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1. Background

This Agreement specification relates to patients registered with a NHS Wiltshire GP with a leg ulcer, recurrence of a leg ulcer or signs of symptoms of potential leg ulceration, for ambulatory patients.

Venous ulceration is the most common type of leg ulceration with 60 to 80% of leg ulcers having a venous component. Chronic venous leg ulceration has an estimated prevalence of between 0.1% and 0.3% in the United Kingdom and prevalence increases with age. Approximately 1% of the population will suffer from leg ulceration at some point in their lives.

Recent guidance states a chronic venous leg ulcer as ‘an open lesion between the knee and the ankle joint that remains unhealed for at least four weeks and occurs in the presence of venous disease’. For the purpose of this Service, a complex leg ulcer is described as any ulcer (see definition of an ulcer above) that takes more than 6 weeks to heal, or an ulcer existing with the co-morbidities of, diabetes, connective tissue disease, significant venous disease or peripheral vascular disease.

Four studies within a Cochrane review compared compression bandaging performed within a specialist leg ulcer community clinic with usual treatment by the GP and district nurse, overall healing rates were significantly increased in patients receiving compression within a specialist leg ulcer setting.

A locality based observational study used the setting up of a specialist clinic as the intervention. The ulcer healing rate improved in the area of intervention (six and 12 week healing increasing to 8% and 22% respectively versus 4% and 12% for the control area). There was also a significant reduction in the recurrence rates in the intervention group. Another comparison study demonstrated similarly

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1 Management of Chronic Venous Leg Ulcers, SIGN Guidance, 2010
5 Management of Chronic Venous Leg Ulcers, SIGN Guidance, 2010
improved healing rates associated with attendance at a specialist clinic. A greater proportion of the clinic group received compression bandaging, (81% compared with 42% in the control group). Incidentally, in a small number of studies regular ‘leg club’ meetings of patients and healthcare workers have shown to improve concordance with treatment and better ulcer healing outcomes in terms of pain, quality of life, self-esteem and functional ability. By commissioning Leg Ulcer Management services on a greater scale it is hoped to support increased healing rates and better patient outcomes.

The service will provide a consistently high, measurable service to all patients registered with a NHS Wiltshire GP practice and will ensure easy and equitable access of high quality care to be delivered consistently by trained, competent clinicians using recognised best practice care pathways with measurable outcomes and standards.

The commissioned service will provide leg ulcer care that adheres to best practice recommendations from the RCN, and will be flexible in design to reflect changing health technologies. It is envisaged that service delivery will be in a range of settings and will provide a consistently high level of service delivery to (a) prevent people from getting leg ulcers; (b) minimise the length of time people have leg ulcers; and (c) reduce the likelihood of recurrence.

### 2. Service Details

**Key features of this Service:**

- Every patient with an assessment by a trained practitioner, treated in line with best practice.
- Maintenance clinics as an integral part of the leg ulcer service.
- Audits of performance every 3 months, for each participating nurse with the results shared with GP practices.
- A service that reduces admissions into secondary care.
- Clear access to the service, measurable care standards and a care pathway in line with national guidelines.
- Information and analysis of service activity and outcomes as set out in the service standards section.
- Work to an agreed leg ulcer formulary, which is evidence based and clinically / cost effective.
- Standardised assessment tools and documentation.
- Referral pathways, which will highlight the levels of care.

**Leg Ulcer Management**

| Definition: Patients who have a wound to the lower leg that has not progressed and/or healed in the first 6 weeks following injury, Or Patients who have been fast tracked from Level 1 due to leg ulcer recurrence or signs of venous or arterial disease. |

There are two components to this service specification:

**Level 2a**

Patients’ in this group will be assessed by a registered nurse with post registration competencies in leg ulcer management, who have up-to-date knowledge and skills to ensure effective, safe treatment for patients requiring this level of service.

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Level 2a of the service will provide the following:

- **Full leg ulcer assessment which includes:**
  - ABPI and interpretation (likely diagnosis)
  - Blood screening
  - Weight, blood pressure, BMI
  - Nutritional assessment
  - Standardised leg ulcer documentation.

- **Planning of appropriate care to include:**
  - Skin care
  - Review of the wound
  - Measurement / photography of the wound
  - Full care planning and documentation
  - Measurement of ankle and calf circumference
  - Application of appropriate dressing and bandage system.

- **Full reassessment**
  - Every 6 months.

- **Appropriate time allocation for delivery of the above**
  - It is envisaged that a full initial assessment will take up to 1 hour and ongoing leg ulcer care will take up to 45 minutes. This will vary according to the patients’ individual needs.

- **Maintenance clinics**
  - A repeat Doppler and the provision of new hosiery at least every 6 months* for all patients with leg ulcers that have healed.

  If a patient does not heal or progress within 12 weeks the patient will be referred to level 3 (complex service provided by advanced specialist practitioners)

  **Note:** If a patient is not easily diagnosed referral to level 3 is required.

**Level 2b**
For the ongoing wound dressings and bandaging of patients with leg ulcers following a full leg ulcer assessment, diagnosis and plan of care have been undertaken at level 2a. The patient will be reviewed by level 2a nursing staff at a planned, appropriate time, set out in individual care plans.

Level 2b service will provide the following:

1. Full wound assessment
2. Planning of appropriate care to include:
   - Review of the wound at least every 6 weeks
   - Full care planning and documentation
   - Application of appropriate dressing and bandaging
3. Liaison with level 2a service for patients needing shared care
4. Providing ongoing care to patients who have been assessed and prescribed care from level 2a.

**Level 3 – Tissue Viability & Lymphoedema Service (from July 2016)**

**Tissue Viability**
This service will manage patients with complex or compromised skin integrity or problematic leg ulcers as well as patient assessments and management of level two and three non-palliative lymphoedema. It will provide patients requiring this service with access to community based high quality safe care that gives effective and timely advice, assessment, diagnosis and treatment for their condition and to do so in an integrated manner with other community provision.
The service at this level could be delivered in any appropriate care setting. Patients referred into level 3 will have complex leg ulcer care needs:

- Failing to progress with standardised leg ulcer care (level 1 or 2), for 12 weeks
- Deteriorating without obvious clinical indications
- Practitioners in level 1 or 2 concerned about diagnosis, presentation or symptoms.
- Recurrence of leg ulcer

**Lymphoedema**

Nurse specialists will provide patient assessment and management including intensive course of therapy, manual drainage and maintenance therapy.

The nurse led service aims to achieve self-management by patients wherever possible and management through training and education of community and primary health care professionals.

### 3. Accreditation

- All Nursing staff participating in the service will hold up to date knowledge and skills to ensure safe effective treatment
- Patients will be assessed by appropriately registered and qualified personnel.
- All staff will be supported, as necessary by a Tissue Viability Specialist Nurse.
- Each level 2a clinic will be supervised by a Nurse who is fully trained and competent nurse in ‘Management of Patients with Leg Ulcers’, with support from other healthcare professionals to ensure best practice is achieved at all times.

**Note:** The Management of Patients with Leg Ulcers course is available from the Tissue Viability team. Please contact them directly for details of course availability. Other courses are available however please contact Commissioners directly to ensure the course offered is of similar standard to currently available through the Tissue Viability Team. Where other training has been accessed – evidence of competency will need to be provided to Commissioners.

### 4. Service Standards

- Clinical supervision to be provided to all staff
- Support and updating to service providers will be provided by the Specialist Tissue Viability team
- All staff delivering leg ulcer care will attend the two day leg ulcer training day (run annually) to have competencies signed off through the Specialist Tissue Viability team
- Staff will attend an advanced leg ulcer study day every three years or sooner if needed
- Annual prevalence monitoring will be carried out
- Maintenance clinics will be provided to prevent recurrence
- There will be standardised assessments and rationalisation of treatments
- There will be standardised documentation used
- Leg ulcer healing rates and recurrence will be evaluated for each patient and audited across the CCG
- The service will support the achievement of significant year on year of reductions in MRSA levels in the community (no specific DH target has yet been set for the community), expanding to cover other health care associated infections
- To implement National Service Frameworks, RCN and SIGN recommendations.
- To provide consistent quality, better outcomes and improved value for money
- To provide measurable, audited improved outcomes for patients - quicker healing times & improved quality of life

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In 2016-17, each Provider contracted to provide this service will receive:

Practices will be paid £1.20 per **weighted** registered patient as at December 2015. Payment will be made in 12 monthly installments.

Practices should note this service is currently under review and it is intended to change the payment mechanism from weighted capitation to an activity-based model.

Patients included and being claimed as part of this service should be read coded appropriately; for TPP practices this is: XaPAU (Leg Ulcer Management).

Other codes that practice may wish to use to capture activity within the service include:

<table>
<thead>
<tr>
<th>Activity Description</th>
<th>Read Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leg Ulcer Care Management</td>
<td>XaPAU</td>
</tr>
<tr>
<td>Leg ulcer assessment</td>
<td>XaYmM</td>
</tr>
<tr>
<td>Agreeing on a leg ulcer treatment plan</td>
<td>XaZD9</td>
</tr>
<tr>
<td>Seen in primary care leg ulcer clinic</td>
<td>XaMhL</td>
</tr>
<tr>
<td>Seen in leg club</td>
<td>XaYtU</td>
</tr>
<tr>
<td>Leg ulcer compression therapy started</td>
<td>XaLwY</td>
</tr>
<tr>
<td>Leg ulcer compression therapy finished</td>
<td>XaLwZ</td>
</tr>
<tr>
<td>Healed leg ulcer</td>
<td>XaQn5</td>
</tr>
<tr>
<td>Referral to community leg ulcer clinic</td>
<td>XaZO</td>
</tr>
</tbody>
</table>

Practices will be requested to complete quarterly activity returns in 2016/17 which the CCG will reconcile against activity reports run centrally from TPP SystmOne and equivalent clinical systems. Through discussion with practices differences will be identified and agreed in order to eliminate future differences throughout 2016/17. Quarterly payment adjustments will be made based on agreed actual activity levels.

From 2017/18 onwards it is envisaged that the CCG will run central searches in order to make quarterly payment adjustments based on actual activity, following the alignment of activity reporting within 2016/17.

In signing up to this service the practice agrees to recording patient activity using the read codes above, and agrees for the CCG to reconcile quarterly activity returns to central reports run based on these read codes, for payment and audit purposes.

The CCG reserves the right to make changes to, add, amend or cancel this service with three months given notice.