

National Wound Care Strategy update: from strategy development to implementation



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The last 12 months have been a time of transition for the National Wound Care Strategy Programme (NWCSP) for England as we start to shift from strategy development into implementation. When I came into post in Autumn 2018, the expectation was to spend the first year developing a strategy and then the second year implementing that strategy. However, as we started to understand the extent of the challenge, it quickly became obvious that there was no way that two years would give us enough time to achieve anything meaningful and sustainable. Fortunately, NHS England and NHS Improvement listened to our arguments, and we have been given more time and resources to address the issues. We are grateful for their patience and trust in us, but it does feel good that at last we are getting some traction in the delivery of the programme.

So, first the good news. As we knew from the start, the unwarranted variation in lower limb care was by far the area of biggest concern and where we could make most impact. Since April 2021, we have been working with four first tranche implementation sites, to implement the NWCSP recommendations for lower limb care, to test out the assumptions of the NWCSP business case and to develop a blueprint for national implementation. These sites have now been joined by a further three sites to give us a site in each of the NHS England and Improvement regions. Working with these sites is proving invaluable in understanding the barriers and enablers to implementing the recommendations and early results are surpassing our predicted outcomes in terms of improved wound healing and reduction in the burden of wound care on the workforce.

In addition, at the end of 2021, it has been announced that the Academic Health Science Network (AHSN) is adopting the NWCSP lower

limb work as one of the new AHSN Network national adoption and spread programmes. Phased implementation will begin soon, initially with six AHSN organisations and spreading to the full fifteen AHSNs in 2023. The AHSN support and implementation expertise will be invaluable in helping acute, primary and community health care provider organisations improve the delivery of lower limb care across their locality.

The NWCSP plans to support the 'partnering' of the individual AHSNs with their local health care provider organisations through the NWCSP Lower Limb Forum. The Forum has been designed specifically to support NHS provider organisations or community interest companies who are not a NWCSP First Tranche Implementation Site, but who are working actively across systems to improve lower limb care. To find out more and to sign up to join the existing 70+ members, go to the NWCSP website <https://www.nationalwoundcarestrategy.net/>

The other exciting news is that the NWCSP has been awarded £1.7m future licence funding from the Innovation, Research and Life Sciences team (NHS England and innovation). This funding will be used to increase local support for health care provider organisations working with the NWCSP and the AHSN, and to tackle the known interoperability gaps in relation to the digitisation of wound care data.

I am conscious that most of our news relates to the lower limb work, we haven't forgotten pressure ulcers (PU) and surgical wounds. Work continues to improve the reporting systems for PU, and we are starting new work on surgical wound metrics that will be based on the NWCSP Surgical Wound Recommendations. In reality, all the work of the NWCSP is inter-linked so the ongoing work in lower limb wounds, informs the ongoing work in PUs, which in turn, informs our work in surgical wounds.



An area where the overlaps between the NWCSP clinical workstreams has become very evident is in relation to wound infection. Although wound infection is a cross-cutting issue through all our work, we have decided to make it a dedicated workstream within the NWCSP. As has become particularly evident during the pandemic, infection is a major issue for the NHS, in particular respiratory infection, urinary infection and wound infection. Exploratory conversations with the NHS England Improvement Antimicrobial Resistance (AMR) Team have led to a decision to work collaboratively with each other to ensure that

wound infection is included in the national agenda for tackling infection.

So, as always, there is plenty to do but one of the things that we are most looking forward to in 2022 is finally being able to meet up, in person, at conferences and meetings, with those who share our passion for improving wound care. If you are attending an event where someone from the NWCSP team is speaking, please come and say hello, share your thoughts and ask us questions. Your input is so valuable in helping us get this right for everyone involved in receiving and delivering wound care. **WUK**

