

# National Wound Care Strategy update: Improving data, digital and information



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As we head into autumn and winter, it seems incredible that the National Wound Care Strategy (NWCSP) for England has been running for three years and only has another four years to go. We have already achieved a great deal, but there is still so much to do before we finish in 2025. However, speed has really picked up now we have a dedicated team, which, although small, is perfectly formed!

I am becoming more and more aware that improving data, digital and information is key to delivering sustainable quality improvement. If we can't confidently state the size of the issue, how will we measure improvement? The data, digital and information work is moving at an impressive rate. We now have six First Tranche Implementation Sites (FImpS) working with us, each with a dedicated digital manager who is working closely with our central team. Together, they are working hard to crack the challenge of implementing NHS-compliant mobile digital wound management systems across hospital and community services and in primary care.

The NWCSP Wound Management Digital Systems (WMDS) Functional Overview is now available on our website. If you are an NHS professional looking to develop a local WMDS procurement template, these provide advice on best practice and help with essential and desirable criteria. The Digital Imaging Recommendations are now also available from the NWCSP website. These provide practical advice about wound imaging for health and care professionals across all care settings. Solving the issue of interoperability between WMDS and all the different IT systems in use, along with supporting weary health and care staff to embrace this new technological world, is going to take energy and creativity but this must be the way forward.

We are also working with the NWCSP FImpS and Health Education England to develop a free-to-access blended learning education programme that can be delivered locally to support those who will be delivering care in the new dedicated wound care services. This 'Tier 2' education builds on

the free-to-access 'Tier 1' 'Essentials of...' online learning resources that are already available via our website. We are also working with the NHS England Enhancing Health in Care Homes team to develop online wound care education resources for those completely new to working in the care sector.

Our current funding has only allowed us to recruit one FImp site in each region of England, but we are conscious that there are many more organisations that are keen to improve lower limb care in their locality. We are currently recruiting would-be fast adopter organisations that want to implement the NWCSP Lower Limb Recommendations to a 'Lower Limb Forum' Sharing and learning alongside the FImps and other organisations will provide an opportunity for collective learning and improve understanding about how to deploy data, analytics, and information to drive change.

Improving the surveillance of pressure ulceration continues to be a priority. Our initial work is focusing on improving pressure ulcer data in secondary care and we recently published a second tissue viability paper in Wounds UK, briefly introducing national secondary care data sets and their use in capturing and reporting pressure ulcer occurrence. This paper introduces the concept of using more suitable data sources to capture and report pressure ulcer metrics, using data from existing sources and reducing the burden of data collection for clinical staff. This follows our first paper, which described the background to pressure ulcer surveillance. Although our work is currently focusing on secondary care, work is underway to also address the surveillance issues in community services.

We haven't forgotten about our responsibilities for improving surgical wound healing. Improving data and information about surgical site infection and surgical wound breakdown using digital solutions, such as wound management digital systems, is central to this. We are starting to explore how we can capture information about surgical wound healing across hospital and community services and primary care, especially as so many patients are

being discharged much earlier from hospital after their surgery.

Finally, although patient and carer involvement has been integral to the NWCSP since the beginning, we have become increasingly aware that this is an area where we would like to do better. With this in mind, we have started working with the Patient Experience Network, whose expertise in this field is helping us improve our patient and carer engagement. Projects for this year include developing resources for patients and carers around

compression therapy and digital wound imaging and scoping what is needed to support people at risk of pressure damage.

It still feels as though there is a huge amount of work ahead, but there is a sense that we are starting to make an impact. Interest is growing from clinical organisations, and policy-makers are increasingly taking note of our work. Hopefully the investment and policy drivers will happen, to embed all this work so that good quality wound care becomes 'business as usual'. **WUK**



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