

One year on: the National Wound Care Strategy Programme



UNA ADDERLEY
*National Wound Care Strategy
Programme Director*

The National Wound Care Strategy Programme (NWCSP) has now been underway for 12 months. In England, wound care is a somewhat piecemeal enterprise and much of last year has been spent on understanding the current situation. As predicted, we have found over-use of treatments for which there is little evidence of improved healing and underuse of treatments which are known to be highly effective. Too often, patients with chronic wounds are not being offered the care that is known to promote healing, improve quality of life and make the best use of NHS resources. The desire to deliver excellent care is too frequently defeated by overwhelming demand on fragmented services or a shortage of clinicians with relevant knowledge and skills. However, there are pockets of excellence and we are making links with these 'green shoots' which we will work with to seed improved practice across England.

WHAT ARE THE PROMINENT THEMES?

Over the last 12 months, we have scoped the existing evidence base, identified current education provision and gaps and considered the data and information needs essential to inform quality improvement in wound care. Teams of experts have been developing draft proposals and recommendations about what needs to happen to transform wound care delivery in England. These draft recommendations are being developed in consultation with the NWCSP Stakeholder Forums, which now have nearly 1,000 registrants.

LET'S FOCUS ON LOWER LIMBS ULCERS

So, what are the emerging headlines? Firstly, although prevention and treatment of pressure ulcers and improving the care of patients with open surgical wounds continue to be an important part of the NWCSP, the NWCSP Board has agreed that improving the care of people with lower limb wounds (leg and foot ulcers) must be the priority. Such wounds are the most common type of chronic wounds but, with correct treatment, have a strong chance of healing. Improving the healing rates of leg

ulcers and reducing recurrence rates will have the biggest impact on reducing the overall burden of wounds, bringing benefits for patients, clinicians and healthcare providers from all sectors of healthcare.

VITAL STATISTICS

Data and information are also key factors since without valid and reliable metrics, quality improvement cannot be measured. The development of new technologies offers the potential to improve the quality of wound care data and information but must be implemented in a way that protects patient confidentiality while meeting the clinical needs of clinicians and the service needs of health care providers. The NWCSP is working with NHS data experts and industry providers to identify the principles that need to underpin such developments.

THE RIGHT CARE FROM THE RIGHT CLINICIAN AT THE RIGHT TIME

However, what has become abundantly clear is that there is no silver bullet. If we are to achieve the change we are seeking, our focus must be on redesigning how we deliver services to patients and ensuring that everyone involved has the appropriate knowledge and skills for their role in wound care. Over and over again, clinicians have told us that they know what care is needed, but the current service models prevent their patients from accessing the right care from the right clinician at the right time. The only way we will achieve the change that is needed is by working with commissioners and service provider leads to ensure that it is possible to deliver the care that the NWCSP will be recommending. This is no easy task but it is the best, and probably only, way to improve care. The recommendations of the NHS Long Term Plan and the move away from silo-working to better collaboration means that the wind is blowing in the right direction. We need to focus our energies on the changes that will deliver the biggest improvements.

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