System (using the icon ✚ situated on the GP desktop and Pathway Navigator) within 2 working days of being brought to the attention of the Provider
- Undertaking a significant event audit (SEA) using a tool approved by the CCG and forward the completed SEA report to the CCG within one month of the event

3.17 In addition to their statutory obligations, the Provider will give notification, within 72 hours of the information becoming known to him/her, of all emergency admissions or deaths of any patient treated by the Provider under this enhanced service, where such admission or death is or may be due to the Providers treatment of the relevant underlying medical condition covered by this specification. Notifications are to be made to the Quality, Safety & Governance Directorate, by telephoning 01935 384000.

3.18 Incidence of post operative Methicillin-Resistant Staphylococcus Aureus (MRSA) and/or Clostridium difficile (C.diff) infection should be regarded as an adverse incident and should be reported to Somerset CCG. Infection rates will be monitored across primary and secondary care providers to ensure infection risks are reduced.

AUDIT AND REPORTING

3.19 Audit and evaluation of the service will be undertaken regularly by the Provider, to ensure quality and standards, within the context of clinical governance, are being maintained.

3.20 The following information will be provided on a quarterly basis:

- number of patients and legs referred to the service
- number of patients and legs receiving assessment
- number of patients and legs entering treatment
- number of patients and legs discharged (split by already healed/ inappropriate/DNA's and

referred to Vascular Service

- number of completed episodes of care, split by % of patients in first, second, third or subsequent episode of care (note, this includes incomplete episodes of care where the patient has healed or been discharged from the service as healed, requiring Vascular Service, moved out of area, died)
- healing rate i.e. the number of legs healed in < 12 weeks/the number of legs completing a 12 week episode of care
- waiting times for commencement of treatment (taken as time to assessment where assessment includes first treatment) split by % seen within 2 weeks, and over 6 weeks)
- The number of legs and patients managed in the Well Leg Element of the service by referring practice

3.21 The following information will be provided on an annual basis:

- the number of patients who have adverse outcomes due to incorrectly treated arterial disease or excessive compression
- the number of patients identified and treated for infection
- patient evaluation/satisfaction survey, including complaints
- evidence of staff training and regular update
- percentage of non-attendance
- results of audit of feedback of discussion between the service and the patient's GP, where the patient's ulcer(s) remains unhealed after two episodes of care.

COSTS

3.22 The local price is set out in Schedule 3 Part A of the contract Particulars.

3.23 Payments are broken down as follows:

- monthly instalments of 1/12 of the contract value, including an allowance for compression bandaging and hosiery consumables, excluding the Well Leg element of the service,.
- costs in relation to the purchase of compression bandaging and hosiery consumables will be reconciled on a quarterly basis
- The practice will be reimbursed on a quarterly basis for activity in relation to the Well Leg element of the service.

PATIENT AND PUBLIC INVOLVEMENT

3.24 The service will conform to professional and legal requirements especially clinical guidelines and standards of good practice issued by the National Institute for Health and Clinical Excellence (NICE) and professional regulatory bodies, and legislation prohibiting discrimination. It is anticipated that for the majority of enhanced services translated information will be available via the Department of Health. If a patient wishes to communicate via a language that is not covered via these leaflets please let Somerset CCG Equality and Diversity Lead know and use the commissioned interpretation and translation service (see **Error! Reference source not found.**) to facilitate the consultation and provision of information to the patient. Use of the interpretation/translation service should be recorded in the patient's lifelong medical record including confirmation of the first language of the patient.

3.25 Practices should encourage, consider and report any patient feedback (positive and negative) on the service that they provide and use it to improve the care provided to patients, particularly

if there are plans to alter the way a service is delivered or accessed.

POPULATION COVERED

3.26 Registered population of the Federation of the Provider

ANY ACCEPTANCE AND EXCLUSION CRITERIA AND THRESHOLDS

Acceptance Criteria – Leg Ulcer

3.27 This enhanced service is for the treatment of those patients who have a leg ulcer and meet the criteria set out below:

- Patient has a venous leg ulcer to a lower limb.
- The leg ulcer has not healed in a four to six week period (evidence of non-healing to be provided by means of documentation and ulcer measurements or photographic evidence), and appropriate Doppler readings (where available), indicating compression therapy is suitable.
- Patient is willing to agree to compression bandaging.

3.28 Patient has a leg ulcer of mixed aetiology and a management plan from the vascular service which can be met by the Provider.

Acceptance Criteria – Well Leg

3.29 Patients who have been in compression bandaging with venous or mixed aetiology ulcers that have healed and are in below knee compression hosiery may be referred back to the Well Leg element of the service, by their GP.

4 Applicable Service Standards

Applicable national standards (e.g. NICE)

4.1 The Health and Social care Act 2008: Code of practice on the prevention and control of infection and related guidance.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216227/dh_123923.pdf

4.2 NICE Clinical Knowledge Summaries – Leg Ulcer – Venous-Summary
http://cks.nice.org.uk/leg-ulcer-venous#!topicsummary)

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

4.3 The Scottish Intercollegiate Guidelines Network (SIGN)120 Management of Chronic Venous Leg Ulcers – a national clinical guideline Aug 2010

Applicable local standards

4.4 Not Applicable

5 Applicable quality requirements and CQUIN goals

Applicable quality requirements

5.1 See Schedule 4 Parts A-D

	Applicable CQUIN goals
5.2	See Schedule 4 Part E
6	**Location of Provider Premises**
	The Provider's Premises are located at:
6.1	As defined in Schedule 2 Part G of the Contract Particulars
7	**Individual Service User Placement**
	Not applicable

APPENDIX 1

SOUTH SOMERSET COMMUNITY LEG ULCER SERVICE
2015/16 CARE PATHWAY