Collaborative working for better wound care outcomes - Primary Care, Community Care and the Integrated Care Board (ICB)

The 2015 Beginning Norfolk Community Health and Care (NCHC) Skin Integrity Team formed West Norfolk Skin Integrity Team **Tissue Viability** Dermatology Lymphoedema The future

2024

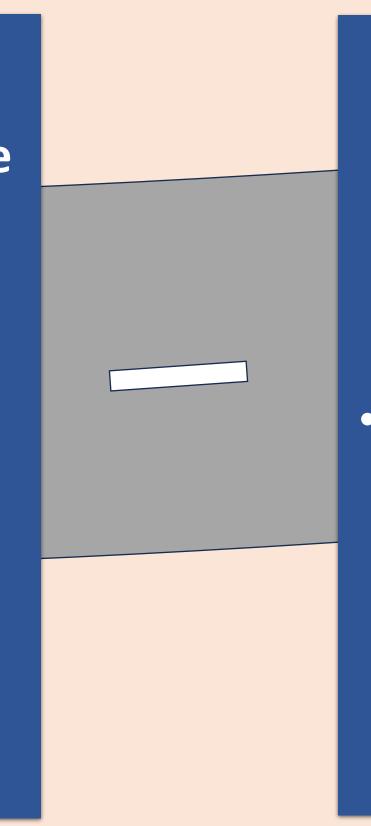
Where are we now?

- Fewer referrals to leg ulcer clinic due to faster healing rates in Primary Care.
- Improved communication through Lower limb collaborative meetings – NCHC (TVN/ Community nursing/ Operations/Triage), PCN (TVN / Manager) & ICB representative.
- Earlier identification of issues, established forum to discuss
- Enhanced communication between community, primary care and ICB to inform/improve commissioning of leg ulcer/wound care services.

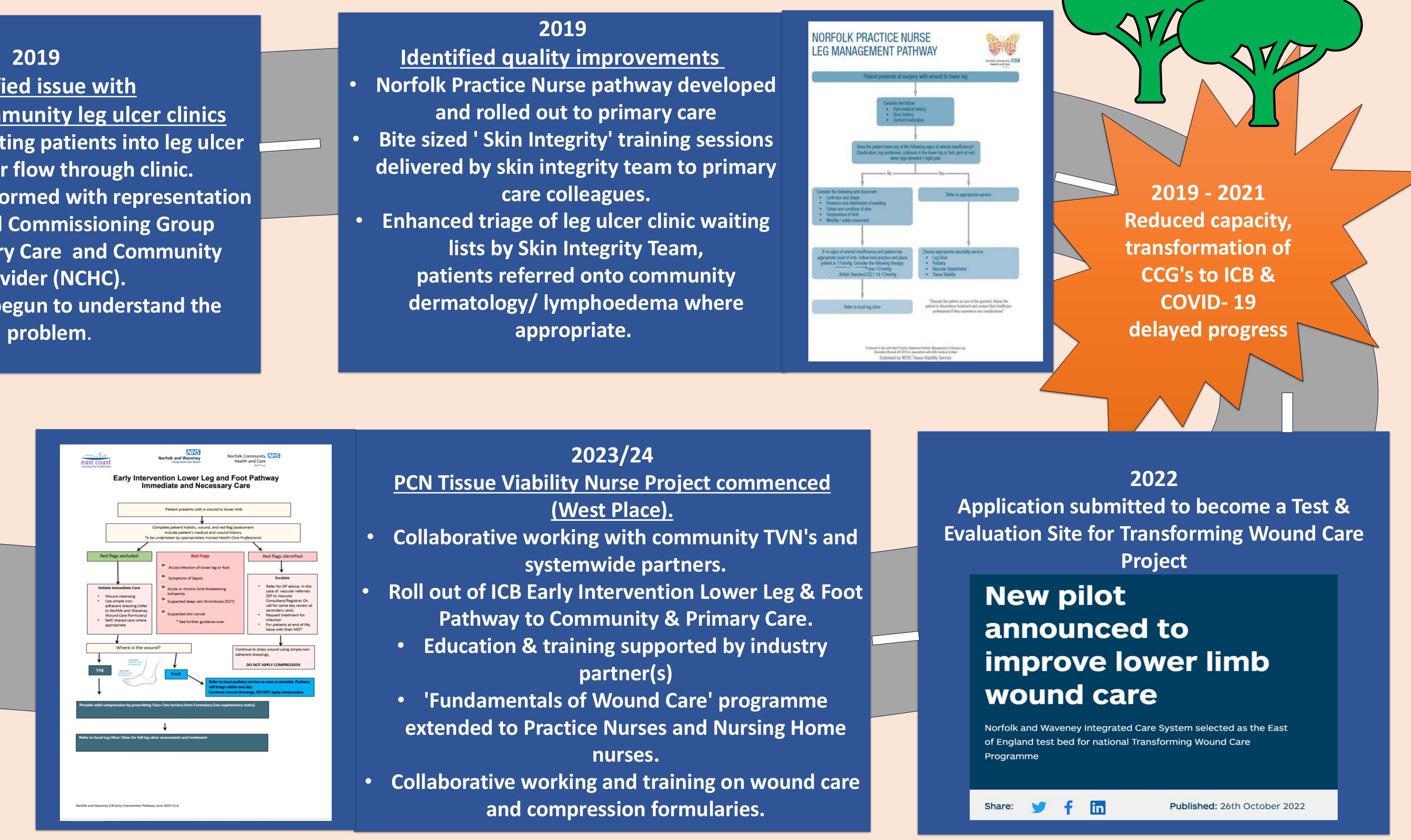
The timeline depicting our journey, starting with the newly community dermatology and lymphoedema services. Recognising the overlap in services, we aligned to form the skin integrity team. Data collected demonstrated the impact on additional specialist support being secured for a pilot project to employ a dedicated PCN TVN.

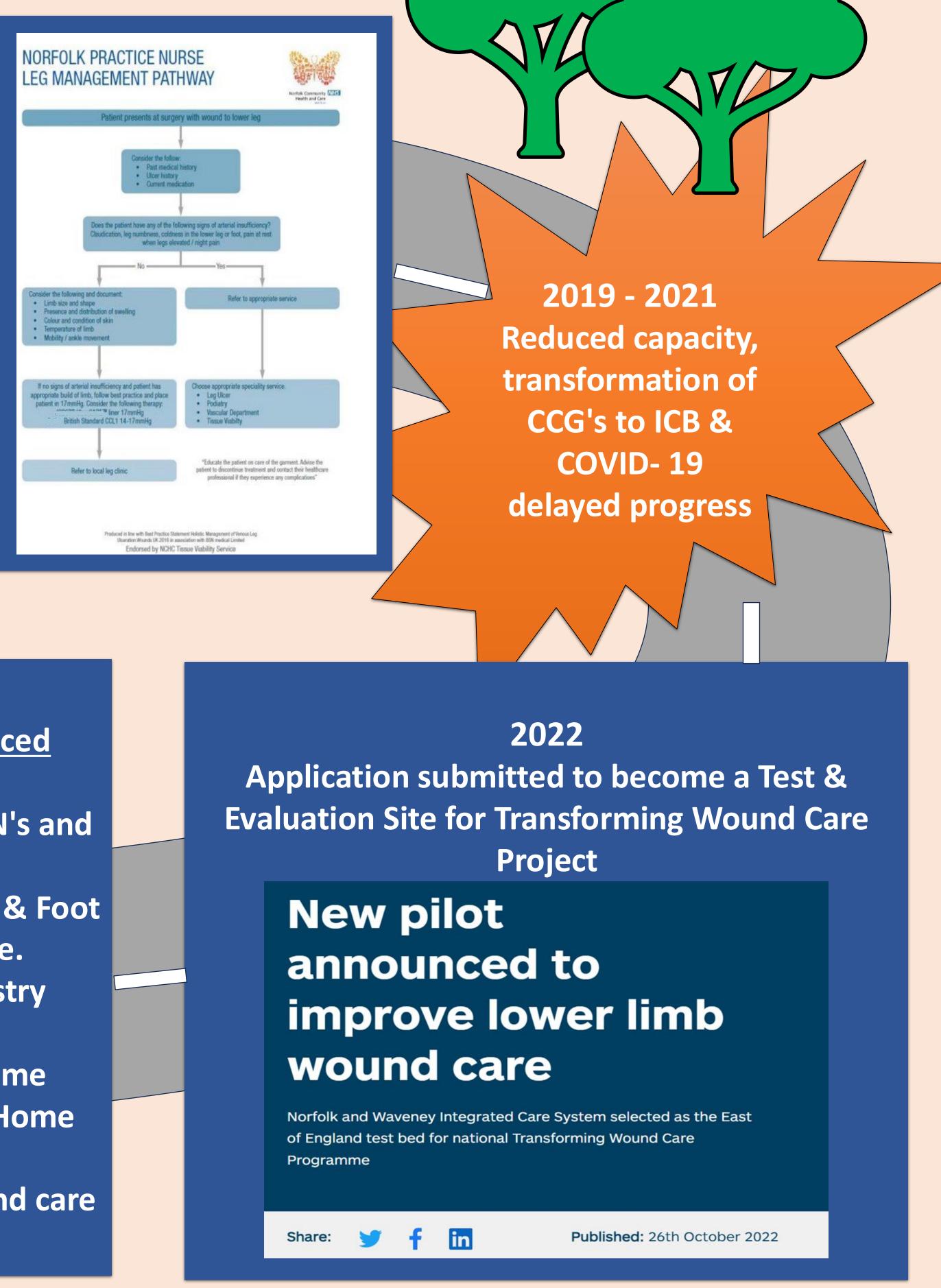
Jane Parker, Tissue Viability Specialist Nurse, West Norfolk Coastal & Kings Lynn Primary Care Networks jane.parker34@nhs.net Rachel Sweeney, Lead Tissue Viability Specialist Nurse & Clinical Lead Community Skin Integrity Team, Norfolk Community Health & Care rachel.sweeney@nchc.nhs.uk

https://nwknowledgenow.nhs.uk/wp-content/uploads/2024/02/Lower-Leg-Foot-Pathway.pdf See WUK 2024 Absract No. 2 for an example of the improvement work.



2019 Identified issue with **Congested community leg ulcer clinics** • Delays in accepting patients into leg ulcer clinic, poor flow through clinic. Working group formed with representation from Clinical Commissioning Group (CCG), Primary Care and Community provider (NCHC). Discussions begun to understand the





NHS Norfolk Community Health and Care NHS Trust

WEST NORFOLK COASTAL PCN YOUR LOCAL GP NETWORK





