

National Wound  
Care Strategy  
Programme  
Progress Report  
2019-20

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The National Wound Care Strategy Programme (NWCSPP) is addressing the unwarranted variation in UK wound care services to improve healing rates and thus reduce patient suffering, expenditure on inappropriate and ineffective treatments and the amount of clinical time spent on wound care.

The NWCSPP was commissioned by NHS England and Improvement to be delivered by the Academic Health Science Network. The NWCSPP commenced work in September 2018. This report gives an overview of the NWCSPP's work and achievements in the second year from September 2019 - 2020.

### NWCSPP Governance:

The NWCSPP Board, Stakeholder Council and Workstreams are functioning well and over 1,180 stakeholders have been recruited to the Stakeholder Forums.

### Clinical Workstreams

- **Stop the Pressure:** Resources to support staff during the COVID-19 peak have been published along with an audit of the quality of care in patients in secondary care and resources to support Stop the Pressure Day.
- **Lower Limb:** The Lower Limb recommendations have been published and a business case for implementation has been developed. First tranche implementation sites are being recruited to test the assumptions of the business case and develop a blueprint for national adoption.
- **Surgical Wounds:** The Surgical Wounds recommendations have been finalised and are due to be ratified. These will form the basis for developing an implementation strategy.

### Enabler Workstreams

- **Data and Information:** The Data and Information workstream has developed a draft high-level Functional Overview of Wound Management Digital Systems (WMDS) and a draft National Wound Care Product Classification System. Analytical support has been procured for the NWCSPP and there is ongoing work to support the adoption of WMDS and support the development of a national pressure ulcer dashboard for acute care.
- **Education and Workforce:** Three free to access online NWCSPP wound care modules will be launched in January 2021. The Wound Care Core Capability Framework is in development and due to be launched in April 2021.
- **Supply and Distribution:** Due to COVID-19 pressures, the Supply and Distribution workstream has been suspended until April 2021.
- **Evidence for Wound Care:** The Research Evidence Workstream was stood down in November 2019 but the NWCSPP is now seeking to recruit funded academic expertise to lead and deliver the Evidence for Wound Care workstream.

### The next 12 months and beyond

Moving forward, in 2021 the NWCSPP will move into implementation, beginning with the Lower Limb Recommendations, while developing an implementation strategy for the Surgical Wounds Recommendations. Work will continue to develop the education, data and information, supply and distribution and evidence resources to support this work.

## 1. Background

The National Wound Care Strategy Programme (NWCSP) has developed from several previous initiatives which addressed the issue of sub-optimal wound care. The National Stop the Pressure campaign<sup>1</sup> (NSTP) originally launched by NHS Midlands and East, was rolled out nationally in November 2016 to coordinate and support a sustained reduction in pressure ulcer prevalence. Alongside this, NHS England's Leading Change, Adding Value Wound Care Project (2016)<sup>2</sup> and discussions in the House of Lords (2016 and 2017) led to a call to improve the care of wounds.

In 2015, the Burden of Wounds study<sup>3</sup> provided a spotlight on acute and chronic wound care. Its findings suggested that in 2012-13, the annual NHS cost of managing 2.2 million patients with wounds after adjusting for comorbidities was £4.5- £5.1 billion<sup>4</sup>. Since then, the cost will have increased and, if this issue is not adequately addressed, wound care expenditure may increase by more 37% for an average CCG / health board over the next five years<sup>5</sup>.

Evidence points to marked unwarranted variation in UK wound care services, underuse of evidence-based practices and overuse of ineffective practices<sup>1,6</sup>. This offers major opportunities to improve the quality of chronic wound care through innovative solutions that will improve wound healing, prevent harm, increase productivity of staff and produce financial savings in line with the requirements of the recent NHS Long Term Plan<sup>7</sup>.

In September 2018, the NWCSP was launched to address this situation. The NWCSP incorporates some of the ongoing work of the NSTPP but extends the scope to include lower limb wounds and surgical wounds. The vision is to develop recommendations which support excellence in preventing, assessing and treating people with wounds to optimise healing and minimise the burden of wounds for patients, carers and health and care providers. The NWCSP was noted in the NHS Long Term Plan<sup>7</sup> and in the National Patient Safety Strategy<sup>8</sup>.

The NWCSP is underpinned by the principles that:

- Wound care should not be viewed as a separate clinical issue but be integrated into care of underlying co-morbidities that cause or contribute to wounding and delayed/ non-healing.
- The NWCSP is a long-term commitment to improving wound care.
- Success will depend on recognising and addressing the interdependencies between the different professional groups and services involved in wound care.

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<sup>1</sup> NHS Improvement Stop the Pressure <https://nhs.stopthepressure.co.uk/>

<sup>2</sup> NHS England (2016) Leading Change Adding Value <https://www.england.nhs.uk/wp-content/uploads/2016/05/nursing-framework.pdf>

<sup>3</sup> Guest JF, Ayoub N, McIlwraith T, et al. Health economic burden that wounds impose on the National Health Service in the UK *BMJ Open* 2015;5: e009283. doi: 10.1136/bmjopen-2015-009283.

<sup>4</sup> Guest JF, Ayoub N, McIlwraith T, et al. Health economic burden that wounds impose on the National Health Service in the UK *BMJ Open* 2015;5: e009283. doi: 10.1136/bmjopen-2015-009283.

<sup>5</sup> Guest J.F. Vowden K, Vowden P. The health economic burden that acute and chronic wounds impose on an average clinical commissioning group / health board in the UK. *Journal of Wound Care* 26 (6) June 2017.

<sup>6</sup> Gray T.A, Rhodes S., Atkinsons R.A., et al. Opportunities for better value wound care: a multiservice, cross-sectional survey of complex wounds and their care in a UK community population. *BMJ Open* 2018 e019440.doi:10.1136/bmjopen-2017-019440 .

<sup>7</sup> NHS Long Term Plan 2019. Accessed at <https://www.england.nhs.uk/long-term-plan/> 02.04.19

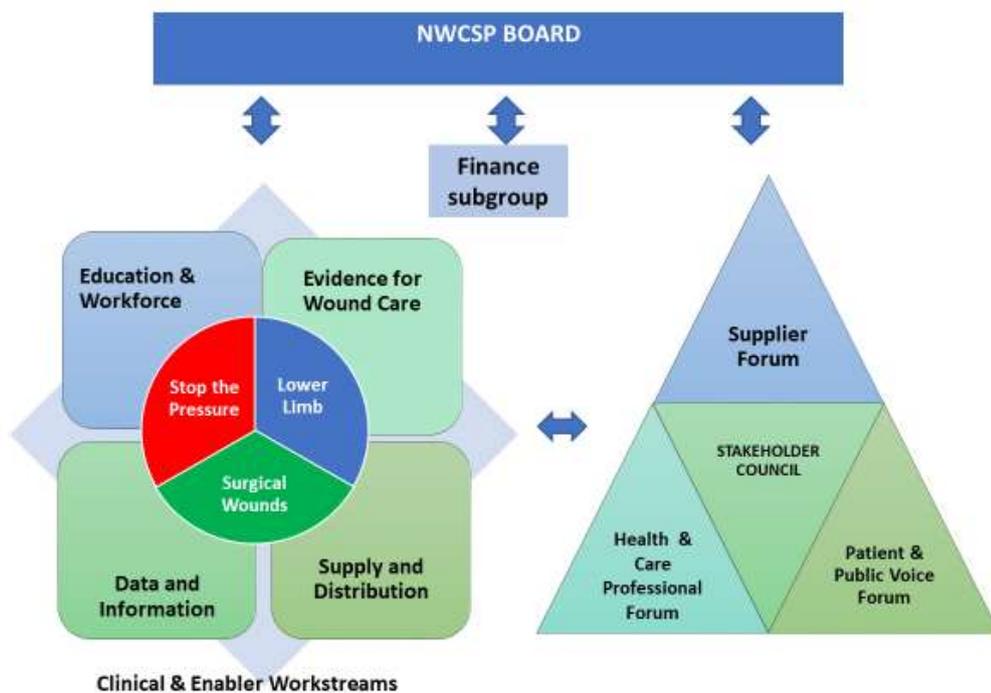
<sup>8</sup> NHS National Patient Safety Strategy 2019. Accessed at: [https://improvement.nhs.uk/documents/5472/190708\\_Patient\\_Safety\\_Strategy\\_for\\_website\\_v4.pdf](https://improvement.nhs.uk/documents/5472/190708_Patient_Safety_Strategy_for_website_v4.pdf) 28.10.19

- The key priority is to improve patient care.

## 2. Governance Framework

The NWCSP is being delivered by the Academic Health Science Network (AHSN) on behalf of NHS England/ Improvement. The National Wound Care Strategy is being designed by working with key partners to establish the underlying clinical and economic case for change, identify the desirable improvements in patient care and describe the necessary changes and interventions required to deliver these improvements.

The NWCSP governance framework is shown in the diagram below.



The NWCSP consists of the NWCSP Board that oversees the delivery of the NWCSP. The Board members include the leads for the clinical and enabler workstreams and representatives of other key organisations integral to the successful development and implementation of the NWCSP.

The Clinical Workstreams (Stop the Pressure, Lower Limb Wounds and Surgical Wounds) are responsible for developing evidence-informed clinical pathways and standards, education and workforce recommendations and appropriate metrics for measuring achievement against outcomes.

The Enabler Workstreams (Evidence for Wound Care, Data and Information, Education and Workforce and Supply and Distribution) support the work of the clinical workstreams and are responsible for developing recommendations to support the adoption and spread of the outputs from the clinical workstreams.

The Stakeholder Council is responsible for facilitating engagement with all stakeholders wishing to contribute to and inform the NWCSP outputs via the Supplier Forum, Health and Care Professionals Forum and Patient and Public Voice Forum. Membership of the Stakeholder Forums is open to all interested individuals in England who wish to register. The members of the NWCSP are listed on the NWCSP website [www.nationalwoundcarestrategy.net](http://www.nationalwoundcarestrategy.net).

## Work and Achievements in the second year

### NWCSP Governance

The NWCSP has received confirmation of funding (£900,000 per annum for 4 years) from NHS England and Improvement. Payment and monitoring arrangements are being established which require the establishment of the NWCSP Finance sub-group.

The NWCSP continues to retain a robust governance system with active membership of the Board, three Clinical Workstreams (Lower Limb, Stop the Pressure, Surgical Wounds) and two of the four Enabler Workstreams which are currently active (Workforce and Education, Data and Information).

At the November 2019 Board meeting, it was agreed to stand down the Research Evidence workstream as the initial retrieval of Cochrane and NIHR-funded research literature had been completed and the NWCSP lacked resource for further in-depth examination of wound care evidence. However, at the September 2020 Board meeting, it was agreed that although the situation for NWCSP funded research remains unchanged, it has now become apparent that the NWCSP needs to:

- actively engage with existing wound care research-related activities such as relevant NICE consultations,
- support the recruitment of participants into reputable (e.g. NIHR) funded wound care studies,
- support the implementation of new knowledge derived from research,
- take opportunities to work collaboratively with research organisations with an interest in wound care (e.g. Cochrane Wounds Group, Wounds Research Network, James Lind Alliance, Medical Device and Vulnerable Skin Network) and
- develop and prioritise key research questions, develop wound care core outcome sets and to seek to pro-actively influence the commissioning of wound care related research.

Therefore, the Board has agreed to recruit and fund academic expertise to lead and deliver on this aspect of the work, in coordination with the programme team and the clinical and enabler workstreams. It was also agreed to rename this workstream, the Evidence for Wound Care workstream.

The COVID-19 pandemic has placed significant pressure on all those contributing to the NWCSP, particularly members of the Supply and Distribution workstream. At the beginning of the pandemic, many members of all the NWCSP workstreams were redeployed to COVID related work. By September 2020, most had returned to their usual roles, but the situation has not yet abated for the members of the Supply and Distribution Workstream. Therefore, the Board agreed that the work of the Supply and Distribution workstream should be suspended until April 2021.

Patient and Public Voice representatives for the NWCSP continue to play a valued role and it has become clear that there is a need to expand the group to take pressure off the existing representatives. The NWCSP is currently recruiting more representatives.

The Stakeholder Council is now functioning well although attendance from health and care clinicians has been sporadic due to the COVID-19 pandemic.

There are currently 1,182 stakeholders now registered, an increase from last year: Health and Care Professionals Forum (848), Suppliers Forum (272) and the Patient and Public Voice Forum (50). The NWCSP continues to make efforts to increase recruitment. The NWCSP Twitter account has 1,735 followers and now tweets regularly.

In the last year, the Stakeholder Council has overseen 8 consultations, 1 face to face engagement event and 2 webinars that have requested information and feedback to draft recommendations. This activity has been mostly online but has included webinars and some face to face events. Feedback has been positive with good response rates and attendance at events.

In September 2020, the NWCSP was awarded a 'Woundie' award by Wound Care Today in recognition of the NWCSP online information provided for patients during the COVID-19 pandemic peak.

## Clinical Workstreams

### Stop the Pressure

The Stop the Pressure workstream (National Stop the Pressure programme) was paused between 13th March and September 2020 as both leads were redeployed to support COVID -19 work. This has hampered the workstream output but the audit of the quality of care in patients in secondary care was published in November 2020 on the NWCSP website and resources to support Stop the Pressure day were also published. A suite of resources related to pressure ulcer prevention specific to COVID were also developed and published. Ongoing work includes the development of a pathway for risk assessment and treatment of pressure damage, a robust data set for pressure ulceration and an image library that includes non-white skin pressure ulcer images.

The NWCSP developed a CQUIN for pressure ulcers in care homes from April 2020. Subsequently the whole CQUIN programme for 2020-21 was suspended due to the COVID-19 pandemic. Discussions are ongoing and it is possible that this CQUIN will be reinstated for 2021-22.

### Lower Limb Wounds

The Lower Limb workstream has now completed and published the Lower Limb Recommendations and these formed the basis for the development of a business case for implementation. The business case has been scrutinised by the NHS England and Improvement (NHS E&I) Strategic Finance team and will be published on the NWCSP website in due course.

The NWCSP is now recruiting a small number of first tranche implementation sites to test out the assumptions of the business case and to develop a blueprint for national implementation. The NHS England and Improvement Directorate Community Team has taken an interest in this work and discussions are ongoing about possible collaboration to support implementation.

The NWCSP developed a CQUIN for leg ulceration for application in in community services from April 2020. As for the pressure ulcer CQUIN above, this was suspended due to the COVID-19 pandemic, but discussions are ongoing, and it is possible that this CQUIN will be reinstated for 2021-22.

The Lower Limb workstream has also contributed to the 'Essentials of leg ulcer care' online module that is being developed by the Education and Workforce workstream which is due to be published in early January 2021.

### Surgical Wounds

The Surgical Wounds workstream has developed draft recommendations for care. Ratification of these is being sought at the December 2020 NWCSP Board meeting. This work will form the basis for planning implementation.

## Enabler Workstreams

### Data and Information

The Data and Information workstream has continued to focus on the adoption of digital tools to support the clinical workforce and to enable the collection of data for service management and improvement.

A consultation has been held on a high-level Functional Overview of Wound Management Digital Solutions (WMDS) which will shortly lead to publication and the development of a procurement framework for use by NHS organisations. The requirement to have, or to be willing to adopt, WMDS has been adopted as an inclusion criterion for the First Tranche Implementation Sites.

A procurement exercise was undertaken and, in the autumn, a team was selected to provide analytical support to the programme for the current financial year.

Due to the suspension of the Supply and Distribution workstream, the Data and Information workstream took over the leadership for the development of a National Wound Care Product Classification System and held a consultation with support from the Department of Health and Social Care, the Business Services Authority, the Association of British HealthTech Industries and the Surgical Dressings Manufacturers Association. Work continues with a number of product suppliers to populate this emerging classification system.

The workstream is also providing advice to the National Patient Safety Team in NHS E&I to support the development of a national pressure ulcer dashboard for acute care.

### Education and Workforce

Three Essentials of Wound Care modules (Essentials of Skin Care, Essentials of Wound Assessment and Essentials of Leg Ulceration) have been built by Health Education England E-learning for Healthcare (HEE E-lfh) team and are due to be launched in December 2020. These modules will be hosted on a dedicated wound care education page hosted on the E-Learning for Healthcare platform. A further three 'essentials of wound care' modules have been agreed, with work starting on these in December 2020.

Skills for Health has been commissioned to develop the Wound Care Core Capability Framework. The Interprofessional Steering group has met three times, with 3 of the 6 domains developed. The draft framework will go out for consultation in February 2021 and is on schedule to launch April 2021.

### Supply and Distribution

As noted above, due to the COVID-19 pandemic, the Supply and Distribution workstream was suspended from March 2020.

Prior to that, the Supply and Distribution workstream had contributed to the development of the draft NHS National Classification System (NCS) for wound care products and clinical specifications for the most used wound care products. It had also started developing a set of principles of good practice for ordering, supply and distribution of wound care related products. This work will be continued once the COVID-19 situation has abated.

## Evidence for Wound Care

As noted above, the Research Evidence Workstream was stood down in November 2019 but work is now ongoing to recruit funded academic expertise to lead and deliver the Evidence for Wound Care workstream.

## Other activity

The NWCSP has continued to present updates at national and international conferences and collaborate with partner organisations such as the Leg Ulcer Forum and Royal Society of Medicine Venous Forum. The NWCSP has been the focus of articles in the national and clinical press and engaged politically through regular actively working with the All-Party Parliamentary Group on Vascular and Venous Disease. In November, the NWCSP presented their work around leg ulceration to Jo Churchill MP, Parliamentary Under Secretary of State at the Department of Health and Social Care.

In addition to the usual NWCSP business, during the COVID-19 pandemic peak, the NWCSP developed and collated a series of clinician and patient /carer materials to support self-care for wounds and lower limb ulcers which were made available on the NWCSP website. The NWCSP also supported the work of the NHS England and Improvement COVID-19 recovery team by developing and distributing a survey requesting feedback about tissue viability related activity during the COVID-19 spike. The information from this informed the NHS England and Improvement recommendations for wound care.

## 3. The next 12 months and beyond

The confirmation of funding has placed the NWCSP on a much more secure footing. Looking ahead, the Programme is now moving into an implementation phase, working with partner organisations to test the assumptions of the proposals and to develop blueprints for national rollout.

However, there is still underpinning work to do. The data and information requirements for wound care have to be established and the Lower Limb first tranche implementation sites will be very helpful in establishing what these need to be, not just for lower limb wounds but other types of wounds too. Other work to be included includes the information needs of patients and carers, more online education modules for clinicians, completion of the NHS National Wound Care Product Classification System (NWCPCS) for wound care products and resumption of the suspended work on development of a set of principles of good practice for ordering, supply and distribution of wound care related products. There are plans to recruit additional funded support for the Lower Limb, Surgical Wounds, Supply and Distribution and Evidence for Wound Care workstreams.

The NWCSP work-to-date has brought into focus the evidence needs for wound care. The resumption of the Evidence for Wound Care workstream will support ongoing research activity and strengthen the NWCSP contribution to critique of existing research evidence and implementation of new knowledge derived from research.

## In conclusion

The NWCSP has continued to drive forward the wound care agenda. Again, this has only been possible thanks to the energy and dedication of the NWCSP Board, workstreams, Stakeholder Council and Forums. To achieve this amount of progress during a pandemic is a remarkable achievement and the NWCSP is very grateful to all contributors and their employers who have supported their contribution.

The confirmation of substantial long-term funding from NHS England and Improvement means that it is now possible to implement initiatives that address the priorities that were identified in the NHS Long Term Plan. Our plans to improve wound care will involve dissolution of the divide between acute, primary care and community health service providers, in line with the development of Integrated Care Systems. This will support people to age well, more closely involve patients in their care, give NHS staff the backing they need to deliver good quality wound care and embrace the use of digitally enabled care.

## Acknowledgements

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College of Podiatry  
Derbyshire Community Services Healthcare NHS Foundation Trust  
East and North Hertfordshire NHS Trust  
East of England NHS Collaborative Procurement Hub  
East Suffolk and North Essex NHS Foundation Trust  
Glasgow Caledonian University  
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Health Education England  
Hertfordshire Community NHS Trust  
Hull York Medical School  
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Leeds Community Healthcare NHS Trust  
Leeds Teaching Hospitals NHS Trust  
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NHS Supply Chain  
NHS England/Improvement

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North Lincolnshire and Goole NHS Foundation Trust  
Nottingham University NHS Trust  
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Royal Free London NHS Foundation Trust  
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Sheffield Hallam University  
Sheffield Teaching Hospitals NHS Foundation Trust  
Sherwood Forest Hospitals NHS Foundation Trust  
South West Yorkshire Partnership NHS Foundation Trust  
Southampton University Hospitals NHS Foundation Trust  
Taunton & Somerset NHS Foundation Trust  
The Lindsay Leg Club Foundation  
The Mid Yorkshire NHS Trust  
The Royal Marsden NHS Foundation Trust  
Torbay & South Devon NHS Foundation Trust  
University College Hospital, London  
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University Hospitals of North Midlands NHS Trust  
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