

Oxfordshire CCG Service Specification 2017-18

Completion of an episode of surgical care

1. Background

This service specification is intended to enable GP practices to provide a service that OCCG has agreed is not defined within Essential Services, namely, wound management following a surgical procedure in secondary care where it is either inconvenient or undesirable for the patient to attend at hospital and where the treatment and procedures required fall within the competence of clinicians working in primary care.

2. Service description

The service aims to provide the following elements of post-operative wound management:

- suture removal;
- wound monitoring as required clinically and/or requested by secondary care teams.;
- wound toilet;
- dressing checks and changes;
- treatment of wound complications including infection, dehiscence (as appropriate), haemorrhage/ haematomas etc.;
- packing and monitoring of cavity wounds
- appropriate referral back to specialist teams as clinically required.

Payment for this service is intended to cover:

- nurse and doctor time required to provide the service;
- use of practice premises and relevant overheads (light/ heat/telephone etc.);
- administration time including for the collection of activity related to the provision of these services including type of activity, number of contacts as set out in Clause 7 Monitoring below;
- annual audit of the quality and safety of the service;
- maintenance of adequate records of the service provided, incorporating all known information relating to any significant events e.g. hospital admissions, wound infections, drug reactions and premature withdrawal of therapy.

3. Clinical Governance

The service provider will ensure that all staff involved in providing any aspect of care under this scheme have completed relevant training, are proficient and competent in the management of post-surgical wounds and are provided with appropriate clinical management support within the practice. In particular the following criteria for standards for nurses in general practice should be applied:

- maintain professional competence (e.g. anaphylaxis, BLS, infection control);
- appropriate, recommended and assessed education and training for removal of sutures and wound management and annual updates;
- professional development support;
- support to work within their scope of competence;

- have a source of professional advice and support available through the practice;
- have their competence in a new role assessed by the practice or its chosen assessor;
- regularly update protocols based on the latest national guidance;
- maintain a 'competence file' providing a safe record of what they can and cannot do;
- carry out regular audits and;
- evaluate patient satisfaction with nursing care.

The practice will give notification of all emergency admissions or harm/potential harm to patients where such events may relate to delivery of this service, in line with the requirements contained within this contract including the OCCG policy on the reporting of incidents.

4. Supply of dressings

All dressings must be used in line with the wound care formulary (attached at Appendix A) which has been produced jointly with Oxford Health NHS Foundation Trust. Dressings must be ordered via the ONPOS system. Please note that, as shown in the Formulary, Restricted Use products should be requested on FP10 only after discussion with Tissue Viability Team at oxfordhealth.tissueviability@nhs.net (enquiries including confidential patient data) or tissueviability@oxfordhealth.nhs.uk (general enquiries).

5. Exclusions

- Patients who are housebound and included in the caseload of the community nursing service.
- Patients for whom practices cannot provide the service because of the specialist nature of the care required. These patients should be referred back to the originating acute provider of care.
- Patients with wounds originating from procedures carried out in private healthcare settings. These patients should be referred back to the originating private provider of care.

6. Payment

Please note that for the financial year 2017-18, practices must invoice the CCG for activity delivered under this specification and provide details of the activity as set out in Clause 7. Monitoring below.

The practice may claim payment for consultations at the rates shown based on the time taken:

Level 1 – Consultations up to 15 minutes – £8.75, e.g.

- simple suture removal where sutures originated from hospital-based minor surgery or day case activity;
- change of dressing;
- management and removal of drains following surgery.

Level 2 – Consultations up to 30 minutes - £17.50, e.g.

- any of the above which require additional time due to complications or a patient's particular circumstances (*e.g. children, patients with learning difficulties*);
- complex suture removal after inpatient care;
- packing and monitoring of cavity wounds
- treatment of wound complications including infection, dehiscence; haemorrhage/haematomas etc.

Level 3 - Consultations over 30 minutes - £35, e.g. where any of the above are particularly complex and time-intensive.

7. Monitoring

Practices are required to code all activity carried out under this specification as follows:

9N7L. Postoperative wound management generated from secondary care done by practice

When this code is used free text should be added to indicate which type of procedure was performed and the length of the consultation. In preparing a claim to send to OCCG, any search report should print this free text, so that counting is easier. Practices should submit the search report to sara.wallcraft@oxfordshireccg.nhs.uk by 15th of the month following each quarter end. The report will be used to monitor activity and to provide validation for payment against invoices submitted.

8. Service Duration

This service will commence on 1st April 2016 and will terminate on 31st March 2019. The service may be terminated by either the CCG or the practice on 3 months' notice or such other notice period as mutually agreed.

Appendix A OCCG Wound Management Advice & Prescribing Guidance 2016. Summary of formulary choices

Dressings Category	1st line Wound Management Product - available on ONPOS
Dressing packs and gauze swabs	Softdrape Sterile Dressing Packs Soft swab Non-sterile swabs 100 pack Sterile swabs 5 pack
Semi-permeable film dressings	C View
Contact layer –low adherent	Tricotex Atrauman –store horizontally
Perforated dressing with adherent border	Softpore Hydrofilm plus – for when a waterproof option is necessary
Absorbent dressings	<ul style="list-style-type: none"> • Zetuvit E Non Sterile dressing pad • Xupad sterile dressing pad For acute & post-op use only where there is a risk of infection or autoimmune patients • Sorbion Sachet Extra – super absorbent dressing, to be used only as part of exudate management pathway • Biatain Super Adhesive – super absorbent. Not to be used under bandages.
Alginate Packing	Urgosorb rope – 30cm
Alginate Sheets	Urgosorb – 5 x 5cm, 10 x 10cm, 10 x 20cm
Hydrocolloid Standard	Tegaderm Hydrocolloid (with border) Tegaderm Hydrocolloid (without border) Hydrocoll border 5x5cm size only
Hydrocolloid Thin sheet	Tegaderm Thin hydrocolloid (with border) Tegaderm Thin hydrocolloid (without border)
Debridement	Actiform Cool (this dressing donates and absorbs fluid) needs to be cut to size of wound. Urgoclean pad Urgoclean rope - A Hydro- de-sloughing dressing suitable for sloughy, exuding wounds (Not necrotic tissue or infected wounds).
Surgical tape	Clinipore 2.5cm x 5m- to secure a bandage, not to used directly on the skin Omnifix 10cmx10m (best practice use would be to decant a certain amount into a bag with scissors. Do not take the whole 10m into a patient's home where possible).
Retention bandages	Easifix k 7.5cmx4m, 10cm x4m
Support bandage	K `lite
Toe Bandaging	Mollelast conforming bandage- used in the treatment of chronic oedema
Elasticated tubular bandage	Comfigrip-size D,E,F,G all 1meter lengths
Elasticated viscose stockinette	Tubifast 3m and 5m Blue yellow and red line (1m)
Sub compression wadding	K-Soft

Short stretch compression bandage	Actico (single use only) Rosidal k latex free – for use in patients with latex allergy only
Two layer compression system	K-two (Also available as individual components – K-tech, K-Press) K-two latex free - for use in patients with latex allergy only
Reduced compression bandage	Ko-flex and ko-flex long
Povidine Iodine dressings	Inadine
Antimicrobials	These are for short term use and are obtained via the prescription (FP10) route
Honey	Actilite, Algivon, Algivon Plus, Algivon Plus Ribbon, Medihoney Gel Sheet, Medihoney Antibacterial Wound Gel,
Iodine	Iodosorb ointment iodoflex
Emollients and Barrier preparations	These are to be prescribed (FP10) or purchased on an individual patient basis
Barrier preparations	Medi derma s cream, medi derma s barrier film, medihoney barrier cream.(use the barrier Pathway)
Emollients	Oilatum cream, hydromol ointment, balneum hydromol intensive, Balneum plus.
Restricted products	Restricted Use products – should be requested on FP10 after discussion with TV team oxfordhealth.tissueviability@nhs.net or tissueviability@oxfordhealth.nhs.uk
Super absorbent	Sorbion 20 x30, sorbion XL
Silicone dressing with absorbent pad	Allevyn Life
Skin protectant	Proshield plus
Charcoal dressing	Clinisorb can be cut to size of wound if needed
Physical Debridement Pad	Debrisoft
Soft polymer wound contact dressing	Urgostart Contact if not using the leg ulcer pathway.
Super absorbent dressing for non-regular areas	Sorbion Sachet Multistar, Sorbion S Sachet Drainage
Larval Therapy	Discuss with TV team
Non adherent dressing	Urgotul would be considered if Adaptic touch can be used with VAC therapy
Silicone Gel Sheets	Cica-care, Mepiform, Silgel – please liaise with specialist service e.g. plastics TV for support
Non adherent silicone	Adaptic Touch-silicone step up dressing if other contact layers ineffective. Can be use with VAC therapy.