

Complex Dressings Management 2019/20

1. Purpose of Agreement

This Agreement outlines the service to be provided by the Provider, called Complex Dressings Management, as a Local Commissioned Service.

2. Duration of Agreement

This agreement is for a period of six months, commencing from **1st April 2019** and ending on the **30th September 2019**

3. Background

There is currently an increasing workload demand on General Practice, particularly from a growing population with complex health needs. Government policy continues to move services into the community placing yet more pressure on overstretched GP services.

NHS England announced their intention to equalise practice core funding levels resulting in a gradual, but for some practices, quite a significant reduction in baseline funding which has forced practices to review non contractual service provision (non – core unfunded services).

Cambridgeshire and Peterborough CCG remain committed to supporting Primary Care to deliver the continuation of existing service provision to its population by delivering high quality, safe and effective value for money services.

Complex Dressings require assessments and longer appointments for treatment. These types of dressings are considered over and above the services provided under the Treatment Room 'Bundle' service and also falls into the category of 'non core' unfunded services. Feedback from patients and primary care providers suggests a preference for these services to remain as a list base service delivered within Primary Care setting. The CCG has been working with the LMC to put in place alternative arrangements so that all patients can continue to have access to these services to ensure continuity of valuable primary care list based services.

4. Aim of Service

This locally commissioned service has been developed in recognition of the unfunded work currently undertaken in General Practice.

5. Service Outline

The purpose of this agreement is to prevent a gap in service provision to patients, therefore Practices that sign up to this agreement are required to ensure that the service is available to all of their registered patients that need it.

This local commissioned service will fund the following service provided by practice employed staff:

Complex Dressings -

- A complex wound is one which usually has one or more complicating factors e.g. exudate, infection, comorbidity or polypharmacy. They are usually slow to heal and require regular holistic assessment and appropriate interventions to promote effective wound healing.
- The type of wounds considered complex are fungating lesions, leg ulcers, diabetic foot ulcers, wound fistulae and wounds that fail to heal. The time required to manage these wound will vary, but are likely to require longer nurse appointments.

Doppler Management –

- For Wounds that require the use of a Doppler for assessment, practices should undertake this procedure where appropriate.

Link to Wound Care Formulary

[http://www.cambsphn.nhs.uk/Libraries/Woundcare/Wound_Care_Formulary_Guidelines -
_February_2017.sflb.ashx](http://www.cambsphn.nhs.uk/Libraries/Woundcare/Wound_Care_Formulary_Guidelines_-_February_2017.sflb.ashx)

6. Service Delivery

i. Non Registered Patients

The Practice will need to be clear how to manage the services (as described above) for Non registered patients. For example advise them to contact their own practice for the results and sign post another delegated provider.

ii. Referral to other services

The provider shall be expected to work and liaise with secondary care providers for referral into their services where required. The service should develop close links with secondary care and community providers.

The provider shall have in place mechanisms for the transfer of patients suffering complications of the procedure.

iii. Satisfactory Facilities

The provider will ensure that the services are carried out in approved premises. Providers should have such facilities as are necessary to enable them to provide the service properly.

iv. Self Competence

The provider is to ensure that any healthcare professional who is involved in performing or assisting in any procedure has the evidence of necessary experience, skills and training with regards to said procedure.

Healthcare professionals who have previously provided services similar to the proposed service and who satisfy at appraisal that they have such continuing medical experience, training and competencies as is necessary to enable them to contract for the service shall be deemed professionally qualified to do so.

v. Sterilization & Infection Control

It is the responsibility of the provider to ensure that appropriate arrangements are in place for infection control and decontamination in premises where these procedures are undertaken. The provider must have infection control policies that are compliant with national guidelines.

vi. Review and Audit

Practices are encouraged to undertake regular audits in order to review and evaluate whether the service remains safe and effective, delivering quality and meeting the needs of patients. Practices could consider including the following when undertaking an audit:

- Number of patients attending for complex dressings
- Number of patients who DNA
- Waiting times for appointments from time of request
- Number of adverse events /serious untoward incidents (SI's)

7. Accreditation

Those doctors who have previously provided services similar to the proposed national enhanced service and who satisfy at appraisal and revalidation that they have such continuing medical experience, training and competence as is necessary to enable them to contract for the enhanced service shall be deemed professionally qualified to do so.

8. Pricing and Payment Arrangements

Pricing

Practices will receive **£15.15 per consultation** for delivery of a complex wound dressing that falls within the remit of this agreement.

For Practices who provide a Doppler service, practices will receive **£10.00 for use of a Doppler, plus the consultation fee of £15.15.**

The Tariff price has been based on a half an hour appointment of a Band 7 (mid point) plus on costs.

The funding will cover service delivery, establishing the appropriate coding and monitoring processes of the services provided during this transition period.

The CCG reserves the right to review and amend this agreement at 6 months to review activity and cost based on what has been received to date to assess affordability.

9. Activity Reporting

Reporting Arrangements

Practices are required to submit the **number of complex dressing's consultations and number of Doppler assessments** that have been undertaken in the relevant quarter via their Commissioning Statements. This should be submitted by the 15th day of the following month, following Quarter end. Submissions should be made via capccg.enhancedservices@nhs.net

The Primary Care Information Team can support you to develop recording and reporting tools. If practices require further information please contact the team via the following email address:

capccg.primarycareinformation@nhs.net

10. Payment Verification

Practices entering into this contract agree to participate fully in the post payment verification/validation process determined by the Commissioner and LMC. Practices should ensure that they keep accurate records

to ensure a full and proper audit trail is available and Practices are encouraged to utilize Practice computer systems to enable this condition to be met.

11. Performance

The CCG reserves the right to suspend the commissioning of this service where there are concerns around compliance and patient safety.

12. Safeguarding Adults

It is important that practices protect adults from avoidable harm (as defined in Safeguarding Adults guidelines) including safeguarding training, training on the Mental Capacity Act and Deprivation of Liberty. A Safeguarding lead should be identified in each practice.

13. Care Quality Commission (CQC)

The provider must meet CQC standards and where appropriate be registered with the Care Quality Commission (CQC). The standards and the relevant services are contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2014.

14. Termination

Should either party wish to terminate this agreement, a minimum period of 3 months notice must be provided in writing.

15. Signatories to the Agreement

Practices wishing to provide this service are required to complete and sign the application form, and return to the Commissioner for consideration