

# National Wound Care Strategy Programme: lesson in the use of technology



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The last few months have put enormous pressure on the NHS. The media focus has understandably been mostly on those caring for COVID-19 patients in intensive care units and the beleaguered care homes but pressure has been felt throughout the healthcare service. As we emerge into what has been labelled the 'COVID-recovery' period, those of us with responsibility for people with chronic wounds are reviewing wound care during the pandemic and planning how we should organise care in the future.

While it would be flippant not to acknowledge COVID-19 tragedies, it would also be remiss not to look for positives. Some years back I watched a documentary about the lessons learned from delivering clinical care within war zones. Many advances in emergency medicine have been learned from this. There are parallels for us in terms of making the most of the learning opportunities from the difficult months of COVID-19.

For me, the most striking change is the shift towards a willingness to use technology as an integral part of our working lives. The National Wound Care Strategy Programme (NWCSP) had already started highlighting this as an urgent need but COVID-19 has trampled down many of the barriers we were facing. Clinicians who had resisted online consultation as a means of providing input have been forced to engage with these technologies and lessons are being learned. While video consultation may seem an obvious solution, we have learned that it is challenging to hold a phone or tablet sufficiently still to enable the clinician to see the wound while continuing a conversation! A digital image emailed to the clinician at a time convenient to the patient followed by a telephone conversation can be much more productive.

However, thought will need to be given as to how to ensure confidentiality of images and adequate electronic record keeping so clinical information can be safely recorded and shared between the clinicians involved. Such technology is already being marketed by a number of tech companies in the form of wound management digital systems (WMDS or apps) and the NWCSP is currently consulting on a

specification for the supply of such apps to the NHS. (To be involved in the consultation please sign up to the NWCSP Stakeholder Forums <https://www.ahsnetwork.com/stakeholder-forums>).

Technology also offers great potential for wound care education. The NWCSP is developing a suite of online, free to access education modules for those who need to provide wound care for their patients or those in their care, but who are not tissue viability specialists. The NWCSP will also be recommending that those working at an advanced level in tissue viability (such as Tissue Viability Specialist Nurses) should be educated to MSc level. It is noticeable that some of the Higher Education Institutions offering such courses, are already offering distance-learning options.

Technology also allows much greater access to information for patients, carers and clinicians. It is disappointing that the NHS Choices wound care offer is so limited, but other websites such as the Stop the Pressure, React to Red, and Legs Matter are a rich source of reliable information.

However, embracing technology is not always an easy solution. It is unreasonable to assume that everyone has access to a smartphone, tablet or computer, and knows how to use it. Many may lack access or struggle to use such devices. For those for whom technology is not an option, it is important that care and information is available in other formats. Where possible, we should be encouraging the uptake of technology solutions and this may be as simple as supporting a colleague who is nervously engaging with certain aspects of their phone. More complex investment and policy initiatives may be required to drive the uptake of technology in services that lag behind.

Finally, I have to confess that I am really enjoying spending less time on a train travelling to meetings and this must be saving the NHS a small fortune! Moving forward, I hope we will do more of our work using teleconferencing but I do look forward to seeing my colleagues face-to-face at some point in the future and enjoying the buzz of a tissue viability meeting or conference.

Stay safe!

WUK