

National Wound Care Strategy Programme: looking at the impact of COVID-19



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In these 'interesting' times, although the focus should be on the needs of those with COVID-19 and preventing its spread, wound care must not be forgotten. Inadequate wound care leads to increased patient suffering, use of healthcare resources, hospital admissions and mortality, adding to the pressure on our already stretched healthcare services. In 'normal' times, wound care forms around 50% of community nursing work, mostly foot and leg ulcers, but worrying reports have emerged of the impact of the COVID-19 situation on wound care.

Although outpatient services are continuing for life/limb-threatening conditions, some patients are cancelling their appointments. Fear of exposure to COVID-19 is the usual explanation for refusing care, even when clinicians explain that the severity of their limb condition places them at significant risk. So we need to find ways to boost confidence in the safety of non-COVID clinical services.

There are also reports that hard-to-reach patients (such as the homeless and intravenous drug users) have been abandoned. Many are now struggling to get general practice appointments, so have no access to their repeat prescriptions. There are also reports that patients, who previously accessed care and dressings from general practice or community nursing services, are having difficulties getting appointments or visits. Even those willing to contribute to their care, are reporting problems getting the dressing supplies, advice and clinical review to enable safe self-care.

It is not clear how widespread this problem is, or whether these issues are caused by staff shortages or an over-zealous interpretation of NHS advice to 'clear the decks' to prepare for an expected avalanche of discharged frail post-COVID patients. It is possible that chronic wound care is being inappropriately categorised as 'medium and lower priority work' with insufficient monitoring of risk from such deferral (NHS England and NHS Improvement, 2020a).

NECESSITY PROMPTING INNOVATION

On a positive note, necessity being the mother of invention, COVID-19 has accelerated some impressive

initiatives. More consultations are being undertaken by telephone and video call and these appear to be working well. More patients are willing to self-care and some community nursing teams have established good shared care systems to ensure adequate dressing provision, clinical review and support. Some outpatient services have implemented vascular hot clinics/emergency assessment clinics, with daily access for the most critical of patients, including some who had previously been on their waiting lists. Some services offer imaging and angiography as day cases.

There are signs of greater flexibility between services and vascular nurse specialists, with some acute care nurse specialists being allowed to visit patients at home or other community settings. This can speed up appropriate therapeutic interventions, such as compression therapy and angioplasty, even the provision of hosiery, especially when those who are independent non-medical prescribers have been provided with community prescription pads. Where specialist nurses are working alongside generalist clinical teams, knowledge sharing has improved

IMPORTANT NEW GUIDELINES

In the meantime, the National Wound Care Strategy Programme (NWCSP) and others have produced resources to reduce the risk of pressure damage from Personal Protective Equipment (NHS England and Improvement, 2020b). The draft Lower Limb Recommendations have been published (NWCSP, 2020), a business case for implementation of these is in development and lower limb care has been included in the Framework for Enhanced Health in Care Homes (NHS England, 2020). The draft Surgical Wound Recommendations will be available soon and work has started on three e-learning modules. We are continuing to develop a specification for features required for wound-related point-of-care technology and a wound care dressing classification system for products suitable for use by all NHS organisations.

One day, COVID-19 will ease and when that happens, we want to ensure that wound care is better than when the pandemic started.

WUK

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