Service Specification No.	
	EPCS7
Service	Wound Management Service
Commissioner Lead	Colin Webb, Commissioning Manager
Provider Lead	Primary Care Network Clinical Directors
Period	1 April 2018 - 31 March 2019
Date of Review	March - Annually

### . Population Needs

### 1.1 National/local context and evidence base

1.1.1 Increasingly, general practice is becoming the first port of call for the management of wounds. A significant proportion of these are patients whom require support in the community following discharge from secondary care. This may include the removal of sutures, staples, clips and steristrips or the assessment/dressing of wounds.

1.1.2 It's widely recognised that the provision of wound management services delivered in primary care has significant benefits to both patients and secondary care which include:

- Greater patient convenience
- Timely service
- Minimal travel
- Available expertise already present in primary care
- Holistic approach to patient care
- Reduce pressure on Secondary Care services

1.1.3 Historically, these activities have been undertaken by a combination of GP practices and the staff within the community nursing teams and treatment rooms.

## **1.2** Primary Care Network Providers of the service

1.2.1 As such this specification is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services as defined in core GMS/PMS/APMS contracts. No part of this contract by commission, omission or implication defines or re-defines essential or additional services.

## 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

# 3.1 Aims and objectives of service

3.1.1 The purpose of this enhanced service is to mainstream the provision of wound management services in General Practice across Hull and to provide the removal of sutures, clips, staples and steristrip removal and manage simple wounds that present in General Practice or have been initially treated in a secondary care environment for patients registered with Hull GP Practices.

3.1.2 The aims of this service are to reduce the number of patient visits to hospital by undertaking wound management in primary care thereby:

- Providing an equitable service for all users
- To make wound management services available closer to patients' homes
- Providing a cost effective service
- Offering continuity of care for the patients in familiar surroundings
- Improving patient experience

### 3.2 Service description/care pathway

**3.2.1** This service aims to provide an in-house wound management service contracted through the Primary Care Networks and provided by the GP Practices therein, to manage wounds that have been initially treated in secondary care or within an Urgent Treatment Centre. This includes:

- Routine suture, staple, steristrip and clip removal
- Monitoring of wounds as required clinically and/or requested by secondary care teams
- Minor or major operative procedures where wounds have been closed using sutures, staples, steristrip and clips.

This service also includes simple wounds and minor injuries which are treated initially within the practice:

- Initial triage including immediately necessary clinical action to staunch haemorrhage and prevent further exacerbation of the injury.
- Closure of simple wounds by steri-stripping, suturing and gluing.

For those wounds requiring initial triage and ongoing monitoring within the practice, the practice must ensure that they have the capacity and capability to do so. See paragraph 3.3.3 for further information regarding training.

### 3.3 Specific requirements

The Provider will provide/ensure the following requirements are met:

**3.3.1 Referral policies.** Where appropriate, to refer patients promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist. This would include:

• Wounds that show no sign of healing or show signs of deterioration at week 4 and need to be referred to the Tissue Viability Team (Community Nursing Service).

**3.3.2 Record keeping.** To maintain adequate records of the service provided, incorporating all known information relating to any significant events e.g. adverse reactions, hospital admissions, relevant deaths of which the practice has been notified. This information should be recorded in the patient's record and coded accordingly (Snomed). Any serious untoward incidents associated with the provision of this service should be reported via the Commissioner's reporting system - DATIX.

Activity under this service should be recorded as part of the patient electronic record. Practices should provide the results of the number of procedures undertaken via the practice clinical system utilising Snomed codes. Suggested read codes are:

Description	SNOMED Concept Code	
Post-Operative Monitoring	182775008	
Removal of Suture Skin	302415002	
Removal of Clips From Skin	302414003	
Post-Operative Wound Care	226007004	
O/E Wound Healing	162866007	
O/E Wound Healed	162867003	
O/E Wound Healed well	162868008	
O/E Wound Infected	162870004	
Care/Help refused by Patient	183944003	

In addition, free text should be used to record the reason why a patient has refused treatment.

**3.3.3 Training.** The Provider must ensure that all staff involved in providing any aspect of care under this scheme has the necessary up to date training and skills to do so. This training will include:

Wound Management for Nurses (Primary Care Training Centre) or equivalent, which outcomes include a minimum;

- Current practice
- Overview of Wound Types
- Wound Assessment & Cleansing
- Wound Dressings
- Local & National Policy

General Practitioners / Nurses carrying out these services should feel competent in their wound management skills. They should have clinical experience in dealing with routine wound management and complications either through holding appropriate hospital posts or through general practice / community experience either in clinical post or during training.

All nurses involved in providing this service should be registered with the NMC.

**3.3.4 Prescribing.** Prescribing and supply of wound care products must be in line with the Local Hull and East Riding Wound Care Formulary accessible at

https://www.hey.nhs.uk/herpc/prescribing-guidelines/

The clinical rationale for any prescribing outside of the Wound Care Formulary must be documented within the patient's medical record.

## 3.4 Population covered

- 3.4.1 Patients registered with a GP practice that is a member of NHS Hull CCG.
- 3.4.2 The Provider must ensure that all patients registered with a practice that is a member of the Primary Care Network can access the service

### 3.5 Any acceptance and exclusion criteria and thresholds

- 3.5.1 This service covers requests for wound management to be delivered to those patients who have been initially treated in secondary care.
- 3.5.2 This service also includes simple wounds and minor injuries which are to be treated initially within the practice.

## 3.6 Exclusions

- Children under 16 years of age
- Suturing of wounds or dressings arising from procedures by the practice such as minor operations for which funding is already available through enhanced services commissioned by NHS Hull CCG or NHS England which would include:
- ✓ Minor Surgery DES
- Minor Surgery LES (for other patients)
- Where the wounds are complex or require specialist attention. These would include leg ulcers, lymphodeoma bandaging, skin tears, peri-anal dressings, wounds that require daily dressing, wounds that require VAC therapy and wounds that dehisce.
- The patient is housebound. These patients must be referred to the Community Nursing service by the hospital.
- Where the patient has refused treatment (refusal must be documented).
- The patient's clinical condition is such that it would be inappropriate for the service to be carried out by the practice in a primary care setting.

### 3.6 Interdependence with other services/providers

Hull and East Riding Prescribing Committee Hull and East Yorkshire Hospitals NHS Trust Humber Foundation Trust (inc community services) City Healthcare Partnership

#### 4. Applicable Service Standards

## 4.1 Applicable national standards (eg NICE)

As stated in paragraphs SC2 (Regulatory Requirements) and SC3 (Service Standards) the Provider is required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (eg Royal Colleges).

### 4.2 Applicable local standards

There are no local quality standards in addition to the requirements pertaining to facilities and staff competencies and as set in the General Conditions.

Applicable quality requirements and CQUIN goals

# 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.1.1 The Provider will develop and follow a standard operating policy for the provision of this service.

## 5.2 Applicable CQUIN goals

Not applicable

6. Location of Provider Premises

6.1 Premises:

6.1.1 The service will be provided from the Provider's Premises located at: Hull GP Practices.

7. Individual Service User Placement

Not applicable