

National Wound Care Strategy Programme

Excellence. Every Patient. Every Time.

Industry Engagement Event 12th May 2021

Interested in wound care? Sign up at: <u>www.nationalwoundcarestrategy.net</u>



Twitter: #NatWoundStrat



Agenda:

Introduction: Dr Mike Burrows (AHSN Network Coordination Director)Overview: Dr Una Adderley (NWCSP Director)From Strategy to Implementation: Professor Ann JacklinSupply and Distribution: The Restoration! Nicky Morton





Dr Mike Burrows

National AHSN Network Coordination Director

Introduction and Welcome





Dr Una Adderley PhD, DN, RN, QN Director: National Wound Care Strategy Programme

An Overview





Purpose: To scope the development of a wound care national strategy for England that focuses on improving care relating to:

- Pressure ulcers,
- Lower limb ulcers, and
- Surgical wounds.

How: To work 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.





Recommendations for Lower Limb Ulcers



Preventing and Improving Care of Chronic Lower Limb Wounds Implementation Case





Recommendations for Surgical Wounds

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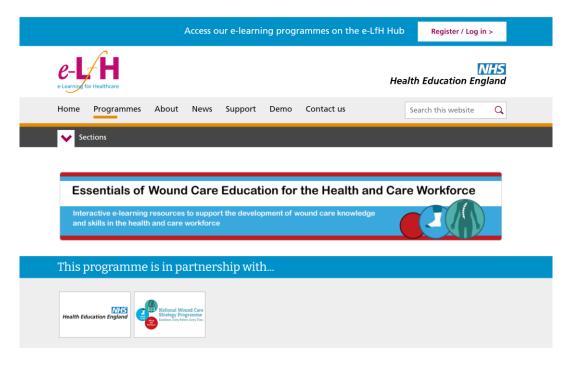
Register of known suppliers of wound management digital systems (WMDS)

https://www.ahsnnetwork.com/wp-content/uploads/2021/01/NWCSP-Register-of-

App-Suppliers.pdf



Online education resources

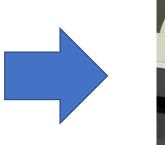


In development - 'standards' to inform procurement of WMDS



- Unwarranted variation
 - Under-use of evidence-based care
 - Over-use of ineffective interventions
- Poorly organised care
- Lack of data and information to inform quality improvement











National Wound Care Strategy Programme







Professor Ann Jacklin NWCSP Lead - Digital and Data

From Strategy to Implementation

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Preventing and Improving Care of Chronic Lower Limb Wounds Implementation Case

Intervention group	Intervention (NWCSP recommendation)	Outcomes	Benefits
Model of Care Provision Moving care to dedicated services staffed by clinicians with appropriate time, knowledge and skills and established referral routes to specialist services	Education for clinicians delivering chronic lower limb wound care	Swift initial diagnosis and implementation of appropriate therapy	 Direct cost saving: Reduced travel time to patient's home Less time spent on patient appointments, which takes longer at patient's home Lower cost per patient when being treated in social care models Fewer patient appointments due to increased healing rates and reduced recurrence rates.
	Roll-out of dedicated chronic lower limb wound care services	Clinical care to be delivered within a lower limb wound care clinic/social model of care, where possible	
	Education and materials to support self care	Increase self-care alongside clinical care where possible	
Data and Information Support clinical care and quality improvement through effective data capture and reporting	Roll-out of point of care NHS-compliant mobile digital technology. Establishment of information feedback systems to inform business and clinical needs.	Point of care NHS-compliant mobile digital technology (with digital imaging) capable of interfacing with other essential NHS data systems	 Facilitates integrated care models by providing information on health demands of the local population. Supports quality improvement through ongoing data collection and feedback to inform and tailor service provision to local health needs. Improves clinical care by providing high quality clinical information to clinicians and patients
Evidence-based Care Increase delivery of clinical and cost-effective care that delivers better health outcomes at a lower cost.	Education for clinicians delivering chronic lower limb wound care Access to materials and equipment for delivery of compression therapy	 For venous leg ulceration: Compression therapy Endovenous ablation surgery Post healing compression therapy 	Direct cost saving: cost of treatment is lower Indirect cost saving: improved healing and recurrence rates reduces future treatment costs Clinical benefits: • Venous Leg Ulcers • Improved healing • Reduced leg ulcer recurrence • Ulcers due to PAD • Reduced amputation rates
•	Agreed funding and pathways for referral for vascular services/ podiatry/ dermatology	For ulcers due to PAD Revascularisation surgery 	



First Tranche Implementation Sites

Expressions of Interest were required to demonstrate:

- A commitment and readiness to **implementing the strategy recommendations**
- Full commitment to **developing an implementation case** that describes resourcing, timelines and planned outcomes (from both a provider and patient perspective)
- Full support from all relevant local partners including commissioners, provider organisations and Primary Care Networks ideally with full ICS/STP support
- Adoption of a **recognised service improvement programme management methodology** with a supporting timeline and support from the local AHSN partner
- Commitment to release front line staff to undertake **training and education**
- Implementation of digital tools including the use of mobile technology to support the provision of evidencebased care and its measurement
- Active engagement of service users
- How early implementation of strategy recommendations addresses health inequalities
- Commitment to work as part of an **implementation collaborative group**
- Commitment to **evaluation of implementation** work
- Commitment to developing a **blueprint for implementation for other NHS organisations**



The NWCSP is working with a number of organisations to identify the most effective ways to implement the NWCSP recommendations. As part of this, we are recruiting a 1st tranche implementation site within each of the NHS England regions and have already recruited sites in the North West, North East and Yorkshire, South East and Midlands.

We are now preparing to recruit a site in each of London, East of England and the South West.



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https://www.ahsnnetwork.com/1st-tranche-implementation-sites

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North East and Yorkshire

- 1. Cumbria and the North East
- 2. West Yorkshire and Harrogate
- 3. Humber, Coast and Vale
- 4. South Yorkshire and Bassetlaw

North West

- 5. Lancashire and South Cumbria
- Greater Manchester
- 7. Cheshire and Merseyside

East of England

- 19. Cambridgeshire and Peterborough
- 20. Norfolk and Waveney
- 21. Suffolk and North East Essex
- 22. Bedfordshire, Luton and Milton Keynes
- 23. Hertfordshire and West Essex
- 24. Mid and South Essex

- 25. North West London
- 26. Central London
- 28. South East London
- 29. South West London

NWCSP First Tranche Implementation Sites (1st Wave)

3. Hull University Teaching Hospitals Trust & City Healthcare Partnership 6. Manchester Foundation Trust **17. Wye Valley NHS Trust 30. Kent Community Health NHS Trust**

South West

- 34. Gloucestershire
- 36. Cornwall and the Isles of Scilly

1

(2)

(11)

19

(20)

(21)

10

8

(35)

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9

34

(41

(38)

37

(40)

(12)

13

5

- 37. Devon
- 38. Somerset
- 39. Bristol, North Somerset and
- South Gloucestershire
- 40. Bath, Swindon and Wiltshire

(25

41. Dorset

London

- 27. East London



Midlands

Derbyshire

11. Lincolnshire

12. Nottinghamshire

14. The Black Country

18. Northamptonshire

30. Kent and Medway

33. Surrey Heartlands

Berkshire West

31. Sussex and East Surrey

32. Frimley Health and Care

South East

15. Birmingham and Solihull

16. Coventry and Warwickshire

17. Herefordshire and Worcestershire

35. Buckinghamshire, Oxfordshire and

42. Hampshire and Isle of Wight

8. Staffordshire and Stoke on Trent

9. Shropshire and Telford and Wrekin

13. Leicester, Leicestershire and Rutland

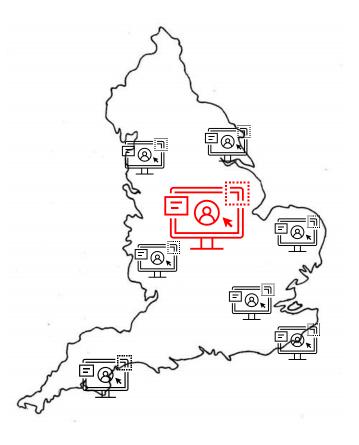


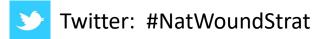
NWCSP funded Digital and Data Task Force

1 x Digital & Data Programme Manager

+

7 x Regional FImpS based Digital and Data Project Managers roles







Data, Digital and Information workstream update

- Workstream has developed a Functional Overview of Wound Management Digital Systems (WMDS).
- The Functional Overview had been developed over the previous year through several iterative steps, including engagement with suppliers and developers of WMDS, both via stakeholder events and 1:1 personal contact.
- Out now for final consultation with suppliers and then once complete and Board approved will be published on the NWCSP website.



Data, Digital and Information workstream update (..cont)

- Working with the Four First Tranche Implementation sites to implement WMDS, standardise codes and collect wound care data.
- The Digital and Data Specification starts from CQUIN wound care data and is being developed in consultation with the four sites.
- This will provide a baseline and then further data showing the impact of implementing the Lower Limb recommendations.
- This will be developed into Data and Digital Blue Prints for national implementation purposes.



Working with national partners

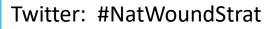
- NHS E I & X Community Health Services Digital Steering Group jointly led by
 - Community Services & Ageing Well NHS E &!
 - NHS x PODAC (Pharmacy, Optometry, Dentistry, Ambulance & Community
- NHS E I Community Services Improvement Team
 - Improvement Collaborative in development
- NHS E I Nursing Directorate



Nicky Morton NWCSP Lead – Supply and Distribution

The Restoration







National Wound Care Strategy Programme

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Supply of wound care products into the NHS

NHS Supply Chain Department of Health and Social Care Specifications Prescribing and Regulations, Procurement Drug Tariff and Frameworks Policy Secondary and Primary, Secondary and Community **Community Services** Services Role of NWCSP is to: 1. Develop a wound care product classification system for improving clinical practice; 2. Contribute clinical expertise to NHS partners' development of wound care product specifications; Recommend principles of good practice for systems of supply; 3. Recommend how to reduce unwarranted variation in product usage; 4. ID examples of good practice to support adoption.







- National wound care product classification system
- Review and appraisal of options for ordering, supply and distribution of wound care products







• New **Supplier Reference Group** to further strengthen and coordinate these activities and engagement.







Questions Please.....



