Community Post-Operative Wound Care
Service Specification 2015-2016

1. Local Context
The current model of dressings care in City and Hackney is 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.

Patient and Public groups have reported that there isn’t always good communication between hospitals and general practice/community services in order to properly manage dressings care post-surgery.

Further feedback was that for those living close to hospitals, it is convenient to return for care; however, accessing care within the community was felt to be as important. Locations of services are central; many people are not deemed appropriate for home visits, however, “running around Hackney regularly to get a wound dressed may make the wound worse”.

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.

Work to date led by the Planned Care Board has demonstrated there to be considerable gaps in City and Hackney wound care provision, and commissioning new services is vital to both standardise and focus the provision of wound care on what is in patients interest.

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. Practice nurses estimate and audit suggests that up to 80% of this activity relates to post-operative wound care and complex dressings.
2. Contractual Framework
The CCG will do a market testing exercise, and if warranted a full procurement will take place. The service will be procured as one tender, with one contract being awarded to provide services across multiple sites, ensuring the service is available to all City and Hackney registered patients. The service may also be provided through a hub and spoke model.

The service is funded for one year non-recurrently and will be paid for on a cost per case basis, with a block amount for:

Project set-up
- Scoping and implementation of the service (e.g. locations, hours, staffing, operational procedures)
- Full engagement of stakeholders across the system to ensure clear pathways across wound services, clarity of referral protocol, and consistent use of the formulary
- Development of contract monitoring systems to evidence effectiveness of the service

Specialist clinical oversight
- Approximately 1 session per week over 40 weeks

This year will provide a baseline, allowing the flexibility to test the model and number of locations required for potential future provision.

3. Scope
3.1 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 dressings needs.
- To build on the CCG quadrant model to ensure that services are localised, convenient, integrated and easily accessible for patients.
- To provide a cost effective service.

3.2 Service Description
The community post-operative wound care service is for the removal of sutures and general wound care following a hospital day case or inpatient procedure where:
- The operation was performed as a consequence of a referral to, or on-going care by hospital services
- It is either inconvenient or undesirable for the patient to attend at hospital. This would include follow-up of patients from A&E or PUCC.

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 medical need
- Removal of wound closure materials e.g. sutures and clips following surgical procedure as required and based on medical need
- Dressing of wounds as required and based on medical need
- Assessment of wounds to assess healing progress and to assess for infection
- Advice and referral to senior nurse 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-surgical 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

- An episode will generally be managed within a 15 minute appointment. A larger wound or a more complex wound such as pilo-nidal sinus or peri-anal abscess may require more time, and a double appointment can be booked and claimed. There are no limits on the number of episodes allowable per patient.

The Provider must have a central administration appointment booking function 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, it is hoped that they will then be referred directly to the community service if further treatments are required.

3.3 Location and Hours
The Service will operate out of at least 1 site across each of the 4 quadrants in City and Hackney and shall 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, with some evening appointments (up to 8:00 p.m.) 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 when the service is deemed clinically necessary.

3.4 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 the service description
Referrals will be made via acute hospitals, urgent care centres or GP practices

Exclusion criteria
- Complex wounds where the hospital is providing treatment for the patient in an outpatient setting
- Housebound patients
- Complex care; vasculitic, sickle,
- Lymphoedema
- Episodes of wound care (including suture/clip removal):
  - resulting from minor surgery in general practice and the community minor surgery service
- Leg Ulcers

3.5 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.

3.6 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
- Accelerate CiC; provider of Lymphoedema Service and Centralised Dressings Store
- Acute Surgical Departments
- Acute Trusts A&E and urgent care centres

3.7 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.

### 3.8 Equipment and Supplies

**Providers**

- 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. Dressing 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.

### 3.9 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.

### 3.10 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 be competent in resuscitation techniques, using resuscitation equipment and administering emergency drugs.
- Ensuring the professionals providing the service is 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.

### 3.11 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.

### 3.12 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 manufactures 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.

### 3.13 Audit

Full records of all procedures should be maintained in such a way that aggregated data and details of individual patients are readily accessible.

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

### 3.14 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 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. The frequency and method of information transfer is to be agreed with the GP practice.

4. Performance Management

Reporting: Activity data is to be collected & submitted quarterly.

Activity levels by service broken down for each site and by
- First attendance or Follow up attendance
- Total number of referrals
- Percentage of rejected referrals
- DNA Rates
- Healing rates

Note: Providers must clearly record when a procedure requires a double appointment and/or is provided during the weekend.

Key Performance Indicators

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<thead>
<tr>
<th>Indicator</th>
<th>Threshold</th>
<th>Method of measurement</th>
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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</td>
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<td>o Abscesses must be seen within 1 working day.</td>
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<td>Functional ability of the patient (return to previous ability)</td>
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<td>Annual Patient survey</td>
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<td>Patient Satisfaction</td>
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<td>o Standardised questionnaire to be issued to all patients upon discharge from the service</td>
<td>80%</td>
<td>Annual patient survey results indicating any resultant service changes.</td>
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<td>o % of patients expressing overall satisfaction of the service</td>
<td>80%</td>
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<tr>
<td>o Average and maximum healing rates by wound type (minimum 10% sample)</td>
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<tr>
<td>Referrer satisfaction</td>
<td>85% referrer satisfaction with the service</td>
<td>Annual online survey report</td>
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<tr>
<td>Patient Complaints</td>
<td>Analyses of verbal (where possible) and written complaints with outcomes</td>
<td>Annual Patient survey</td>
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<tr>
<td>Reduced attendances in acute Trusts A&amp;E and Urgent Care Centres</td>
<td>Monitor changes: absolute reduction in number compared to 14/15 audit</td>
<td>The CCG will conduct an analysis of secondary care service activity.</td>
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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. Finances
The contract will be on a cost per case basis with a block component. The indicative activity is approximately 5000 attendances resulting in an estimated contract value of £110,000. Providers will receive:
- £12 per appointment (Monday – Friday)
- £20 per appointment (Week-end)
- £25,000 for project set up and specialist clinical oversight (block)

- Double appointments can be claimed for complex wounds requiring more time