NHS
Lancashire and South Cumbria
Integrated Care Board

FAQs for Wound Care LES

Q: Please can you clarify whether a formal 'treatment room' is needed in which to do this work? Or could a standard clinical practice room be used?
A: A consultation room can be used providing the following Infection Prevention Control (IPC) standards are met: • A HTM compliant clinical wash-hand basin should be provided (please see Health Building Note 00-03), for hand washing only, with paper towels and liquid soap dispenser. • Carpets should not be used as this area has a high probability of body fluid contamination. • Space should be available to allow for the storage of equipment and sterile supplies. • Ensure appropriate IPC precautions are in place, including the training and the use of Aseptic Non-Touch Technique (ANTT). • Adequate ventilation, with the ability to open a window regularly.
Q: Will HCAs be able to do the training?
A: Yes, it will be up to practices to determine who is best placed to deliver any of the LESs.
Q: What is defined as 'simple wound care'?
A: Exclusions are provided as part of the specification. We do not consider chronic wounds to be covered by the specification. If a practice is managing a wound that initially appeared to be simple but have concerns about delayed healing or increasing complexity beyond their expertise, we would expect the patient to be passed to community services for ongoing wound care. A wound is typically described as chronic if it is ongoing more 30 days or more. This should be applied pragmatically – i.e. if you think the wound has almost healed and will require only minimal further input then it is reasonable to complete that in primary care.
Q: If a nurse sees a patient with a wound and it turns out to be a complex wound, do practices get paid for seeing the patient initially?
A: The payments for this service are paid per head of population. We would expect the practice to complete the initial assessment and signpost the patient to the most appropriate service to manage their ongoing care.
Q: Is there a complex wound care LES?
A: Complex wound care will not be commissioned from primary care and will continue to be provided by community colleagues.
Q: Complex wound care isn't provided in South Lakes by Community staff unless the patient is housebound. What would happen in this situation?
A: Any local nuances in current provision will be picked up as part of local delivery planning.
Q: What happens when patients with complex wounds are passed back to practices from community providers?
A: This specification covers only simple wound care, we would not anticipate community providers handing back patients to practices unless they fall under the simple wound care definition. Any concerns around this can be picked up as part of local delivery planning to ensure the clinical pathways in each area are clear.
Q: Are we going to have direct access to refer to tissue viability nurse for advice on wound care if we are stuck?

A: As this specification is for simple wound care only, we would expect complex wounds that require tissue viability input to be manage elsewhere. Where practices feel they need direct access to RVN support this can be picked up as part of local delivery planning to ensure the clinical pathways in each area are clear.
Q: Are doppler and compression being included in the specification?
A: Doppler and compression are not included within this specification.
Q: Can rural and remote practices continue to offer minor injuries? If not, what about patients who may have to travel further to a Minor Injuries Unit or Urgent Treatment Centre?
A: We are aware that there was a minor injuries LES in one area. This will be being decommissioned for 2025/26. At the point of the review, we felt that on the day access to a minor injury service wasn't appropriate for primary care. Patients requiring this service need to be signposted to minor injury services, such as A&E or minor injury units. There is also a review of Integrated Urgent Care services, which will also look at this type of care.
Q: The specification states that emergency presentations are not appropriate, but once patients are aware of the service this may become an issue. How can walk in requests be managed?
A: Primary Care does not offer a walk in service; practices will triage and manage requests as they would for any other service in practice and provide appropriate care as deemed necessary.
Q: Can you provide more information about the inclusion and exclusions for burns?
A: It is reasonable for primary care to manage first-degree burns as part of this LES. To do this safely and effectively the practice must be confident that the relevant staff are trained and competent in the assessment of burns. More complex or slow healing burns should be managed by other teams as per local commissioning arrangements.
Q: We anticipate a lot of local issues with the primary and community care interface and potential commissioning gaps. What are the plans for this?
A: We will pick up these issues as part of local delivery planning. We will also review any early issues identified with the specification and the primary/community services interface at 3 months and seek to resolve issues and further clarify the specification (in consultation with the LMC) if necessary
Q: Can you support us by providing some clear comms for patients about what primary care should and shouldn't be doing?
A: Yes, we can provide this.
Q: Who decides which is 'simple or complex' will this end up as a battle with patients stuck in the middle?
A: Please refer to the detail within the specification, which details how to distinguish
Q: Who provides dressings? As up to now the line has been "GPs provide NO dressings"?
A: As per the specification, the service includes changing dressings.
Q: Can we please also find out what is happening with complex wound care - currently we are under the treatment room LES which deals with complex wound care as part of it. As this is going from a paid perspective - where would you like us to send this type of wound care now? It is currently approximately 6-8 hours of clinical time a week?

A: Complex wound care will not be commissioned from primary care and will continue to be provided by community colleagues.
Q: Please could we have further information about wound care – volume and prices in taking place in treatment rooms/ community services to assist practices in planning?
A: This is not information held at a practice level. Practices will need to undertake an assessment of their practice populations requirements and use the ready reckoner.
Q: Please could we have an update on service provision intention requested? This is to enable practices to consider potential numbers prior to signing up to a LES.
A: All details on the service provision required are included within the service specification.
Q: When will we receive any minimum activity requirement regarding the Simple Wound Care LES?
A: There are no minimum activity requirements, practice are required to do the level of activity as required for their populations needs.
Q: How are dressings being funding? Are these provided to practices, with the costs covered?
A: The cost of dressings was considered at the time of calculating the costs of delivering the specification. All consumables were included in the cost for this service. They are not provided, or funded separately.
Q: Is wound care and complex wound care the same thing?
A: No, it is a separate LES