

# National Wound Care Strategy Programme



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Despite the COVID-19 turmoil, it is good to see some of the work of the National Wound Care Strategy Programme (NWCSP) coming to fruition.

The NWCSP Lower Limb Recommendations were ratified at the September Board meeting and are now posted on the NWCSP website, (NWCSP, 2020). Hopefully by the time this editorial is published, they will have been polished by a graphic designer and have flowcharts and hyperlinks to make them easier for clinical use.

However, developing recommendations is the relatively easy bit – getting them into practice is a much bigger challenge. I spent most of lockdown working closely with a team of health economists, clinicians and academics developing the economic argument for implementing these recommendations. This 'business case' is currently undergoing financial scrutiny by the NHS England and Improvement Strategic Finance Team but we hope to be able to make it public very soon.

The results suggest that implementing the NWCSP Lower Limb Recommendations will significantly reduce leg ulcer prevalence and the cost of leg ulcer care. Implementation will also reduce the proportion of time clinicians spend delivering wound care and reduce the costs of drug prescriptions, hospital admissions and wound care products. While these results should interest healthcare providers and commissioning organisations, implementing the recommendations will also improve patients' quality of life, and morale and job satisfaction for clinicians.

Interestingly, the business case revealed that although ageing is a factor, the projected annual 4% increase in leg ulcer prevalence is mostly driven by inadequate care. Too many leg ulcers take too long to heal and recur once healed. The business case is mostly built on the cost savings from improving the care of venous leg ulcers as venous ulcers form the bulk of the 'burden' of chronic wound care (Guest et al, 2015) and there is robust research evidence for certain therapeutic interventions, upon which the business case could be developed. However, improving lower limb assessment and treatment in general will also deliver benefits for people with other types of lower limb ulceration, such as arterial foot ulceration.

The business case has been shared with Ruth

May (NHS England and Improvement, Chief Nurse), Matthew Winn (NHS England and Improvement, Director of Community Health) and Sam Sherrington (NHS England and Improvement, Head of Community Nursing) who have given their support. We are now recruiting a small number of '1st tranche implementation sites' to work closely with the NWCSP to test the assumptions of the business case, develop a blueprint for national implementation and evaluate implementation approaches. More information about this can be found on the NWCSP website. Expressions of interest must be submitted by 20 November.

We have also made satisfying progress in some other parts of the NWCSP work. The NWCSP Surgical Wound Recommendations are close to being finalised. Once that is complete, we then need to consider plans for implementation.

The first three online, free to access 'bite-size' education modules are close to completion and should be available soon and we are starting to plan the next three modules in this 'suite' of wound care education. We have also started work on a multiprofessional, multilevel capability framework for wound care that will provide structure around workforce for providing wound care. This is due to be completed in Spring 2021.

Regrettably, the ongoing COVID-19 situation continues to impact heavily on our colleagues working within supply and distribution services, so we have decided to suspend the work of the Supply and Distribution workstream until April 2021.

We continue to undertake our work on improving wound care data and information. Thank you to those of you who contributed to the consultation about the wound management digital systems. We know there were a lot of questions in the survey, so a big thank you to those who persevered and gave us your valuable feedback. It has been enormously helpful. Look out for the next consultation on the draft recommendations for digital imaging for wounds.

Improving wound care was never going to be easy but it is really encouraging to start to see real progress and growing political interest and better collaboration between the different clinical professionals and services is really driving this topic up the healthcare agenda. We can achieve so much more working together than we can stuck in our separate silos. **WUK**

## REFERENCES

- Guest JF, Ayoub N, McIlwraith T, et al (2015) Health economic burden that wounds impose on the National Health Service in the UK *BMJ Open* 2015;5:e009283. <https://doi.org/10.1136/bmjopen-2015-009283>
- National Wound Care Strategy Programme (NWCSP) (2020) Lower Limb Recommendations. <https://tinyurl.com/y4hrjrqq> (accessed 20 October 2020)