

National Wound Care Strategy Programme: 'Dear Team'



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Last week for the first time, I was able to address an email to 'Dear team!' At last, the promised NWCSP funding, delayed by the COVID-19 pandemic, has arrived and we have been able to start to appoint a team to drive forward the work of National Wound Care Strategy Programme (NWCSP). The many clinicians, patients, carers, and suppliers who have supported the NWCSP as board and workstream members and stakeholder registrants remain a highly valued part of the NWCSP, but it is great to be able to employ colleagues to expand our tiny team.

Rachael Lee and Krishna Gohil will together lead the NWCSP work around lower limb wounds and surgical wounds. Rachael has a background in tissue viability nursing and quality improvement in both acute and community services. Krishna is a podiatrist with experience of acute and community services and will continue working as a part time academic at the University of Northampton. Together they will work with the 1st tranche implementation sites to develop national education resources for those staffing dedicated wound care services and patient and carer information resources to support safe and effective patient self-care. They will also be working closely with our digital, data and information colleagues to improve wound data to help drive improvement. Another key area of work will be working with colleagues in GIRFT (Get It Right First Time) and other policy teams to improve surgical wound breakdown surveillance.

We have also been able recruit Nicky Morton to lead the resurrection of our Supply and Distribution workstream which was stood down during the COVID-19 pandemic as its members focussed on sourcing COVID-19-related necessities such as PPE. Now the pandemic is easing, the first task is to work with our Digital Data and Information workstream and suppliers to complete the first stage of the National Wound Product Classification System. Alongside this, Nicky is reconvening the workstream, which had begun examining the different systems of supply and distribution. Our aim is to develop advice to support NHS organisations in their decisions as to which routes of supply are most appropriate for their organisation.

From the start, the NWCSP has recognised the need to improve wound data. Although clinicians enter a lot of wound care information into a variety of data systems, the many different coding and data systems and a lack of inter-operability between these systems mean that it is currently impossible to understand activity in wound care. From the beginning, we have been committed to improving wound care data, to understanding the current challenges with data collection and moving forwards to support quality improvement. The NWCSP data mantra is 'understand what exists and then use it to improve it' To achieve this, the NWCSP is promoting the adoption of Wound Management Digital Systems.

The NWCSP's progress in driving forward the digital agenda in relation to Wound Management Digital Systems has been recognised at national level and, thanks to NHS X and the NHSEI Aging Well Community Digital team, the NWCSP has been awarded just under £1m to support work in this field. This funding is being used to appoint a national Data and Digital programme manager to work closely with the NWCSP Data, Digital and Information workstream led by Professor Ann Jacklin. The funding is also being used to fund a Data and Digital project lead for each of the NWCSP 1st tranche implementation sites to support digital work at local level. This NWCSP data and digital 'army' will link in with the community regional and ICS digital and data leads being appointed across England, using wound care as an exemplar for digital implementation, connectivity and transformation.

It feels as though the NWCSP is at the tipping point from strategy development to implementation. It is exciting to start work with our first wave of 1st tranche implementation sites and we are looking forward to recruiting the next three sites for our second wave so that we have a site in each NHSEI region. These sites will be instrumental in helping the NWCSP explore the barriers and enablers to implementing the NWCSP recommendations about clinical care and data collection to inform blueprints for national adoption. We are still some way off achieving our goals to improve wound care in England, but progress is encouraging.

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