Service Specifications

Service Specification No.	
Service	Community Leg Ulcer Service
Commissioner Lead	NHS Lincolnshire Integrated Care Board (ICB)
Period	1st April 2023 – 31st March 2024
Date of Review	March 2023

1. Population Needs

1.1 Context

"National guidelines (RCN Guidance 1998) define a leg ulcer as a break in the skin of the lower leg which takes more than 4-6 weeks to heal" ***Anderson, I., King, B. (2006).***

1.2 Local Context. This Service Specification represents the requirements for NHS Lincolnshire Integrated Care Board (ICB) - "The Commissioner" for the clinical treatment and management of leg ulcers in the community.

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 82 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) 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

The Leg Ulcer Service ("The Service") provision shall directly and primarily deliver numbers 2-5 of the NHS Outcomes Framework and may contribute in part to Domain 1 as follows:

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 Service shall deliver best practice Leg Ulcer treatment and prevention care across the Lincolnshire community which shall be:

- Patient centred
- Holistic
- Responsive, timely and resource efficient.
- Clinically effective, delivering best possible and timely outcomes for patients.
- Qualitative
- Safe
- Locally accessible to enable choice and convenience for patients.
- Adoptive of an environment of continuous improvement.
- Link primary and secondary care pathways seamlessly.
- Transparent and accountable
- Address the locality population need relating to the geographical commissioning areas

3. Scope

3.1 Aims and Objectives of the Service

Through the application of best practice, clinically effective assessment, treatment, education and advice, the Service shall deliver:

- Improved quality of life for people with or at risk of recurrence of leg ulcers.
- Continuing longer term care of arterial leg ulcers for those patients who have a chronic clinical input requirement

- A reduction in the incidence of recurrence of leg ulcers.
- Timely and appropriate access to leg ulcer clinical care and advice.
- Access to care closer to their home for those people who experience or are at further risk of leg ulcer episodes.

3.2 Service Description and Care Pathway

The Service shall deliver best practice Leg Ulcer treatment and prevention care and advice in accordance with all the following:

3.2.1 Delivery Model

The Provider shall adopt a service model of their choosing e.g., nurse led model; providing that this delivers to the standards and other requirements set out in this Specification and the obligations set out in the NHS Standard Contract.

3.2.2 Hours of Service Operation

The Provider shall provide the Services at times and dates appropriate to meeting the needs of patients. As a minimum the assessment element of the Service shall be provided within the Provider's own core hours.

3.2.3 Service Location

3.2.3.1 Access for Patients

Where the Provider is not a GP Practice, then it shall deliver the Service within 30 miles of the patients' home taking into account travel distance, car ownership and public transport issues.

Where the Provider is a GP Practice, then the Service shall be confined to the patients registered at that Practice only, unless the Provider has made a formal prior agreement with another neighbouring GP Practice to provide the service for that Practice's registered patients.

3.2.3.2 Premises

The premises from which the Service shall be delivered shall meet the requirements of the 'Health and Social Care Act 2008' Section 20 for which compliance guidance is provided by the Clinical Quality Commission (CQC) Regulation 15: Premises and equipment | Care Quality Commission (cqc.org.uk)

3.2.4 Patient Transport

The Provider shall not be responsible for the transport arrangements for patients to and from the Service, unless the patient meets the criteria as defined at that time within the published Healthcare Travel Costs Scheme guidance published at:-
http://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx

3.2.5 Interdependencies with Other Services

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 to the necessary recipients.

Providers shall be accountable for ensuring the accuracy of this information and any medication notifications.

3.2.6 Domiciliary Service Provision

The Provider shall not provide this Service for patients who are housebound. However, it is acknowledged that some patients may fall into a category of being temporarily housebound and as such will not necessarily be within the remit of the district nursing services to home visit. In the interest of providing good quality care and equitable access for patients, the Provider shall in these circumstances work with the relevant colleagues to agree an appropriate arrangement on a case by case basis.

3.2.7 Staffing the Service

The Provider shall ensure the appropriative staffing levels to cover the delivery of the Services in all instances.

The Provider shall regularly and systematically review their professional practice in line with the professional standards as set out by the regulating health bodies and be able to demonstrate how they assure this through regular review and/or appraisals.

The Service shall be led by a professionally registered, qualified and experienced person. Other staff involved in the delivery of the Service shall be wound management trained and shall have access to advice and supervision from the service lead whilst treating patients.

Service staff interacting with patients and their carers shall be Data Barring Service (DBS) enhance checked and approved.

The Provider shall ensure that all Service staff are provided with competency-based training which shall include all the following components:

- Patient history taking and clinical assessment.
- Assessment of arterial supply (by which ever method is used in local practice e.g., Doppler or Ability.
- Wound Assessment.
- Appropriate dressing selection and application to achieve wound healing.
- Measurement of limbs.
- Application of compression.
- Documentation and effective communication.
- Prescribing (where appropriate) to the NMC standards of proficiency for nurse and midwife prescribers.

The Provider shall encourage and allow for their staff to undertake Continued Professional Development consistent with the requirements of their professional regulator as required.

The Provider shall ensure that experienced clinical, management and safeguarding supervision is provided to the staff involved in the Service delivery.

The Provider shall have clear and documented policies to review professional /clinical performance and shall be able to demonstrate evidence of peer and patient review and actions taken in respect of this.

As required by the NHS Standard Contract, the Provider shall appoint a named lead for Clinical; Governance and Caldicott Guardian responsibilities in respect of the Service.

3.2.8 Prescribing

The Provider shall prescribe the appropriate consumables e.g., dressings and medication, required to be used for each patient using the FP10 process.

All prescriptions shall be compliant with the locally agreed prescribing formulary for dressings and wound care that is current at the time of treatment and which is located at: https://lincolnshire-pacef.nhs.uk/

3.2.9 Care Pathway

3.2.9.1 Referrals

Patients must be temporarily or permanently registered with a General Practice within the geographical boundary of Lincolnshire ICB and meet the acceptance criteria for the service.

The referrer shall make the referral using the 'Wound Management Request Form' as set out in Appendix 1 of section 4.6 of this Service Specification. It is accepted however, that GP Providers will already have in place established internal referral systems used to refer to other in-house clinics. Where this is the case then it is acceptable to use the Provider's existing system instead of the form, provided that all of the relevant information (detailed on Appendix 1) is captured and is auditable.

3.2.9.2 Exclusion Criteria

(i) At Referral:

- Patients not registered at a GP practice in Lincolnshire
- Patients under the age of 18.
- Patients who have or present with a suspicion of malignancy (should instead be referred to an appropriate secondary care Provider under the two-week pathway provisions).

(ii) At Leg Ulcer Clinic Assessment:

- Rheumatoid arthritis/vasculitis (should be referred into an appropriate rheumatology service).
- Suspected contact dermatitis or dermatitis resistant to topical steroids and that is not due to the leg ulcer presenting (should be referred into a dermatology service).

3.2.9.3 Referral Registration

The Provider shall maintain comprehensive registration and management records in electronic format for all patients referred into the Service.

As part of the registration process a call and recall system shall be initiated for each patient.

3.2.9.4 Referrals Received with Insufficient Information

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 and so as not to breach the Referral to Treatment standards set out in the NHS Standard Contract Schedule 4 "Quality and Performance Standards" and are summarised in section 3.2.97 "Treatment" of this Service Specification.

3.2.9.4 Patient Delays

Referrers should ask their patients about their availability and record this on the referral before they refer to the Service. However, should the Provider receive a referral where the patient is

unable or unwilling to be seen within 10 days, the Service lead should work with the referrer to determine the best course of action for the particular circumstance on a case by case basis.

3.2.9.5 Patient Consent

The Provider shall explain the nature of the proposed treatment and care package to the patient and carer and shall obtain their informed consent prior to commencing treatment.
The Provider shall inform the referrer (and the patient's GP if not the referrer) that the patient has been accepted by the Service and shall be given information about the agreed care plan and expected care pathway.

3.2.9.7 Treatment

Annex A of this Service Specification document sets out the Treatment Pathway and Expected Timelines in a summary format for (a) venous leg ulcers and (b) arterial leg ulcers respectively. Every person accepted into the Service shall be provided with a personalised wound healing /management and treatment plan which shall seek to support and to deliver the best possible clinical outcome.

- The personalised wound healing and management/treatment plan shall be referenced and updated accordingly in line with each episode of care.
- In accordance with best practice, published guidance and clinical evidence, the treatment provided shall seek to:
- Improve local symptoms such as pain, exudate and odour and healing rate
- Reduce unnecessary or inappropriate use of dressings and wound care products by adhering to the Lincolnshire Wound Management Formulary.
- At any point during assessment or treatment, it is apparent that the ulceration is not improving, or its' condition is worsening then the Provider must seek further clinical advice from an appropriately qualified practitioner e.g., Tissue Viability Service.

At a maximum of 12 weeks from the initial referral date (or earlier as clinically appropriate), a clinical re assessment of the patient shall be undertaken face to face and the Treatment Plan reviewed and adjusted (as clinically appropriate).

If treatment within the service is decided to be continued, then the patient should once again be reassessed face to face, at a maximum period of 24 weeks from the original referral date or earlier (as clinically appropriate).

It is expected that most patients will have completed their treatment within this circa. 24-week pathway and will have been discharged and registered for routine recall. However, in such cases where the clinical assessment outcome is that that some further treatment/(on going treatment in severe exceptional cases) is required, then exceptionality approval to continue the treatment must be sought by the Provider and consent provided by the Commissioner.

All such consent shall be provided by the Commissioner in writing to the Provider within 5 working days of the application for approval or, where further information is required to inform the decision, 5 working days from the Commissioner receiving an adequate response to the information request from the Provider.

This process is in place to ensure the quality of the Service by helping identify particular recurring issues/themes for training purposes and identify and provide further clinical support and advice for the Service clinicians. Additionally, this process will inform future contract and pricing strategy.

3.2.9.8 Follow-up

6 weeks following the end of the period of treatment and the wound is healed the Service shall conduct a face to face review with the patient to ensure treatment has been successful / advice is being followed.

3.2.9.9 Discharge Processes

After the 6 week follow up appointment and where treatment is no longer required, then the patient shall be discharged from the Service and shall at the same time be provided with:

A written plan agreed with the patient and their carer regarding the 'self-care' required to help prevent recurrence.

Written details of how the patient may self-refer back to the Service within 6 months of the discharge date for additional treatment required or for further preventative lifestyle advice.

All details shall be documented in the patient's notes and shared with the patient's GP within 5 working days of discharge by completing Appendix 2 (as detailed in section 4.5 of this document).

3.3 Self-Referrals

The Provider shall provide an 'open access' service for any patient who has already been treated in their own Leg Ulcer Service and who needs further support or advice in respect of prevention or recurrence of their condition for a six month period following the date of their discharge from the Service.

Information about how patients may self-refer into the Service shall be provided to the patient in writing and upon discharge.

3.4 Patient compliance

When a patient is non-compliant, the Provider shall work with the patient to understand the reasons for non-compliance, including consideration and minimising pain, and discomfort. Information and advice should be provided to reinforce understanding on why compression is necessary and is worthwhile and prevents recurrence. All such advice provided shall be documented on the patient Treatment Plan.
Where non-compliance continues to be an issue then 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.

3.5 Did Not Attends (DNAs)
When a patient Did Not Attend (DNA) twice within one or more of the 12-week treatment cycles, 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.

4. Applicable Service Standards

4.1 Applicable National Standards and Professional Body Standards and Guidance

The Provider shall comply with all of the NHS Standard Contract requirements appropriate to the Services.

4.2 Professional Body Standards and Guidance.

The Provider shall comply with standards and adopt best practice guidance as set out via the following links and which may be subject to amendment from time to time:-.

- NICE (2018) Chronic heart failure: Management of chronic heart failure in adults in primary and secondary care accessed via https://www.nice.org.uk/guidance/ng106
- NICE (2019) Diabetic foot problems: Inpatient management of diabetic foot problems https://www.nice.org.uk/guidance/ng19
- NICE (2020) Lower limb peripheral arterial disease: diagnosis and management https://www.nice.org.uk/guidance/cg147
- NICE (2013) Varicose veins in the legs: The diagnosis and management of varicose veins https://www.nice.org.uk/guidance/cg168
- Tissue Viability Society:- The Society of Tissue Viability | Formerly known as the TVS
- European Wound Management Association - EWMA - European Wound Management Association - ewma.org
- Wound Care | National Wound Care Strategy Programme

4.3 Applicable local standards

The Provider shall deliver the Service to the following minimum standards:

- Following GP/Other referral received
- Initial assessment to be completed within 10 working days of receipt of the referral date.
- A minimum of 95% of patients shall commence treatment within 10 working days of the referral being received.
- To achieve access and appointment targets (10 working days for non-directly bookable appointments)
- Healing rates based on the number of patients and the length of time they take to heal.
- To heal a minimum of 65% of venous leg-ulcers within one 12-week period[1].
- To heal a minimum of 60% of venous leg-ulcers within two 12-week periods.
- To ensure 12 week 'checkpoints' of healing rates are adhered to.
- Accurately and fully completed Appendix 3 (as detailed in section 4.6 of this document) to be submitted on a monthly basis.
- Accurately and fully completed Appendix 2(as detailed in section 4.6 of this document) to be sent to the patient's GP within 5 working days of discharge.
- 6 week follow up to be completed and recorded on Appendix 3 (as detailed in section 4.6 of this document).

4.4 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.

Appendix 4 as detailed in section 4.6 of this Service Specification below is an example of a leaflet that can be adopted or adapted by the Provider should they wish to use this.

[1] It is suggested that an audit of healing rate is included for 12 weeks to inform further development of this service specification and service outcomes (SIGN)

4.5 Service Data Reporting

The Provider shall complete and submit the Minimum Data Set form in line with the requirements set out in Schedule 6 "Reporting and Information Requirements" of the NHS Standard Contract.

The Service Provider will notify the ICB Quality Services Team, Cross O'Cliff Court, Bracebridge Heath, Lincoln, LN4 2HN directly or by email licb.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.

4.6 Service Documents

The Provider shall adopt and use series of standard template documents in respect of the administration of the Services as follows:

(i) **Appendix 1** – Wound Management Request (Referral) Form
(ii) **Appendix 2** – Discharge or Update form
(iii) **Appendix 3** – Patient /Carer Information Leaflet

4.7 Continuous Improvement/Innovation

There are key expectations of Providers around continuous improvement, with the focus that Providers shall engage their Patients and review their services periodically to sustain efficient, effective and high-quality services.

4.8 Service Improvement

Providers are expected to review and implement changes in service provision in the light of current clinical research based best practice guidance to ensure that they are providing the most effective packages of care.

5. Applicable quality requirements

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 Audits

The Provider shall allow the commissioner, or any individual or organisation acting on the behalf of the commissioner NHS England or Department of Health to inspect the quality of Service through observation of service delivery, audit of patient records and data, audit of business processes and records relating to the Service contract and audit of staff records, as required.