Oxfordshire CCG Service Specification 2019-20

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.

No part of this specification by commission, omission or implication defines or redefined essential or additional services.

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 aetiology and suitability for high compression therapy or modified compression therapy. This will include the use of Doppler ultrasound as a diagnostic tool.
- Ongoing wound care and compression therapy with 6-weekly assessment of wound size and healing progress. Referral to the Specialist Community Tissue Viability Service if the ulcer does not reach the expected reduction in size after 6 weeks. If a joint assessment with the Tissue Viability Service is required, these appointments

are likely to require longer consultation time and will therefore be paid at the higher rate. These consultations should be Read coded 38C4.

- For venous leg ulcers, an individualised treatment plan based on the local Tissue Viability Service Venous Leg Ulcer Pathway *(See email link at Appendix 2)* which reflects national guidelines and evidenced best practice as set out at https://www.sign.ac.uk/assets/sign120.pdf
- For Mixed aetiology leg ulcers, an individualised treatment plan based on the Mixed aetiology leg ulcer pathway *(See email link at Appendix 2)*
- 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 community Tissue Viability service, Dermatology or Vascular services.
- Support from the Specialist community Tissue Viability service at Oxford Health NHS Foundation Trust for advice and specialist assessment *(See email link 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.) Refer to the guidance on the venous leg ulcer pathway for more information *(See link at Appendix 2)*

- Throughout the 24 week pathway, practices should continue to manage and re-assess the leg ulcer at 6 weekly periods, seeking advice from the community Specialist Tissue Viability Nurse as required. *NB joint assessments with the Specialist Tissue Viability Nurse will be paid at the higher rate of £30.60 as more time is likely to be required for these consultations therefore the Read Code* 38C4. *should be used for these consultations.*

- 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 aetiology 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 community Tissue Viability Nurse via the tissue viability email service, oxfordhealth.tissueviability@nhs.net

- Throughout the 24 week pathway, practices should continue to manage and re-assess the leg ulcer at 6 weekly periods, seeking advice from the community Specialist Tissue Viability Nurse as required. A minimum of 15% wound size reduction every 6 weeks is an indicator of progression. *NB joint assessments with the Specialist Tissue Viability Nurse will be paid at the higher rate of £30.60 as more*

time is likely to be required for these consultations therefore the Read Code 38C4. *should be used for these consultations.*

- 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 6 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 details of the leg ulcer assessment, the treatment plan based on the pathway selected (to include type, size and number of dressings used and choice of compression therapy), and an evaluation of the agreed plan.
- 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 maintain competence in the care of people with leg ulceration. This includes completion of any relevant training in the management of leg ulcers, demonstrate understanding of local treatment pathways and proficient skills in the use of Doppler and compression bandaging, as a minimum requirement.
- It is recommended that practice nurses attend training provided by Oxford Health Learning and Development Department called Fundamentals of Leg Ulcer Management every three years. This training includes recommended local treatment pathways.
- Nurses who have not completed such training 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 before commencing treatment of patients.
- Evaluation and audit of primary care leg ulcer services will be undertaken by the CCG as and when required to ensure that quality and standards, within the context of clinical governance, are being maintained and to support improvements to this service.

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**.

4. Payment

Practices will be paid for the following on a 6-weekly cycle:

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1. First assessment (includes treatment) @ £30.60 per leg (longer appointment).
2. Further appointments for up to 6 weeks @ £15.30 per treatment per leg.
3. If not healed, reassessment with email/phone advice from the TV service at 6 weeks (includes treatment) @ £15.30 per leg.
4. If a longer joint reassessment appointment with the TV service is required at the 6-week point, this will be paid at £30.60.
5. Treatment should continue as above on 6-week cycles with the higher payment if longer joint appointments with the TV service are required at 12, 18, 24 weeks etc.

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 for ongoing treatment. However, there will be a single payment of £30.60 for any assessment with the Tissue Viability Service where the patient has ulcers on both legs.

These payments do not include the cost of dressings which are obtained via the ONPOS system and dressings that are on prescription

5. Monitoring

Data will be extracted from the Emis practice system by SCWCSU around the 15th of the month following the end of each quarter to monitor activity. Vision practices are requested to submit the necessary evidence for payment in the form of the search output from the clinical system and submit to SCWCSU by the 15th of the month following the end of each quarter. (Deadlines to be confirmed each quarter by SCWCSU). See Appendix 1.

7. Termination

This service will terminate on 31st March 2020. For termination ahead of this 3 months written notice must be given.

8. Contact

Contact for queries: paul.kettle1@nhs.net
Clinical lead: neil.fisher-occg@nhs.net

Appendix 1: Read Codes for Leg Ulcer Care 2019-20

	Item	Read Code and Description
Search Population	Patients with a Venous Leg Ulcer Patients with a Mixed aetiology Leg Ulcer	M2715 Venous ulcer of leg or M2714 Mixed Venous and Arterial ulcer of leg
For payment @ Level 1 £30.60 **(Initial assessment)**	**Initial assessment** in primary care leg ulcer clinic and compression therapy started	8CV2. Leg ulcer compression therapy started
For payment @ Level 1 £30.60 **(Reassessment)**	**Re-assessment** at 6-week intervals where healing is not progressing, seen in primary care leg ulcer clinic with Tissue Viability Service and compression therapy continued	38C4. Leg ulcer assessment
For payment @ Level 2 £15.30 **(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

Practices need to code both legs if applicable.

Data extraction is cumulative throughout the fiscal year taken at the end of each quarterly period. In all cases, patients who have died or left during the reporting period, but who have received a service within the practice will be included. Temporary residents will be included.

SNOMED codes to be confirmed.

Appendix 2: Link to Specialist Guidance

Specialist advice, guidance and resources from the Oxford Health Community Tissue Viability Service can be found at:

www.oxfordhealth.nhs.uk/tissue-viability

Appendix 3: Wound Management Advice and Prescribing Guidance

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

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 https://www.oxfordhealth.nhs.uk/service_description/tissue-viability/