# Wound care in limbo?

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With the closure of the National Wound Care Strategy Programme (NWCSP) in March 2025, it feels like wound care is at a pivotal point. While the work undertaken by the NWCSP only applied to England, what it did was closely monitored by the devolved nations and so it seems there is a gap left across the UK, a lack of clear focus and much work still to be done. In it's 6 years, the NWCSP focussed on three main wound aetiologies: outlining pathways of care, standardising education and considering how variations in care could be reduced. It did, however, leave many things not addressed:

- Prevention of leg ulcers — surely if we are to reduce the significant spend, one of the best things to do would be to prevent them happening in the first place — as well as ensuring appropriate assessment and evidence-based treatment
- Treatment of pressure ulcers and an understanding of what the outcomes are for patients who develop pressure ulcers and what impact that has on them, their family or carers and on the organisations providing care
- Care of patients with many other common wound aetiologies: moisture-associated skin damage — identified as more common than PU, frequently more painful and something that should be classified as a patient harm — as they are frequently a consequence of mismanagement of other problems, incontinence, wound exudate or stomal placement, fixation or output
- Skin tears, an area where there is a strong evidence base around both prevention and treatment, yet significant variations in care still exist
- Finally, wounds associated with malignancy, perhaps the most challenging wounds we deal with and also those which have potential to have most impact on patients' quality of life at a time where their life expectancies is short.

There are also many common areas (common across all aetiologies) that still need to be addressed: practices around wound assessment and measurement, management of osteomyelitis and wound infection in general; in addition, understanding equipment use and the people resources needed to run a successful tissue viability team, also working out how to embed multidisciplinary services for wound care within business as usual practices. We have little, if any, understanding of the total pathway for patients with wounds, our digital systems fail to communicate with each other and conspire against clinicians endeavouring to document clearly and thoroughly what they find, they make tracking of information across care settings far more complex than it needs to be resulting in significant duplication of questioning of patients and documenting of the same. We have no understanding of what happens to a significant proportion of our patients if their care is provided by social care, within their own homes or within the residential of care home settings. The numbers of people that are cared for in these settings is huge and the challenges they face considerably underestimated, but we don't see this as part of our care provision when we should. Care providers are not the 'poor relations', they are not the providers of 'just good enough', economical constrained care, they are crucial to the care of our patients and also to people that could potentially be our patients.

Perhaps the most important element that has not been addressed is something that is fundamental to everything that we do — there is no guidance, no standardisation, no recommendations for the maintenance of skin integrity across the age ranges and care services. As we are exhorted to move from services that manage sickness to those that promote health, to those that move care from hospitals to community, shouldn't our first thought be around prevention — prevention of harm, prevention of wounds, prevention of complications associated with wounds, prevention of significant burden and costs to our struggling NHS and prevention of the fear of failure for our staff?

The expectation is that improvements in wound care are now seen as 'business as usual' — that we all pick up and roll out the recommendations from the NWCSP (UK Parliament 2025), but will that happen? How do we make a case for wound care being a priority against all of the other specialisms

and services clambering for resource in organisations that are being forced to cut costs, reconfigure services, prioritise spend, reduce staffing and at the same time still meet targets?

Perhaps we should also pick up our pens or take to our keyboards and raise the question with our MPs — the more times the question is asked, the more the profile is raised, so lets politicise this, go and find your local MP, show them some patient stories, get them to understand what the reality of having a chronic wound is, and let's see if we can get some more funding to continue this outstanding and crucial work. ●

References

UK Parliament (2025) *Injuries: Health service. Question for Department of Health and Social Care*. UIN 46442, tabled on 17 April 2025. Available at: https://questions-statements.parliament.uk (accessed: 16.05.2025).