## An update from the National Wound Care Strategy Programme



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he National Wound Care Strategy Programme (NWCSP) for England is now approaching the end of its second year and outputs are starting to emerge. Improving lower limb ulcer care will be at the forefront but improving wound care is about much more than just developing evidence-informed recommendations. The far bigger challenge is getting those recommendations into practice.

Improving wound care at the clinical coalface requires certain factors to be in place. The NWCSP recommendations need to be compatible with the professional standards of the healthcare workers who will be delivering the changes; so ongoing consultation with stakeholders has been fundamental to developing the emerging NWCSP recommendations.

The commissioners and healthcare professionals responsible for delivering the recommendations, need to feel confident and motivated that they **can** deliver them, despite inevitable challenges. The benefits **must** outweigh the costs. The NWCSP is therefore developing an implementation business case to allow these costs and benefits to be clearly understood by organisations wishing to improve care in their locality. This will complement the NHS RightCare (2017) resource 'Betty's Story' which makes a strong health economic argument for better leg ulcer care.

Healthcare professionals will also need the appropriate knowledge and skills to carry out good quality care. At present, those specifically tasked with tissue viability care usually have good knowledge and skills, but there are not enough of them. In addition, too many patients do not have access to clinicians with the right knowledge and skills at the early stage of their wound care journey. These clinicians, e.g. GPs and practice nurses, need knowledge and skills to either offer appropriate care themselves or refer to a service that can. Increasing such knowledge and skills requires access to education. The NWCSP is working with Health Education England and eLearning for Health to develop a suite of online, free to access wound care modules which will start to meet this need.

However, education alone will not solve the problem. At present the system for delivering wound care is not organised in a way that allows patients to be seen by the right person at the right time. Too often patients are receiving care in a system that does not allow enough time or have the expertise and technology to undertake the necessary assessment and diagnostic care. Expertise can only be developed when healthcare practitioners get the opportunity to deliver repeated deliberate practice with feedback about the accuracy of their practice. To achieve this, we need to establish systems of care that allow this.

High-level policy drivers are needed to achieve changes in the system to allow the delivery of better wound care. Confirmation is needed that immediate and necessary care at initial presentation is included within the GP contract. In some areas, Local Enhanced Service agreements have been instrumental in improving care through enabling the development of dedicated leg and foot ulcer clinics for assessment, diagnosis and ongoing care of lower limb ulceration that increase the quality of care. Such targeted commissioning is needed on a wider scale.

The recently announced CQUIN Indicator Specifications for leg ulceration and for pressure ulcer risk assessment are welcome drivers for improving wound care (NHS, 2020). However, although these CQUINs are an encouraging start, they alone cannot drive the system-wide change that is needed, especially as CQUINs do not apply to general practice where appropriate care is too often delayed. Wound care involves all parts of the healthcare system, so moving forwards, we must keep pushing for changes in the system to allow the improvement that is urgently needed.

## **REFERENCES**

NHS RightCare (2017) NHS RightCare scenario: The Variation between Sub-Optimal and Optimal Pathways. Available at: http://bit.ly/3911FCM (accessed 17.02.2020)

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