

National Wound Care Strategy Programme: the surgical wounds update



JACKY EDWARDS
*Consultant Nurse (Burns),
 Manchester University NHS
 Foundation Trust; Chair Surgical
 Wound Stream – National Wound
 Care Strategy Programme*

The National Wound Care Strategy Programme (NWCSP) was set up on the back of increased awareness of the burden of wound care to the NHS (Guest et al, 2015). Its aim is to reduce unwarranted variation, improve safety and optimise patient experience and outcomes. The recommendations focus on standardising service provision, improving education and data capture as well as distributing evidence-based, wounds-related information.

SURGICAL WOUNDS WORKSTREAM

According to NHS statistics, there are over 10 million surgical operations performed each year (NHS Confederation, 2017), yet there is a paucity of evidence about the incidence of unhealed surgical wounds. However, there is a lot of anecdotal evidence that wound dehiscence is a considerable clinical problem, especially in primary and community care. It is thought that a significant proportion of surgical wounds break down following suture removal (which most is often performed in primary care or community services). Such wounds then require nursing care until healed.

The surgical wounds workstream is developing recommendations that address reducing the risk of wound breakdown and ensuring that patients get appropriate care when wounds do fail to heal. The members of the workstream include a range of surgeons, many from the Get It Right First Time (GIRFT) programme along with surgical and community nurses (more input from our cardiothoracic, obstetrics or gynaecology colleagues would be welcome — please contact the NWCSP if you are interested in becoming involved).

THE SCOPE OF THE RECOMMENDATIONS

A scoping exercise has identified that the topic is broader than just surgical site infection (SSI) as clinicians report other reasons for wound dehiscence. Therefore, the NWCSP recommendations will include surgically closed wounds and wounds healing by secondary intention.

THE ISSUES SO FAR

Risk assessment for patients undergoing surgery is important but the NWCSP has identified that there are few evidence-informed validated risk assessment tools, particularly for each surgical speciality.

It is also proving difficult to accurately report the scale of the problem. There are challenges around gathering data and information as well as extracting data due to different coding methods and incompatible data systems. In brief, it is extremely difficult to quantify the scale of the problem to provide a baseline for improvement. For this reason, we are working towards agreeing a defined set of terms that can be used for recording surgical wound clinical information and activity. The NWCSP data and information workstream is currently identifying the principles required for data systems to meet the need for wound care information.

Another issue is the 'invisibility' of surgical wounds that break down following transfer from surgical services to primary care or community services. Colleagues in primary care and community services report difficulties in obtaining secondary care surgical expertise following discharge. The current National Institute for Health and Care Excellence (NICE, 2019) SSI guidelines provide a useful basis for the NWCSP recommendations but little guidance for care for complications post-discharge from surgical services. We are developing a clinical navigation tool that will guide pre-operative, intra-operative, post-operative and post-discharge care and service provision. It will include 'red flags' for when a patient needs to be escalated to surgical services.

There is also a need for good quality, free-to-access, online education about the care of surgical wounds. The surgical wound workstream is working alongside the education and workforce workstream to identify existing education provision and develop recommendations for any gaps.

We need your input to ensure what we are developing suits the needs of patients and carers but also those providing care. Please get involved and register at our stakeholder forum.



REFERENCES

- Guest JF, Ayoub N, McIlwraith T et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 5:e009283
- NHS Confederation (2017) *NHS Statistics, Facts and Figures*. Available at: <http://www.nhsconfed.org/resources/key-statistics-on-the-nhs> (accessed 27.08.2019)
- National Institute for Health and Care Excellence (2019) Surgical site infections: prevention and treatment [NG125]. Available at: <https://www.nice.org.uk/guidance/ng125>

FURTHER INFORMATION

For more information or to sign up to the Stakeholder Forum, please visit www.nationalwoundcarestrategy.net.