Oxfordshire CCG Service Specification 2017-18

Management of Venous and Mixed Aetiology Leg Ulcers Requiring Compression Therapy

1. Background

Current best practice and national guidelines recommend the use of high compression therapy for patients who have leg ulceration due to venous disease. In many cases, following a robust assessment, it is also possible to manage patients with mixed aetiology disease (venous and arterial causes) with modified compression. It is recognised that the treatment of this group of patients requires a specialist level of knowledge and skill and can be time consuming. Under this specification, GP practices will be offered payment for treating patients who have venous leg ulceration which is suitable for high compression therapy or who have leg ulcers of mixed aetiology (arterial and venous) which are suitable for modified compression therapy.

As part of essential services in the GMS contract, practices should continue to identify and prevent, as far as possible, the development of leg ulcers in all patients considered to be at high risk. This would include patients with previous leg ulcer history and those showing signs and symptoms of venous disease (as per CEAP classification tool) such as varicose eczema, varicose veins and dependant oedema.

2. Aims

The aim of the service is to appropriately manage the care of patients with new and existing leg ulceration who would benefit from compression therapy. The objectives of the service are to:

- To provide nursing assessment and diagnosis of leg ulcer aetiology for ambulant patients
- To provide on-going treatment and evaluation up to healing
- To provide support for aftercare and prevention of reoccurrence of ulceration
- To provide educational advice to support patients in the management of their skin

3. Service description

The service will provide:

- A full and holistic assessment of a patient with leg ulceration to assess their suitability for high compression therapy or modified compression therapy. This will include the use of Doppler ultrasound as a diagnostic tool.
- Ongoing compression therapy in 12 weekly cycles with reassessment every 12 weeks. Reassessment appointments will be paid at the higher rate.
- For venous leg ulcers, an individualised treatment plan based on the local Tissue Viability Service Venous Leg Ulcer Pathway *(attached at Appendix 4)* which reflects national guidelines and evidenced best practice as set out at http://www.sign.ac.uk/pdf/sign120.pdf.

- Regular dressings and compression therapy according to an individualised treatment plan and in line with Oxfordshire's wound dressing formulary
- Ongoing review and reassessment and referrals where appropriate to specialists, e.g. Specialist Tissue Viability service , Dermatology or Vascular services.
- Support from the Specialist Tissue Viability service at Oxford Health NHS Foundation Trust for advice and specialist assessment *(see referral form at Appendix 2)* as follows:

  Venous Leg Ulcers
  - If the venous leg ulcer does not appear to be responding to the management plan/ compression therapy after **6 weeks** of treatment (approx. 40% reduction in wound area), the patient should be discussed with the community Specialist Tissue Viability Nurse via email service, oxfordhealth.tissueviability@nhs.net (NHS net to NHS net emails are secure.)
  - If the leg ulcer does not appear to be responding to compression therapy after **12 weeks** of treatment (approx. further 40% reduction in wound area), the patient should be referred to the Specialist Tissue Viability Nurse, or jointly assessed with the community Specialist Tissue Viability Nurse *(See referral form, appendix 2)*
  - Between 12 and 24 weeks of treatment practices should continue to manage the leg ulcer, seeking advice from the community Specialist Tissue Viability Nurse as required.
  - It is anticipated that approximately 70% of venous leg ulcers will be healed at 24 weeks, with a further 20% progressing well towards healing. A minority of wounds, approx. 10%, can be expected to be slow to heal and will need ongoing management.

  Mixed Venous & Arterial Leg ulcers
  - If the leg ulcer does not appear to be responding to a management plan/ modified compression therapy after **6 weeks** of treatment (approx. 10 - 20% reduction in wound area), the patient should be discussed with the Specialist Tissue Viability Nurse via the tissue viability email service, oxfordhealth.tissueviability@nhs.net
  - If the leg ulcer does not appear to be responding to a management plan/ modified compression therapy after **12 weeks** of treatment (approx. further 10 – 20%% reduction in wound area), the patient should be referred to the community Specialist Tissue Viability Nurse, or jointly assessed with the Specialist Tissue Viability Nurse *(see referral form Appendix 2).*
  - From 12 weeks, practices should continue to manage the mixed aetiology leg ulcer, seeking advice from the community Specialist Tissue Viability Nurse as required.
  - Due to the nature of the disease, this group of patients will be slower to heal and may require vascular intervention. Community tissue viability will advise practices on this.

- Patient education and lifestyle management with written support for patients and carers.

The service provider will ensure that:

- Patients with leg ulceration receive a comprehensive holistic assessment that includes the use of Doppler ultrasound as a diagnostic tool.
- Patients receiving treatment are regularly reassessed every 12 weeks.
- Essential Doppler ultrasound equipment is available within the practice, and maintained according to manufacturer's instructions.
- All clinicians providing the service have completed the relevant training course and are proficient and competent in the care of people with leg ulceration, including the use of Doppler and compression bandaging.
- Premises are suitable for the provision of treatment to patients with leg ulcers, including the implementation of the standards for infection control and the safe disposal of contaminated waste.
- The service continues to be provided during periods of staff absences through illness or annual leave. Practices must make their own arrangements for cover ensuring it meets the criteria set out in this specification.
- Accurate and clear records are maintained. This must include the treatment and quantity of the dressings ordered for the patient.
- A patient log to be kept by all providers of the service
- This service is only available to patients who are registered with the provider's own practice.

Accreditation

- The Provider will ensure that all clinical staff providing this service have completed relevant training in the management of leg ulcers, and are proficient and competent in the care of people with leg ulceration, including skills in the use of Doppler and compression bandaging.
- Nurses who have not completed such training as at 1st April 2014 are required to undertake the 2-day training course on the management of leg ulcers provided by Oxford Health via their Learning and Development Department by 31st October 2014.
- Evaluation and audit of primary care leg ulcer services will be undertaken regularly to ensure that quality and standards, within the context of clinical governance, are being maintained.

Supply of dressings

Please note that all dressings must be used in line with the wound care formulary *(attached at Appendix 3)* which has been produced jointly with Oxford Health NHS Foundation Trust. Dressings used in the delivery of this service must be ordered via the ONPOS system except as indicated in the Formulary.

Any additional prescribing costs for this will be taken into account when monitoring the practice's prescribing budget.

4. Payment

Practices will be paid for the following:

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1. First assessment (includes treatment) @ £30 per leg
2. Further appointments for up to 11 weeks @ £15 per treatment per leg
3. If not healed, reassessment at 13 weeks (includes treatment) @ £30 per leg
4. Further appointments for up to 11 weeks @ £15 per treatment per leg

5. If not healed, reassessment at 25 weeks (includes treatment) @ £30 per leg
6. Further appointments for up to 11 weeks @ £15 per treatment per leg
7. If not healed, reassessment at 37 weeks (includes treatment) @ £30 per leg

- This is based on a reassessment after each 12 week cycle if a patient's leg ulcer has not satisfactorily healed; the practice may make a second & third claim, but may be expected to provide additional details.
- It is anticipated that many patients will need once-weekly treatments, however, where treatment is required more than once a week, the practice may claim for each appointment. The practice clinical lead for this service will be expected to monitor the frequency of treatments to ensure that they are clinically appropriate. Practices who have higher than average levels of multiple appointments may be asked for further information to clarify reasons for this.
- Practices are expected to record when compression therapy finishes (including modified compression therapy) using the codes shown in Appendix 1 below.
- If a patient has leg ulcers on both legs, the practice may claim for two separate payments.
- In order to maintain skill levels, practitioners will be expected to care for a minimum of 12 treatments requiring compression therapy per year.
- These payments do not include the cost of dressings which are obtained via the ONPOS system and medication which is on prescription

5. Monitoring

Practices are asked to submit a quarterly report using QUEST of actual activity to the CCG by the 15th of the month following the end of each quarter during the year. The quarterly activity reports will form the basis of payments. Read codes to be used for this service are shown at Appendix 1 below.

7. Termination

This service will terminate on 31st March 2019. Any change to the service or earlier termination of the agreement must be agreed by both Commissioner and Provider.

Appendix 1: Read Codes for Leg Ulcer Care 2017-18

	Item	Read Code and Description
Search Population	Patients with a Venous Leg Ulcer Patients with a Mixed Venous and Arterial Leg Ulcer	M2715 Venous ulcer of leg M2714 Mixed Venous and Arterial ulcer of leg
For payment @ Level 1 £30 **(Initial assessment)**	**Initial assessment** in primary care leg ulcer clinic and compression therapy started	8CV2. Leg ulcer compression therapy started
For payment @ Level 1 £30 **(Reassessment)**	**Re-assessment** at 12-week intervals, seen in primary care leg ulcer clinic and compression therapy continued	38C4. Leg ulcer assessment
For payment @ Level 2 £15 **(Ongoing care)**	Seen in leg ulcer clinic for **ongoing** compression therapy	9N0t. Seen in primary care leg ulcer clinic
For information	Leg ulcer compression therapy finished	8CT1 Leg ulcer compression therapy finished

Appendix 2: Complex Wound Referral Form

Office Use Only :	Received:	Responded:	Visit:

Oxford Health NHS
NHS Foundation Trust

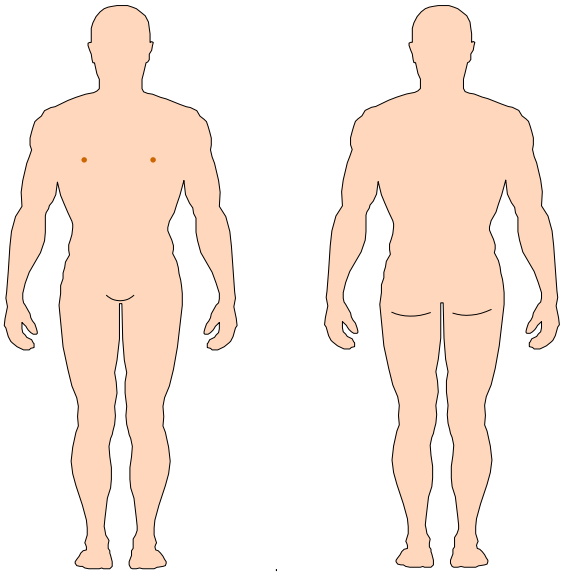
COMPLEX WOUND REFERRAL FORM

Please complete in block capitals and give as much information as possible.

Date of Referral

PATIENTS Name **N.H.S No.** **D.O.B**	**G.P Name** **Surgery address** **GP Tel. Inc.STD**
PATIENTS Address **Postcode** **Tel. No.** **Address if different from above**	**Referred by** **Name** **Job Title** **Tel. inc. STD** **Fax No.** **E.mail** **Reason for referral** **Is referral due to a serious incident requiring investigation? Y N**

Location of wounds and number of wounds



Type of wounds

- ☐ Pressure Ulcer
- ☐ Diabetic Ulcer
- ☐ Traumatic wound
- ☐ Burn / scald
- ☐ Surgical wound
- ☐ Fungating lesion
- ☐ Leg ulcer
- ☐ Other please state

Wound duration

Days……..
Weeks……...
Years…….

Factors which could delay healing

- ☐ Immobility / Seating
- ☐ Diabetes
- ☐ Poor Nutritional status
- ☐ Old Age
- ☐ Dehydration
- ☐ Incontinence
- ☐ Infection. → Local wound bed / Systemic (Cellulitis)
- ☐ Anaemia
- ☐ Moisture
- ☐ Ischaemia

Continued….

- ☐ Auto Immune Condition i.e. Rheumatoid Arthritis…….
- ☐ Smoking
- ☐ Allergies- (please state)……
- ☐ Non Concordance
- ☐ Drug Therapy e.g. Steroids, Immunosuppressant, Anticoagulant, Anti- inflammatory analgesics. (please state)…… ……..
- ☐ End of life/Palliative Care
- ☐ Other (please state)…….

If leg ulcer ABPI

L Leg ABPI =	R Leg ABPI =

Date of ABPI ……

Current Bloods

Hb…….....

Glucose……...

Date……

Current dressing regime commenced date……

Primary dressing used……

Secondary dressing used……

Compression bandages (if applicable)…….

Frequency of dressing change……..

How long used?.....

Wound Assessment

Wound size in cm2……
Length in cm……..
Width in cm……
Depth in cm/mm……

Wound bed tissue type

Black	% necrotic
Green	% infected
Yellow	% slough
Red	% granulating
Pink	% epithelialising

EXUDATE levels

None Low Moderate High

Surrounding skin

- ☐ **Oedema**
- ☐ **Erythematic**
- ☐ **Macerated**
- ☐ **Healthy / Intact**

Wound Odour

YES NO

Pain score

0 2 3 4 5
I I I I I

Exudate type

Serous Haemoserous Purulent

Has a wound or Leg ulcer assessment been completed:	**Key**
W. assessment **Y** **N** L.U. assessment **Y** **N** Wound traced/measured **Y** **N** Photographed **Y** **N** Up to date Doppler (if LU) **Y** **N**	Reason for Referral, List key Management challenges • _____ _ • _____ _ • _____ _
IF REFERRAL RESULTS IN A TV VISIT WE WOULD EXPECT A NURSE WHO UNDERSTANDS THE PATIENT CASE TO BE PRESENT DURING THE CONSULTATION	

Please complete form **fully** and send to Tissue Viability either by email to tissueviability@oxfordhealth.nhs.uk or if from a GP practice/nhs.net account please use oxfordhealth.tissueviability@nhs.net or fax to 01235 205788.

N. B. Forms that are considered illegible or incomplete will be returned to sender.

Appendix 3: Wound Management Advice and Prescribing Guidance

NHS
Oxfordshire
Clinical Commissioning Group

OCCG Wound Management Advice & Prescribing Guidance 2015. Summary of formulary choices.	
Dressings Category	**1st line Wound Management Product – must be ordered 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	• Zetuvit E Non Sterile dressing pad • Zetuvit Plus • Xupad sterile dressing pad For acute & post-op use only where there is a risk of infection or autoimmune patients • 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	Actifast 2 way stretch (red line 1 m length, blue and yellow line 5 m length. For securing dressings in place when adhesive dressing or tape is not clinically indicated. Comfinette stockinette size 56 and 78 to use as a liner under sub bandage wool if the patient has eczema/irritant dermatitis or a known sensitivity to wool
Sub compression wadding	K-Soft

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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) Medi derma spray to be used on 64 cm^2 (palm size) wound. One pack per patient
Emollients	Oilatum cream, hydromol ointment, balneum hydromol intensive, Balneum plus.
Restricted products	**Restricted Use products – must be authorised by TV team before ordering** 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, Sorbion Sachet Extra
Larval Therapy	Discuss with TV team
Non aderent 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.
Antimicrobial Dressing	Cutimed Sorbact Topical Antimicrobial Dressing

OH Wound Management:http://learn01.oxfordhealth.nhs.uk/LandDPortal/Clinical-and-Professional-Development/TissueViability/Introduction.aspx

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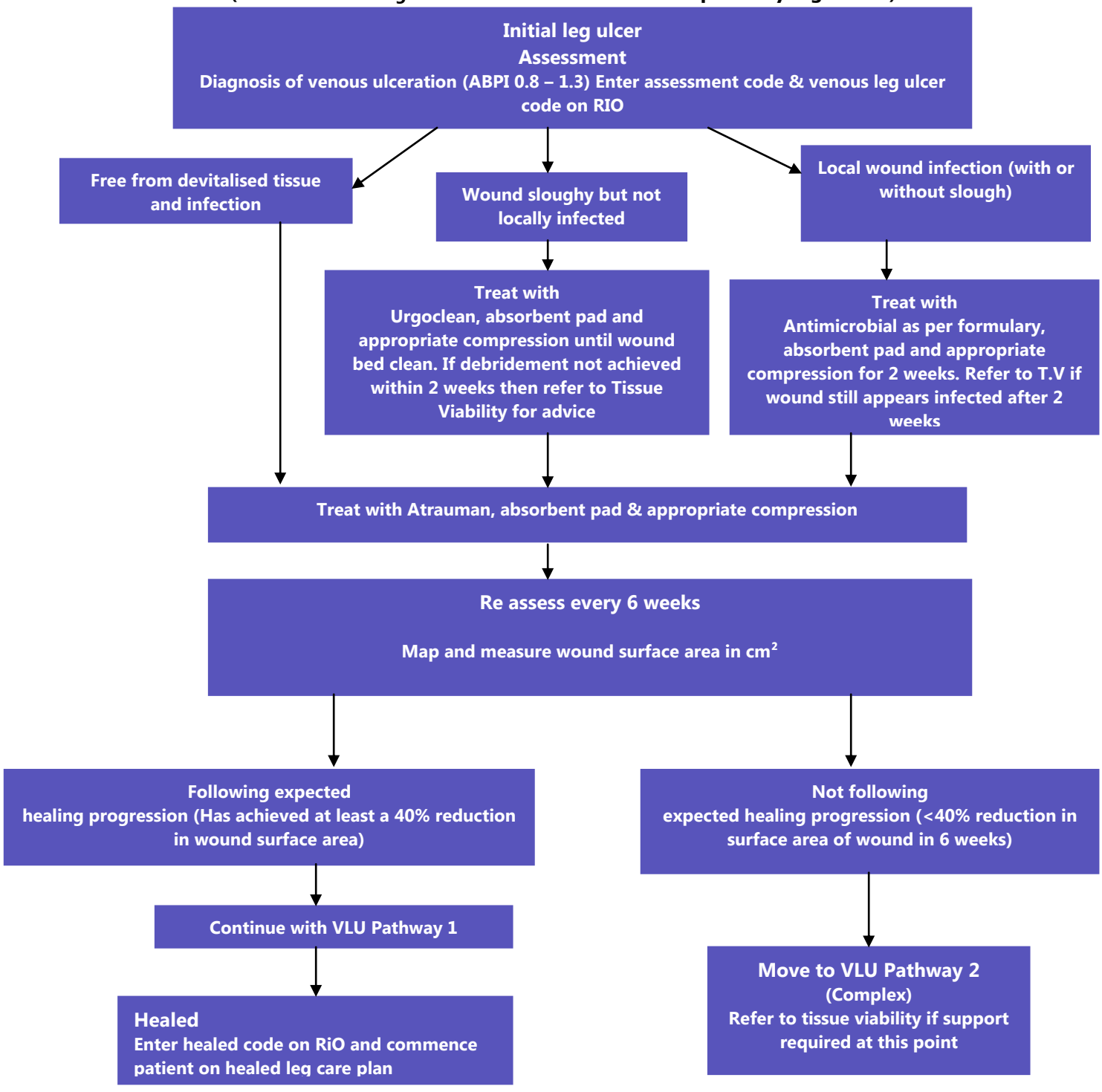
Appendix 4: Venous Leg Ulcer Standard and Complex Pathways

Oxford Health NHS
NHS Foundation Trust

Venous Leg Ulcer Pathway 1 (Standard)

24 week healing target

(Please refer to the guidance on the reverse of this pathway algorithm)



Guidance for **Standard** venous leg ulcer pathway (See criteria for pathway allocation)

All of the supporting documentation can be accessed/ downloaded from the tissue viability portal on the intranet (insert link)

No	Action to be taken	Documents/Guidance/ tools to support action
1	Venous aetiology should be established by carrying out a full leg ulcer assessment which should include a Doppler assessment. **Make sure you have traced the ulcer/s and worked out surface area in cm^2** Document assessment findings in patients notes ***Allocate to this pathway if the patients ulcer is less than 6 months old, ulcer/s size totals less than 100cm^2 and ulcer is NOT a recurrence***	• Leg ulcer policy & guidelines • Leg ulcer assessment form • Wound progression chart • Guide to measuring wound surface area • Lower limb assessment form • Doppler assessment form • Wound healing pathway/ risk tool
2	Doppler assessment - Ensure ABPI is between 0.8 – 1.3 before implementing pathway ***NB Consider falsely elevated readings in elderly pts, particularly with diabetes & renal disease.***	• Guide to carrying out a Doppler • Guide to interpreting ABPI
3	Enter assessment code & venous leg ulcer code on RiO Allocate patient to PSAG (Pt Status at a Glance) board.	• Standard operating procedure for entering leg ulcer codes on RIO • Advice sheet - PSAG
4	Assess wound bed for signs of local wound bed infection	• Guidance for the assessment & management of bacterial loading in wounds • AMBL tool for assessing for local infection
5	If wound bed is colonised/ sloughy the primary dressing should be **Urgoclean.** This product has hydro-desloughing fibres that trap sloughy residues. It provides an non adherent / atraumatic contact layer. **Use for up to 2 weeks only. If wound is not desloughing, contact tissue viability for advice.**	• Urgoclean product guide • Good prescribing guidelines
6	If wound bed is locally infected commence 2 weeks course of a topical antimicrobial treatment. 1st line – Honey 2nd line – Cadexomer iodine These products need prescribing (Not available from ONPOS). Only prescribe the number of dressings required for a 2 week course. ***Document start and stop dates of treatment in patient's notes.***	• Antimicrobial formulary • Antimicrobial formulary summary sheet • Info sheet – Patients guide to Honey • Product Info sheets – Dressings (To include PIP codes for prescribing) • Good prescribing guidance.
7	If wound is free from slough and/ or local infection commence Atrauman as your primary contact layer	• Product guide to Atrauman
8	Choose an absorbent pad as a secondary dressing based on the level of exudate present in the wound. NB – If you have to step up to Sorbion, this is 2nd line so will need to be prescribed. ***Remember to STEP DOWN when exudate under control.**	• Guide to absorbent pad selection
9	Select the compression bandage system to be used based on your patients level of mobility.	• Guide to compression bandage selection • Product guide – K Two • Product guide - Actico

10	**6 week re- assessments** Every 6 weeks trace/ map wound and work out surface area in cm^2. Work out % reduction over past 6 weeks. **If the wound has not reduced by 40% then move patient to the complex leg ulcer pathway and refer patient to tissue viability** **Once healed – enter healed ulcer code on RiO and commence patient on a healed leg care plan**	• Guide to working out surface area of wounds • Tissue viability referral form • Complex leg ulcer pathway algorithm • Tissue viability referral form • Standard operating procedure for entering leg ulcer codes on RIO

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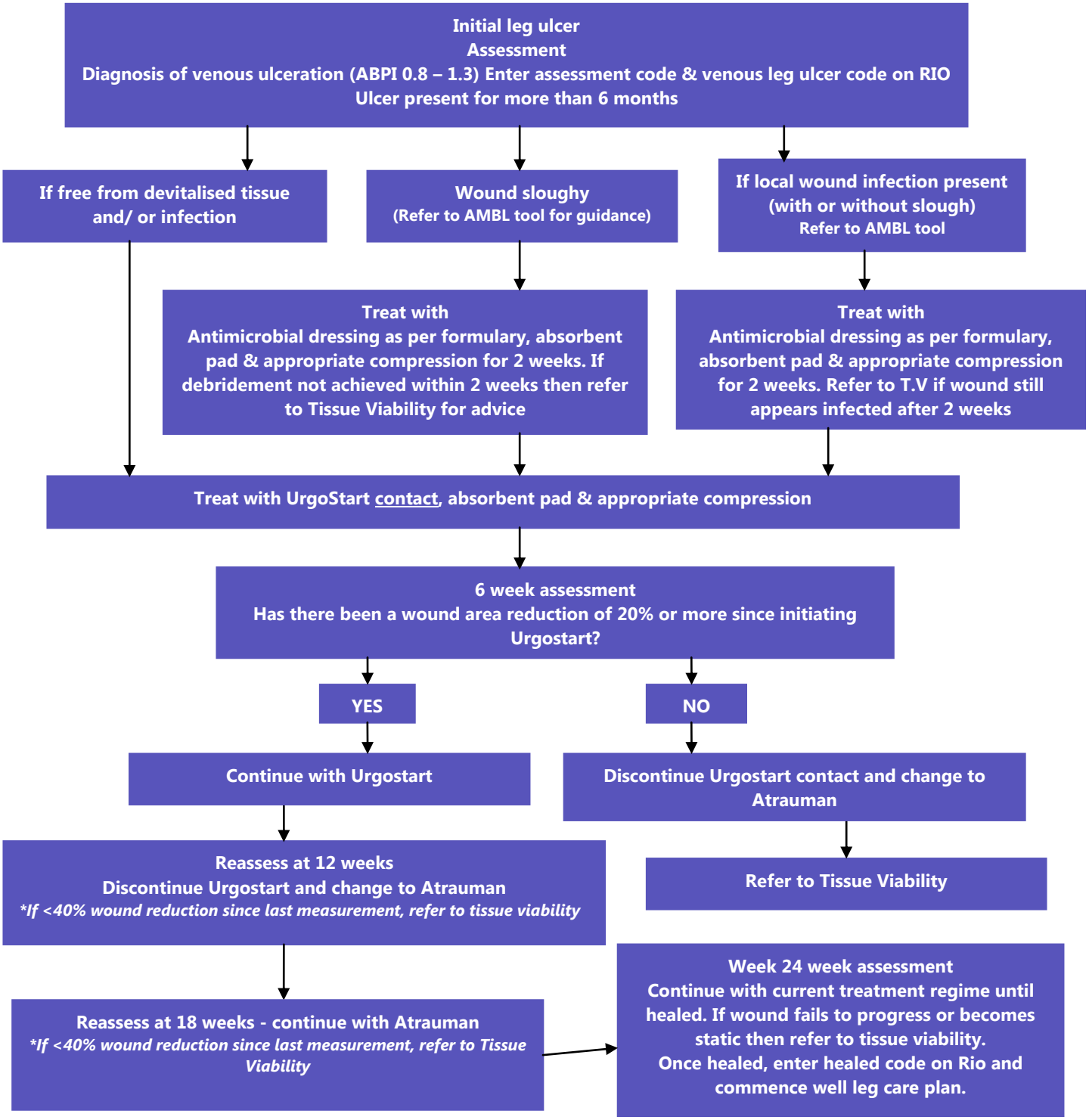
Venous Leg Ulcer Pathway 2 (Complex)
24 week healing target

(Please refer to the guidance on the reverse of this pathway algorithm)



Guidance for **complex** venous leg ulcer pathway (See criteria for pathway allocation)

All of the supporting documentation can be accessed/ downloaded from the tissue viability portal on the intranet.

No	Action to be taken	Documents/Guidance/ tools to support action
1	Venous aetiology should be established by carrying out a full leg ulcer assessment which should include a Doppler assessment. **Make sure you have traced the ulcer/s and worked out surface area in cm^2** Document assessment findings in patients notes ❖ ***Allocate this pathway if ulcer is greater than 6 months old, ulcers total more than $100cm^2$ in size and there have been at least 3 episodes of local infection in 6 months.***	• Leg ulcer policy & guidelines • Leg ulcer assessment form • Wound progression chart • Guide to measuring wound surface area • Lower limb assessment form • Doppler assessment form • Wound healing algorithm/ risk tool
2	Doppler assessment - Ensure ABPI is between 0.8 – 1.3 before implementing pathway ***NB. Consider potential for falsely elevated readings In the elderly & pts with diabetes or renal disease.***	• Guide to carrying out a Doppler • Guide to interpreting ABPI
3	Enter leg ulcer assessment and venous leg ulcer code on RiO Allocate patient to PSAG (Pt Status at a Glance) board	• Standard operating procedure for using leg ulcer codes on RiO • PSAG advice sheet
4	Assess wound bed for signs of slough or local wound bed infection	• Guidance for the assessment & management of bacterial loading in wounds • AMBL tool for assessing for local infection
5	If wound bed is sloughy **or** locally infected commence 2 weeks course of a topical antimicrobial treatment. 1^{st} line – Honey 2^{nd} line – Cadexomer iodine These products need prescribing (Not available from ONPOS). Only prescribe the number of dressings required for a 2 week course. ***Document start and stop dates of treatment in patient's notes.***	• Antimicrobial formulary • Antimicrobial formulary summary sheet • Info sheet – Patients guide to Honey • Product Info sheets – Dressings • Good prescribing guidance.
6	If wound is free from slough or infection commence Urgostart contact. This is a protease inhibitor that reduces the high level of harmful MMPs (enzymes) that are commonly occurring in chronic wounds. This product needs prescribing (Not available from ONPOS)	• Urgostart advice sheet • Guide to MMPs
7	Choose an absorbent pad as a secondary dressing based on the level of exudate present in the wound. NB – If you have to step up to Sorbion, this is 2^{nd} line so will need to be prescribed.	• Guide to absorbent pad selection
8	Select the compression bandage system to be used based on your patients level of mobility.	• Guide to compression bandage selection • Product guide – K Two • Product guide - Actico
9	**6 week re- assessment** At 6 weeks trace/ map wound and work out surface area in cm^2. Work out % reduction over past 6 weeks. ***If the wound has not reduced by 20% then stop the Urgostart contact, change to Atrauman and refer patient to tissue viability. If 20% + has been achieved continue with Urgostart contact.***	• Guide to working out surface area of wounds • Tissue viability referral form
10	**12 week assessment** Re assess wound and trace/ map and work out surface area in cm^2. Stop Urgostart contact and change primary dressing to Atrauman(Urgostart contact should only be used for 12 weeks maximum) ***If the wound has not progressed by 40% refer to tissue viability***	• Guide to working out surface area of wounds • Atrauman product guide • Tissue viability referral form
11	**18 week + re- assessments** Continue to re-assess wound/s every 6 weeks, working out surface area in cm^2. ***If the wound/s fail to progress or become static then refer to tissue viability.*** Once healed – enter healed code in RiO and commence patient on a healed leg care plan	• Guide to working out surface area of wounds. • Tissue viability referral form • Standard operating procedure for using leg ulcer codes on RiO