

SCHEDULE 2 – THE SERVICES

A. Service Specification

Service Specification No.	11J/0237
Service	Level 2 Lower Limb Ulceration Service & Level 3 Community Specialist Leg Ulcer Service
Commissioner Lead	Dorset Clinical Commissioning Group
Provider Lead	
Period	1 April 2018 – 31 March 2019
Date of Review	

1. Population Needs
<p style="color: green; text-align: center;">National/local context and evidence base</p> <p>1.1 This enhanced service specification outlines the more specialised services to be provided in relation to the level 2 Lower Limb Ulceration Service and the level 3 Community Specialist Leg Ulcer 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.</p> <p>1.2 In the UK most wounds are managed largely in the community.¹² The most commonly treated chronic wounds are leg ulcers³. 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 life⁴.</p> <p>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</p> <p>1.4 The majority of 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.</p> <p>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 treatment⁶,</p>

¹ Guest JF, Ayoub N, Mcllwraith 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.

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>

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);

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

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.

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.

The service will incorporate two elements:

- Holistic Assessment / Reassessment of lower limb wound;
- Management of lower limb, including skin care, dressings/compression bandages/garments as clinically indicated

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

3.2 Service description/care pathway

Days / Hours of Operation

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

Level 2 Service

Clinics

Clinics /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.

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

- Assessed by services;
- Continued in treatment whilst referring to the Level 3 service for assessment and treatment guidance if appropriate ;

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

Healed Leg Ulcer Provision

When patients' leg ulcers are healed, a maintenance period of 2- 4 weeks will be offered within level 2 leg ulcer clinics, depending on their clinical needs.

During this time patients will receive:

- Advise on effective skin care
- Advise on leg and foot exercises to enhance their circulation
- Measurement and fitting with compression therapy (Including wraps and hosiery if clinically indicated)
- Education on prevention of recurrence of leg ulcers and to recognise early warning signs

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 that are not healed or progressing after 12 weeks.

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/visits 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 DHC - on 01202 277199.
- Provide clinical support to Leg Clubs across groups of GP practices, non-ambulatory patients and the interface with secondary and private care.

3.3 Population Covered

Level 2 Service: For patients registered with a GP in Dorset whose practice is not contracted to provide the Level 2 Lower Limb Ulceration Service.

Level 3 Service: All patients registered with a GP in Dorset.

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 with specialist advice from the level 3 service where clinically appropriate. However, always consider and assess a patient's mobility, as they may be able to attend a community based Leg Club 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 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.

4.1 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

4.2 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

4.3 Applicable local standards

www.dorsetformulary.nhs.uk

Clinical Obligations:

- The professional head of the leg ulcer service must hold professional registration and appropriate specialist training in both theoretical and practice concepts and evidence.
- The provider must demonstrate that systems are in place to ensure that competencies are maintained and skills up to date.
- 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.

Workforce:

In order to work unsupervised, staff must be able to demonstrate that they are knowledgeable and competent in key areas / skills indicated below:

- Fully understand the implications / impact of leg ulcers on patients' health and wellbeing. Patients holistic assessment which includes history taking and clinical assessment.
- Assessment of arterial supply by which ever method is used in local practice e.g. Doppler.
- Wound assessment
- Appropriate dressing selection and application to achieve wound healing.
- Measurement of limbs.
- Application of compression system(s) as used locally.
- Documentation and effective communication
- Prescribing where required.

Non-medical prescribers working within the service must meet competencies of the Nursing and Midwifery Council and adhere to the standard operating procedures for prescribing dressings and wound care products.

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.

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:

- Predominant ulcer type:
 - Venous insufficiency
 - Arterial
 - Mixed
- Number of patients
 - Referred to Level 2
 - Number of Level 2 face-to-face contacts
- Number of patients undergoing ABPI assessment;
- Number of patients
 - Referred to level 3
 - Number of Level 3 Face-to-face contacts
- Number of venous healed in quarter
- Number of wounds infected
- After delivery of each Educational Programme the provider shall report:
- Number of health care professionals completed Leg Ulcer Education Programme;
- Summary of evaluation forms for all attendees.

• 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