



**National Wound Care
Strategy Programme**

Overview of the NWCSP vision for improving data and information – progress to date

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National Wound Care Strategy Programme
February 2024

**Health
Innovation
Network**

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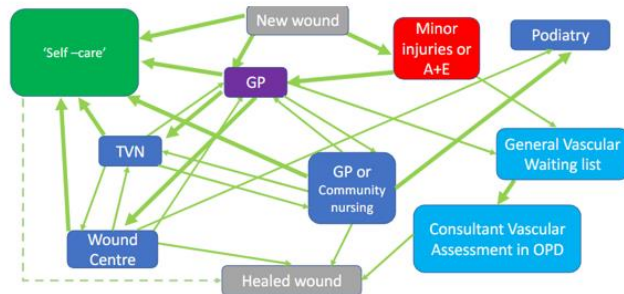
What I'm going to cover

- The case for change
- What do we mean by data for wound care
- The barriers we've found
- What we are doing nationally
- Use it to improve it
- What we've learned



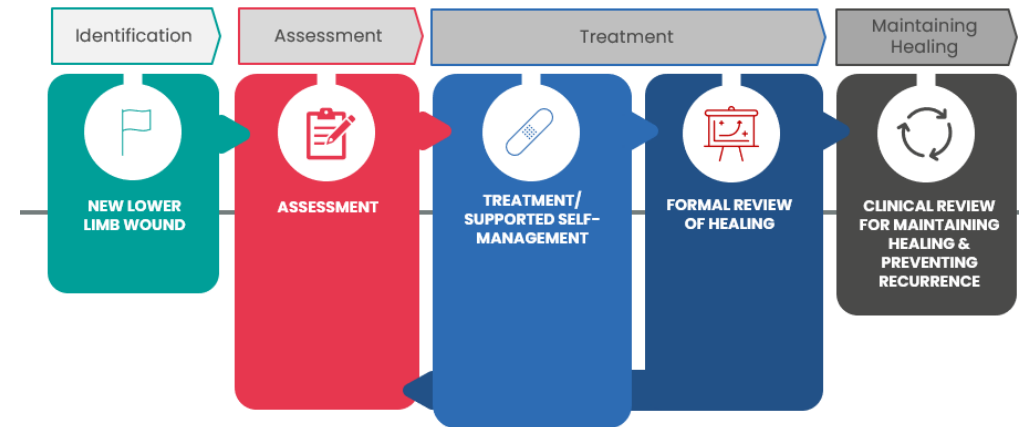
What is the problem?

- The cost of wound care in England is high and rapidly increasing.
- Too few patients are receiving evidence-based care.
- Too many wound care pathways are poorly organised.
- **There is a lack of data and information to inform quality improvement.**



What do we want to achieve?

- Better patient care and less patient suffering.
- Less unwarranted variation.
- Better healing rates and less recurrence.
- Best possible use of NHS resources.



Our aims & vision



Process

- Redesign clinical pathways across primary care, community services and secondary care.
- Promote supported self-management.

Improve the knowledge and skills of the health and care workforce, patients and carers

Improve the systems and pathways for the delivery of care

Improve the quality of data and information



People

- National wound care core Capabilities Framework.
- Topic specific education curricula and online free-to-access wound care education resources.
- Patient resources to support self-management.



Technology

- Information feedback systems to inform clinical and business needs.
- Point of care NHS compliant mobile digital technology.



What data & what is it historically used for?

Patient & pathway data

- Patient age, gender
- Referrals
- Diagnosis
- Activity volumes
- Outcomes

Workforce Productivity data

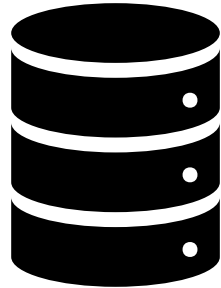
- Staff involved
- Activity type

Product data

- Wound care products
- Equipment

Experience data

- Patients and carers
- Staff



- Commissioning & contract management
- Service management
- Business case development
- Performance management



How we could use data in wound care

Patient & pathway data

- Patient age, gender
- Referrals
- Diagnosis
- Activity volumes
- Outcomes

Workforce Productivity data

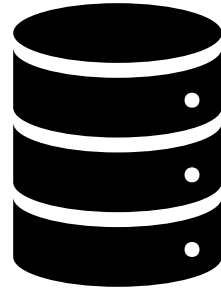
- Staff involved
- Activity type

Product data

- Wound care products
- Equipment

Experience data

- Patients and carers
- Staff



Clinical



Business

Support point of care

- Continuity of care
- Decision support
- Cohort management

Audit & Improvement

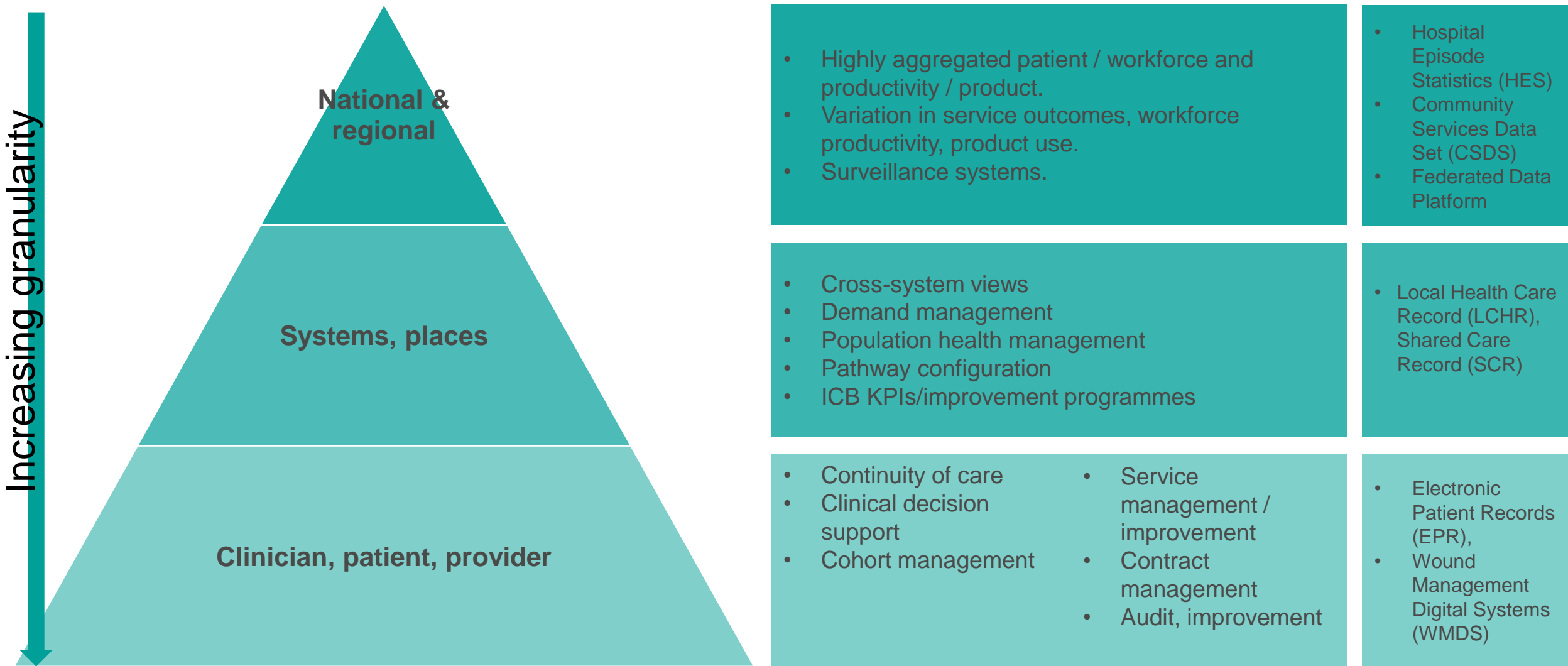
- To identify unwarranted variation
- To support improvement programmes
- Exploit in surveillance systems

Commissioning & contract management

- Service management
- Business case development
- Performance management



Who needs to use wound care data?



Our underlying data principles

Patient & pathway data

Workforce productivity data

Product data

Experience data



Clinical



Business

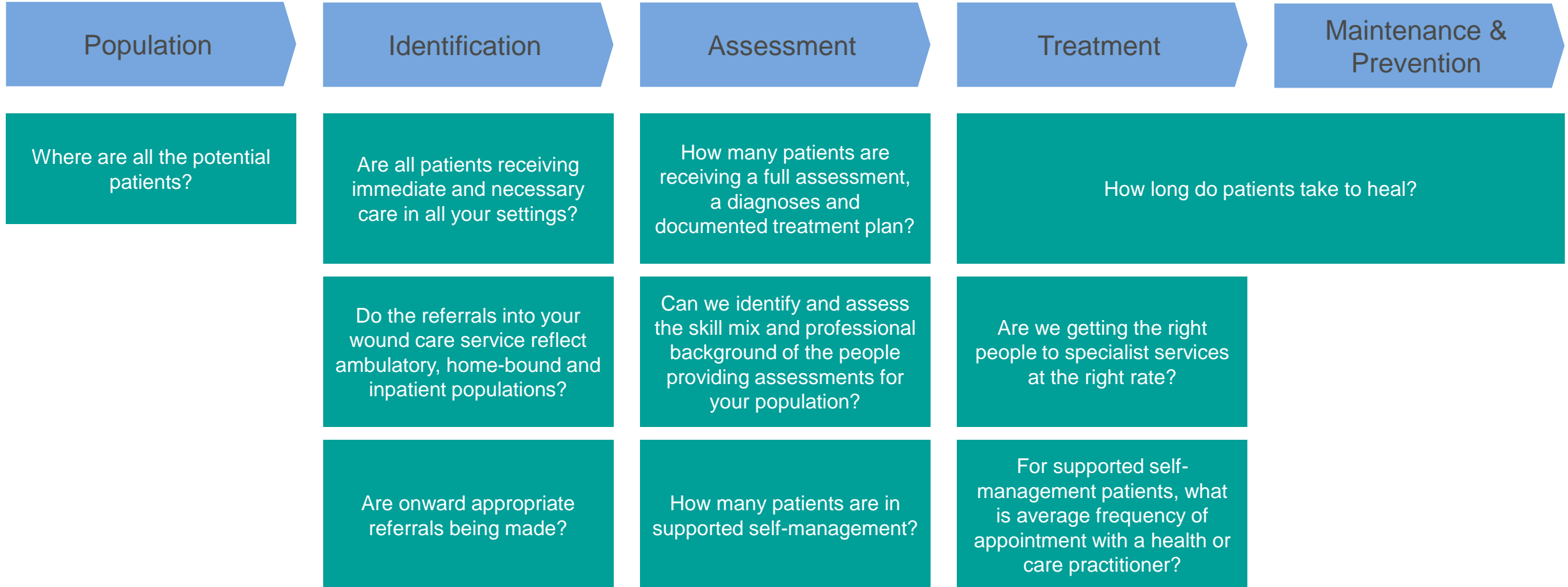
1. Data collection to be secondary to operational practice

2. Use data to improve data

3. Balance burden & benefit



Data across the pathway, for leg ulcers, starting in community services



Our approach to data for improvement

- Recommending new approach to data for improvement, based on exploiting the clinical data (both existing and new) through:
 - Start with best practice clinical documentation
 - Appropriate digital capture at point of care in all sectors
 - Balance burden and benefit
 - Configure templates and or workflows to match activity being undertaken
 - Standardise data across primary, community and secondary care
 - Get data flowing into existing data sets at local, system and national level
 - Balance benefit with burden
- Recognise this will need to be a Team Sport!



However...

- **Data quality and completeness**

- There is an absence of data, and data that does exist is patchy and of poor quality.
- Absence of coded data – community systems based on GP systems and therefore heavy reliance on notes.

- **Data collection**

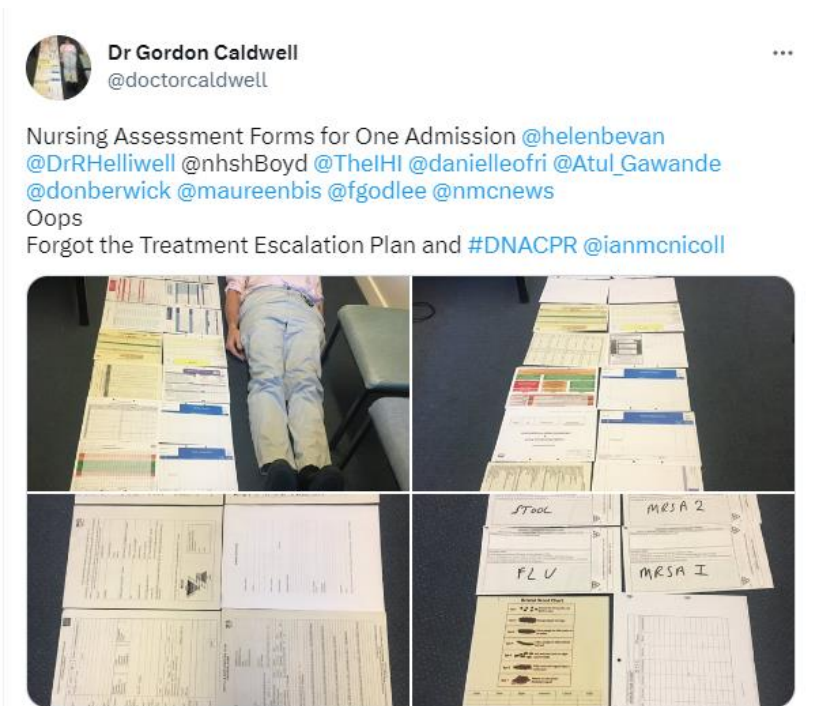
- Variation in the practice of data collection – paper, digital.
- Data collection can take place in the home, in the nurse's car.
- Patient information in EPRs often held in notes, not available as data.
- If templates are available – not standardised within a provider.

Reporting and use

- Variation on reporting – where wounds actually show up (CSDS service lines).
- Lack of clinical information in the dataset means that there is a loss of opportunity to clinical decision making (use it to improve it).
- Lack of clinical diagnosis.

- **Team Working**

- Poorly developed for digital data & information.
- Warmly welcomed.



Standardise digital systems to support data flow

info@theprsb.org



NEWSLETTER CONTACT PRSB

English



Professional
Record
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Body

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Wound Care Record/Information Standard

Wound care information standard

Overview

The [National Wound Care Strategy Programme](#) is addressing the unwarranted variation in UK wound care services, underuse of evidence-based practices and overuse of ineffective practices, to improve wound care healing and prevention for people and use NHS resources more efficiently. There is currently no recognised standard for a generic information record that can support the delivery of wound care (including assessment, management, maintenance and prevention), so PRSB has been commissioned to produce a wound care information standard to support the adoption of best practices in wound care and increase the quantity, quality and impact of these approaches.

Scope

The focus is on wound care for lower limb (leg and foot) wounds, pressure ulcers and surgical wounds. It includes assessment, management, maintenance and prevention. It is UK-wide and across all health and care settings.

Overview of the standard

The standard has six domains, as shown in the diagram below:

✓ Why do we need a standard?

- To support adoption of evidence-based practice, with improved more effective treatment.

✓ What are the benefits for people and professionals?

- Consistent records which can be shared with all those in care, including the person themselves

✓ What is the scope?

- Lower limb (leg & foot), pressure ulcers and surgical wounds
- Assessment, management, maintenance and prevention
- All settings including community and acute
- All ages including children and UK wide

✓ How can I contribute, what stage is the work at?

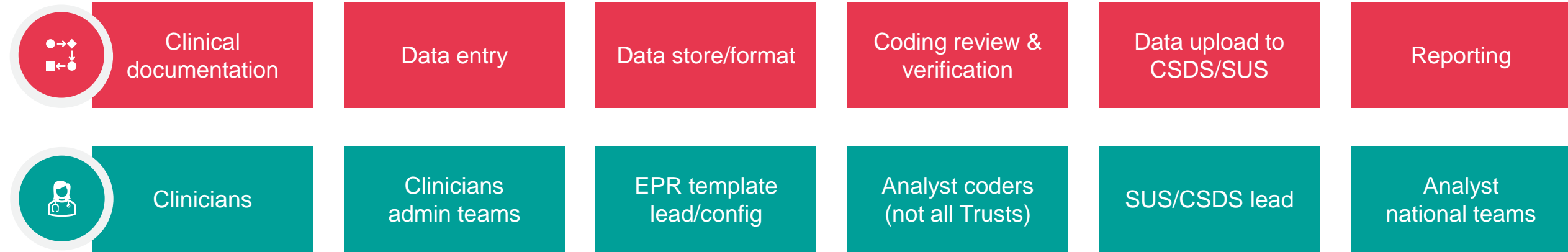
- A survey for clinicians, professionals and people will run you to take part
- This follows well attended webinars in Sept, and will test developed now
- An online consultation for suppliers and informaticians will

See [Wound Care Information Standard – PRSB \(theprsb.org\)](#) for more information or contact info@theprsb.org

This project is supported by



Our understanding of data flow & teamwork



To improve data, we need to understand each of these steps and make improvements

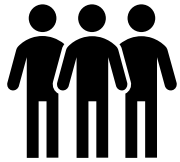
1. Standardise our data and information

2. Flow data into national datasets

3. Build national metrics and indicators



2. Flow data into community national dataset



What gets collected and how

Unit of currency:

Service Lines and or Reason for Referral



- Patients' cross services for multi-morbidities.
- Reasons for referral don't translate to actual clinical activity.
- Service Lines not comprehensive or standardised.
- Do not allow for clinical cohort review (e.g. wounds, MSK).



- Service Lines in theory good for overall workforce reporting (if comprehensive and standardised).



What needs to be collected and how

Unit of currency:

Clinical finding and or Service Lines*

(*consolidated and standardised)



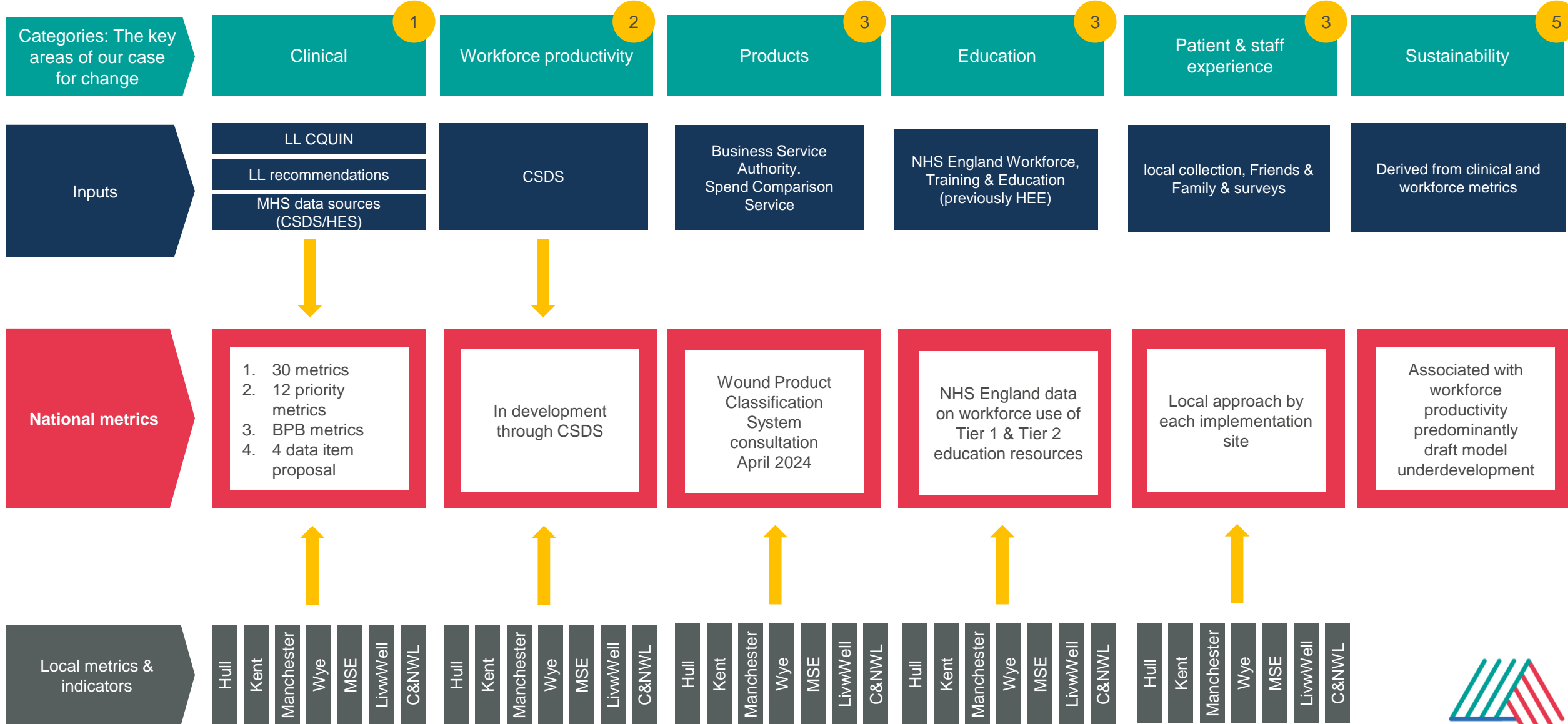
- 1. Change effort required to capture diagnosis as data.
- 2. Change effort required to flow diagnosis into CSDS.



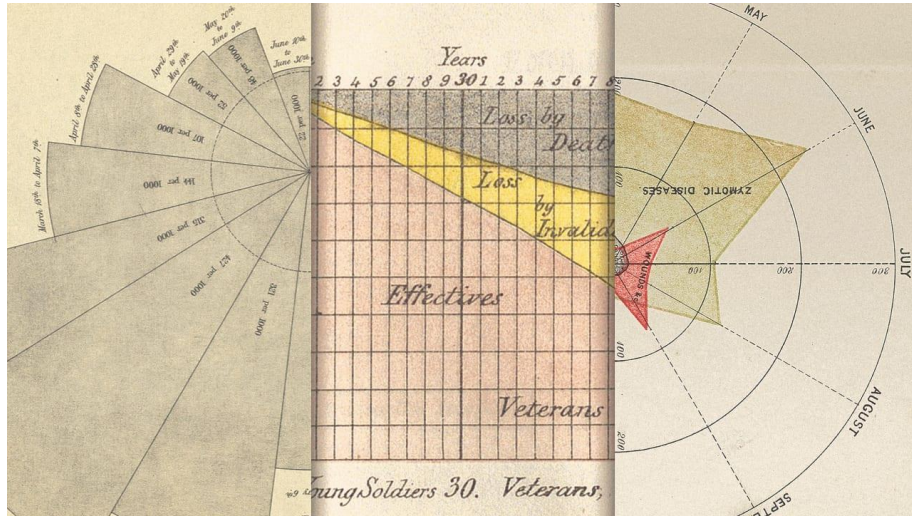
- Track patients across Service Lines.
- Review workforce against patient groups.
- Look at wounds by diagnoses.
- Support national programmes with patient cohort data based on clinical activity.
- Provide clinical utility for Places and ICBs.



3. Developing national metrics and indicators



Using the data to improve the data – teamwork



Wound Care Summary Table

Focus Month: Aug-22

Ref Code	Metric	Kent	Lincoln	NIH	Wye	Manchester	RAF	London	Other	Zero Submission	Not Return
L001	% of patients with a lower leg wound without NW/CSP 'Red Flag Symptoms' being treated with foot care until graduated compression	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L002	% of patients with a lower leg receiving initial full assessment within 34 days of initial presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L003	% of people diagnosed with venous insufficiency (with VUI) referred to vascular service	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L004	% of patients diagnosed with PAD and a lower limb wound referred to vascular service	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L005	% of patients in hospital with diabetes and a foot wound referred to the multidisciplinary leg care service within 28 days	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L006	% of patients in hospital without diabetes and a foot wound referred to the multidisciplinary foot care service or foot protection service within 1 working day	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L007	% of patients in the community with diabetes and a foot wound referred to the multidisciplinary foot care service or foot protection service within 1 working day	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L008	% of patients in the community without diabetes and a foot wound referred to the multidisciplinary foot care service or foot protection service within 1 working day	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L009	% of people with a lower leg wound and an adequate arterial supply, where no surgery after three weeks of medical treatment, is being referred to vascular service	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L010	% of people with venous insufficiency (with VUI) referred to vascular service who undergo endovenous ablation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L011	% of patients referred to vascular services for assessment who undergo revascularisation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L012	% of people diagnosed with venous leg ulceration healed within 12 weeks of initial presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L013	% of people diagnosed with venous leg ulceration healed presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L014	% of people diagnosed with venous leg ulceration healed presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L015	% of people with a healed VLU experiencing a recurrence	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L016	% of people with a healed VLU experiencing a recurrence	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L017	% of people without diabetes and with foot ulceration, healed presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L018	% of people with diabetes and with foot ulceration healed presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L019	% of people without diabetes and with foot ulceration, healed presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L020	% of people with diabetes and with foot ulceration, healed presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L021	% of people without diabetes and with foot ulceration, healed presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L022	% of people with diabetes and with foot ulceration, healed presentation	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L023	% of patients with a foot ulcer, without diabetes, expert treated	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L024	% of patients with a foot ulcer, with diabetes, expert treated	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L025	% of patients with a foot ulcer, without diabetes, expert treated	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L026	% of patients with a foot ulcer, with diabetes, expert treated	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L027	% of people with foot ulceration and Diabetes who have healed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L028	% of people with foot ulceration and Diabetes who have healed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L029	% of people with foot ulceration without Diabetes who have healed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
L030	% of people with foot ulceration without Diabetes who have healed	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

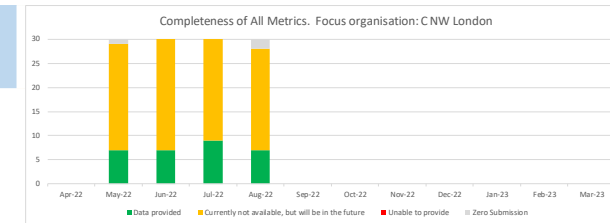
Completeness Monitoring

Use the drop-down boxes to select the Fimp

Fimp >> C NW London

Use the drop-down boxes to select the Metric for all Fimp

Metric >> L001 Proportion of adult patients with a lower leg u...



Metric: Proportion of adult patients with a lower leg wound without NW/CSP 'Red Flag Symptoms' being treated with first...

Model Health System

Recommended Peers

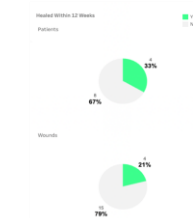
Community Nursing

Caseload

Understand the size and demographics of your trust's caseload, including the size of waiting list, waiting times and frequency of contact with patients.

Summary	Data period	System value	Peer median	System median	Chart	Actions
Average service line caseload size as a proportion of total trust caseload for community nursing (%)	Dec 2021	17.6%	15.1%	20.9%		
Cases without a care contact for community nursing for community nursing	Dec 2021	42	18	20		
New referrals to service as a proportion of total new trust referrals for community nursing (%)	Dec 2021	13.5%	25.6%	24.6%		
Number of discharges within month as a proportion of total service caseload for community nursing (%)	Dec 2021	22.8%	32.0%	30.4%		

January - March 2022



July - September 2022



Refinement of leg ulcer clinical metrics

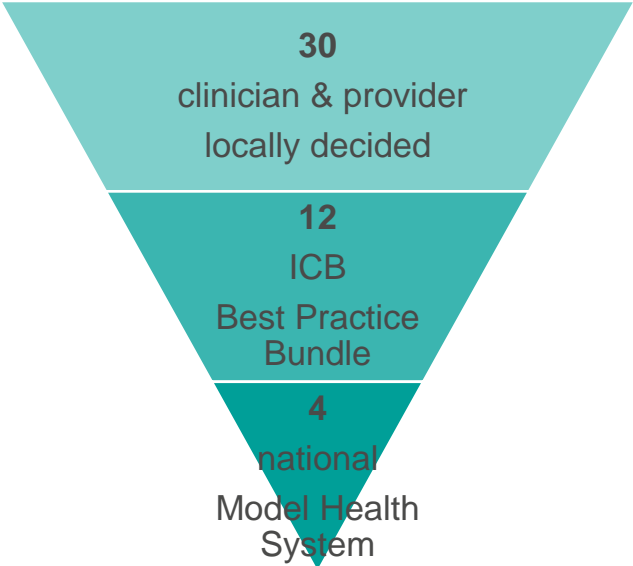
Wound Care Summary Table

Focus Month: Aug 22

Ind Code	Metric	Month: Aug 22				Aug 21			
		Kent	Uxwell	MSE	Wye	Manchester	Hull	London	Other
L021	% of patients with a lower leg wound without NWCSF 'Red Flag Symptoms' being treated with first line mild graduated compression	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L022	% of patients with a lower leg receiving initial full assessment within 14 days of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L023	% of people diagnosed with venous insufficiency (with VLU) referred to vascular service	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L024	% of patients diagnosed with PAD and a lower limb wound referred to vascular service	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L025	% of patients in hospital, with diabetes and a foot wound referred to the multidisciplinary foot care service within 24 hours	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L026	% of patients in hospital without diabetes and a foot wound referred to the multidisciplinary foot care service or foot protection service within 1 working day	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L027	% of patients in the community with diabetes and a foot wound referred to the multidisciplinary foot care service or foot protection service within 1 working day	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L028	% of patients in the community without diabetes and a foot wound referred to the multidisciplinary foot care service or foot protection service within 1 working day	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L029	% of people with a lower leg wound and an adequate arterial supply, where no aetiology other than venous insufficiency is suspected, in strong compression	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L130	% of people with venous insufficiency (with VLU) referred to vascular service who undergo endovenous ablation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L131	% of patients referred to vascular surgeons for assessment who undergo revascularisation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L132	% of people diagnosed with venous leg ulceration healed within 12 weeks of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L133	% of people diagnosed with venous leg ulceration healed within 24 weeks of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L134	% of people diagnosed with venous leg ulceration healed within 52 weeks of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L135	% of people with a healed VLU experiencing a recurrence within 26 weeks	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L136	% of people with a healed VLU experiencing a recurrence within 52 weeks	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L137	% of people without diabetes and with foot ulceration, healed within 12 weeks of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L138	% of people with diabetes and with foot ulceration healed within 12 weeks initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L139	% of people without diabetes and with foot ulceration, healed within 24 weeks of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L140	% of people with diabetes and with foot ulceration, healed within 24 weeks of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L20	% of people without diabetes and with foot ulceration, healed within 52 weeks of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L21	% of people with diabetes and with foot ulceration, healed within 52 weeks of initial presentation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L22	% of patients with a foot ulcer, without diabetes, experiencing a recurrence within 26 weeks	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L24	% of patients with a foot ulcer, with diabetes, experiencing a recurrence within 26 weeks	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L25	% of patients with a foot ulcer, without diabetes, experiencing a recurrence within 52 weeks	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L26	% of patients with a foot ulcer, with diabetes, experiencing a recurrence within 52 weeks	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L27	% of people with foot ulceration and Diabetes who have had a minor amputation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L28	% of people with foot ulceration and Diabetes who have had a major amputation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L29	% of people with foot ulceration without Diabetes who have had a minor amputation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed
L30	% of people with foot ulceration without Diabetes who have had a major amputation	Completed	Completed	Completed	Completed	Completed	Completed	Completed	Completed

Element	Impact Metrics Process Indicators	Impact Metrics Outcome Indicators
Identification and immediate and necessary care	<ul style="list-style-type: none"> Numbers/percentage of staff completing NWCSF/HEE Tier 1 online resources. Demonstrate an agreed referral pathway to a dedicated leg ulcer service 	<ul style="list-style-type: none"> Proportion of patients with a lower leg wound receiving initial full comprehensive assessment within 14 days of initial presentation.
Assessment, diagnosis and treatment	<ul style="list-style-type: none"> Numbers/percentage of staff completing NWCSF/HEE Tier 2 online resources. Proportion of patients with wound receiving a full con assessment within 28 day presentation. 	<ul style="list-style-type: none"> Proportion of patients with a lower leg wound receiving initial full comprehensive assessment within 14 days of initial presentation.
Ongoing care of leg ulceration	<ul style="list-style-type: none"> Number of patients with venous leg ulcers in strong compression at 2 and 4 weeks post initial assessment 	
Review of healing	<ul style="list-style-type: none"> Proportion of patients that receive weekly ulcer review by the dedicated ulcer service. Proportion of patients that receive weekly review comprehensive assessment by the dedicated service. 	
Care following healing	<ul style="list-style-type: none"> Proportion of patients with venous leg ulcer and ongoing hypertension that received monthly review with the dedicated ulcer service. 	

Leg Ulcer Interim Data Items	CSDS Table
Leg ulcer code	Coded Clinical finding
Comprehensive assessment completed	Coded Clinical Procedure
Strong Compression in use	Coded Clinical procedure
Wound Healed	Coded Clinical Finding



Still to complete:

- pressure ulcers
- surgical wound complications

1. Data collection to be secondary to operational practice

2. Use data to improve data

3. Balance burden & benefit



We have learned it is possible to improve the collection, coding, reporting and flow of wound care data :

- **it is possible to collect wound care data in operational settings**
- **what data is possible and what data is useful**
- **it is possible to improve the quality of this data**
- **it is possible to use this data to drive improvement locally**
- **this is not a simple or quick thing to achieve**
- **having the right local team, culture and leadership is essential**

This has been a huge achievement.



And finally

13 months of the 5 years remain to drive findings out across NHS using the best practice bundle and

Complete replication for:

- pressure ulcers
- surgical wound complications
- foot ulcers



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