### Version Control Sheet

<table>
<thead>
<tr>
<th>Document Ref</th>
<th>Community Post-Operative Wound Care</th>
</tr>
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<tbody>
<tr>
<td>Status</td>
<td>Pending</td>
</tr>
<tr>
<td>Programme Board</td>
<td>Planned Care</td>
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<tr>
<td>Programme Director</td>
<td>Siobhan Harper</td>
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<tr>
<td>Period</td>
<td>Apr 2017- Mar 2019</td>
</tr>
<tr>
<td>Author</td>
<td>River Calveley</td>
</tr>
<tr>
<td>Spec Approved by</td>
<td>Planned Care Board</td>
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### Revision History

<table>
<thead>
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<th>Version number</th>
<th>Date</th>
<th>Reviewer</th>
<th>Change Reference &amp; Summary</th>
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<tr>
<td>2</td>
<td>23/03/2017</td>
<td>RC</td>
<td>Amended in to latest spec format</td>
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<tr>
<td>3</td>
<td>05/04/2017</td>
<td>RC/JC</td>
<td>Revised for CEC approval</td>
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<td>4</td>
<td>05/04/2017</td>
<td>RC/JC</td>
<td>Revised for CEC approval following feedback from CHGPC</td>
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### Distribution History

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<tr>
<td>4</td>
<td>12/04/2017</td>
<td>CEC</td>
<td>Approval of changes</td>
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1 Population Needs

Local Context
The Community Post-Operative Wound Care Service was launched in April 2016 in order to provide greater continuity of care; improved access; and a less fragmented model of post-operative wound care locally. The model has been designed to improve the capability of local services to meet the post-operative wound care needs of patients.

The service provides post-operative wound care at local GP Practices to patients registered with a City and Hackney GP. The registered population in the City of London and Hackney is: 312,374 (source CEG report- April 2017). 9,324 patients are registered with the only GP practice in the City of London (the Neaman Practice) and 303,050 patients are registered with GP Practices in the London Borough of Hackney. It should be acknowledged that patients registered with a practice may not necessarily live in that practice area.

In 2013/14 the Planned Care Programme Board undertook a review of local post-operative wound care provision and determined that post-operative wound care was not equitable - with significant service gaps for a number of patients in the CCG area. The new model outlined in this service specification was designed to address these gaps in provision.

Feedback from Patient and Public Groups informed the development of the model. Patient and Public Groups reported that there were issues with communication between hospitals and general practice/community services previously. This negatively impacted management of dressings care postsurgery. Patient and Public groups also raised issues regarding access. Care provided at the Homerton Hospital (HUH) is convenient for those who live in the close vicinity of the hospital, but for those who live further away from the hospital, it is much less accessible. Many patients who live further away from the hospital are not assessed to be appropriate for home visits and travelling longer distances for post-operative wound care was viewed not to be in the interests of the patient.

An audit was conducted of the Homerton University Hospital Foundation Trust’s A&E Department to determine reasons for attendance from January to December 2013. People attending for dressings care was the highest recorded activity within the “Frequent Attenders” (10+ visits) group. It was found that 52%, or 1703 attendances of these presentations were for dressing changes. These visits were made by 196 patients who represented 45% of the frequent attenders. 2014-15 audits reveal that there were 1772 attendances for dressing within 9 months, which is a 38% increase.
A dressings audit was also conducted for the month of October 2013 on the Homerton University Hospital Foundation Trust’s Primary and Urgent Care Centre (PUCC). 233 patients were seen for dressings; 46% requiring daily dressings, 15% alternate days, 5% weekly, 31% once and 3% unknown. This shows that at least 66% of patients require repeat dressings, and continuity in their care is lacking.

The Clinical Effectiveness Group (CEG) EMIS data reports 7000 contacts in primary care in 2014. Practice nurses estimate and audit suggests that up to 80% of this activity relates to post-operative wound care and complex dressings.

The pre 2016 model of dressings care in City and Hackney was found to be fragmented and driven by service availability and location, not by patient need. Patients with wounds may be seen by practice nurses, district nurses or the Primary and Urgent Care Centre as there is no extended hours/weekend access to community services.

It was concluded by the programme board that the key for effective community-based services are that they provide consistency of care and review. This is enabled by accessible locations and extended hours; including access over the weekend.

The community post-operative wound care service specification was developed and the service piloted by the City and Hackney GP confederation from April 2016. In March 2017 it was reviewed for recurrent commissioning from April 2017.

2 Outcomes

The service is expected to support the following improvements:
- Reduction in PUCC and A & E presentation for post-operative wound dressing changes
- Improved accessibility to post-operative wound care clinics

NHS Outcomes Framework domains & Indicators

<table>
<thead>
<tr>
<th></th>
<th>Preventing people from dying prematurely</th>
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<tbody>
<tr>
<td>2</td>
<td>Enhancing quality of life for people with Long term conditions</td>
</tr>
<tr>
<td>3</td>
<td>Helping people recover from episodes of ill health or following injury</td>
</tr>
<tr>
<td>4</td>
<td>Ensuring people have a positive experience of care</td>
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<tr>
<td>5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
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Aims and Objectives of Service

The community post-operative wound care service will provide skilled, planned care in a clinical environment. The aim is to ensure that patients have access to services within primary care, enabling continuity of care and consistent review. The service should ensure that patients are not attending urgent and emergency care centres in order to have their wounds managed.

Objectives:
To provide timely appointments and high quality care in a safe, clean environment, at a convenient time to patients, and in a location close to their homes.
To ensure that there is continuity of care for patients with on-going post-operative wound dressings needs.
To build on the CCG quadrant model to ensure that services are localised, convenient, integrated and easily accessible for patients.
Ensure acute services are appropriately utilised and reduce pressure on urgent care services.
To provide a cost effective service.

3 Scope of Service

3.1 Service model

The community post-operative wound care service is for the removal of sutures and general wound care following secondary care treatment, including: hospital day case, inpatient procedure, or treatment in A&E or urgent care centre, where routine follow up is required. The operation or treatment was performed as a consequence of a referral to, or on-going care by hospital services.

The service does not fund wound care required following a primary care related procedure, infection or other incident. Other incident covers situations, in which a patient requires wound care, but this can be managed in primary care and the patient has not been treated in secondary care. This also includes all minor surgery provided by practices. These are covered by the GMS/PMS and the associated additional and enhanced services commissioned.

The service will be accessible to all patients registered with a City and Hackney GP (adults and children).

Key elements of the service include:
- General wound care following a surgical procedure as required and based on clinical need
- Removal of wound closure materials e.g. sutures and clips following surgical procedure as required and based on clinical need
- Dressing of wounds as required and based on clinical need
- Assessment of wounds to assess healing progress and to assess for infection
- Advice and referral to senior nurse, or other wound care expert, as required for: more complicated wounds; wounds that are not healing; or wounds that may be infected. This integration of post-operative wound care is essential for appropriate management in a timely fashion and in a manner that is convenient to the patient.

The Provider is funded to provide:
- Episodes of suture removal
- Episodes of clip removal
- Episodes of other removal
- Episodes of wound care: dressing changes and wound management including all post-surgical or other dressings needs:
  - Trauma (e.g. Lacerations)
  - Infections
  - Post-surgical burns
  - Peri-anal abscess
  - Pilo-nidal sinus
• The service provides community post-operative wound care episodes to be managed within a 15 minute appointment.

• Double appointments can be claimed for the following types of post-operative wound care treatment if the appointment is longer than 15 minutes:\(^1\)
  - Pilonidal sinus
  - Peri-anal abscess

Other types of post-operative wound care treatment where the appointment lasts longer than 15 minutes cannot be claimed as a double appointment. No other types of wounds can be claimed as complex unless agreed by commissioners to be an addition to the complex list. This would involve the provider categorising a particular type of wound care that required more than 15 minutes to treat and then the commissioner agreeing to the recategorisation.

The number of episodes allowable per patient should be based on clinical need.

The Provider must have a lead manager(s) contactable by email and telephone in normal working hours who can provide service information and service advice to referrers and will be required to publicise the service, ensuring that pathways are understood by local acute providers. Whilst a patient may attend A&E and be treated, the provider should actively engage urgent care services to ensure they will then be referred directly to the community service if further treatment is required.

Active engagement with urgent care services would consist of: regular meetings with the Homerton and/or other secondary care providers, monitoring of data provided by the Homerton; provision of patient communication materials to the Homerton regarding the community post-operative wound care service; and ad hoc engagement where an issue has been identified.

3.2 Care Pathways

Location and Hours

The Service will operate out of City and Hackney GP practices with a minimum of one site operating in each of the 4 quadrants in City and Hackney. All sites are required to operate within suitable clinical requirements that comply with NHS standards. The service must include clinic location and hours which ensure access for the registered population in the City.

The Provider is required to organise their own suitable premises and to obtain the necessary permissions to deliver the service at these sites.

The service will be available 7 days per week\(^2\), with some evening appointments (up to 8:00 pm) available within each quadrant. Provision must include a mix of appointment and walk-in services. There may be the opportunity to co-locate within extended hours surgeries though weekend appointments need only be made available to patients where it is:

- Clinically necessary e.g. if patients dressings are required to be changed daily or every other day arrangement should be made for them to be seen at weekends.
- To provide sufficient capacity for patients being redirected from A & E/Urgent Care centres.

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\(^1\) Double appointments should only be claimed when it is necessary and not just because the wound is designated complex (latter stage healing wounds may only require a 15 minute appointment)

\(^2\) Until future 7 day working is running across primary care fewer locations operating at weekends may be agreed with commissioners.

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Author: Siobhan Harper/River Calvey
Date: 5th April 2017
Version: 4
Although it is accepted that most community post-operative wound care will be arranged as routine appointments, the service must provide weekend cover and allocate some on the day A & E/PUCC referred activity\(^3\).

**Referral Criteria**

**Acceptance criteria:**
- Patients must be registered with a GP in City and Hackney
- Identified nursing need requiring active intervention: providers will be expected to provide routine post-operative wound care services listed in in service description
- Referrals will be made via acute hospitals, urgent care centres or GP practices (where they do not provide the service)

**Exclusion criteria:**
- Complex wounds where the hospital is providing treatment for the patient in an outpatient setting
- Housebound patients
- Complex care; vasculitic, sickle,
- Lymphoedema (can be referred to Accelerate service)
- Episodes of wound care relating to primary care (including suture/clip removal, wounds and infections from minor injuries): resulting from minor surgery/treatment room in general practice and the community minor surgery service
- Leg Ulcers (community nursing services)

**Onward Referral for Advice/ Escalation:**
- Complicated wound care, or if the wound does not heal after treatment and dressing, can be referred to the Tissue Viability team.
- Clinically infected wounds can be referred to the GP for advice.
- The provider is responsible for assessing for signs of wound infection and managing appropriately (i.e. prescribe ABx). Except in clinically appropriate or exceptional circumstances resulting in an onward referral to a GP, tissue viability team or A&E, the post-operative wound care provider will take complete responsibility for the management of wound care and infection.

**3.3 Structural Support**

**Interdependencies**

To ensure a patient’s experience is a streamlined journey and a good experience, the provider must work collaboratively with the commissioner, primary care and secondary care providers to deliver services in an organised and cohesive manner, and to reduce sequential waits between services. Where appropriate, the provider must demonstrate effective links with other statutory providers and voluntary sector organisations.

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

**Key relationships will include:**
- District Nursing
- Tissue Viability Team

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\(^3\) Episodes of post-operative wound care being provided in A&E and Urgent Care Centres at the weekend are estimated to be 6-800 per year and the provider should ensure that there is adequate capacity to provide this activity in the community service at weekends.
Eligibility to Provide the Service

Under the conditions of this agreement, the provider has the responsibility to ensure that:

- The service will maintain a safe and suitable environment for patients and staff and comply with all relevant statutory governance requirements, legislation, Department of Health Guidance, Professional Codes of Practice, Standards for Better Health and all Health and Safety regulations.
- The provider gives notification, in addition to their statutory obligations, within 72 hours of the information becoming known to him/her, to the commissioning agency of all emergency admissions or harm/potential harm to patients under this service, where such events may be due to administration/usage of the drug(s) in question or attributable to the relevant underlying medical condition using the standard Incident Reporting form.
- The provider of the service is required to outline their plans for delivering the service, against the criteria below.

Equipment and Supplies

The Provider/s:

- Are required to provide all appropriate equipment and supplies.
- Will be responsible for organising the appropriate supply and access to all relevant dressings and appliances ensuring they purchase clinically appropriate supplies in line with locally agreed formulary and guidance. Dressings will be ordered through the local Centralised Dressings Store to an agreed formulary. The CCG Prescribing budget will cover the costs associated with dressings.
- Ensure that sufficient supplies are given to patients at discharge across interfaces. Raise any issues with local secondary care providers and escalate to the commissioners as appropriate.

Satisfactory Facilities

The provider should ensure:

- Their facilities follow national guidance on premises standards, including appropriate equipment for resuscitation.
- Providers must ensure an appropriate room for providing the service is available for privacy and dignity requirements.
- Provision of relevant equipment necessary for service including call and display equipment to ensure easy management of patients attending for appointments.

4 Applicable Service Standards

Clinical Leadership and Staff Competence

The Service Provider will appoint a Clinical Lead who has specialist wound care expertise and who will have clinical responsibility for the safe delivery, quality and effectiveness of the service. Their role will include the integration with other services. Key elements of the service they will be responsible for:

- Appropriate staffing levels, including appropriate indemnity.
- Ensuring the professionals providing the service can provide evidence of the necessary skills, experience and qualifications in order to undertake the aspects of the service for which they are responsible, taking into consideration their professional accountability and guidelines on the scope of professional practice. This includes knowledge of European and national legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect practice in relation to removing wound closure materials from individuals, and undertaking treatments and dressings related to the care of lesions and wounds.
- Provision of appropriate professional links, training (including annual updates in infection control) and supervision for staff providing the service, which includes clinical supervision and caseload management.
- Ensuring the professionals providing the service are competent in resuscitation techniques, using resuscitation equipment and administering emergency drugs.
- Ensuring the professionals providing the service are aware of and able to apply standard precautions for infection prevention and control and take other appropriate health and safety measures.
- Review and action any test results as clinically appropriate.
- Maintenance of coded clinical data in patients’ clinical records including any significant events.
- Significant event documentation for both clinical and management issues within the service and any actions/improvements that are implemented.
- Undertake service reviews in accordance with clinical governance arrangements.

Consent and Confidentiality

Patients should be fully informed of the treatment being proposed and should have access to appropriate information.

The service provider shall not disclose service user information to any third party without the patient’s consent except to those involved directly in the patient’s clinical/care management or otherwise where there is a legal requirement to make such a disclosure.

Medicines Management

- Providers of the service should ensure there are effective processes in place for the safe and secure handling of medicines, dressing and related appliances and that these are in line with the relevant guidance and legislation. Up-to-date medicines policy or standard operating procedure should be developed including the following principles:
  - The storage and security of medicines will be according to the manufacturer’s instructions, relevant guidance and legislation. The storage facilities will meet legal requirements where required e.g. cold chain maintenance and use of controlled drug cupboard, disposal of unwanted medicines
  - Effective procedures to manage the risks of handling medicines, dressing and appliances and processes for:
    - Completion of prescriptions and administration details
    - Completion of allergy/sensitivity details
    - Managing and reporting incidents and near misses relating to medicines system
- All staff involved in any aspect of handling medicines will be trained and assessed as competent regarding the safe and secure handling of medicines, dressing and related appliances. This also includes the safe handling and disposal of wound dressing.

Audit
Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible in order that the Clinical Effectiveness Group (CEG) can collect and collate the data to facilitate accurate reporting of service activity.

Details of all post-operative wound care procedures will be presented to the CCG on a quarterly basis:
- Procedure carried out or consultation
- Source of referral including referring GP where applicable and outcome, i.e. single visit or follow-up required

**Patient Monitoring / Record Keeping**

Providers will be required to organise an electronic record keeping information exchange system. As a minimum, it will be required to record information on community post-operative wound care services that have been provided and source of referral as part of the patient care notes. It also must record key performance activity to be reported to the CCG (see key KPI for the service).

Patient care notes are to be provided in a timely and reliable manner to the practice where the patient is registered (usually within 5 working days). The frequency and method of information transfer is to be agreed with the GP practice.

**5 Key Performance Indicators**

**Reporting:** Activity data is to be collected & submitted quarterly or as indicated below. For this service the CEG is commissioned by the CCG to collect and collate the data directly from the provider(s) EMIS systems. It is the providers responsibility to ensure the data is accurate and to work with the CEG and commissioners to amend templates and develop systems to ensure accurate reporting.

Activity levels by service broken down for each site and by
- Type of post-operative wound care
- Type of appointment (Single, Double, Weekend)
- Hours and locations (e.g. practice and weekday/weekend/extended hours) (Annual or as needed if changes are made to weekend or extended hour venue arrangements)
- Healing rates (annually)

Note: Practices providing the service must clearly record appropriate codes on the post –operative wound care template in order that claims can be validated.

### Key Performance Indicators

<table>
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<tr>
<th>Indicator</th>
<th>Threshold</th>
<th>Method of measurement</th>
</tr>
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<tbody>
<tr>
<td>Service waiting time to be no more than 3 days from referral</td>
<td>95%</td>
<td>Quarterly reporting – based on ‘mystery shopper’ exercise</td>
</tr>
<tr>
<td>Service aim is that the waiting time for abscesses is to be no more than 1 working day</td>
<td>To be reviewed annually</td>
<td>Reported by exception only</td>
</tr>
<tr>
<td>All activity is appropriately coded to the patient record</td>
<td>Target 100% by Q2 2017/18</td>
<td>CEG authenticated report on quarterly activity</td>
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<tr>
<td>Patient Satisfaction</td>
<td></td>
<td>Patient survey results indicating any resultant</td>
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4 These changes should be notified by the provider to local urgent care and A & E departments

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Author: Siobhan Harper/River Calveley
Date: 5th April 2017
Version: 4
### Clinical Commissioning Group

#### Future Planning

The service activity data and KPIs will help to inform future service provision by:

- Informing the contracting model going forwards and the on-going resourcing of the service
- Informing the model of provision taking account of natural patient flows, choice and locations
- Informing the debate on the appropriate level of dressing’s activity to be delivered in primary care and how much this should be funded over and above the core GP contract

### 5 Financial and Procurement Summary

The CCG carried out market testing in 2015 and no provider interest was shown in the specification advertised. The service was negotiated with the City and Hackney GP Confederation as the only provider that could be developed to provide the specification advertised.

### Table of Service Changes and Surveys

<table>
<thead>
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<th>Service Changes</th>
<th>Percentage</th>
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<tr>
<td>Bi-annual patient survey in May and October</td>
<td>80%</td>
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<tr>
<td>80%</td>
<td></td>
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<tr>
<td>10%</td>
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### Referrer Satisfaction

- 85% referrer satisfaction with the service

### Patient Complaints

- Analyses of verbal (where possible) and written complaints with outcomes

<table>
<thead>
<tr>
<th>Reducing attendances for post-operative wound care in Homerton A&amp;E and Urgent Care Centre’s</th>
<th>All actions taken to ensure that Homerton services redirect activity to the Community Post-Wound Care service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>NB: It is envisaged that 70% reduction in City and Hackney patients attending PUCC and A&amp;E services should be achieved from 16/17 levels if appropriate actions taken. If activity at PUCC/A&amp;E does not reduce this may affect terms of extension of contract in 18/19.</td>
<td>The Provider is expected to evidence: 1. Monthly engagement with HUH addressing discharge of post-operative wound care/A&amp;E patients to the Community Post-Operative Wound Care service. 2. Practice engagement with patients attending PUCC/A&amp;E for routine post-operative wound care. 3. Regular analysis of Homerton A&amp;E and PUCC activity for post-operative wound care and provide a report demonstrating: • Specific provider (CHGPC) actions/outcomes in ensuring post-operative wound care is being redirected to the service. • Specific actions/outcomes for Practices with high levels of PUCC activity taken to redirect patients. • How services have been shaped to address patients attending PUCC/A&amp;E. • Issues with PUCC if they do not cooperate with redirecting patients to the post-operative wound care service.</td>
</tr>
</tbody>
</table>

### Future Planning

The service activity data and KPIs will help to inform future service provision by:

- Informing the contracting model going forwards and the on-going resourcing of the service
- Informing the model of provision taking account of natural patient flows, choice and locations
- Informing the debate on the appropriate level of dressing’s activity to be delivered in primary care and how much this should be funded over and above the core GP contract
6 Proposed Contractual Terms

The contract will be on a cost per case basis with a block component. The indicative activity is approximately 8000 attendances resulting in an estimated contract value of £120,000.

Providers will receive:
- £12 per appointment (Monday – Friday)
- £20 per appointment (Weekend)

- Double appointment can be claimed for the following types of post-operative wound care treatment if the appointment is longer than 15 minutes:
  - Pilonidal sinus
  - Peri-anal abscess
- Other types of post-operative wound care treatment where the appointment lasts longer than 15 minutes cannot be claimed as a double appointment.
- Claims for complex wounds will be monitored – it is estimated that they will currently represent approx. 10% of the overall contract activity
- All claims must be validated by the appropriate read code input on the appropriate template in the patients record

Payment will be made quarterly following submission of claims, approval from the CCG GP Local Contracts Committee and receipt of a valid invoice.