

## SCHEDULE 2 – THE SERVICES

<b>Service</b>	<b>Leg Ulcer Service</b>
<b>Commissioner Lead</b>	Coventry and Warwickshire Integrated Care Board (ICB)
<b>Provider Lead</b>	Rugby General Practices
<b>Period</b>	1st April 2026 – 31 <sup>st</sup> March 2028
<b>Service Review Date</b>	December 2026

### 1. Population Need

#### 1.1. National/Local Context and Evidence Base

The burden of chronic lower limb wound care is large and growing with significant and unwarranted variation in the use of evidence-based care.

The most common type of chronic lower limb wound is venous leg ulceration, which usually occurs on the lower leg between the ankle and the knee because of venous insufficiency and ambulatory venous hypertension, with little or no progress towards healing within four to six weeks of occurrence. For these types of wounds, the gold standard treatment is compression therapy with the aim of supporting venous return.

Leg ulcers are a growing epidemic, with numbers predicted to rise by 4% per annum due to their links with high prevalence rates in chronic disease and obesity, as well as an increasingly aging and sedentary population. According to the National Wound Care Strategy Programme (2025), there are around 739,000 leg ulcers in England with estimated associated healthcare costs of £3.1 billion per year.

There is rigorous evidence to suggest that evidence-based therapies greatly improve healing rates and prevent recurrence for these wounds. Compression therapy remains the gold standard treatment for leg ulcer care, more than doubling the number of patients with venous leg ulcers healed at one year compared patients receiving no compression. Following healing, compression therapy also reduces the likelihood of recurrence by more than half.

In 2026, the management of leg ulcers for patients across Coventry and Warwickshire Integrated Care Board (ICB) remains a significant challenge to local health providers. The increasing burden of disease places a substantial economic strain on the healthcare system and therefore a continuing need for delivering evidence-based care.

Approximately 1% of the UK adult population will suffer from a venous leg ulcer at some point in their life, with up to 70% of Venous Leg Ulcers recurring within three to five years. The current prevalence rates for leg ulcers are between 0.1% and 0.3%, increasing to 2-3% for patients over the age of 80 and with a higher incidence in women.

#### 1.2. Service Aim

The aim of the Local Enhanced Service (LES) is to appropriately manage the care of patients with new and existing leg ulceration who would benefit from compression therapy.

Current best practice and national guidelines recommend the use of compression therapy for patients who have leg ulceration due to venous disease. It is recognised that the treatment of this group of patients requires a specialist level of knowledge and skill and can be time consuming.

Service delivery will also help to ensure that patients requiring specialist review and intervention are identified early and referred into services in clinically appropriate timeframes.

All practices are expected to continue to offer all essential and those additional services they are contracted to provide to their registered patient list.

As part of their essential GMS contract, practices should continue to identify and prevent, as far as possible, the development of leg ulcers in all patients considered to be at high risk. This would include patients with previous leg ulcer history, varicose eczema and those for whom elasticated hosiery is being used to manage oedema.

The essential GMS contract covers those patients with leg ulceration where compression therapy is not suitable. This specification covers all relevant enhanced aspects of clinical care which are considered beyond the scope of essential services and not covered by the core GMS Contract or Quality Outcomes Framework (QOF) for Coventry and Warwickshire GP teams to undertake this work.

No part of the specification by commission, omission or implication defines or redefines essential or additional services. The service must be provided in a way that ensures it is equitable in respect of race, creed, culture, diversity, disability, sex, and age.

## 2. Outcomes

### 2.1. NHS Outcomes Framework Domains and Indicators

<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	√
<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	√
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	√
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	√

### 2.2. Locally Defined Outcomes

The LES seeks to improve the experience of local patients by appropriately managing the care of patients with new and existing leg ulceration who would benefit from compression therapy in a general practice setting.

The ambition of the service is to support the following health outcomes:

- Prevent people from developing lower limb ulceration
- Improve healing rates of venous leg ulcers
- Improve patient's quality of life and experience
- Improve patient and clinical outcomes and fewer complications
  - Reduce risk of infection
  - Reduce recurrence rates of venous leg ulcers
- Reduced need to utilise other services (including unplanned care services)
- Reduced waiting times
- Reduced health inequalities by improved patient access to leg ulcer compression therapy

Patients will be provided with up-to-date, evidence-based, and accessible information to support them in taking personal responsibility when making decisions about their own health, care, and wellbeing.

Practices may choose to work with other GP practices across their place geography to sub-contract some elements of this service. However, responsibility for quality assuring the service that their patients are referred into, including activity reporting, will remain the responsibility of the service provider who holds the contract. In the delivery of this approach, practices will be required to demonstrate that sub-contractors have robust processes in place to ensure the smooth referral and management of all registered patients.

#### **2.4. Aims and Objectives**

The aims of service delivery are to:

- Ensure that patients receive a local, high-quality service with minimum disruption and close to home
- Deliver high quality and responsive services for local people that improve patient outcomes
- Ensure that the care delivered is consistent, safe, effective, and patient centred
- Provide patients with structured, high quality, evidence-based information to enable them to make fully informed decisions regarding treatment.
- Improve the health outcomes of patients, reduce inequalities, and ensure the most cost-effective use of local resources.
- Ensure that the services offered positively impact secondary care pathways and release capacity to support new referrals to secondary care.

The objectives of the service are to:

- Improve access to leg ulcer compression therapy in a general practice setting
- Improve service user experience
- Improve outcomes through the delivery of care that is evidence based according to local and national guidance
- Optimise health and wellbeing
- Improve the integration of primary and secondary care services
- Ensure the efficient use of resources and avoidance of unnecessary appointments or use of other services

### **3. Scope**

The Local Enhanced Service (LES) outlines a service framework for leg ulcer compression therapy in a general practice setting for patients with a venous leg ulcer. The aim is to heal the wound by regular compression bandaging to support venous return.

#### **3.1. General Requirements**

The provider will work to ensure that they can deliver the service for patients during practice opening hours at their registered premises. Services may also be provided at premises other than the practice's usual registered practice e.g. at premises used for Extended Access clinics. Subject to prior approval by the ICB Contracts Team within 1 month of any application being made, providers may sub-contract elements of service delivery to another provider that they are a member or constituent of (e.g. PCN or GP Federation).

The service provider should also ensure that they have the following general service requirements in place to support delivery:

- Access to suitably trained and qualified staff to deliver the service
- Ongoing access to appropriate room space during clinic times to meet privacy and dignity requirements.
- A process in place to record the details of each procedure in the patient's clinical record.

This should be implemented using the relevant standard clinical template that the ICB has provided for the service intervention. The basis for the systematic use of templates for data collection is that it will help to facilitate consistency in recording and support the automation of reporting activity for quarterly payment and ongoing service monitoring.

### **3.2. Service Description/Pathway**

The service is intended for all suitable patients who present symptomatically with a suspected or established venous leg ulcer that requires further diagnostic Doppler ultrasound investigation and compression bandaging to support healing.

Evidence based lower limb management is paramount to achieve wound healing. Management of lower limb will include skin care, selecting an appropriate wound formulary dressing and applying compression therapy as clinically indicated. Dressings and all compression therapy shall comply with the Coventry and Warwickshire Area Prescribing Committee (APC) 2026 Formulary.

Patient engagement is key to successful concordance with their treatment (Wounds UK, 2024). The patient's progress should be monitored and reviewed at each intervention. The longer the ulcer is present, the greater the risk of complexity (Wounds UK, 2024). If the ulcer is not healing after 12 weeks, the patient should be referred for specialist assessment (Wounds UK, 2024).

Providers should ensure effective liaison with other relevant services such as Leg Ulcer Services, Consultant Vascular Surgeons / Practitioners, Diabetic Foot Ulcer Clinic, Podiatry, Dermatology and Lymphedema Service, when clinically indicated.

#### **3.2.1. Care Pathway**

The Provider will deliver this service specification in line with the following standards and requirements:

- Confirm that the request for assessment and treatment has been made in accordance with the inclusion criteria for the service
- Ensure that consent has been obtained and documented on the patient's clinical record
- Undertake a full and holistic assessment of the patient with leg ulceration to assess their suitability for compression therapy. This will include the use of Doppler ultrasound as a diagnostic tool.
- Develop an individualised treatment plan based on a local practice-based management protocol which reflects national guidelines and evidenced best practice.
- Deliver regular dressings and compression therapy according to an individualised patient treatment plan.
- Undertake ongoing review and reassessment of the patient
- Make referrals where appropriate to specialist services, e.g. the specialist tissue viability nursing team, dermatology or vascular services.
- Record the results in the patient's clinical record

- Support and contribute to ongoing patient education

### **3.3. Subcontracting Arrangements**

At the discretion of the provider, referrals may be accepted from other GP practices across the same place area.

Where the practice wishes to sub-contract some elements of the service to other GP practices in the same place area, it will be responsible for agreeing and implementing a robust patient pathway.

This will include ensuring that the following actions are undertaken.

- Development of an agreed and safe referral process
- Recording relevant information in the patient's lifelong record
- Development of agreed standard operating procedure (SOP) for leg ulcer compression therapy for patients with a venous leg ulcer
- Development of a SOP for onward patient referral to specialist care as appropriate
- Development of a SOP for all appropriate communication with the patient's registered GP.

Providers should ensure that the full and holistic assessment of the patient with leg ulceration to assess their suitability for compression therapy (including the use of Doppler ultrasound as a diagnostic tool) is conducted within a suitable timeframe based on clinical need.

Where the practice sub-contracts some elements of the service, it must ensure robust systems are put in place for the recording of information in the patient's EMIS record, prescribing and recall.

### **3.4. Interdependence with other services/providers**

Collaborative working with peer GP Practices, PCNs and Coventry and Warwickshire ICB.

The requirements of the LES are interdependent with the development of a close working relationship with peer GP Practices and where applicable, the specialist (secondary care) service provider. This should include ensuring the timely receipt of information from the service provider, which includes documentation of the patient being seen by the specialist or practice-based service, if sub-contracting arrangements apply.

### **3.5. Access**

As a minimum requirement for service delivery, the service must be offered during core hours. Providers should work to ensure that they have appropriate alternative arrangements in place to cover periods of extended staff sickness or extended annual leave. This could be through putting in place temporary sub-contracting arrangements. All changes to the clinical provider pathway, irrespective of whether they are temporary or longer-term arrangements should be agreed in advance with the ICB Contracts Team.

### **3.6. Minimum Reporting and Data Collection Requirements**

Practices must ensure that all appointment slots delivered under this Local Enhanced Service are mapped correctly in line with the national Network Contract DES – Standardised GP Appointment Categories guidance, available here: [NHSE Slot Mapping Guidance \(2021/22\)](https://www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/): [www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/](https://www.england.nhs.uk/publication/gpad-appointment-categorisation-guidance-2021-22/)

Any appointments delivered as part of extended access provision must be mapped to the “Extended Access Provision” service setting to ensure accurate national reporting.

A detailed support article, including a video walkthrough on how to carry out slot mapping, is available at: Primary Care IT – Mapping Appointment Slots -

[https://support.primarycareit.co.uk/portal/en-gb/kb/articles/mapping-appointment-slots#Mapping\\_new\\_Slot\\_Types](https://support.primarycareit.co.uk/portal/en-gb/kb/articles/mapping-appointment-slots#Mapping_new_Slot_Types)

Failure to correctly map appointment slots may impact data reporting and contractual compliance.

For each contact, the provider must record the type of intervention on to the patient’s clinical record. This should be actioned using the appropriate clinical coding listed in Section 6 of this service specification.

Using the ICB clinical template that has been provided for the service, providers must submit a quarterly minimum data set to the ICB Contract and Finance Teams to support payment.

Details should include the following information:

- Name of Practice and whether activity is delivered through subcontracting arrangements, including name of service provider.
- The total number of patients with a suspected or established venous leg ulcer seen for diagnostic Doppler investigation in the quarter being claimed
- The total number of patients seen for compression bandaging in the quarter being claimed
- The total number of eligible patient contacts seen for compression bandaging in the quarter being claimed
- The total number of eligible patient contacts for compression bandaging seen in Extended Access Clinics

### **3.7. Equipment and Consumables**

All equipment, including Doppler ultrasound, will be provided by the service provider. Equipment must meet all criteria set out in national and local guidance and be maintained in line with manufacturer’s guidance.

The provider will be required to undertake internal quality control audits as per advice from the equipment manufacturer.

The handling of consumables and associated activities (e.g., procurement, storage, decontamination, and disposal of consumables) must be safe and in line with current legislation, licensing requirements, good practice, and any national guidelines.

Consumables are included in the cost of each service attendance. Dressings and all compression therapy shall comply with the Coventry and Warwickshire Area Prescribing Committee (APC) 2026 Formulary.

### **3.8. Consent**

The service provider should make sure that informed consent is given by the patient. This should include confirmation that the patient understands and agrees to a full holistic assessment to confirm their initial and ongoing suitability for compression therapy at the time of the appointment booking. This will include the use of Doppler ultrasound as a diagnostic tool, where this may be required.

### **3.9. Inclusion and Exclusion Criteria and Thresholds**

#### **3.9.1. Inclusion Criteria**

The service is provided to patients who are registered with a Rugby general practice across Coventry and Warwickshire Integrated Care Board (ICB) and are aged 18 years and over. At the discretion of the practice, referrals may be accepted from any GP practice across the same place area as the registered patient.

#### **3.9.2. Exclusion Criteria**

The following indications and patient groups are currently not included under this specification, and practices will not be paid for these patients under this service agreement:

- Patients under 18 years of age
- All non- ambulatory patients requiring assessment and management of all lower leg ulcers/wounds (care will remain under the care of the district nursing team)
- Patients treated outside the practice by the community nursing team (even when prescribing responsibility sits with the practice)
- Patients receiving treatment and practices claiming for wound care activity through the Coventry and Warwickshire Non-Complex Wound Care LES, Minor Injuries LES or other National Enhanced Service arrangements, such as the Minor Surgery Directed Enhanced Service (DES). Please note that this list is not exhaustive.

#### **3.10. Workforce**

The provider must ensure the following:

- The service has a named lead who is an appropriately qualified health care professional.
- All staff are appropriately competent, qualified and trained to deliver the specified level of service/intervention.
- All staff delivering the service are trained on all appropriate policies relating to the delivery of Doppler diagnostic ultrasound and compression therapy for venous leg ulcer healing
- Staff have access to refresher training as required to maintain clinical competence in delivering the specified service.
- Staff are CPR trained (adults) when they start to provide the service and should attend annual refresher training thereafter.
- Staff delivering the service are covered by appropriate indemnity arrangements and Hepatitis B protection
- Staff delivering the service must have undergone the relevant DBS check before delivering the service.

Service providers should ensure that all health care professionals providing the service regularly deliver activity and commit to ongoing annual professional development. This will help to ensure that providers remain familiar with current best practice for safe and accurate venous leg ulcer management.

#### **3.11. Clinical Governance**

The provider should ensure that there are robust governance processes in place to support delivery. All standards of communication should adhere to Caldicott and Data Protection guidelines.

In the context of all appropriate data protection and confidentiality requirements being in place, the service provider should comply with any commissioner requests for clinical audit of the service being delivered.

The evaluation and audit of primary care leg ulcer services will be undertaken regularly to ensure the quality and standards of the service are being maintained.

### **3.12. Equality and Diversity**

The service provider must adhere to all relevant equality and human rights legislation, ensuring equal access to services for all patients, including those with protected characteristics. This should also include promoting a culture of respect and inclusion.

## **4. Applicable Service Standards**

The Provider is responsible for ensuring the following;

- Premises used are registered with the Care Quality Commission (CQC) and the service is provided in a suitable setting.
- Equipment meets all criteria set out in national and local guidance and is maintained in line with manufacturer's guidance.
- Training meets all relevant criteria set out in national and local guidance.
- Serious Incidents within this service are reported to Coventry and Warwickshire ICB
- Infection Control Guidance
- Privacy and Dignity Guidance
- Health and Safety standards are met.
- Information Governance Standards are met.
- Safeguarding Adults Guidance is adhered to, including statutory training.

### **4.1. Applicable National Standards**

The service provider will be required to adhere to all national standards as issued from time to time by any relevant Regulatory and Statutory bodies including guidance issued by appropriate competent bodies (e.g. Royal Colleges).

The provider should continually review the evidence base for areas of good practice and innovation.

The following is a list of key relevant information. However, this list should not be seen to be exhaustive.

- Coventry and Warwickshire Area Prescribing Committee (APC) 2026 Formulary. <https://www.covwarkformulary.nhs.uk/default.asp?siteType=Full>
- National Wound Care Strategy Programme (2025), 'Legs Matter' <https://legsmatter.org/healthcare-professionals/national-wound-care-strategy-programme/>
- NICE (2013) Varicose veins: Diagnosis and management [CG 168]. National Institute for Health and Care Excellence. <https://www.nice.org.uk/guidance/cg168>
- NICE (2016) Chronic wounds: advanced wound dressings and antimicrobial dressings. National Institute for Health and Care Excellence.

<https://www.nice.org.uk/advice/esmpb2/resources/chronic-wounds-advanced-wound-dressings-and-antimicrobial-dressingspdf-1502609570376901>

- NICE CG 139 (2017), 'Healthcare-associated infections: prevention and control in primary and community care', <https://www.nice.org.uk/guidance/cg139>
- NICE (2020), Leg ulcer infection: antimicrobial prescribing. National Institute for Health and Care Excellence. <https://www.nice.org.uk/guidance/ng152>
- NICE (2023), UrgoStart for treating diabetic foot ulcers and leg ulcers [MTG42]. National Institute for Health and Care Excellence (NICE). <https://www.nice.org.uk/guidance/mtg42>
- Wounds UK (2024), 'Leg Ulcer Management: Enabling Best Practice', <https://wounds-uk.com/journal-articles/leg-ulcer-management-enabling-evidence-based-practice/>

#### **4.2. Applicable Local Standards**

A nominated lead clinician should have responsibility for the effective delivery of the service, including staffing, training, guidelines and protocols, service organisation, governance and liaison with other services.

The lead clinician should be a registered healthcare professional with appropriate competencies in this role and should undertake regular clinical work within the service.

The Service Provider is accountable and responsible for the following:

- Ensuring that the service has clear written protocols in place describing how it will be delivered by the practice. This should include the following arrangements:
  - Clear statements of roles and responsibilities of clinical and administrative staff.
  - Arrangements for booking appointments.
  - Processes to communicate information to other healthcare providers
- Ensuring that services are delivered in accordance with national and local guidelines.
- Appropriate computer-assisted decision-making equipment is used, and arrangements are in place for internal and external quality assurance.
- Ensuring the quality of care is audited at least annually
- Ensuring necessary infection prevention processes are in place, including safe disposal of sharps and waste, etc.
- Having back up arrangements in place for staff and equipment.
- Ensuring staff working within the service have the necessary registration, skills, knowledge and competencies for the role they are undertaking.
- Ensuring staff work within their clinical competency.

Individual practitioners are accountable and responsible for:

- Ensuring skills, knowledge and clinical competencies relevant to their role and responsibilities in the service are acquired and maintained.
- Adherence to relevant professional guidance as issued by the General Medical Council (Good Medical Practice, 2024) or the Nursing and Midwifery Council (The Code: Standards of Conduct, Performance and Ethics for Nursing and Midwifery, 2018).

### **4.3. Incidents and Untoward Events**

Providers will notify the ICB through the Learning from Patient Safety Events (LFPSE) reporting process (or any future agreed reporting tool), of any incident or near miss in connection to service delivery. Details must be reported within 72 hours of the information becoming known to the practitioner.

### **4.4. Accreditation and Training**

The service provider must ensure that practitioners work within their clinical competency. It is the practice's responsibility to ensure that all clinicians and staff involved in delivery of this LES are familiar with the requirements and any relevant guidance. Professionals delivering any part of this LES must be suitably trained and accredited.

This can be achieved through:

- Self-directed learning
- In-house practice or PCN learning events
- Coventry and Warwickshire ICB educational events (where available)
- Training costs are provided to the practice as part of this specification (except where otherwise specified).

### **4.5. Business Continuity Planning**

Good business continuity planning ensures response and recovery arrangements are in place and regularly reviewed so that services to patients can continue in the event of any disruption.

If the provider becomes aware of any immediate or future impact on service delivery, they must engage with the Contracts Team in the ICB at the earliest opportunity to allow joint consideration of what mitigations can be put in place and allow conversations/planning across the wider system. Those options could include consideration of sub-contracting arrangements to another provider subject to the prior approval of the ICB.

## **5. Applicable Quality Requirements**

The service provider must comply with all the National Quality Requirements as set out in the NHS Standard Contract. The ICB reserves the right to audit either service quality or financial claims if it deems this to be appropriate to do so.

The service provider should also adhere to the following quality requirements:

- Significant Event incidents related to this service should be reported through the LFPSE process and learning shared within the practice.
- All serious incidents related to this service must be reported to Coventry and Warwickshire ICB through the LFPSE process
- The provider is required to evidence an effective system of clinical governance and put in place appropriate and effective arrangements for quality assurance, continuous quality improvement and risk management.
- Where appropriate, patient satisfaction feedback about the service should be offered to all patients accessing this service and quality improvements should be made as an outcome of this feedback.

### **5.1. Internal Quality Control**

The service provider should have processes in place to effectively monitor the quality of the service being provided.

### **5.2. External Quality Control**

The service provider may be required to participate in an accredited external quality assurance scheme to review and assure good practice in service delivery.

## **6. Coding Records, Data Quality and Audit**

Practices must have systems in place to ensure that claims data is accurate.

### **6.1. Clinical Templates and Service Reporting**

Providers must ensure that they use the clinical templates that have been provided by the ICB for the service. This will help to ensure that they have systems in place for accurately capturing and reporting quarterly datasets to the ICB Contracts and Finance Teams for payment.

### **6.2. Coding**

For the purposes of payment, the register of patients is defined as follows,

- Ambulatory patients aged 18 years and over who receive Doppler ultrasound to support holistic assessment of a venous leg ulcer
- Ambulatory patients aged 18 years and over who receive compression therapy to support venous leg ulcer healing

Section 6.2.1. below describes the codes that qualify for payment under the scheme. The default position for this service is that the activity data will be collated and submitted to the ICB for payment by the contracted service provider. Where practices work together to provide one or more elements of the service, data collection mechanisms will need to be agreed with the ICB.

The activity data submitted will be used to calculate payment. Adequate records must be maintained by the service provider and any other partner they choose to subcontract with to provide an audit trail for post payment verification purposes.

#### **6.2.1. List of Codes for Data Collection**

Practices are required to use the following SNOMED CT Terminology or EMIS codes outlined in Table 1 below to confirm that a patient has been monitored through this LES.

**Table 1: List of Clinical Codes for Data Collection**

Description		Clinical Codes
<b>Ankle Brachial Pressure Index (ABPI) ultrasound</b>	Ankle brachial pressure index	401221002
	Left ankle brachial pressure index (Includes all child codes)	751071000000105
	Right ankle brachial pressure index (Includes all child codes)	751061000000103
	Ankle brachial pressure index	446841001
	Left dorsalis pedis ankle brachial pressure index (Includes all child codes)	1083561000000100
	Right dorsalis pedis ankle brachial pressure index (Includes all child codes)	1083581000000109
<b>Leg Ulcer Management</b>	Leg ulcer compression therapy started (Includes all child codes)	247851000000107
	Compression bandaging contraindicated (Includes all child codes)	837141000000106
	Two-layer compression bandage for skin ulcer	312647006
	Three-layer compression bandage for skin ulcer	314129003
	Four-layer compression bandaging for skin ulcer	312648001
	<b>One of the two codes below must also be recorded on the same day alongside the relevant code used above for activity to qualify for payment</b>	
	Complex skin ulcer care enhanced services Administration	816441000000108
	Complex wound care enhanced services administration	373681000000104

**N.B: Coding qualifying patients for payment under this LES will render the patient non-payable under the Wound Care LES for activity done on the same day.**

### 6.3. Records

Adequate records must be maintained to provide an audit trail for post payment verification purposes.

## 7. Payments and Claiming

### 7.1. Payments

Providers will be remunerated as follows:

- **Leg Ulcer Compression Therapy: £33.37** (This will be paid in the quarter the patient has been seen for compression therapy)

Intervention	Description	Funding
<b>Leg Ulcer Management</b>	Leg Ulcer Compression Therapy	£33.37

Payments will be made based upon the number of eligible patients that service providers declare in their quarterly activity submissions.

The ICB reserves the right to audit service quality or financial claims if it deems this to be appropriate.

Prices are inclusive of training and equipment costs, unless otherwise stated.

Practices whose claims are at variance with expectations may be asked to submit additional evidence to support past or future claims. Coventry and Warwickshire ICB reserve the right to check practice held information at any time to support post-payment verification.

The ICB will uplift the LES annually in line with the annual uplift provided by the Department of Health and Social Care (DHSC).

## **7.2. Data Submissions and Practice Claims for Payment**

Practices will be required to submit the data sets for activity being claimed by the **5<sup>th</sup> working day** of the following quarter.

Quarterly Activity Data Sets should include the following information:

- Name of Practice and whether activity is delivered through subcontracting arrangements, including name of service provider.
- The total number of patients with a suspected or established venous leg ulcer seen for diagnostic Doppler investigation in the quarter being claimed
- The total number of patients seen for compression bandaging in the quarter being claimed
- The total number of eligible patient contacts seen for compression bandaging in the quarter being claimed
- The total number of eligible patient contacts for compression bandaging seen in Extended Access Clinics

## **7.3. Late or Inaccurate Claims**

Where a practice is aware of any delay or inaccuracy in claims it should notify the primary care contracting team without undue delay.

- Past overpayments will be recovered over a reasonable timeframe in agreement with the practice.
- Past underpayments (which must be supported by appropriate evidence) where claims are delayed by less than 6 months or fall within the same financial year (April-March), will be honoured. Delayed claims falling outside this timeframe will be managed on a discretionary basis.

## **8. Contract Termination**

### **8.1. Termination**

Unless otherwise notified, this LES terminates on 31<sup>st</sup> March, 2028.