Service Specification

Service	Simple Wound Care
Commissioner Lead	NHS Lancashire & South Cumbria ICB
Provider Lead	Specific GP Practice in Lancashire and South Cumbria
Period	1st April 2026 to 31st March 2027
Date of Review	Feb 2027

1. POPULATION NEEDS AND BACKGROUND

1.1 NATIONAL AND LOCAL CONTEXT

NHS Lancashire and South Cumbria ICB covers 195 GP Practices and has a total weighted population of 1,988,701 (as of Jan 2026) patients.

The scope of this specification will cover all practices and registered patients along with temporary residents (where appropriate) that live within the geographical area of Lancashire and South Cumbria.

The ambition of the commissioner is to secure the highest quality and most responsive services for local people that are clinically effective and safe but also importantly are consistent and equitable to the population. This specification sets out a model for a Primary Care led Simple Wound Care Service.

The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of this specification by commission, omission or implication defines or redefines essential or additional services.

2. SCOPE

2.1 AIMS AND OBJECTIVES

The aim of the service is to deliver a universal offer to patients in Lancashire and South Cumbria, setting out the range of services that General Practice are expected to deliver to their registered and temporary registered patients.

Practices will deliver high quality and responsive services for local people that improve patient outcomes and the experience of service delivery for both patients and the General Practice team. Furthermore, the aim of the offer is to ensure an equitable and consistent service to all patients across Lancashire and South Cumbria and to deliver care closer to home.

Practices will provide Level One, Simple Wound Care Services as described in section 2.2

2.2 SERVICE DESCRIPTION/CARE PATHWAY

The Simple Wound Care service will see all age patients in a clinical setting and forms part of a wider wound care pathway. The service is commissioned to see ambulatory patients aligned with service levels one as defined below.

2.2.1 SIMPLE – LEVEL ONE SERVICE

A simple wound is a break in the continuity of the skin limited in depth at the subcutaneous fatty tissue, that does not affect the underlying structures (muscle, bone, joints, major arteries, nerves, tendons) and without significant loss of tissue.

And where Wound Care is defined by the following: -

• Where treatment is needed to a wound which by its nature or site cannot be treated by the patient or the patient's carer and requires the expertise of a trained healthcare professional and

• Where more than one attendance at the surgery is required.

2.2.2 CHRONIC/COMPLEX – LEVEL TWO SERVICE

A **Chronic** wound is defined as a skin or tissue injury that fails to heal within 6 weeks

A **Complex** wound is defined as wounds that deviate from typical healing process and frequently fail to heal with standard treatments.

Examples include: Wounds involving significant tissue loss, post surgical wounds with extensive tissue damage/dehisced surgical wounds, wounds with exposed bone, tendon or joint, non-healing chronic wounds (>3months), wounds further complicated by significant infection, weakened immune system, comorbidities and poor nutrition.

2.2.3 SPECIALIST COMPLEX– LEVEL THREE SERVICE

Specialist complex wound care encompasses a range of advanced assessments and treatments for complex and chronic wounds requiring specialist knowledge and expertise.

Examples include: Advanced dressings, compression therapy wound debridement, negative pressure wound therapy, laser therapy, underlying condition management, Malignant wounds, Lymphoedema, Radiation wounds, Post infection soft tissue gangrene etc.

Definition	Wound Type or Treatment	Level One Service Primary care delivery Ambulatory only	Level Two Service Community Care Delivery – District nursing/treatment room and podiatry Ambulatory and Domiciliary	Level Three Service Community and secondary care delivery – Advanced practitioners (district nursing and podiatry) Tissue viability service, other specialist provision. Ambulatory and Domiciliary
SIMPLE Break in the continuity of the skin limited in depth at the subcutaneous fatty tissue, that does not affect the underlying structures (muscle, bone, joints, major arteries, nerves, tendons) and without significant loss of tissue. **Staff Competency Tier One**	Minor injury needing wound cleansing and simple dressing	✓	Domiciliary Only	
	Wound swabbing	✓	Domiciliary Only	
	Superficial burn	✓	Domiciliary Only	
	Superficial skin ulcer	✓	Domiciliary Only	
	Simple skin tear	✓	Domiciliary Only	
	Laceration capable of closure without suture	✓	Domiciliary Only	
	Removal of suture/staples	✓	Domiciliary Only	
	Post operative wound care	✓	Domiciliary Only	
	Simple cellulitis	✓	Domiciliary Only	
	Category 1 and 2 pressure ulcer	✓	Domiciliary Only	
CHRONIC Skin or tissue injury that fails to heal within 6 weeks OR **COMPLEX** Wounds that deviate from typical healing	Post surgical wounds that are slow to heal >4-6 weeks following clinical triage		✓	
	Rapidly deteriorating simple wound accepted following clinical triage		✓	
	Simple wounds that are slow to heal >4-6 weeks following clinical triage		✓	
	Neuropathic foot ulcers		✓	✓
	Ischemic foot ulcers		✓	✓
	Moisture Associated Skin Damage		✓	✓
	Third degree burns		✓	✓
	Cavity wounds requiring packing		✓	✓
	Venous ulcers		✓	✓

process and frequently fail to heal with standard treatments. **Staff Competency Tier Two**	Arterial ulcers		✓	✓
	Diabetic foot ulcers		✓	✓
	Category 3 pressure ulcer		✓	✓
	Category 4 pressure ulcer		✓	✓
	Second degree burns		✓	✓
	Limb Haematoma		✓	✓
	Cellulitis		✓	✓
SPECIALIST Encompasses a range of advanced assessments and treatments for complex and chronic wounds requiring specialist knowledge and expertise **Staff Competency Tier Three**	Complex wounds requiring advanced dressings		✓	✓
	Wounds requiring negative pressure wound therapy			✓
	Malignant fungating wounds			✓
	Wounds requiring larval debridement therapy			✓
	Wound debridement			✓
	Post infection soft tissue gangrene			✓
	Compression Therapy			✓
	Treatment of Lymphoedema (chronic oedema)			✓
	Treatment of Lymphorrhoea (wet legs)			✓
	Wounds requiring underlying condition management			✓

2.3 POPULATION COVERED, ACCESS & EXCLUSION CRITERA

The core service is accessible to the population of South Cumbria who are registered with a Lancashire and South Cumbria General Practice and have an identified health need as defined within the clinical inclusion criteria in 3.6.1.

2.3.1 General exclusions:

- Any patient who falls under the criteria for a level two/three service or intervention
- Housebound patients
- Patients in nursing homes
- Emergency presentations requiring acute hospital admission
- Any patient who cannot be discharged home after treatment
- Acute minor injuries
- See specific clinical exclusions in section 3.6

3.4 CLINICAL ACCESS AND ACCEPTANCE CRITERIA

Referrals will be triaged/assessed by suitably qualified professional and appointments allocated based on clinical risk/priority.

3.5 CLINICAL INCLUSION CRITERIA:-

Services provided within the Simple Wound Care Service are as follows:-

- Dressings and wound care management, including basic dressings, Dressing assessments (without doppler) and ongoing simple wound care support
- Suture removal or wound closure removal
- Dressing changes
- Routine post op wound care
- Laceration capable of closure without suture & follow up, Simple Skin tear
- First degree burns
- Superficial skin ulcers, Category 1 /2 pressure ulcer
- Wound Swabbing
- Simple cellulitis (where wound is present)
- Foreign bodies superficially embedded in tissue (that have not resolved with self-care)
- Obvious and significant injury to a joint or muscular area in the last 36 hours

3.6 CLINICAL EXCLUSION CRITERIA:-

- Complex or Chronic wound care (as defined in 2.2.2) activities commissioned to be delivered within a level two/three service.
- Post-op wound care where healing is delayed (>6 weeks post operative)
- Initial presentation of a traumatic wound
- Acute minor injury
- Full thickness burns
- Burns caused by electric shock

3.7 The service shall also:

- Have standard operating procedures
- Provide suitable storage for consumables
- Ensure maintenance of a stock of suitable dressings and ensure their correct use
- Ensure compliance with hazardous waste procedures and be prepared for spill incidences
- Ensure compliance with infection control procedures.
- Ensure compliance with safeguarding policies and procedures
- Have a procedure in place for needle-stick/sharps injuries
- Have a policy in place for lone-working procedures
- Ensure appropriate arrangements for the safe storage and transport of samples, once taken
- Ensure compliance with information governance policy
- Carry out regular clinical audits and report any safety incidents (e.g. mislabelling of samples)

3.8 DISCHARGE CRITERIA AND PLANNING

Discharge from the service occurs if the following happens:-

- Episode of care is complete with no further intervention required
- Patient is able to self-care
- Care required from another care team
- Care required from another provider
- If the patients chooses to be discharged from the service
- Patients move to another area whilst treatment is ongoing
- Patient is signposted to other support, i.e, voluntary sector, social care, etc to meet new or ongoing needs

3.9 INTERDEPENDANCIES WITH OTHER SERVICE/SERVICE PROVIDERS

Staff involved with the provision of this service must work together with other professionals where appropriate. Where appropriate, the provider should refer patients to the other necessary services and to the relevant support agencies using the locally agreed guidelines.

- NHS Lancashire & South Cumbria ICB
- Primary Care
- Local Acute Trusts
- Community Services
- PALS
- Independent and Voluntary Sector as appropriate

4. APPLICABLE SERVICE STANDARDS

4.1 NATIONAL SERVICE STANDARDS

Service providers will comply with all relevant documents and policies including the below:

- Health and Social Care act 2012
- The Equality Act 2010
- NICE Guidance CG56 (Head injury)
- The NHS Outcomes Framework 2014/15
- Care Quality Commission's the essential standards
- NICE Guidelines Quality Standards

- The Code: Standards of conduct, performance and ethics for nurses and midwives
- Guidance and Requirements on health and safety including: moving and handling, fire and safety, resuscitation and infection control.
- NICE Guidance CG139 (Infection Control)

4.2 BUSINESS CONTINUITY

The provider must ensure with that adequate arrangements are in place for continuity of the service in the event of staffing shortages, facilities, and system failures appropriate to the service.

4.3 QUALIFICATIONS/TRAINING

The service provider must ensure that all staff performing treatments are adequately trained and supervised in accordance with all current guidance. Staff delivering this service must be trained and competent to Tier One level of the National Wound Care Core Capabilities Framework for England. Wound-Care-Framework-2021.pdf

4.4 EQUIPMENT

All consumables are to be ordered by the Provider as and when required. The costs of consumables are contained within the funding paid to the Provider.

The provider shall provide all of the required clinical equipment. This equipment shall be maintained in accordance with manufacturers' guidance and best practice and, where appropriate, recalibrated annually.

The Provider shall:

- Ensure that the equipment is used in an appropriate manner by undertaking correct training and refresher training as required/recommended.
- Store all consumables in accordance with the manufacturer's instructions
- Ensure all refrigerators for medical use have a maximum/minimum thermometer and that readings are taken from that thermometer on all working days.

4.5 STORAGE OF SAMPLES

Samples must be stored in a safe clinical environment as per national guidance prior to transportation to the lab.

4.6 PREMESIS

The premises must be fit for purpose and meet all the requirements the staff and patient will need to conduct treatments in a safe and effective way. The service provider is required to provide premises that meet all CQC requirements.

4.7 INFECTION PREVENTION & CONTROL

The service provider is required to adhere to all current infection prevention guidance including the Health and Social Care act 2012 and NICE Guidance CG139.

4.8 SAFEGUARDING

The Service Provider must have robust policies and procedures in place to ensure that Children and Vulnerable Adults are protected from harm and their welfare is promoted. National and local policies and procedures with regard to Safeguarding Children and Vulnerable Adults, including those of the Lancashire Safeguarding Children Board and the Lancashire Safeguarding Adults Board must be adhered to.

All staff must be subject to Disclosure and Baring Service (DBS)and Independent Safeguarding Authority (ISA) checks as applicable to their role and undertake Safeguarding training.

4.9 RECORD KEEPING AND INFORMATION REQUIREMENTS

All providers of NHS commissioned care should use the latest NHS Data Security and Protection Toolkit to assist in implementation and assessment of compliance with policy and legal requirements.

Full records of all procedures, screening and tests should be maintained in such a way that aggregated data and details of individual patients are readily accessible. Practices should regularly audit and peer review outcomes.

Practices must ensure that details of the patient's monitoring are included in his or her lifelong record. If the patient is not registered with the practice, then the practice must send this information to the patient's registered practice for inclusion in the patient notes.

4.10 SIGNIFICANT EVENTS

The Department of Health emphasizes the importance of collected incidents nationally to ensure that lessons are learned across the NHS. A proactive approach to the prevention of recurrence is fundamental to making improvements in patient safety.

The provider must have systems in place for documenting and learning from significant events, including reporting as appropriate.

The provider should be aware of the various reporting systems, such as:

- the National Patient Safety Agency National Reporting and Learning System
- the Medicines and Healthcare Products Regulatory Agency reporting systems for adverse reactions to medication (yellow card system) and accidents involving medical devices
- the legal obligation to report certain incidents to the Health and Safety Executive under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

In addition to their statutory obligations, the provider should give notification, within 72 hours of the information becoming known to him/her, of all emergency admissions or deaths of any patient treated by the provider under this service, where such admission or death is, or may be due, to the providers treatment of the relevant underlying medical condition covered by this specification.

4.11 IT AND DATA STANDARDS

Practices are required to comply with the standards within the Data Protection Act and other relevant data standards.

4.12 STAFF DEVELOPMENT

In line with the NHS Standard Contract, staff working in the service should be given access to development opportunities and supported through supervision arrangements to enhance their portfolio of skills in addition to any mandatory training and requirements of their respective professional body. Appropriate appraisal arrangements must also be in place and carried out in line with NHS Standard Contract guidance.

5. APPLICABLE QUALITY AND REPORTING REQUIREMENTs

5.1 PATIENT EXPERIENCE

People using the service should be asked to complete an anonymous post appointment satisfaction survey. The completed surveys should be collated and the results of between 5% and 10% of all patients accessing this service should be forwarded to the ICB annually so that they can be used to improve quality and further service development. The information gathered by the patient satisfaction survey should be taken into account when reviewing standards as part of audit.

5.2 QUALITY OUTCOMES

The provider will be reviewed on all the data provided to ensure it meets the targets set out in the service specification. The Provider will need to adhere to all relevant national Quality guidelines and policies.

5.3 RESEARCH AND INNOVATION

The provider will engage with the ICB around innovation where appropriate and be willing to introduce innovative practices/services/products where they are identified as having the potential to improve patient outcomes.

6. LOCATION

6.1 Location of service delivery

Service delivery must be from the premises identified within the providers NHS Contract or where the service has been sub-contracted, the premises must be in suitable premises for delivery of the services set out in the specification.

7. FINANCE

7.1 FINANCE

£21.95 per patient contact (irrespective of the number of wound type or treatments applied in one day). No more than one claim per patient per day

The provider will need to submit monthly claims stating the number of contacts provided to patients under this specification, ie 5 patients per day.

The overarching Local Enhanced Service (LES) claims process, timescales, and parameters for practices to submit claims for LES activity is within a 3-month period after the activity has been completed and to ensure that this is included within contractual agreements.

The provider must email lscicb.localenhancedservices@nhs.net by the 10th of every month. Forms must be submitted within 3 months of the activity taking place. Please note that claims submitted to the Enhanced Service Contract Team after the 3 month period will not be approved for payment.

If you have any questions, please contact the Contract Team lscicb.localenhancedservices@nhs.net or your local primary care team.

7.2 FRAUD POLICY

In the event of suspected fraud or other illegality being uncovered at any stage the ICB will implement the ICB Fraud Policy and will investigate.

Information supporting reported activity and monitoring information must be made available to the ICB or its representatives upon request. Failure to provide this information, or the provision of incomplete or inaccurate information, may result in suspension of payments or clawback, as well as further investigation by the ICB and its representatives.

8. CONTRACT AND MONITORING ARRANGEMENTS

8.1 MONITORING AND REPORTING

The provider must supply the ICB with such information as it may reasonably request for the purposes of monitoring the provider's performance of its obligations under this specification.

As a minimum, this will include a monthly return showing activity and activity should be recorded using the appropriate SNOMED codes and an appropriate Data Quality Template will be supplied by the commissioner to support automated extraction, where possible.

All details regarding data quality (codes, guides, searches, templates and data extraction) can be found in the Data Guide in Appendix 1. Any changes to data or coding throughout the contractual year will be shared with practices via the Data Quality Team and the GP intranet.

APPENDIX 1 – WOUND CARE LES DATA QUALITY GUIDANCE

CLAIM CODES

Code	Description
225358003	Wound Care

AND one of the codes from below entered on the same day

Code	Description
225153000	Application of adhesive skin closure
3895009	Application of dressing
18949003	Change of dressing
90660004	Application of dressing for burn
182532000	Dressing of ulcer
119828008	Integumentary system repair
21147007	Closure by clip
302410007	Primary suture of skin
302414003	Removal of clip from skin
302415002	Removal of suture from skin
302412004	Secondary suture of skin
258531008	Wound Swab
385941006	Wound Care Assessment

GUIDES AVAILABLE

Guides for the following can be found on the GP Intranet/Learning Academy/DQ Specialist:

ML DQ Simple Wound Care LES Guide

For activating the template launcher: **LSC ICB LES Protocol Guide**

TEMPLATES

The page for the Simple Wound Care LES is available as part of the **ML ICB Local Enhanced Services** template and is available through your shared folder in Resource Publisher. Emails will be sent whenever the template is updated. Please ensure that you keep Resource Publisher refreshed to ensure that you are using the most up to date template.

A template picker is also available to support the selection of the appropriate template. Instructions on how to enable these protocols are provided in the guide referenced above.

SEARCHES

All searches for the Wound Care LES are available through Enterprise Searches & Reports, the CCG tab at the bottom of Population Reporting. Searches are managed by the Data Quality Team and emails will be sent from the Data Quality

Team regarding the location, also when any searches have been updated. Any updated searches will be available in the same place. Searches need to be copied and pasted into your practices folder to be able to use them.

DATA EXTRACTS

All data is extracted based on left/deceased patients and the code above being added to the patients record within the specified timeframe.

CONSULTATION TYPES

All searches are based on a face to face, home visit or Enterprise consultation type.

All other consultation types will appear in the ACTION searches as CHECK consultation type and these should be reviewed. If you find any activity in the Action/Check Consultation Type searches that should count towards claims, add a new consultation to the patient's record (on the same date as the excluded one) using an acceptable consultation type and the correct claim code(s). This keeps the original consultation unchanged and ensures the patient appears in the ACTIVITY searches.

DATA QUALITY CONTACT DETAILS

All requests for support or query resolution should be logged on the Self-Service Portal at: https://sunrise-saas.com/mlcsu/SContacts/

For any urgent queries please ring: **0300 555 0212**