

Case study: Designing an approach for supported self-management in wound care

Background

Kent Community Health NHS Foundation Trust (KCHFT) is a Trust based in the South East of England and is co-terminus with the Kent and Medway Integrated Care Board (ICB) and the geographical county boundary of Kent. The ICB and Trust areas have 4 Health and Care Providers (HCPs) and 42 Primary Care Networks (PCNs). KCHFT is one of the largest NHS community health providers in England, serving a population of over 1.4 million across Kent and 600,000 in East Sussex and London.

Kent Community Health NHS Foundation Trust is a National Wound Care Strategy Programme (NWCSP) First Tranche Implementation Site (FImpS) for improving lower limb wound care. As part of the programme, it was decided to explore the local process for empowering patients and enabling supported self-management.

The Need

A review of current practices in relation to supported self-management was undertaken by talking with podiatrists, tissue viability and district nurses.

It was found that supported self-management was initiated more commonly for people under the care of podiatry services than other professional groups. However, this practice was informal and unstructured, with discussions with patients on their ability to self-manage their wounds between appointments and no ability for data capture.

An opportunity arose to improve practice in relation to supported self-management and ensure a consistent approach across the Trust. In common with NHS Community Trusts across the country, wound management constitutes a significant proportion of clinician's workload in KCHFT – with approximately eighty percent of activity being wound management related. Improving supported self-management would have the potential not only to improve patient experience and lead to better health outcomes but improve staff experience and reduce costs.

Solution

The NWCSP Assessment for Shared Care resource was used to guide the design of questions that could form the basis of criteria for supported self-management, shared care plan templates and patient information resources.

The NWCSP resources were adapted locally as follows:

1. **Health professional and patient 'shared care assessment plan'.**

The NWCSP assessment criteria were built into the electronic patient record (EPR) for practitioners to use as a template for an initial screening for supported self-management. This was then formally recorded in the EPR and allowed a printed copy to be given to the patient/carer and allowed the opportunity for data collection.

2. **'Changing your wound dressing' patient leaflet with link to tutorial video.**

Content was taken from the NWCSP Shared Care resource to form a patient information leaflet, including a tutorial video. Trust details were added, including contact details for making the leaflet available in other languages and formats, if required.

It was acknowledged that even with these resources, increasing supported self-management would be a longer-term piece of work, requiring a change in culture for both staff and patients.

To gain feedback on the perception of supported self-management and experience of the revised approach, two surveys were developed by the project group to determine both staff and patients' views. The draft surveys were sent to the communications and patient engagement team, who completed the final survey format and design. Surveys were either distributed to patients in clinics or completed via telephone survey. Staff surveys were sent via email. The communications team assisted in collating the results for both surveys.

Challenges

Due to the COVID-19 pandemic and redeployment of staff at the time of the supported self-management project launch, the survey sample group was much smaller than anticipated.

Impact

Feedback from Podiatry colleagues regarding the standardisation of a supported self-management model suggests that this has been well received, and the team are now utilising it in practice routinely.

“This has been a very positive progression both for patients and staff in working jointly” – Podiatrist.

Community nurses were also positive, although some were less confident about supported self-management and raised several anxieties and challenges.

“It empowers patients in their care and understanding” – Community Staff Member.

“It needs to be with patients that have appropriate dexterity which in the community is limited” – Community Staff Member.

The patient survey suggested that most respondents were happy to change their own dressing and found the support they were given to do this very helpful.

Next Steps

Next steps include:

- Continued promotion of supported self-management.
- Continued work, including the use of surveys, to understand the barriers to supported self-management, particularly in the field of community nursing.
- Continued promotion of supported self-management, particularly within the housebound population, where it is appropriate e.g. family, carers, etc.

Case Study

If you work in or for health and social care, you can find further information on this case study via the FutureNHS Case Study Hub: [Kent case study](#)



A programme commissioned by NHS England



“They explain everything” – Service user.

“I didn't realise care like this was available and was happy to find out that hopefully it could be rolled out further...” – Service user.

This suggests that practitioners may be more anxious than patients about supported self-management.

Lessons

Key lessons included:

- The importance of patient engagement - allowing time to explore the key priorities for patients before designing a supported self-management approach.
- The importance of staff engagement - allowing time to scope what the key priorities are for staff with supporting self-management in wound care, bringing an additional stakeholder perspective. What a clinician may deem as a key factor may differ significantly to a patient's priority, but both views are important.
- The need for shared care planning by working with carers, particularly for less mobile patients. This is a longer and more complex plan which requires cross boundary working.