National Wound Care Strategy Programme: clinical work stream: lower limb update



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Box 1. The stakeholder forum: make sure your voice is heard

If you haven't already signed up to the Stakeholder Forum, please do: http://bit.ly/2RB72yL. We are particularly keen to recruit patients and carers, so please share this link with anyone you think might be interested. The National Wound Care Strategy Programme (NWCSP) continues to make great progress. I appreciate many of you may have signed up to the stakeholder group and have been questioning our silence, but I can promise you that we have been working very hard behind the scenes to be able to provide you with tangible outcomes following your feedback.

We have just finalised the 'clinical navigation tool' for all lower limb wounds, which is currently out for consultation with the registered stakeholder group. It is hoped that implementation of the tool will provide a consistent approach for all patients, irrespective of where they live in the UK and who their service provider is. The tool addresses all lower limb wounds, including diabetic foot ulceration, leg ulceration and pressure ulceration on the heel as it has been recognised that one of the fundamental issues is the correct 'labelling' of patients into specific categories and then services.

SUPPORTED BY EVIDENCE

We have worked closely with the research arm of the NWCSP to ensure all our recommendations are founded on sound high-quality evidence. By using the skills of the research group, we are able to identify the gaps in the evidence and relate them to the clinical queries that we need the evidence for. The aim of the tool is to eliminate the variations in clinical practice, ensuring that patients receive the right care at the right time delivered by a workforce with the appropriate skills and education. This clinical navigation tool will be shared with all registered NWCSP stakeholders and we would love to have your feedback and thoughts on what we have produced. We really do value your input and are open to making further amendments, as we all believe it is vital that we have commitment from all clinicians/service managers/academics/ patient groups to ensure we all have one single clearly shared vision.

THE DIFFICULTIES OF EXTRACTING AND COLLATING DATA

It will not surprise you that gathering relevant data is rather challenging. This is due to the inability of the different IT systems used within the NHS to communicate with each other, having to work with different templates and read-codes, all of which makes retrieving relevant data difficult, if not impossible. We are currently trying to achieve the most simple of tasks by getting actual incident data collected via a robust electronic method, so that we can start establishing some comparable benchmarking with the hope that one day there will be the IT infrastructure in place to support information retrieval on topics such as prevalence, wound location, aetiology, time to assessment, time to healing and monitoring the use of evidence-based practices.

The next major piece of work planned is to link with the Workforce and Education work stream, to ensure we are all clear in terms of the skills and education the workforce requires in order to deliver the overall strategy. At times, I am sure this will include some difficult communications/problem solving when we start to look at specific elements such as how to solve the inequality of access to multidisciplinary team (MDT) clinics. Patients with ulcerations to their feet who have diabetes have access to these services, but what about the non-diabetic patient or patients with pressure damage on the heel following a hospital stay — do these have access to MDT specialist clinics? Is there inequality? Is there evidence that this is beneficial?

In summary, each work stream continues to make significant process. The director of this programme, Dr Una Adderley, continues to lead the overall strategy, pulling together each clinical work stream and enabling work stream in order to meet the overall aims of the strategy within the given time frames. I am confident that you will be hearing much more from us within the next 6 months but I encourage you all to please keep engaged as we would love to know your thoughts.