



## **NORTH AND SOUTH ESSEX LOCAL MEDICAL COMMITTEES**

### **Local Enhanced Service - Primary Care Management of Secondary Care Wounds**

#### **Introduction:**

All practices are expected to provide essential and those additional services that they are contracted to provide to all their patients. This enhanced service specification is designed to cover those aspects of clinical care beyond the scope of essential services.

#### **Background:**

Over the past decade General Practitioners have witnessed an increasing delegation of secondary care wound management to primary care resources (without additional funding from the NHS); e.g. wound monitoring and dressing changes post operatively, treatment of wound infection and dehiscence (as appropriate), continued management of wounds healing by secondary intention and wound toilet.

Among the services continued to have been provided through local good will (i.e. at personal cost) and in the best interests of patient care are suture removal, dressing changes, treatment of wound infection, continued packing and monitoring of cavity wounds and the management of dehiscence of wounds as appropriate. Increasingly this workload is shifting into practice premises and away from domiciliary management by nursing teams (also now funded by primary care).

Continuing to provide this service without necessary funding would have detrimental effects on other services offered by local practices. Practices in Colchester are keen to continue to provide these services in the best interests of their patients but only with appropriate funding (as allowed for in the New GMS Contract and for which the PCO has a budget to ensure these services are sourced and commissioned). To continue service currently provided by local Practices with adequate financial remunerations.

#### **Service Outline:**

Will include-

- 1) Routine suture removal.
- 2) Monitoring of wounds as required clinically and/or requested by secondary care teams.
- 3) Dressing changes and supervision as needed
- 4) Treatment of wound complications-including infection, dehiscence (as appropriate), haemorrhage/ haematomas etc.
- 5) Appropriate referral back to specialist teams as clinically required.

**Accreditation:**

General Practitioners / Nurses/Health Care Assistants carrying out these services should feel competent in their wound management skills. They should have clinical experience in dealing with routine wound management and complications either through holding appropriate hospital posts or through general practice/ community experience either in clinical post or during training.

Costing is based on the use of practice premises/service provision (light/ heat/telephone etc)/ administration time/nurse and doctor time/ cost of maintaining dressing stocks and initial non-prescribed dressing. Also maintenance of infection control including microbiology specimens as needed. As this service is one that has not previously been audited numbers of patients and visits per patient required is unavailable. An annual retainer cost for this service could be negotiated based on demand on service over coming years.