SCHEDULE 2 – THE SERVICES

A. Service Specifications

Mandatory headings 1 – 4. Mandatory but detail for local determination and agreement
Optional headings 5-7. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

<table>
<thead>
<tr>
<th>Revision Version</th>
<th>Revision Date</th>
<th>Summary of Changes</th>
<th>Change Author</th>
</tr>
</thead>
<tbody>
<tr>
<td>Draft Version 1.0</td>
<td>8/03/2013</td>
<td>Inclusion of Tissue Viability delivery specification.</td>
<td>Janet Winter</td>
</tr>
<tr>
<td>Version 1.1</td>
<td>9/03/2013</td>
<td>Update to specification with current policy guidance including avoidable pressure ulcers</td>
<td>Janet Winter</td>
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### Service Specification No.

<table>
<thead>
<tr>
<th>Service</th>
<th>Tissue Viability</th>
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<tr>
<td>Commissioner Lead</td>
<td>Janet Winter</td>
</tr>
<tr>
<td>Provider Lead</td>
<td>Lynne Fryatt</td>
</tr>
<tr>
<td>Period</td>
<td>April 2013 – April 2015</td>
</tr>
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<td>Date of Review</td>
<td>April 2015</td>
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### 1. Population Needs

#### 1.1 National/local context and evidence base

##### 1.1.1 General Overview

NHS SDCCG has a population of 529,852 (Capitation figure for Quarter 1 2012/13, Exeter System) Infection prevention and control impacts on every health care professional and the service covers 58 GP practices, 66 Nursing Homes and 8 Clinics (Derby City boundary only)

A service is required for all those individuals who are employed and the patients who reside in NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) area. Generally all such residents are registered with a GP practice that is a constituent member of SDCCG but in some instances there may be individuals not registered with a SDCCG GP but who, due to their residency and healthcare needs are to be provided a service.

Tissue viability is not just about the increasingly complex process of wound management, it also covers a wide range of organisational, political and socioeconomic issues as well as professional relationships and education. Nationally, the role of the Tissue Viability Nurse Specialist has no standard role definition and there is not a defined ratio of tissue viability nurses per patient. Qualifications and educational standards also vary across the country. There are significant knowledge deficits and many health care professionals have minimal knowledge of tissue viability and wound care related theory, so it is essential that the commissioned service providers ensure that services are well coordinated and delivered by professional staff; who have the knowledge and skills to maintain skin integrity and who can manage patients, appropriately referring to specialist tissue viability advisors, when skin breaks down.

##### 1.1.2 Evidence Base

It has been estimated that pressure ulcer care alone costs the NHS £2billion, accounting for 4% of the UK’s total healthcare spend. It is also estimated that venous leg ulcers account for 1% of the UK’s total healthcare expenditure. The increasing age profile of the general population and the increase in prevalence of diabetes along with the continuing high prevalence of pressure ulcers means that wound healing problems will continue for the foreseeable future and tissue viability services will require further development, resources and support. Pressure ulcers are recognised as a key quality indicator and national and regional policy requires the elimination of avoidable Grade 2, 3 and 4 pressure ulcers.
It is estimated that 40-50% of people with venous leg ulcers are not receiving compression therapy (O’Brien et al 2002, Moffatt 2003) this indicates that they are receiving sub-optimal care. A key factor that will determine whether or not a person will achieve optimum health outcomes by receiving best practice and evidence based wound care is the ability of the clinician to deliver it. Education and training creates an informed workforce that is able to deliver evidenced based care and avoids the pitfalls of fragmented care and a workforce that is not entirely fit for practice.

The service will work to the following policy guidance:

**Guidelines**
- National Institute for Clinical Excellence (NICE)
- National & European
- Department of Health (DH)
- Royal College of Nursing (RCN)
- European Pressure Ulcer Advisory Panel (EPUAP)

**Locally Developed Policy based on the above guidelines**
- Southern Derbyshire Health Community Wound Management Guidelines 2005
- Derbyshire Wound Management Formulary 2008

The policy guidance detailed above is not exhaustive and the service will be expected to work to new and emerging policy guidance such as that developed by NICE, DH and European Pressure Ulcer Guidance.

The service must ensure that they contribute to the wider patient staying safe agenda including, but not exclusively, the control of infection agenda (for example, training, audits and root cause analysis investigation of C.diff and MRSA SUIs), and the identification, reporting and investigation of incidents and complaints. Participation in clinical audit and implementation of changes arising from audits should take place, in accordance with the organisation’s audit plan. The service should be able to demonstrate learning and improvement across the quality agenda and in response to local and/or national policy guidance.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

<table>
<thead>
<tr>
<th>Domain</th>
<th>Description</th>
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<tbody>
<tr>
<td>Domain 1</td>
<td>Preventing people from dying prematurely</td>
</tr>
<tr>
<td>Domain 2</td>
<td>Enhancing quality of life for people with long-term conditions</td>
</tr>
<tr>
<td>Domain 3</td>
<td>Helping people to recover from episodes of ill-health or following injury</td>
</tr>
<tr>
<td>Domain 4</td>
<td>Ensuring people have a positive experience of care</td>
</tr>
<tr>
<td>Domain 5</td>
<td>Treating and caring for people in safe environment and protecting them from avoidable harm</td>
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The NHS Outcomes Framework Domains as stated above will be met within the service specification stated below.

#### 2.2 Expected Outcomes

- The provision of a seamless service that is accessible and delivers a safe and equitable service across the patient journey
- NHS Derby City will be assured that the commissioned service will be delivered in an effective and coordinated way
- Strong management and leadership roles are clearly defined and operating to improve standards of service
- Enhancement of the educational and professional development of roles within the specialist team
- Improvement in the provision and uptake of training and education for healthcare staff
- Continuous quality improvements are driven through the service with a focus on prevention
- Reduction in the incidence of avoidable pressure ulcers developing or deteriorating in patients cared for by staff employed by DHFT
- Avoidance of admissions to hospitals for patients with complex tissue viability care needs

#### 2.3 Service model

The service will operate Monday – Friday between 8am and 5pm, with clear lines of responsibility for strategic management and clinical leadership. Out of hours support can be accessed from a network of tissue viability link nurses.
It is expected that the specialist team will operate within a clinical governance framework for the delivery of all the required interventions as defined by the following:

- Clear lines of responsibility and accountability
- Clinical audit processes
- Evidence-based practice delivered with cost & clinical effectiveness
- Ensuring risk management mechanisms are in place and safety is a clear priority
- Ensuring continuing professional development programmes are in place
- Patient focus with accessible and responsive care

The Provider is responsible for:

- Continually improving the quality of service delivery, for example, in response to audit (undertaking and completing the audit cycle) and recommendations of Serious Case Review and Internal Management Review
- Continually reviewing and being aware of relevant new and emerging legislation, policies/procedures, guidance and recommendations and take the appropriate steps to assess and improve the service to achieve current best practice;
- Ensuring that appropriate professional standards are maintained, updated and validated through clinical supervision and provision of relevant training to support reflective practice and Continuing Professional Development
- Fully co-operating in the review and improvement/re-design of the Service at the request of the Commissioner which will include monitoring and reporting arrangements
- Work in partnership with health and social care providers to reduce the incidence of avoidable pressure ulcers
- Reviewing the available incidence and root cause analysis data to identify themes that will inform preventative strategies

3. Scope

3.1 Aims and objectives of service

3.1.1 Aims

To provide a specialist service to enable patients with complex tissue viability needs to achieve quality of life and independence.

The service aims to improve the health outcomes of the target populations and provide:

- Specialist Advice
- High quality and safe care
- Evidence based interventions
- Good access to services
- Equity and fairness
- Responsive patient centred care
- Education
- Efficient use of resources

3.1.2 Objectives

The overall objectives of the service are:

- To provide specialist advice to healthcare professionals, patients and carers for the management of complex wounds, wound healing problems and pressure ulcer prevention.
- To formulate policy, guidelines and care pathways ensuring delivery of equitable, evidence based care
- To ensure mechanisms are in place, promoting patient safety and clinical effectiveness
- To provide a resource for information
- To provide appropriate Education, Training and Development for healthcare professionals across SDCCG as identified by Training Needs Analysis
- To carry out audit and evaluation to ensure continuous quality service improvements
- To work collaboratively with other health and social care staff to ensure positive outcomes for patients
- To work with commissioners to ensure high quality, effective and value for money services are delivered within SDCCG
- To use evidence based practice to support clinical staff to reduce the incidence of avoidable pressure ulcers and the severity of all pressure ulcers occurring in patients
- Contribute to reducing the length of hospital stay for those with complex tissue viability needs

3.2 Service description/care pathway
3.2.1 Service Description
The service provides advice for the management of patients with complex wounds, wound healing problems and advice regarding pressure ulcer prevention across primary and secondary care settings. Specialist advice and assessment will be provided for patients in the acute environment, patient’s own homes, nursing and residential homes, general practice and clinics. The service operates from 8.00 am – 5.00pm Monday - Friday (excluding bank holidays). During out of hours, advice can be accessed from Tissue Viability Link Nurses or by reference to Trust guidelines on wound care, leg ulcers and pressure ulcer prevention.

The service will provide the following:
- Specialist professionals who are skilled in the delivery of evidence based wound care
- Specialist advice for healthcare staff in managing complex wounds and prevention of pressure damage
- Advice and support for patients and carers on self management and specialist equipment resources
- Advice on the development and implementation of an integrated and personalised care plan covering tissue viability needs taking into account needs arising from disadvantage, ethnicity, culture, belief, disability, low educational achievement and age
- Provision of information and educational resources for healthcare staff, patients and carers
- Develop and deliver education across SDCCG on all aspects of tissue viability including wound management, leg ulcer care and treatment, pressure ulcer prevention management and use of pressure relief equipment, the use of new and advanced treatments, such as Larvae Therapy and Topical Negative Pressure
- Develop and disseminate policies, standards, guidelines and care pathways based on local and national evidence base
- Develop comprehensive referral criteria and documentation
- A seamless service with other healthcare staff across the patient journey
- Implement a robust clinical governance framework to reduce clinical risk, promote patient safety and clinical effectiveness
- Implement clinical audit to monitor the effectiveness of current practice and improve health outcomes
- Enable individuals with complex tissue viability needs to achieve quality of life and independence where possible
- Prevent unnecessary GP appointments/visits and hospital admissions
- Facilitate early discharge from hospital
- Treat every individual with dignity and respect
- Promote the protection of vulnerable adults

3.2.2 Care Pathways
- Referral for accessing tissue viability services (Suggested process - Appendix 1)
- Referral for specialist investigations, clinics and relevant secondary care consultants (see Appendix 1)
- Pressure Ulcer
- Leg Ulcer
- Diabetic Foot Ulcer

3.2.3 Discharge Criteria & Planning
Discharge planning will be included as an integral part of the patients care plan from initial assessment and referral into the service. This planning will be completed in collaboration with other members of the multi disciplinary team involved in the patients care and they will be discharged back to the care of the relevant healthcare professional responsible for their care.

The criteria for discharge will usually be when optimal skin integrity is achieved or treatment is completed or onward referral is required to other specialist service (Appendix 1)

Referral can be made back into the tissue viability service if the patient’s condition changes or deteriorates significantly.

3.2.4 Self-Care and Patient and Carer Information
Patients and carers are offered education, information and support through face to face or telephone consultations. Details of appropriate web sites will be given to patients and literature in the appropriate language is offered.

Written self-care information and user instructions are given to patients and carers on specific equipment and treatments with relevant contact details and useful information.
Health promotion material is given specific to the condition of the patient.

3.3 Population covered
NHS SDCCG has a population of 529,852 (Capitation figure for Quarter 1 2012/13, Exeter System) including 58 GP practices, 66 Nursing Homes and 8 Clinics (Derby City boundary only)

The service will be provided to all those individuals who are employed and the patients who reside in NHS SDCCG area. Generally all such residents are registered with a GP practice that is a constituent member of SDCCG.

3.4 Any acceptance and exclusion criteria and thresholds
3.4.1 Geographic coverage/boundaries
The service will be provided to those who reside in SDCCG as defined by the localities of SDCCG to include Derby City, Amber Valley and Dales & South. Generally all such residents are registered with a SDCCG constituent practice but in some instances there may be individuals not registered with a SDCCG GP practice but who, due to their residency and healthcare needs, are still to be provided a service.

3.4.2 Location(s) of Service Delivery
The service is delivered in the main in the setting most appropriate to the patient’s needs. This could be their own home, a care home, a community clinic or the acute hospital.

3.5 Any acceptance and exclusion criteria and thresholds
3.5.1 Referral criteria & source
The tissue viability service accepts referrals for SDCCG residents and all patients receiving care within Derby Hospitals Foundation Trust regarding management of patients with the following:
- Complex wounds
- Wound healing problems and deterioration
- Leg Ulcers
- Grade 3 or 4 pressure ulcers
- Pressure ulcer prevention and equipment advice
- Assessment for high level pressure relieving equipment
- Assessment for specialist treatments e.g. Larvae therapy, Topical Negative Pressure

Prior to referral all wounds must have been assessed and a care plan implemented in accordance with the Wound Care Formulary and Wound Management Guidelines, Leg Ulcer Guidelines and the Pressure Ulcer Prevention and Management Guidelines.

3.5.2 Referral route
Referral can be documented on the standard referral form and posted or faxed for non urgent referrals. Urgent referrals can be made by telephone, mobile phone or pager. Messages for referral of individual patients for assessment may be left on the answer phone or voicemail, which is checked frequently throughout the day.

All referrals will be triaged by telephone and response times for patient visits will be provided according to the categorisation contained in the referral guidelines.

General advice and information can also be accessed by telephone.

3.5.3 Exclusion criteria
All healthcare staff are responsible for initiating first line management for wound care and the tissue viability service is unable to accept referrals for simple or chronic wounds. However telephone advice will be given for inexperienced staff, not able to access a Tissue Viability Link Nurse.

Patients in the community setting that are not registered with a SDCCG constituent practice cannot be accepted.

3.5.4 Response time & detail and prioritisation
Response to referrals will be categorised as the suggested referral guidelines (Appendix 1)

3.5.5 Equity issues (EIRA)
It is the responsibility of the Provider to comply with all current equality legislation and ensure it implements any new equality legislation as it becomes statute and actively meet the requirements of the Equality Duties (Race, Disability and Gender) these include –
- Eliminating discrimination
- Promoting equality of access to services and of employment opportunity
- Ensuring effective data capturing and analysis of service provision
- Conducting Equality Impact Risk Assessments (EIRAs) on policies, procedures and services
- It is recommended that services have a clear published plan of action to achieve the equality principles in the equality duties

Equality Impact Risk Assessment (EIRA) must be undertaken and documented as part of any service review process or if any change is made to the provision of the service which could impact on those in receipt of the service.

All staff employed by this Service will recognise and respect the religious, cultural and social backgrounds of service users in accordance with legislation and local and national good practice.

The Service will ensure that it has access to appropriate translation services/resources to enable equity of access and understanding.

3.5 Interdependence with other services/providers

3.5.1 Whole System Relationships
The service will work as a completely integrated system. This service is embedded in the local community. The provider will be expected to have a relationship with all elements of primary care, secondary care, the local authority, and the voluntary sector:

- **Primary care** - Integral to the team
- **Secondary care** - Integral to the team
- **Social Care** - Good working relationships to help facilitate communication and discharge and admission where necessary to hospitals
- **Voluntary Sector** - Good working relationships to help facilitate communication in order to support the implementation of packages of care where appropriate

**Safeguarding**
The service must also ensure that policies and procedures in relation to safeguarding are adhered to and that it seeks the advice as necessary. All staff working with patients will have undertaken enhanced Criminal Records Bureau check. Reference should be made to the safeguarding clauses within the main body of the contract.

3.5.2 Interdependencies
- General Practice – GPs, Primary Health Care Team Members
- Specialist Services
- Social Care
- Intermediate Care
- Out of hours providers e.g. Derbyshire Health United, Right Care
- EMAS
- Patients and their carers
- Mental Health Trust
- Voluntary sector
- Networks with Tissue Viability Link Nurses across teams

3.6 Sub-contractors
No sub-contractors will provide any element of this Service unless agreed in writing by the Commissioner prior to the sub-contractor starting work.

The Provider will notify the Commissioner of any sub-contractor currently delivering any part of this Service on its behalf detailing the percentage of service being delivered and its cost.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)
TBA

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)
TBA

4.3 Applicable local standards
### 5. Applicable quality requirements and CQUIN goals

#### 5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

TBA

#### 5.2 Applicable CQUIN goals (See Schedule 4 Part E)

Safety Thermometer

### 6. Location of Provider Premises

#### 6.1 The Provider's Premises are located at:

### 7. Individual Service User Placement
Prior to referral all wounds must have been assessed by the referring person within 24 hours (if applicable) and a wound assessment chart completed (if appropriate).

Referrals can be made for individual patient assessments by completing the patient referral form and faxing to ????????

The Tissue Viability Service is provided from Monday to Friday, 8.00am - 5.00pm (excluding Bank Holidays). During out of hours if a problem arises please access advice from Tissue Viability Link or Medical Staff.

For telephone advice, ring (01332) ?????? Voicemail is accessed daily.

All referrals will be triaged and response times for patient visits will be provided according to the following criteria.

**Category A** – to be seen in 24 hours
- Rapidly deteriorating wounds
- Complex wounds, involving fistula, sinus, abscess, stomas
- Extensive or newly acquired grade 3 or 4 pressure ulcers
- Patient discharged from hospital with topical negative pressure therapy, for e.g. VAC therapy
- Where Safeguarding Vulnerable Adult Procedures have been have been initiated

**Category B** – to be seen within 3 working days
- Diabetic Foot Ulcers
- Acute or Chronic wounds with uncontrolled symptoms
- Haematomas or complex skin tears, pre-tibial lacerations
- Cellulites with extensive blistering and deep discolouration to tissues

**Category C** – to be seen within 5 working days
- Chronic long term wounds of at least 6 week's duration
- Static, non-healing wounds that are not responding to appropriate treatment
- Assessment for pressure relieving equipment (high level replacement mattresses)

Inform referrer of appointment date and time by telephone

After initial visit or telephone advice a copy of the completed referral form will be faxed to the referrer

**Discharge Criteria**
- Optimal skin integrity achieved
- Referral back to original referrer
- Repeated non-concordance of treatment
- Patient Choice
- Staff safety compromised after exploring options
- Threat of violence

**Onward Referrals**
- Refer to secondary care consultant
- Refer to local specialist clinic
- Refer for specialist investigations
- Refer to community nursing services
- Refer to nurse led beds in local community hospitals
Appendix 3: Organisational Structure

Primary Care Project Lead and Clinical Nurses Assessor

Tissue Viability
Strategic Lead

Project Lead and
Clinical Nurses
Assessor

Admin

Tissue Viability
Clinical Nurse
Assessor/Advisor

Tissue Viability
Clinical Nurse
Assessor/Advisor

Tissue Viability
Clinical Nurse
Advisor City

Tissue Viability
Clinical Nurse
Advisor

Tissue Viability
Clinical Nurse
Advisor SD

Tissue Viability SN
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Appendix 3: PROPOSED TISSUE VIABILITY SERVICE TO SD CCG

1. **Annual Cost of Service**

   Pay:  Management  1.00 WTE  £51,688  
   Nursing  5.45 WTE  £170,418  
   Admin  1.15 WTE  £24,456  
   **Total**  7.60 WTE  £246,562

   Non-Pay  £27,576

   Admin & Overhead  £41,121

   **Total**  £315,259

2. **Additional Charges**

   Mileage is excluded from the above and would be charged at cost.

3. **Indexation**

   The service is priced in 2013/14 currency.

   Indexation to be applied annually commencing 1st April, 2014.

   Pay elements to be aligned to Agenda For Change, Non-Pay and Admin & Overhead to be aligned to RPI All Items published in the preceding March (i.e. relating to February).