



**National Wound Care
Strategy Programme**



Implementing the Lower Limb Recommendations and Learnings from the First Tranche Implementation Sites

Final Evaluation Report – Executive Summary

Working in partnership with

**Health
Innovation
Network**



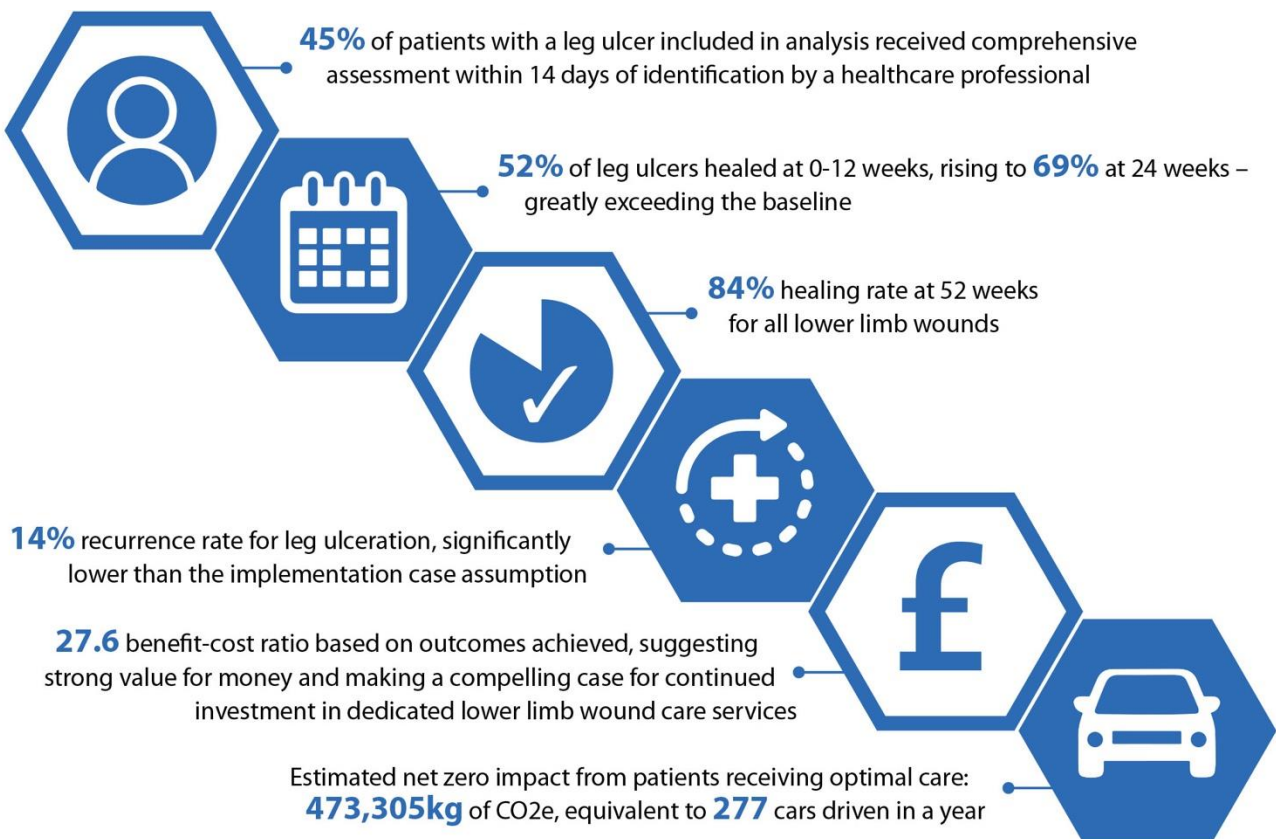
Executive Summary

Background and Context

Since its inception in 2018, the National Wound Care Strategy Programme (NWCSP) has sought to address significant variation in wound care services across England. The Lower Limb Workstream was established as a key component of this initiative, focusing on the standardisation of clinical practices and enhancing the overall quality and outcomes of wound care.

To directly tackle these variations, the NWCSP recruited seven First Tranche Implementation Sites. These sites were selected to implement, test, and validate the [Leg Ulcer Recommendations](#) and the [Preventing and Improving Care of Chronic Lower Limb Wounds Implementation Case](#), identifying the most effective methods and service models for broader application. This aimed at creating a robust framework for the nationwide adoption of best practices in leg ulcer management.

Key Outcomes



The qualitative feedback highlights that the NWCSP lower limb workstream has successfully advanced initiatives, enhanced data collection, and promoted knowledge sharing, significantly improving patient outcomes and establishing a national benchmark for best practices.

Despite these successes, challenges persist, including issues with the quality of community datasets, integration of data requirements, and overly ambitious data goals. Additionally, there is a need for improved engagement from primary care services, standardisation of wound care templates, and a more targeted approach to data management. It was also noted that healing rate results may not be fully reflective of the demand across the pathway.

Key Recommendations for Future Adoption



ICBs should require providers to report on agreed, standardised metrics. Implementation of the Leg Ulcer Best Practice Bundle should be harnessed to achieve widespread adoption.

Providers should give prominence to wound care as a transformation priority, on the strength of the clinical outcomes, value for money and positive staff and patient feedback as evidenced within this review. Equity of service provision should be addressed for diabetic and non-diabetic foot ulcers services.



Data collection should focus on five core aspects of wound care, including total caseload, comprehensive assessment, treatment, healing rates and recurrence. This standardisation will enable identification of unwarranted variation and targeted improvement efforts at both national and regional levels.

Digital Systems used to augment wound care services should demonstrate full integration with existing EPR systems, ensuring data collection is automated and captured in relevant national datasets - such as the Community Services Datasets (CSDS) - to avoid placing burden on clinicians to manually record metrics.



Standardising education will ensure consistency in assessment and management. Each service will have their own individual needs in relation to training and should consider various delivery methods to ensure uptake (the NWCSP has developed several [national resources](#) to promote education standardisation).

Providing services with a national forum to share learning is an integral aspect to adopting wound care standards.



Service provision should continue to support shared decision making between practitioners and service users, enabling personalised care planning and embedding a continuous improvement approach.

