

## A. Service Specifications

<b>Service Specification No.</b>	FINAL – June 2023
<b>Service</b>	Treatment Room
<b>Commissioner Lead</b>	NHS Lincolnshire Integrated Care Board (ICB)
<b>Period</b>	1 <sup>st</sup> April 2023 – 31 <sup>st</sup> March 2024
<b>Date of Review</b>	June 2023

### 1. Population Needs

#### 1.1 National context and evidence base

##### Lincolnshire's Integrated Care System and Integrated Care Board

The NHS Lincolnshire Integrated Care System (ICS) was created on 1 July 2022 following an amendment of the Health and Social Care Act 2006.

The ICS is a partnership that brings together providers and commissioners of NHS services across Lincolnshire with local authorities and other local partners (such as the voluntary sector), to collectively plan health and care services to meet the needs of their population.

The 4 aims of the ICS are:

- improve outcomes in population health and healthcare
- tackle inequalities in outcomes, experience, and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

NHS Lincolnshire Integrated Care Board (ICB) is the statutory body within Lincolnshire ICS responsible for the provision of health services, in accordance with the Health and Care Act 2022.

Lincolnshire ICB will use its resources and powers to collaboratively tackle complex challenges, including:

- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as the population ages
- getting the best from collective resources so people get care as quickly as possible

##### Lincolnshire ICB statistics

- Lincolnshire ICB has 81 practices
- The total registered population is 813,240 (as of January 2023)
- The registered population live in 7 different lower tier Local Authorities
- As of 2021, the male average life expectancy in Lincolnshire (78.3 years) is slightly lower than the national average (78.7 years). The average Lincolnshire life expectancy for females is 82.8 years, which is the same as the national average
- The 2021 overall premature mortality rate in Lincolnshire (deaths <75 years per 100,000) which is 366.3, which is slightly higher than the national figure of 363.4

- The average level of deprivation in England as of 2019 was 21.7. Lincolnshire ICB as a whole is slightly less deprived than this, at 20.2. However, there are pockets of deprivation across the county that are within the national 20% most deprived areas (mainly around coastal and inner urban areas)

## 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 a safe environment and protecting them from avoidable harm	✓

### 2.2 Local defined outcomes

The Commissioner wishes to ensure that a range of procedures are readily available within primary care. These services would historically have been performed or initiated in secondary care.

It is recognised that the provision of Treatment Room services in primary care has significant benefits to patients which include:

- Improved patient convenience, often with minimal travel requirements
- Timely service provided
- Available expertise already present in primary care
- Holistic approach to patient care
- Safe and effective service
- Integration with other services

The following principles underpin the service:

- The majority of care should take place as close to the patient's home as possible
- Cost effective service
- Providers can work in partnership to provide a comprehensive local service
- Where GP practices do not wish to provide the service other providers will be available to provide in the locality

## 3. Scope

### 3.1 Aims and objectives of service

The aim of this service is to ensure that patients who undergo treatment in secondary care, minor injury units and under Community Surgery Services receive effective follow up Tier 1 wound care as required at a venue appropriate to their needs. Tier 1 wounds are simple, post-operative wounds and simple skin tears.

### 3.2 Service description/care pathway

Services covered by this specification are the range of procedures within primary care that have previously been performed or initiated in secondary care and will include as a minimum, but not restricted to:

- A full history and relevant clinical examinations including a wound assessment will be undertaken, ensuring appropriate dressings are used.
- The patient must be fully informed of the proposed procedure and appropriate consent recorded.
- Application of simple dressings (these should be provided by the discharging provider, or via prescription / FP10 if not applicable)
- Removal of sutures and clips from uncomplicated wounds arising from a secondary care procedure. Clip / staple removers will be provided by the discharging provider
- Post-operative care of surgical wounds in patients who can attend the Provider premises and where the care of such wounds falls within the skill and experience of the staff involved.
- Follow up wound care arising from attendance at GPwSI schemes, the Community Surgery Service, Minor Injury Units, Urgent Treatment Centres and Accident and Emergency Units. These units will provide, on FP10 an initial supply of appropriate dressings
- The Provider will make arrangements for the follow up of patients, or a timely onward referral where required. Onward referrals should be made directly to the appropriate Provider and not via the patients registered GP.

### **3.2.1 What is not covered by this service:**

- The provision of drugs or dressings. These will need to be prescribed by the patient's registered GP.
- Complications that arise beyond the competence of the staff during treatment will be referred onwards appropriately to the tissue viability nurse or the appropriate specialist in secondary care.
- Any care that will be covered by the complex wound management service is excluded within treatment room service delivery. These are Tier 2 and 3 wounds which are described as –
  - Tier 2 - more complex wounds including post-operative cavity wounds including infected wounds and topical negative pressure application
  - Tier 3 - Complex wounds requiring specialist review from Tissue Viability services, Podiatry or other services. This could include a one-off review in an advanced wound clinic (Tissue Viability, leg ulcer or podiatry) or a specialist review within the tier 2 clinic
- Any wound that is from a minor injury that occurred less than 48 hours previous which should be treated within a Minor injury service/Urgent Treatment Centre, or Accident and Emergency Units if appropriate.

### **3.2.2 Operating hours**

This service will be provided during core opening times (as detailed in the regulations) or during hours agreed by the Commissioner i.e. extended hours surgeries.

### **3.2.3 Referrals received with insufficient information**

All referrals to this service should contain sufficient details to enable the Provider to process the referral. If a referral is received with insufficient information, the Provider shall liaise with the referrer to seek this information so as not to delay the patient's appointment from the appropriate Provider and so as not to breach the Referral to Treatment standards set out in the NHS Standard Contract Schedule 4 "Quality and Performance Standards"

### **3.3 Population covered**

Any patient who is permanently or temporarily registered at a GP Practice within the boundary of Lincolnshire CCG. Patients will be seen close to their homes.

### **3.4 Any acceptance and exclusion criteria and thresholds**

#### **Inclusion:**

- Children, adolescents and adults
- A wound appropriate for management by health care practitioners with Tier 1 capabilities as described in the National Wound Care Strategy. Tier 1 wounds may turn into a complex Tier 2 or Tier 3 wounds. If this happens then the patient will need to be discharged from treatment room and referred directly to the complex wound management service.

#### **Exclusions:**

- Patients who have or develop complications that is beyond the competence of Tier 1 primary care services. These patients are to be directly referred onwards to the appropriate Provider (for example tissue viability or secondary care specialists).
- Patients with leg ulcers who would be treated under the Leg Ulcer Service
- Patients with a complex wound (The type of wounds considered complex are fungating lesions, pressure ulcers, wound fistulae, pilonidal sinus abscess, wounds requiring vacuum dressings and wounds that fail to heal). These patients should be treated under the complex wound management service.

### **3.5 Do Not Attends (DNAs)**

When a patient Does Not Attend (DNA), the Provider shall discuss this with the patient's GP in order to determine and document an appropriate course of action on a case-by-case basis.

### **3.6 Interdependence with other services/Providers**

The Provider shall seek to conduct positive working relationships with all Health and /or Social Care professionals.

Providers shall be responsible for effective communication with all specialist and primary care services and shall ensure that all appropriate details are communicated accurately to the necessary recipients.

The Treatment Room Service will be interdependent with the following other services/providers (list is not exhaustive)

- Lincolnshire Community Health Services (LCHS)
- United Lincolnshire Hospitals NHS Trust
- Primary Care
- Tissue Viability Service

- Providers of Leg Ulcer Enhanced Services
- Providers of Complex wound management Enhanced Services

Providers are expected to cooperate and share information with others involved in a patients' care, treatment and support while having regard to the patients' rights to confidentiality.

#### **4. Applicable Service Standards**

##### **4.1 Applicable national standards (e.g. NICE)**

Providers will be expected to be fully compliant with the relevant standards of quality and safety across all provided regulated activities as registered with the Care Quality Commission. The regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended) and the Care Quality Commission (Registration) Regulations 2009 (Part 4) (as amended)

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

- Royal College of Nursing (RCN) guidance on wound management
- National Wound Care Strategy ([Wound Care | National Wound Care Strategy Programme](#))

##### **4.3 Applicable local standards**

###### **4.3.1 Data Collection and Record Keeping**

The Provider must ensure that details of the patients care as part of this service is included in their lifelong record. If the patient is not registered for primary medical services with the Provider of this service, the Provider must send this information to the patient's registered General Practitioner for inclusion in their lifelong medical record.

The name of the clinician undertaking the procedure and the name of an assistant if present should also be entered into the patient's record.

###### **4.3.2 Reporting and Audit**

The Provider is encouraged to undertake regular audit (minimum requirement is annual) to review and evaluate whether the service remains safe and effective and delivers a quality service meeting the needs of Patients. The audit must cover all patients who access the service – those patients directly registered with the Provider, as well as patients registered with other Practices (where applicable), and this must be clear within the audit review process. The Provider could consider the following areas for inclusion in audits –

- Number and type of procedures provided
- Waiting times for appointments from the time of request/referral
- Patient feedback including complaints received
- Thematic analysis of complaints received in relation to the Treatment room service, any actions taken in response to complaints and how learning cascaded to team
- Review of incidents identified in relation to the Treatment room service, and any actions taken in response to complaints and how learning cascaded to team
- Level of involvement and engagement with patients when reviewing service delivery

The Provider will agree to participate in any formally notified additional audit / information

requirements and agree to use any CCG provided templates and searches. Outcomes will be used to improve the quality of both the existing and future opportunities of this service.

The Provider will report on a quarterly basis the number of patient contacts for treatment room services using the appropriate SNOMED code.

The required reporting template can be found in Schedule 6A of the contract.

<b>Procedure</b>	<b>READ codes</b>	<b>SNOWMED codes</b>
Treatment room services enhanced services administration	XaWRv	729791000000109
Treatment room	Ua0sU	224886008
Seen in community treatment room	XaXxx	788351000000104

The Service Provider will notify the CCG Quality Services Team, Cross O'Cliff Court, Bracebridge Heath, Lincoln, LN4 2HN directly, or by email ([liwccg.clinicalriskincidents@nhs.net](mailto:liwccg.clinicalriskincidents@nhs.net)) of all serious incidents

These must be reported by the service provider within one working day of the information becoming known to them.

The service provider will participate in a review of any serious incidents notified to the Head of Quality Services and demonstrate that any learning from the incident is acted upon to minimise future risk.

#### **4.3.3 Facilities**

Providers must have policies in place that comply with current national guidelines. This should include:

- Provision of an appropriate room fitted with a couch.
- Infection control and decontamination facilities and policies.
- Equipment for resuscitation.
- Provision of sterile surgical equipment and other consumables.
- Disposal of clinical waste.

If necessary, an appropriately trained assistant needs to be present to support the patient and assist the clinician during the procedure(s).

#### **4.3.4 Staffing**

The Provider will ensure that -

- Its employee and agents comply with all relevant legislation, codes of practice and regional and national guidance; and when required provide evidence of such compliance.
- there are sufficient appropriately registered, qualified and experienced clinical and non-clinical staff to enable the Services to be provided in all respects and at all times in accordance with this specification.

#### **4.3.5 Standard Operating Procedure (SOP)**

The Provider must have in place a Standard Operating Procedure (SOP) which outlines the actions and systems necessary to deliver Treatment Room services. This should clearly define the roles and responsibilities of each individual involved in the service and the timescales for delivery.

#### **4.3.6 Accreditation and Training**

Staff involved in the delivery of this service will be appropriately trained and competent in the provision of the services offered and compliant with the requirements of the National Wound Care Strategy.

#### **4.3.7 Service User (Patients and their Carers) Information**

Information shall be made available to Patients in a range of formats and languages appropriate to the local population. The information shall include the outline of the Services, together with Patient Information leaflets, giving details about their clinical treatment and any treatment advice.

### **5. Applicable quality requirements and CQUIN goals**

5.1 Practices which take part in the scheme must demonstrate that service provision is of high quality, evidence based, safe and effective, with robust governance systems and safeguards in place, staff have received appropriate training and equipment is maintained to the highest standard. Practices may be required to provide commissioners with assurance that services provided are within the criteria of the contract general conditions, service conditions and particulars.

5.2 CQUIN goals will not be applied.

### **6. Location of Provider Premises**

It is the obligation of the Provider to secure premises for service delivery. The Provider can use their own facilities within a practice or access current NHS accommodation in Lincolnshire managed and accessed through NHS Property Services (to include premises owned by Lincolnshire Community Health Services, United Lincolnshire Hospital Trust and certain GP practices).

### **7. Individual Service User Placement**

Not applicable