



**National Wound
Care Strategy
Programme
Progress Report
2018-19**

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1. Executive Summary

The National Wound Care Strategy Programme (NWCSP) is seeking to improve the care of wounds. The unwarranted variation in UK wound care services offers major opportunities to improve healing rates and thus reduce patient suffering, spend on inappropriate and ineffective treatments and the amount of clinical time spent on wound care.

The NWCSP commenced work in September 2018. This report gives an overview of the NWCSP's achievements in the first year.

NWCSP Governance:

The NWCSP has established a robust governance system and successfully recruited to the Board, Clinical Workstreams and Enabler Workstreams. The Stakeholder Council has been established and over 900 stakeholders have been recruited to the Stakeholder Forums.

Clinical Workstreams

Stop the Pressure: The focus has been primarily on data collection within the community setting and building on the national pressure ulcer education curriculum work and the React to Red programme to develop recommendations to improve pressure ulcer education.

Lower Limb: A draft pathway of care has been developed and is currently out for 2nd consultation. Recommendations relating to education, workforce deployment and quality improvement metrics have also been developed and are being finalised prior to going out for consultation.

Surgical Wounds: A draft pathway of care is being finalised before going out for consultation. The workstream are also developing recommendations relating to education, workforce deployment and quality improvement metrics and seeking to align the NWCSP with the ongoing surgical site infection work by GIRFT and Public Health England.

Enabler Workstreams

Research Evidence: A list of relevant Cochrane Systematic Reviews and NIHR-funded research has been curated and utilised in the development of clinical recommendations but the lack of resource to support critiquing and synthesising evidence for these recommendations is a cause of concern for some members of the Research Evidence Workstream. Draft levels of evidence for evaluating wound care therapeutic interventions have also been developed

Data and Information: A set of key principles for best practice has been identified. Key metrics for quality improvement activity are being developed and the workstream is also working with the Health Technology Partnership (HTP) on a Wound Care Sector deal focusing on digital data solutions.

Education and Workforce: The need for a multi-professional wound care capability framework has been identified and known existing relevant frameworks are being evaluated. The workstream is also working with Health Education England to develop new online educational provision.

Supply and Distribution: An NHS National Classification System (NCS) and clinical specifications for the most commonly used wound care products are being developed along with a set of principles of good practice for ordering, supply and distribution of wound care related products.

The next 12 months and beyond

Moving forward, the next task is to move into pathfinding, using an adopt and share approach. We have started seeking out early adopters who are interested in working with the NWCSP to try out and test the NWCSP recommendations.

2. Background

The National Wound Care Strategy Programme (NWCSP) has developed from several previous initiatives which addressed the issue of sub-optimal wound care. The National Stop the Pressure campaign¹ (NSTPP) originally launched by NHS Midlands and East, was rolled out nationally in November 2016 to coordinate and support a sustained reduction in pressure ulcer prevalence. Alongside this, NHS England's Leading Change, Adding Value Wound Care Project (2016)² and discussions in the House of Lords (2016 and 2017) led to a call to improve the care of wounds.

In 2015, the Burden of Wounds study³ provided a spotlight on acute and chronic wound care. Its findings suggested that in 2012-13, the annual NHS cost of managing 2.2 million patients with wounds after adjusting for comorbidities was £4.5- £5.1 billion⁴. Since then, the cost will have increased and, if this issue is not adequately addressed, wound care expenditure may increase by more 37% for an average CCG / health board over the next five years⁵.

Evidence points to marked unwarranted variation in UK wound care services, underuse of evidence-based practices and overuse of ineffective practices^{1,6}. This offers major opportunities to improve the quality of chronic wound care through innovative solutions that will improve wound healing, prevent harm, increase productivity of staff, and produce financial savings in line with the requirements of the recent NHS Long Term Plan⁷.

In September 2018, the NWCSP was launched to address this situation. The NWCSP incorporates some of the ongoing work of the NSTPP but extends the scope to include lower limb wounds and surgical wounds. The vision is to develop recommendations which support excellence in preventing, assessing and treating people with wounds to optimise healing and minimise the burden of wounds for patients, carer's and health and care providers. The NWCSP has been noted in the NHS Long Term Plan⁷ and in the National Patient Safety Strategy⁸.

The NWCSP is underpinned by the principles that:

- Wound care should not be viewed as a separate clinical issue but be integrated into care of underlying co-morbidities that cause or contribute to wounding and delayed/ non-healing.
- The NWCSP is a long-term commitment to improving wound care.
- Success will depend on recognising and addressing the interdependencies between the different professional groups and services involved in wound care.
- The key priority is to improve patient care.

¹ NHS Improvement Stop the Pressure <https://nhs.stopthepressure.co.uk/>

² NHS England (2016) Leading Change Adding Value <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>

³ Guest JF, Ayoub N, McIlwraith T, et al. Health economic burden that wounds impose on the National Health Service in the UK *BMJ Open* 2015;5: e009283. doi: 10.1136/bmjopen-2015-009283.

⁴ Guest JF, Ayoub N, McIlwraith T, et al. Health economic burden that wounds impose on the National Health Service in the UK *BMJ Open* 2015;5: e009283. doi: 10.1136/bmjopen-2015-009283.

⁵ Guest J.F. Vowden K, Vowden P. The health economic burden that acute and chronic wounds impose on an average clinical commissioning group / health board in the UK. *Journal of Wound Care* 26 (6) June 2017.

⁶ Gray T.A, Rhodes S., Atkinsons R.A., et al. Opportunities for better value wound care: a multiservice, cross-sectional survey of complex wounds and their care in a UK community population. *BMJ Open* 2018 e019440.doi:10.1136/bmjopen-2017-019440 .

⁷ NHS Long Term Plan 2019. Accessed at <https://www.england.nhs.uk/long-term-plan/> 02.04.19

⁸ NHS National Patient Safety Strategy 2019. Accessed at: https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf 28.10.19

3. Governance Framework

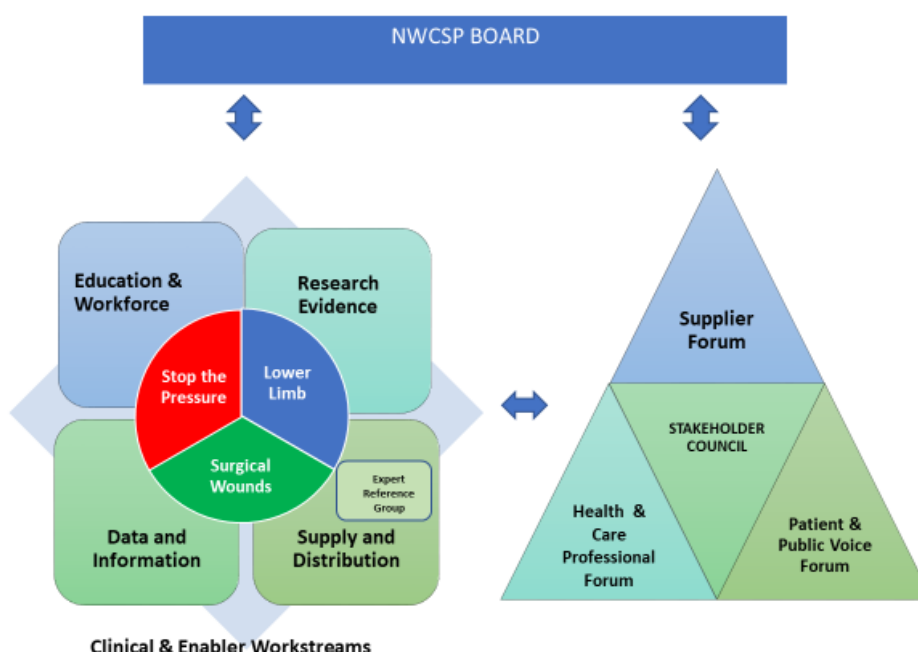
The NWCSP is being delivered by the Academic Health Science Network (AHSN) on behalf of NHS England/ Improvement. The National Wound Care Strategy is being designed by working with key partners to establish the underlying clinical and economic case for change, identify the desirable improvements in patient care and describe the necessary changes and interventions required to deliver these improvements.

The NWCSP governance framework consists of the NWCSP Board that oversees the delivery of the NWCSP. The Board members include the leads for the clinical and enabler workstreams and representatives of other key organisations integral to the successful development and implementation of the NWCSP.

The Clinical Workstreams (Stop the Pressure, Lower Limb Wounds and Surgical Wounds) are responsible for developing evidence-informed clinical pathways and standards, education and workforce recommendations and appropriate metrics for measuring achievement against outcomes.

The Enabler Workstreams (Research Evidence, Data and Information, Education and Workforce and Supply and Distribution) support the work of the clinical workstreams and are responsible for developing recommendations to support the adoption and spread of the outputs from the clinical workstreams.

The Stakeholder Council is responsible for facilitating engagement with all stakeholders wishing to contribute to and inform the NWCSP outputs via the Supplier Forum, Health and Care Professionals Forum and Patient and Public Voice Forum. Membership of the Stakeholder Forums is open to all interested individuals in England who wish to register. The members of the NWCSP are listed on the NWCSP website www.nationalwoundcarestrategy.net and the governance structure is shown below.



Achievements in the first year

NWCSP Governance

The NWCSP has established a robust governance system and successfully recruited to the Board, three Clinical Workstreams (Lower Limb, Stop the Pressure, Surgical Wounds) and four Enabler Workstreams (Research Evidence, Workforce and Education, Supply and Distribution, Data and Information). Workstream members have been recruited through invitation based on the knowledge, skill mix, organisational and geographical needs of each workstream. All workstreams are functioning and generating outputs.

In July, it was agreed to fund a Patient and Public Voice representative for the NWCSP Board and each of the clinical workstreams. We have recruited representatives for the Lower Limb and Stop the Pressure workstreams but not yet filled the other posts. Recruitment continues.

The Stakeholder Council is established but it became apparent that the focus of meetings had drifted from its remit. To address this, Dr Mike Burrows (AHSN) has been appointed chair of the Stakeholder Council and health and care professionals and patient representatives have been recruited to join the existing council members who primarily represented supplier organisations.

Over 900 stakeholders have registered with the Health and Care Professionals Forum and Suppliers Forum but recruitment to the Patient and Public Voice Forum has been slow. We continue to make efforts to increase recruitment. The Stakeholder Council has overseen 14 consultations that have requested information and feedback to draft recommendations. The consultations have been mostly online but have included webinars and some face to face events. Feedback has been positive with good response rates and attendance at events.

Clinical Workstreams

Stop the Pressure

The NSTPP within the NWCS has focused primarily on data collection within the community setting. This builds on previously published work in relation to national pressure ulcer data and measurement (October 2018) and addresses the current data quality challenges to inform current/ future quality improvement activity. The NSTPP is also building on the national pressure ulcer education curriculum work (June 2018) and the React to Red programme to develop recommendations related to improving pressure ulcer education. It is working with Health Education England to develop and deliver free-to-access online modules linked with the national pressure ulcer curriculum (which includes the React to Red e-learning modules which are now published online). Work has also commenced to develop a draft pathway of care for the surgical treatment of pressure ulcers and the work stream is also looking at the issue of healing times for pressure ulcers alongside prevention activity.

Lower Limb Wounds

The Lower Limb workstream has developed a draft pathway of care that recommends swifter diagnosis and treatment planning for all lower limb wounds and equity for patients with foot ulcers, regardless of diabetic status. An initial consultation revealed strong support for the key proposals along with some useful suggestions. The workstream has incorporated this feedback into the next draft and a second consultation is currently in progress. The workstream has also developed recommendations relating to education, workforce deployment and quality improvement metrics. These are currently being finalised prior to going out for consultation. The workstream is conscious

that there will be challenges around implementation, exacerbated by nursing and podiatry staff shortages and increasing demands for clinical services.

Surgical Wounds

The Surgical Wounds workstream has also developed a draft pathway of care which is being finalised before going out for consultation. Recommendations relating to education, workforce deployment and quality improvement metrics are in development and will go out for consultation. Since poor healing rates for surgical wounds are closely tied to surgical site infection (SSI) the surgical wounds workstream is seeking to align the NWCSF with the ongoing SSI work by GIRFT and Public Health England.

Enabler Workstreams

Research Evidence

A list of relevant Cochrane Systematic Reviews and NIHR-funded research has been curated and circulated to clinical workstreams. These data alongside available NICE Guidelines and expert opinion have been utilised in the development of clinical recommendations. There has not been the resource to support a transparent process of critiquing and synthesising evidence for these recommendations. Because of this, some members of the Research Evidence Workstream have concerns about the clinical recommendations and their planned implementation.

Along with providing scientific input into the other workstreams, the Research Evidence workstream has developed proposals for levels of evidence for evaluating wound care therapeutic interventions (based on the NICE levels of evidence for digital health interventions). These are being discussed with NICE along with the pressing need for a NICE Guideline for venous disease in the lower limb.

Data and Information

The Data and Information workstream has identified a set of key principles for best practice. These will recommend that data and information should be derived from national data sets, available to view across primary, community and secondary data sets using point of care data capture technologies and based on a national specification that includes key improvement metrics. The NWCSF is now working with the clinical workstreams to identify key metrics for quality improvement activity. It is also working with the Health Technology Partnership (HTP) on a Wound Care Sector deal which will focus on digital data solutions. Adoption of digital tools will be a key enabler of the implementation of the strategy facilitating workforce productivity, consistent and complete data capture and more effective case management of wounds.

Education and Workforce

Scoping work has identified that recommendations regarding workforce will need to consider the emergence of new intermediary roles (e.g. nursing associates), the increasing fragmentation of the employer base, greater specialisation / fragmentation of occupations and the expansion of existing occupations to take on new responsibilities.

The Education and Workforce workstream has identified the need for a wound care capability framework that is multi-professional, and which spans all levels of health and care staff involved in wound care. A wound care framework would identify and describe the skills, knowledge and behaviours required to deliver high quality care and inform the design and delivery of education and training programmes. To date several existing relevant frameworks have been identified and are being evaluated.

The Education and Workforce workstream has consulted with the stakeholder forums to identify preferences about the form of wound care education delivery. Following this, it has scoped current provision of wound care education at both higher education institutions and in the form of free-to-access online modules. It is currently working with the clinical workstreams and Health Education England to identify priorities for new educational provision.

Supply and Distribution

The Supply and Distribution workstream has recruited an Expert Reference Group that has representation from all NHS England regions, community and acute provider organisations and podiatry. Following a request from the Department of Health and Social Care (DHSC) and NHS Supply Chain, this group is developing an NHS National Classification System (NCS) for wound care products and clinical specifications for the most commonly used wound care products. The NCS and clinical specifications will serve multiple purpose including supporting NHS Supply Chain procurement, DHSC activity in relation to Part IX of the Drug Tariff and enabling the production of system-level data. Alongside this, the Supply and Distribution workstream is developing a set of principles of good practice for ordering, supply and distribution of wound care related products.

Other activity

The NWCP has increased awareness of its work through establishing a website hosted on the AHSN website⁹, establishing and maintaining a Twitter presence¹⁰, presenting updates at national and international conferences and collaborating with partner organisations such as the Leg Ulcer Forum and Royal Society of Medicine Venous Forum. The NWCP has been the focus of articles in the national and clinical press and engaged politically through regular attendance at the All-Party Parliamentary Group on Vascular and Venous Disease.

⁹ <https://www.ahsnnetwork.com/about-academic-health-science-networks/national-programmes-priorities/national-wound-care-strategy-programme/>

¹⁰ Twitter <https://twitter.com/home> #NatWoundStrat

5. The next 12 months and beyond

Looking ahead, established funding is urgently needed to continue developing the NWCSP and to enable moving forward into identifying early adopter sites to allow testing and evaluation of the initial recommendations.

The scoping work of the first twelve months has shown there is still much to do. For example, the information needs of patients and carers have not yet been addressed, education resources need developing and limited resources has only enabled a cursory examination of the scientific evidence. There is also an urgent need for a NICE Guideline for leg ulceration.

The NWCSP Board has agreed that the first priority is to address the unmet need around lower limb ulceration, particularly in relation to venous leg ulceration. This condition affects a particularly large proportion of patients with chronic wounds and there is some robust research evidence relating to care of people with leg ulcers that, if implemented, will improve healing rates, reduce recurrence and costs. This will reduce patient suffering, reduce spend on inappropriate and ineffective treatments and reduce the amount of clinical time spent on wound care. In turn, this will reduce the overall spend on wound care products and release time to care.

Implementation of the NWCSP recommendations will be the biggest challenge. The recommendations will require service providers to reconfigure services so that patients can access the right care from the right clinician at the right time. Clinicians need access to appropriate education to ensure that they have the required knowledge and skills to deliver care. Measuring the impact of implementation will be essential. Those responsible for monitoring quality improvement need appropriate metrics and the technology to allow clinicians to input such data at the point of care and for such data to be retrievable for monitoring and audit purposes. This will require energy, commitment and investment.

Moving forward, the next task is to move into pathfinding, using an adopt and share approach. We have started seeking out early adopters who are interested in working with the NWCSP to try out and test the NWCSP recommendations. The learning from this will inform the path going forward.

In conclusion

The NWCSP has achieved a remarkable amount over the last 12 months. This would not have been possible without the energy and dedication of those involved in the Board, workstreams and Stakeholder Council and Forums, most of whom have contributed their time and expertise on top of their other work commitments. The NWCSP is very grateful to them and their employers.

Achieving mention in the NHS Long Term Plan⁷ has been a significant achievement and makes it increasingly likely that there will be further NHS investment to support the NWCSP. The NWCSP is firmly focused on the priorities identified in the NHS Long Term Plan including dissolving the divide between acute, primary care and community health service providers, supporting people to age well, more closely involving patients in their care, giving NHS staff the backing they need to deliver good quality wound care and embracing the use of digitally enabled care.

While there is still much to do, the achievements of the last 12 months have laid the foundations of the NWSP and signposted the way ahead. Moving forward, ongoing investment will enable implementation of these urgently needed initiatives that will improve care, reduce spend and release time to care.

Acknowledgements

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Cambridgeshire & Peterborough NHS Foundation Trust
Catalyst Consultants
Central and North West London NHS Foundation Trust
College of Podiatry
Derbyshire Community Services Healthcare NHS Foundation Trust
East and North Hertfordshire NHS Trust
East of England NHS Collaborative Procurement Hub
East Suffolk and North Essex NHS Foundation Trust
Glasgow Caledonian University
Greater Manchester Health and Social Care Partnership
Health Education England
Hertfordshire Community NHS Trust
Hull York Medical School
Imperial College, London
Kent Community Health NHS Foundation Trust
King's College Hospital, London
Lancashire Care NHS Foundation Trust
Leeds Community Healthcare NHS Trust
Leeds Teaching Hospitals NHS Trust
Manchester University NHS Foundation Trust
Mid Yorkshire Hospitals NHS Trust
Midlands Partnership NHS Foundation Trust
Newcastle University
Newcastle Upon Tyne Hospitals NHS Foundation Trust
NHS Bedfordshire CCG
NHS East Staffordshire CCG
NHS GIRFT
NHS Rotherham CCG
NHS Supply Chain
NHS England/Improvement
Norfolk Community Health and Care NHS Trust
North Central London STP
North Lincolnshire and Goole NHS Foundation Trust
Nottingham University NHS Trust
Oxford Health NHS Foundation Trust
Portsmouth Hospital NHS Trust
Queen's Nursing Institute
Royal Brompton and Harefield NHS Foundation Trust
Royal Cornwall Hospitals NHS Trust
Royal Free London NHS Foundation Trust
Salford Royal NHS Foundation Trust
Sheffield Hallam University
Sheffield Teaching Hospitals NHS Foundation Trust
Sherwood Forest Hospitals NHS Foundation Trust
South West Yorkshire Partnership NHS Foundation Trust
Southampton University Hospitals NHS Foundation Trust
Taunton & Somerset NHS Foundation Trust
The Lindsay Leg Club Foundation
The Mid Yorkshire NHS Trust
The Royal Marsden NHS Foundation Trust
Torbay & South Devon NHS Foundation Trust
University College Hospital, London
University Hospitals Birmingham NHS Foundation Trust
University Hospitals of Derby and Burton NHS Foundation Trust
University Hospitals of North Midlands NHS Trust
University of Birmingham
University of Bradford
University of Bristol
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