SCHEDULE 2 – THE SERVICES

A. Service Specifications (Short Form Contract)

Service Specification No.	11J/0228
Service	Level 2 Lower Limb Ulceration Service
Commissioner Lead	Dorset Clinical Commissioning Group
Provider Lead	Primary Care Team
Period	1 April 2018 – 31 March 2019
Date of Review	

1. Population Needs

National/local context and evidence base

1.1 This enhanced service specification outlines the more specialised services to be provided in relation to the Level 2 Lower Limb Ulceration Service. 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.

1.2 In the UK most wounds are managed largely in the community[1][2]. The most commonly treated chronic wounds are leg ulcers[3]. 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[4].

1.3 Current best practice indicates that all patients who present with acute lower limb wounds should be assessed for immediate compression to reduce the risk of chronicity. If the wound fails to heal within the following 2-week period, a full holistic assessment must be carried out.[5]

1.4 Chronic wounds of the lower limb are classified as leg ulcers. These wounds require holistic assessment and require longer appointments for treatment. Dorset CCG remain committed to supporting Primary and Community Services to improve outcomes and experience for people living with a chronic wound. Consequently, a locally commissioned service has been developed in recognition of this.

1.5 Research has demonstrated that specialised leg ulcer clinics improve clinical outcomes in healing and in the patient's experience. A social model of care such as Lindsay Leg Clubs are an evidence based initiative which provide community-based treatment, health promotion, education and on-going care for people of all age groups who are or who have experienced leg-related problems. Leg Club staff work in a unique partnership with patients (members) and the local community. Clinics and Lindsay Leg Clubs have shown they improve concordance with treatment[6], which results in positive outcomes for patients in terms of pain, quality of life, self-esteem and functional ability.[7] Lindsay Leg Clubs have a reduced rate of recurrence compared to traditional models of care / national averages.

https://www.legclub.org//commissioners

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[1] Guest JF, Ayoub N, McIlwrait T, Uchegbu I, Gerrish A, Weidlich D, Vowden K, Vowden P. Health economic burden that wounds impose on the National Service in the UK. BMJ Open 2015;5(12)

[2] Betty's Story NHS Rightcare.

[3] As above

[4] As above

[5] Wounds UK (2016) Best Practice Statement: *Holistic management of venous leg ulceration*. P3

[6] Van Hecke A, Grypdonck M, Defloor T. Interventions to enhance patient compliance with leg ulcer treatment: A review of the literature. J Clin Nurs 2008;17(1):29-39.

[7] Edwards H, Courtney M, Finlayson K, Shuter P, Lindsay E. A randomised controlled trial of a community nursing intervention: Improved quality of life and healing for clients with chronic leg ulcers. J Clin Nurs 2009;18(11):1541-9.

1.6 Providers are encouraged to collaborate, with the aim to support increased healing rates and better patient outcomes. Collaborative options practice may include:

- Collaborative model with community services/clinics / other providers (A social model such as a Lower Limb Club would be a good example of this);
- Locality or cluster working;
- A network of practices;
- Practices working on behalf of another practice(s).

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain	Description	
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

It is envisaged that service delivery will be in a range of settings and shall provide a consistently high evidence based level of service delivery to:

- Prevent people from developing lower limb ulceration;
- Assess and treat patients within a 2-week time framework;
- Improve healing rates of venous leg ulcers;
- Improve patient's quality of life and experience;
- Reduce risk of infection;
- Reduce recurrence rates of venous leg ulcers;
- Patients have access to care by confident and competent health care professionals.

3. Scope

3.1 Aims and objectives of service

This document outlines the service specification for ambulatory patients living with a chronic wound of the lower limb within the primary care sector. The aim of this specification is to enable patients living in Dorset to have equal access to a range of effective, efficient and high quality services.

Clinics / Lower Limb Clubs shall be provided for the assessment and management of patients who are registered with a General Practice in Dorset. This excludes housebound patients (non-ambulatory patients) who will receive a service through community services.

The service will incorporate three elements:

- Holistic Assessment / Reassessment of lower limb wound;
- Management of lower limb, including skin care, dressings/compression bandages/garments as clinically indicated
- Maintenance Provision for those patients with healed lower limb ulceration.

Patients with Chronic Lymphoedema shall be referred to the Specialist Lymphoedema Service.

3.2 Service description/care pathway (see Appendices A and B)

Days / Hours of Operation

The provider shall ensure a comprehensive availability of the service 52 weeks per year, to meet the individual clinical needs.

Clinics

Clinics / lower limb clubs shall be held in suitable facilities, which meets the necessary infection prevention and control and health and safety requirements.

The provider shall offer timely holistic assessments. Following initial appointment 98% of patients will be offered a full assessment within 10 working days. General practice shall continue treatment until transfer of care as core wound care.

Assessments

On initial injury to the lower limb, to prevent delays in patient's treatment and in the absence of any risk factors for arterial insufficiency, patients can be prescribed Class 1 British compression hosiery (Wounds UK, 2016).

Criteria for this includes:

- Ensuring patients have no signs of ischemia: i.e. palpable foot pulses and no history of arterial disease/intervention;
- Intact sensation confirmed following a monofilament test;
- Wound history and wound assessment; confirming a diagnosis of wound;
- Appropriate build /shape of limb.

If the wound fails to heal within 2 weeks of a full holistic assessment, an Ankle Brachial Pressure Index (ABPI) using a Doppler should be undertaken by a competent practitioner. Full holistic assessments should be subsequently undertaken every six months.

Following assessment 60-70% of leg ulcers are diagnosed as venous leg ulcers (EWMA 2016). Venous leg ulcers can be classified as (Wounds UK 2016):

Simple venous ulcer defined as

- ABPI 0.8 – 1.3
- Area < 100cm²
- Present for less than 6 months

Complex venous ulcer defines with following characteristics:

- ABPI outside 0.8 – 1.3 range
- Area > 100cm²
- Present for more than 6 months
- Controlled/uncontrolled cardiac failure
- Current infection/ history of recurrent infections
- History of non-concordance with treatment
- Ulcer failed to reduce in size by 20-30% at 6 weeks despite best practice
- Fixed ankle or reduced range of motion
- Foot deformity
- Unmanaged pain

Management

Evidence based lower limb management is paramount to achieve wound healing. Management of lower limb will include skin care, selecting an appropriate wound formulary dressing and applying compression therapy (bandages or garments) as clinically indicated. These shall comply with the Dorset Formulary. Patient engagement is key to successful concordance with their treatment (Wounds UK 2016).

The patient's progress should be monitored and reviewed at each intervention. The longer the ulcer is present, the greater the risk of complexity (Wounds UK 2016). If the ulcer is not

progressing or not healed after 12 weeks, the patient should be referred for specialist assessment (Wounds UK 2016).

Providers shall ensure effective liaison with other relevant services such as Leg Ulcer Service, Consultant Vascular Surgeons / Practitioners, Diabetic Foot Ulcer Clinic, Podiatry, Dermatology and Lymphedema Service, when clinically indicated. A MDT approach for complex patients' needs to be established.

Patients with two or more ulcers on two different limbs will constitute as one pathway of care.

Re-Ulceration

If re-ulceration occurs within a treatment pathway, patients will not commence a new treatment pathway and will continue in their existing pathway until 12 weeks of treatment have taken place.

Maintenance Provision shall be provided to patients with healed lower limb ulceration.

- The service shall undertake a re-assessment including an Ankle Brachial Pressure Index (ABPI) using a Doppler at 3 months, 6 months and one year after healing to identify patients most likely to re-ulcer and seek to maximise patient compliance with preventative treatment plans.

In developing this provision consideration shall be given to the benefits of social models of care such as Lindsay Leg Clubs. Innovative working with the local voluntary sector is encouraged. If a social model is chosen, a model of provision shall be developed which has an emphasis on promoting positive health beliefs by encouraging patient social interaction, participation empathy and peer support.

Ongoing Care Pathway for Non-Healing Patients

There will be a group of patients that require on-going treatment in services. These will have been:

- Assessed by services;
- Completed two 12-week pathways and not healed:
- Continued in treatment whilst referring to the Level 3 service for assessment and treatment guidance;

It is at this point that people will become classified as non-healing.

Education, Training

Clinician's / health care professionals shall be required to attend mandatory training to provide this service. They will have completed a relevant course and are proficient and competent in assessing and managing patients with leg ulcers.

These clinical skills include;

- Undertaking a holistic assessment of the patient;
- Recording an ABPI using a Doppler;
- Applying an effective and safe compression therapy (Bandages, garments or hosiery) as clinically indicated.

Clinicians / health care professionals who are not competent in the above skills shall need to undertake an accredited competency based leg ulcer course. Staff will be encouraged to practice their newly acquired skills supervised, with a trained mentor, until assessed as competent by a competent mentor who has completed a leg ulcer update in past year.

All practitioners providing lower limb ulceration care should as part of their annual appraisal demonstrate reflective practice to ensure their clinical knowledge and skill base is kept up to date. Practitioners would be expected to undertake formal refresher training as a minimum every 3 years or sooner if clinically indicated.

Practitioners assessing and managing patients with leg ulcers are accountable for maintaining their competencies within their own scope of practice, in line with the NMC code. Leg Ulcer and Doppler Update sessions are available from Level 3 provider.

An educational programme on Assessment and Management of Leg Ulcers is available and delivered free of charge to all Dorset practice and community nurses by the Level 3 Provider. This is run approximately every six weeks across various locations within Dorset.

3.3 Population Covered

This local service contract is available to patients registered with a Dorset practice.

3.4 Any acceptance and exclusion criteria.

Acceptance Criteria

- Ambulatory Patients registered with a Dorset Practice over the age of 18.

Exclusion criteria

- All non- ambulatory patients requiring assessment and management of all lower leg ulcers/wounds will remain under the care of the district nursing team. However, always consider and assess a patient's mobility, as they may be able to attend a community based model of care or Clinic with assistance from appropriate transport, thus, reducing social isolation.
- People under the age of 18 years.
- 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 services in secondary care in line with the NICE pathway.
- People treated outside the practice by the community nursing team (even when prescribing responsibility sits with the practice).

3.5 Interdependence with other services/providers

The provider shall be expected to work and liaise with community and secondary providers to refer patients into appropriate services when clinically indicated.

Level 3: Community Specialist Leg-Ulcer Service

The level 3 Leg Ulcer service will provide specialist assessment for patients with complex non-healing leg ulcers.

Criteria for referring patients to level 3 specialist leg ulcer service:

- Failing to progress with best practice of leg ulcer care for 12 weeks
- Deteriorating without any clinical indications
- Practitioners concerned about diagnosis of leg ulcer
- Recurrence of leg ulcer within 3 months

Arterial leg ulcers should be referred directly to the Vascular team.

The service shall provide a virtual lower limb clinic offering initial specialist advice and support to staff. This will include reviewing: holistic completed leg ulcer assessment tool, assessing wound characteristics, reviewing photographs and care plans.

The level 3 service will also provide:

- Specialist Leg Ulcer Clinics within various locations within Dorset.
- Offer joint visits to GP surgeries to provide advice and guidance on assessment and management of patients, when clinically indicated.
- An education programme for practice and community nurses delivered across the county at regular intervals and in various locations throughout the year. Please contact The Learning and Development Team, DHUFT – on 01202 277199.
- Support the development of Leg Clubs across groups of GP practices, non-ambulatory patients and the interface with secondary and private care.

Level 5

Criteria for referral secondary care following leg ulcer assessment. (Patient should be assessed within 2 weeks of presentation).

- ABPI less than 0.75;
- ABPI >1.3 (however do not remove compression, if no other contra- indications);
- Monophasic waveforms but otherwise no arterial symptoms instigate venous treatment and monitor closely and early referral if deteriorates;
- c/o intermittent claudication and/or rest pain- defined by pain on elevation and some relief on dependency;
- Previous lower limb arterial surgery;
- Foot ulcers in non -diabetic patients – if palpable pulses and normal range ABPI consider non vascular aetiologies and refer appropriately;
- Complex venous ulcers failing to respond in compression and who have completed venous ulcer pathway.

Patients with healed venous ulcers should be referred to one stop venous clinic for assessment of venous disease and potential risk reducing intervention.

4.

- Applicable national standards (eg NICE)

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

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

Venous leg ulcers: Infection diagnosis and microbiological investigation
Quick reference guide for Primary Care: For consultation and local adaption
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/632747/Venous_leg_ulcers_quick_reference_guide_PDF.pdf

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

Wounds UK. Best Practice Statement: Holistic management of venous leg ulceration. Nov 2016

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

- Applicable local standards

www.dorsetformulary.nhs.uk

Clinical Obligations:

- Support continuing professional development for all staff with clinical leadership and supervision and all clinicians where appropriate to attend regular meetings including MDT for peer support. Clinicians must be encouraged to engage with relevant networks for the management of leg ulcers across the health economy and should be multi professional.
- The provider 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 52 weeks per year in accordance with the service specification.

The provider shall supply information in a variety of ways to patients for example, advice leaflets, DVD, visual tools and a website for patients. Other formats, such as Braille, large print, audio cassette or CD, must be available if the need has been identified. Facilitate a group approach and expert patient involvement where appropriate and support carers as required. Information should be age and language appropriate.

The provider shall take account of the Pan Dorset Carers Strategy 2016-2020, which aims to ensure that all carers are fully informed, involved, and valued, and that they receive the right support, at the right time in the right place.

The provider shall encourage self-care and empowering service users to be proactive and involved in the management of their condition.

Facilities and Equipment

The Providers facilities / premises must comply with the relevant requirements as set out by the Care Quality Commission and as set out in the Contract for NHS Services.

All equipment where appropriate should be regularly maintained to relevant national or international requirements and undergo regular checks (Stage A, Stage B, or Stage C 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.

The provider will ensure access to the following more specialist equipment; Doppler and camera.

Monitoring:

Annually via the CCG contract assurance meeting the provider shall:

- Demonstrate evidence of training undertaken;
- Discuss any adverse incidents and the learning that has taken place from these;
- Reflect on satisfaction surveys or patient letters of commendation.

Quarterly the provider shall report:

The following are the reporting requirements, however work is continuing to support practices to extract the information automatically to generate payment and quality standards. With practice support, BI and the IT Development Team have been working on a template to achieve his by the end of Quarter 1. Please note that this only applies to System One Users.

Payment requirements:

No. of new level 2 assessments in the quarter	Payment per assessment
No. of level 2 non-healed reassessments in the quarter	Payment per assessment
No. of healed level 2 assessments in the quarter	Payment per assessment
No. of Pts commencing 1st 12-week pathway in quarter	Per Pathway
No. of Pts commencing 2nd 12-week pathway in quarter (if applicable)	Per Pathway
No. of Pts commencing ‘Management of non healed leg ulcer’ – to be claimed on an annual basis – includes 2 non healed reassessments	Per Pathway

Quality Standards – (included in template for System One Users or identified below for EMIS Users)

- Predominant ulcer type:
  - Venous insufficiency
  - Arterial
  - Mixed
- Diabetic Foot Ulcer (to support future commissioning)
- Number of patients under practice care;

- Wounds infected.

Dorset CCG shall provide:

- The quarterly monitoring return template provided by the Commissioner shall allow the Provider to monitor activity provided for each quarter.

Payment Arrangements and Tariff Prices:

The Provider shall be paid for the provision of the Services based on activity reported on a quarterly basis in arrears. Tariff prices are detailed on the practice return.

4 Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

5 Location of Provider Premises

The Provider's Premises are located at:

Services will be delivered in a variety of settings identified as being most appropriate to meet the individual's need, whilst ensuring compliance with best practice care pathways.

6 Individual Service User Placement