National Wound Care Strategy Programme
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Lower Limb Recommendations 1st Tranche Implementation Sites

Frequently Asked Questions

The following questions have arisen during the recent information-sharing webinars

Organisational support and links with other services related to lower limb care

1. **Do expressions of interest need to have whole ICS or STP 'buy-in' or can it be part ICS/ STP?**

Answer: While we are keen to encourage whole STP 'buy-in' we recognise that this may not be possible at this stage and so also welcome applications with smaller geographical footprints. ICS/ STP engagement will be valuable for the roll out process as this project develops.

2. **Does size matter? Will some be small scale projects whereas others may be larger?**

Answer: We are open to suggestions. A mix may be useful and each application will be judged on its merits. Collaboration between partner organisations will be more important than size.

3. **There is interest in our area across primary, secondary and community services. As several organisations, how would we apply as a combined implementation site?**

Answer: We suggest that one organisation acts as the lead applicant but when completing the expressions of interest application form, indicates the level of support from the partner organisations.

4. **If secondary care is keen to apply to be a `1st tranche implementation site, do we need to also get our community services onboard?**

Answer: It will greatly strengthen an application if there is support from partner organisations (secondary, community and primary care).

5. **Will the private, volunteer and independent sector be invited to join this project?**

Answer: We anticipate that expressions of interest are likely to originate from NHS organisations, but we see the private, volunteer, and independent sector as valued partners so welcome expressions of interest that include consideration of such partnerships.

6. **What level of support within an organisation is needed to support an expression of interest application?**

Answer: Applications that can demonstrate strong support from senior management, both within their own organisation and their partner organisations are more likely to be selected.

7. **Are AHSNs expected to be partners on the applications?**

The AHSN (Academic Health Science Network) is a valuable quality improvement resource and this initiative is good fit with their priorities of pathway transformation, innovation incorporating digital/ technology and workforce productivity. Therefore, it makes sense to explore whether your local AHSN is interested in collaboration but there is no obligation to work with your local AHSN.

8. **How can suppliers support this work?**

Answer: Expressions of interest must come from care provider or commissioner organisations. However, those organisations may welcome support from suppliers, but this would be discussed and agreed at local level. Any local arrangement with suppliers would need to have transparent governance arrangements.

Data and Information

9. **With regard to the use of wound management digital systems, who will own the data?**

Answer: The NWCSP is currently developing a specification for wound management digital systems (WMDS) supplied to the NHS and recommends that all data is owned by the NHS. Any WMDS used within a 1st tranche implementation site will be expected to be compliant with this specification.

10. **Are there any 'apps' that are near to or are fully integrated with patient systems like SystmOne?**

Answer: Digital integration is subject to substantial variation and fast paced change. Solution providers or their NHS partners would need to be approached to confirm progress with regards integration. We expect to work with our colleagues at NHSX, NHS Digital and NHS England Improvement to develop a standardised approach so standard interfacing should be possible and commonplace.

11. **In theory the digital concept is a great plan, but what there is no signal, for example in rural areas?**

Answer: Wound management digital systems (WMDS) supplied to the NHS will be expected to be capable of allowing data entry to a patient record while offline and upload of this data to the main patient record when signal is restored.

12. **Does the NWCSP plan to evaluate which is the best app for clinical use?**

Answer: No. We think it is unlikely that one size will fit all. It will depend what is already in use. The NWCSP will advise on the required specification for wound management digital systems (WMDS) but procurement decisions will be made locally.

13. What is SNOMED?

Answer: SNOMED CT is the coding system that has replaced READ in Primary Care and is the coding system to be used in Community Services. Any digital system should be capable of accepting SNOMED CT codes.

14. Do we have access to a comprehensive list of the SNOMED codes?

Answer: No, this is work in progress but the NWCSP will share this information when it is available.

15. How will dressing and product use will be captured? Will they be allocated a SNOMED code?

Answer: Wound care products are already allocated a SNOMED CT code.

16. Is there a wound management digital system in development that could be linked to clinician's PIN or ID? (to enable the Trust to monitor usage of products for specific wounds.)

Answer: Some wound management digital systems can use a smart code to capture staff information. It may be possible to collect data on staff and on product usage, but it will be a local decision about whether such reports are useful.

17. Do all wound management digital systems need to get a green light from NHS Digital?

Answer: All wound management digital systems will need to be compliant with a wide range of NHS digital standards.

Clinical issues

18. We don't currently have access to a service that provides endovenous ablation. Does this mean we can't apply to be a site?

Answer: No, not at all, this does not stop you applying.

19. Should assessment include Venous Duplex?

Answer: If a referral for a venous duplex scan is appropriate for that particular patient, then this should be part of assessment. Developing referral criteria will be part of the 1st tranche implementation site work.

20. Where does lymphoedema fit within these recommendations?

Answer: People with lymphoedema / swelling should have access to specialist lymphoedema services. Working out how to achieve this will be part of the 1st tranche implementation site work.

21. Is the proposed dedicated lower limb service in addition to a specialist diabetic foot service?

Answer: It will be up to each area to see which works best for them. This will be decided locally, whether the lower limb service is additional to, complementary or integrated with existing services.

22. How should housebound patients be managed?

Answer: A lower limb service will almost certainly need to be able to provide some home visits. However, provider services that have already started to implement the NWCSP recommendations have been surprised by how many people with leg ulcers can attend a clinic (certainly for their initial assessment) and undertake their own care with minimal registered clinician support. Part of the 1st tranche implementation work will be to assess the level of need for different types of service provision across partner organisations.

23. What is meant by self-care, self-management or self-treatment?

Answer: We have become aware that there are a range of terms being used to refer to supporting people to be more involved in their own wound care. We are working with the NHS England and NHS Improvement Personalised Care team (another term!) to ensure that the NWCSP uses the most appropriate approaches and language.

Patient Engagement

24. You mention patient engagement in the slides - is this something you expect in place at the beginning or can it be developed during implementation?

Answer: We will be looking for a willingness to include patient engagement as an essential part of the 1st tranche implementation work. Some indication as to how this will be achieved will strengthen an application.

Funding

25. What funding is on offer for the 1st tranche implementation sites?

Answer: The NWCSP has allocated sufficient funding for each of the three 1st tranche implementation sites to be supported by 1 WTE senior implementation lead (Band 8b) plus 0.5 WTE admin support (Band 4). These posts and associated travel costs will be fully funded by the NWCSP for nine months. After this, NWCSP funding will reduce to 50% and organisations will be expected to make up the remaining 50% using cash-released savings from the implementation of the lower limb recommendations. Organisations that sign up as 1st tranche implementation sites will be required to commit to a minimum of 2-year contracts for these implementation posts.

There may be room for differing approaches within this funding envelope.

Timelines and Challenges

26. When will this work start?

Answer: We plan to have recruited the 1st tranche implementation sites by early 2021 with a view to starting the project in April 2021.

27. Is the plan to have lower limb wound services all over England?

Answer: The NWCSP is recommending that all people with a lower limb wound should have access to a lower limb wound service.

28. If the 1st tranche is the blueprint for the development of these services, would the 2nd tranche be started before the 1st tranche has made it recommendations?

Answer: We are starting with just a few sites as we expect this work to be an iterative process, learning as we progress and our limited resources mean that we are currently only able to support few sites at a time. Recommendations are likely to emerge as the work progresses so it is possible that we may seek 2nd tranche sites before 1st tranche sites have fully completed implementation in their areas.

29. Given the challenges of COVID-19, has any thought been given to how this may impact on this project.

Answer: Unfortunately, it is becoming clear that COVID is likely to be around for some time. Given the pressures on clinical services, the opportunities for workforce productivity and other benefits mean that it is more important than ever that wound care is delivered in the most effective way possible. This project will identify the best way to make the necessary service changes to reduce the burden of wound care releasing time to care for other clinical demands.

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