Friday, 05 August 2022

FAQ for the CQUIN for the assessment, diagnosis and treatment of lower leg wounds (CCG14) v4

These FAQs only address questions about the clinical aspects of this particular CQUIN. For any other queries about CQUINs, please contact the CQUIN team directly at e.cquin@nhs.net

Which services does this CQUIN apply to?

1. **Can organisations choose if they want to do the Lower Leg Wound CQUIN?**

   The CQUIN Guidance sets out the requirements for all providers of healthcare services that are commissioned under an NHS Standard Contract (full-length or shorter-form version) and are within the scope of the Aligned Payment and Incentives (API) rules, as set out in the National Tariff and Payment System. These requirements take effect from 1st April 2022. By default, commissioners and providers should include all relevant quality indicators within their CQUIN scheme. All providers commissioned to deliver the services to which these indicators apply will be required (as mandated by NHS Digital through information standards notices and/or approved collections) to report their performance via the national collection. Further information can be found within the CQUIN Guidance (page 17 onwards) and in the CQUIN Indicator Specifications (page 8).

2. **Is the CQUIN just for community nursing services or does it apply to GP practices?**

   The CQUIN is just for community nursing services. CQUINs don't apply to General Practice where there are different levers for quality improvement. Conversations have started about how such levers might be used to improve wound care in General Practice.

Are the criteria applicable to all people with lower leg wounds?

3. **Does the CQUIN apply to all patients with a leg wound? For example, we would not usually routinely do an ABPI assessment or offer compression to someone who has a laceration to the lower leg from playing football.**

   The CQUIN covers all patients with a lower leg wound and this is based on the rationale that if a patient is presenting to a community nursing services clinician, this is usually because healing is problematic, or anticipated to be problematic. However, as the CQUIN is payable at 25% - 50% achievement, this should allow for the CQUIN to still be achievable, given those patients for whom it is judged that an ABPI or compression is not appropriate.

4. **What about exclusions e.g., patients with oedema who can't be 'Dopplered' until the oedema is reduced?**

   The essential criteria allow 4 weeks for completion, by which time, with elevation and some level of mild compression, Doppler might be achievable. However, as the CQUIN is payable at 25% - 50% achievement, this should allow for the CQUIN to still be achievable, given those patients for whom it will not be possible to achieve all the criteria.

5. **What is meant by 'being diagnosed with a leg ulcer'?**

   For the purpose of this CQUIN, a leg ulcer is being defined using the NHS definition of "a long-lasting (chronic) sore that takes more than 2 weeks to heal".

6. **Should foot ulcers be included in this CQUIN?**

   No. This CQUIN only relates to leg wounds.

7. **Are we expected to refer all leg ulceration for a vascular consultation?**

   The CQUIN criteria cover all lower leg wounds since most leg wounds that are slow to heal will be due to either venous or arterial insufficiency which will potentially benefit from a vascular referral. Since the CQUIN is payable at only 25% - 50% achievement, this allows for the CQUIN to still be achievable given those patients for whom a vascular referral would be inappropriate (e.g. a slow-to-heal wound obviously not related to venous or arterial insufficiency, a patient unsuitable for surgical intervention due to infirmity or a patient who declines referral etc). The NWCSP is currently developing guidance on vascular referrals and this will be shared as soon as possible. Those who would like early sight of the draft and to participate in the consultation surveys are encouraged to sign up to the NWCSP stakeholder forums: https://www.nationalwoundcarestrategy.net/get-involved/

8. **Our local acute services are not currently commissioned to accept referrals for venous leg ulcer surgical interventions, only for arterial. Please could you confirm whether you would be happy for us to monitor the arterial referrals only for this CQUIN?**

   This CQUIN is based on the current NICE Clinical Guideline for Varicose Veins and the NHS England Evidence-Based Interventions: Guidance for CCGs, both of which advise that patients with venous leg ulceration should be referred for a vascular consultation. Therefore, the CQUIN would not be achieved if only people with arterial problems are referred.

9. **Is it acceptable to refer leg ulcers to the tissue viability service instead of referring for a vascular consultation?**

   No. There is good evidence in favour of endovenous ablation for healing venous leg ulcers and preventing recurrence and this has been recommended in the NICE Guideline for Varicose Veins since 2013. Unless the tissue viability service offers endovenous ablation or other vascular surgical services, a referral to tissue viability services cannot meet this requirement.

How to collect the data for the CQUIN audit

10. **The CQUIN applies to both new and existing caseload patients. We estimate we have over 1,000 patients, but the time period in which they were admitted for care of their lower leg wound will vary. Would the CQUIN expect us to review all 1,000 patients, or just focus on a time period/start date for the CQUIN?**

    The denominator is the "total number of patients treated in the community nursing service with a wound on their lower leg" (regardless of when they came onto the caseload) and the CQUIN Indicator Specifications (p9 & 27) state that for this CQUIN, the period in scope is the whole year (i.e. Q1-Q4). Therefore, the CQUIN applies to all patients receiving care for slow-to-heal lower leg wounds between Q1 and Q4. See below for further information on audit sampling size for CQUIN compliance (question 11).

    Some patients will have received care that meets the CQUIN criteria, but there may be some patients already receiving care that have not yet met the CQUIN criteria. In order to meet the CQUIN criteria, such patients should receive all CQUIN criteria care either:

    - within 28 days of referral to service or,
    - for a patient already receiving care from that service, within 28 days of a non-healing leg wound being identified and recorded, or within 28 days of the start of the CQUIN (i.e., 1st April 2022).

11. **Can we select a sample of 100 patients who had come onto caseload more than 4 weeks previously and audit them?**

    The CQUIN Indicator Specifications describes how quarterly data should be collected (p4):

    a. Where a list of records matching both the denominator and the numerator can be identified and extracted from systems (e.g., PAS, EPR or other local systems), and performance assessed without the need for case note auditing then all records must be used to calculate performance for each quarter in scope.
    b. Where a list of records (broadly or exactly) matching the denominator can be identified (e.g., from PAS, EPR or other local systems), but not the numerator, then a minimum sample of 100 records (or all records where there are less than 100 records) are required from each quarter, and random sampling should be used to obtain this sample from case notes.
    c. In exceptional circumstances, where neither the denominator nor the numerator can be readily identified then a minimum sample of 100 records (or all records where there are less than 100 records) are required from each quarter, and quota sampling should be used to obtain this sample from case notes.

    For the Lower Leg Wound CQUIN, options b and c are most likely. Clear instructions on how to undertake random sampling and quota sampling are described on pages 5-6 of the CQUIN Indicator Specifications.

    For the Lower Leg Wound CQUIN, organisations that use point of care electronic systems (such as Wound Management Digital Systems), may want to work with their system supplier to ensure their system can collect the required CQUIN data as part of routine clinical practice (based on the criteria listed in the Data Collection Tool) - so they can report on every patient. Organisations using electronic patient record systems (such as SystmOne,

EMIS or RIO) may want to develop templates to support the electronic collection of the CQUIN data as part of routine clinical practice and be able to report from these systems either on an all patient or sampling basis.
If, however, your organisation is still using a paper-based patient record, you will have to collect data manually by printing off the Data Collection Tool.

12. Are there any recommended "Read Codes" available to help us extract a sample from the clinical data we already collect electronically as part of the patient record?

The NWCSP encourages the practice of extracting CQUIN data from existing electronically collected clinical data.

In line with national policy, the preferred coding system for use in electronic systems in community care is SNOMED CT. We are currently working nationally to develop a list of standardised SNOMED CT codes for use in Wound Management Digital Systems (WMDS) and electronic patient record systems (EPRs). The choice of SNOMED CT code, in part, depends on the data entry and data linkage ability of the WMDS or EPR in use. This means that production of a standardised list is a complex task.

Until our work is completed, providers should use the NHS SNOMED CT Browser (https://termbrowser.nhs.uk/) to identify codes suitable for use in their own systems.

13. Does every element of the lower limb assessment essential criteria need to be recorded to be compliant?

The assessment criteria are based on a minimum data set so there should be 100% compliance. Therefore, the assessment should indicate a response for each element, even if that response simply confirms the absence of an element. (For example, if there is no 'undermining/ tunnelling then recording 'No' indicates that the assessment has included consideration of this element and so demonstrates that the assessment has considered all the minimum criteria.)

14. Why is the diagnosis and treatment time within 28 days of a non-healing leg wound being identified and recorded, not 14 days, as per the NWCSP Lower Limb Recommendations for Clinical Care (2020)?

Although the NWCSP recommendations state a person presenting with a leg wound should be assessed (including vascular assessment of arterial supply) within 14 days of original presentation, the CQUIN are more generous to allow more organisations to succeed.

15. To meet the 25% – 50% target, do you have to meet all three sections of the Numerator?

To achieve the CQUIN, 25% - 50% of patients audited must have achieved ALL the clinically relevant steps described within the indicator specification. Missing any one of these constitutes a failure.

The following examples may be helpful:

1. If a patient has been audited, and they have had a CQUIN compliant lower limb assessment (TICK 1), *and* they are receiving greater than 40mmHG compression therapy

as necessitated by their adequate ABPI result (TICK 2) *and* they have been diagnosed as having a leg ulcer (using the NHS definition of "a long-lasting (chronic) sore that takes more than 2 weeks to heal") and have been referred to vascular services (TICK 3), then this audit is fully compliant and receives a **PASS** rating.

2. If a patient has been audited, and they have had a CQUIN compliant lower limb assessment (TICK 1), *and* they are receiving greater than 40mmHG compression therapy as necessitated by their adequate ABPI result (TICK 2) *but* they don't have a leg ulcer so no referral is necessary, then this audit is fully compliant and receives a **PASS** rating.

3. If a patient has been audited, and they have had a CQUIN compliant lower limb assessment (TICK 1), *and* they are not receiving greater than 40mmHG compression therapy as necessitated by their adequate ABPI result (FAIL 1) *but* they do have a leg ulcer and have been referred to vascular services (TICK 2), then this audit is not fully compliant and receives a **FAIL** rating.

So, to achieve the CQUIN, 25% - 50% of cases must be 100% compliant (rather than achieving 25% - 50% for each of the three requirements, independent of each other).

To translate this into provider quarterly audit results might look like this:

1. Provider A audited 100 cases and found that 45 had received a satisfactory lower limb assessment, appropriate compression therapy AND an appropriate vascular referral where they had a leg ulcer. Therefore, this provider achieved **45%**

2. Provider B audited 100 cases and found that whilst 100 had received a satisfactory lower limb assessment, and 60 were receiving appropriate compression therapy, only 20% of patients with a leg ulcer had the necessary vascular referral. Therefore, this provider achieved **20%**

16. Will there be additional information regarding a possible proforma or set standards for data collection for the CQUIN audits?

A data collection tool can be found on the National Wound Care Strategy website: https://www.nationalwoundcarestrategy.net/cquin/. All criteria must be addressed to achieve 100% compliance.

17. As the CQUIN requires a quarterly audit, it won't be possible to report on the first quarter until the second quarter to allow for the 28 days. For example, if the quarter ends on the 30th June, it would only be possible to audit those with a non-healing leg wound up to the 2nd June otherwise they would not have had the wound 28 days to audit against.

The end of is Q1 is 30th June. Therefore, patients admitted from 2nd June onwards wouldn't meet the criteria for inclusion until Q2.

18. Can advice and guidance requests be used to meet the CQUIN indicator within the numerator for patients diagnosed with a leg ulcer documented as having been referred (or a request being made for referral) to vascular services for assessment for surgical interventions?

In addition to direct referrals to vascular services, advice and guidance requests can also be used to meet this CQUIN indicator.