Leading Change Adding Value – Improving Wound Care
Project Update: August 2017

As part of Leading Change, Adding Value the framework for nursing, midwifery and care staff, NHS England has established a Wound Care Programme to assist in reducing unwarranted variation in service provision, across England. The established work streams include:

- Wound assessment – development of a minimum data set
- CQUIN wound assessment 2017-19 for Community Providers.
- Betty's Story - RightCare Scenario - Leg ulcer
- Wounds of Lower Leg (Leg Ulcers) Pathway
- React to Red
- Education & Competencies for wound care
- Commissioning resources for wound care

The Project leads are working closely with the NHSI National Pressure Damage Programme ‘Stop the Pressure’ and The Carter Programme which is focussed on reducing variation.

**Wound assessment; Lead : Susanne Coleman.**

A consensus approach has been used to develop a generic wound assessment minimum data set based on an evidence review undertaken by Susanne Coleman, Leeds University. The aim of work is to reduce the variation in wound assessments. This should enable health professionals to make informed decisions around treatment pathways, which will benefit patients and assist with the elimination of waste and treatment delays.

A clinical expert group reviewed the processes and documentation around wound assessment and agreed the data set.

*The final version of the data set is attached* and whilst it is not a mandatory document it will provide a resource for Trusts to benchmark their own wound assessment documentation against to ensure that the fundamental components are included. It is also a tool that commissioners can use to support their analysis of compliance with the community CQUIN regarding a complete Wound assessment being undertaken on patients.

*A sample wound assessment tool is being produced and will be circulated in September.*

**CQUIN - Improving the assessment of wounds – Lead : Sally Napper**

Research evidence demonstrates that over 30% of chronic wounds identified in the CQUIN as wounds that have failed to heal for 4 weeks or more) do not receive a full assessment which is based on research evidence and best practice guidelines. Failure to complete a full
assessment can contribute to ineffective treatment which therefore delays the rate of wound healing for patients. This has significant consequences for patients in respect of their quality of life as failure to treat wounds correctly can lead to delays in healing or failure to heal.

For providers and commissioners the delay in wound healing relates to the resources being consumed inappropriately. Managing patients with wounds and their associated co-morbidities is estimated to cost the NHS £5.3 billion; the average cost of unhealed wounds is more than double that of healed wounds. There is also significant variation in current practice.

Increasing the number of patients who have a full assessment of wounds will promote the use of effective treatment based on the outcome of the assessment.

The first data submission for the CQUIN is due at the end of Quarter 2 and will provide a baseline figure for wound assessments.

**Betty's Story - RightCare Scenario - Leg ulcer** Lead: Kathryn Evans

This is the story of Betty’s experience of having a leg ulcer, and how it could be improved…

This scenario has been produced in partnership using the NHS RightCare methodology and the work of Leading Change, Adding Value: A framework for nursing, midwifery and care staff (1). The aim is to help clinicians and commissioners improve value and outcomes for this patient group.

In this scenario – using a fictional patient - Betty – we examine a leg ulcer wound care pathway, comparing a sub-optimal but typical scenario against an ideal pathway. At each stage we have modelled the costs of care to commissioners and describe the impact of sub-optimal care and ideal care on the outcomes and experience of ‘Betty’.

The documents and animated video:

https://www.youtube.com/watch?v=8xqJ7l7Kn5A

are intended to help commissioners and providers understand the implications – both in terms of quality of life and costs – of shifting the wound care pathway from an uncoordinated and reactive approach to a proactive evidence-based approach.

**Wounds of Lower Leg - Lead: Brenda King**

This work stream is developing a Framework outlining the standards of good practice wound care against the commitments of the Leading Change adding Value Framework which will support commissioners and providers in the planning and delivery of wound care services. This will be available in September 2017.
Work is now underway to develop an improvement tool for care of wounds of the lower leg. There will be a workshop in October 2017, if you are interested in attending please contact Chris McKeown via chrismckeown@nhs.net

**Competencies and Education Framework - Lead: Dawn Parkes**

An initial scoping day was attended by a group of wound care experts and frontline clinical staff to explore the best way to develop competencies and education for generic wound care. Initially 3 work streams were identified, however following further discussion amongst the group two of them were felt to overlap which lead to amalgamation of the first and second, leading to the production of two work streams outlined below:

- Develop guidelines for a minimum knowledge level for wound assessment and care for differing roles/bands that can contribute to improvements in clinical knowledge, practice and patient outcomes, and explore how this will be implemented in practice.

The competency framework is currently at the final consolation phase and will be avail in Sept/Oct 2017.

- To develop a framework for apprenticeships in wound care for non-registered, pre-registered and post-registered healthcare clinicians.

An initial work was held to develop the apprenticeship model in July 2017 and the next event will be on October 2017. If anyone is interested in attending the workshop please contact Dawn Parkes via: dawn.parkes@midyorkss.nhs.uk

**React To Red – Lead: Phyllis Cole**

This was initially developed by Nottinghamshire Healthcare NHS Foundation Trust, Bassetlaw CCG and Crocodile House who worked with local care homes, staff, patients and NHS staff including Tissue Viability Specialist Nurses to develop and implement across the Bassetlaw area.

The concept aims to increase knowledge and awareness of pressure ulcer avoidance amongst carers and has already shown positive results in terms of reducing pressure ulcers, reducing harm and unnecessary hospital admissions.

The improvement tool has been rolled out across the North region as well as other parts of England in Care Homes and Community and Acute Services. It also form part of the Enhanced Care in Care Homes Project.

An evaluation of the tool has been undertaken by Bradford University. The key recommendations are:

- The React to Red training package requires updating to ensure that it remains evidence based and current. This will require ongoing development and monitoring. Furthermore, development for transferability needs to be considered, according to
varying healthcare settings, as the current React to Red training package is focused on care home settings.

- The continued collection and monitoring of pressure ulceration prevalence data will enable early identification of the ‘at risk’ homes, (those with a high prevalence of pressure ulcerations) will enable targeting of resources and educational input. Thus reducing harm to vulnerable patient.
- The role of the link trainer and link champion are invaluable in the development of strategies which have improved the resident’s quality of life and these roles should be maintained and supported
- Continue with the recognition of excellence event, as this promotes shared best practice, collaborations, and motivation to continue to improve practice, which inevitably improves patient care
- The roll out the principles embedded in the React to Red training package/initiative to a wider pilot population would enable a more robust evaluation of its efficacy

Commissioning Resources for Wound Care – Lead: Kathryn Evans

NHSE Leading Change Adding Value Improving Wound care Project has committed to developing a Wound Care Resource for Commissioners to ensure that wound care services are developed in line with evidence based practice and with the patient at the centre identifying the best use of resources to promote excellent outcomes for patients.

This resource will support commissioners to commission general wound care services more effectively to reduce unwarranted variation in health and wellbeing; care and quality; and funding and efficiency within wound care services. This will result in better outcomes, experience and use of resource.

The NHSE Wound Care Resource for Commissioners Editorial Board has been established as a collaborative advisory group consisting of multidisciplinary and multiagency members looking at potential messaging and content to be included within the NHSE Wound Care Resource for Commissioners.

A successful event was held with key stakeholders in March. The purpose of the day was to identify what commissioners might need to support them in improving wound care in general practice and community nursing.

The participants were motivated and made pledges to provide resources for a website for commissioners. Work is underway to establish the platform for the commissioners which will be focussed on the following areas:

- Population specific data
- Compelling evidence for change
- Incidence and prevalence information
- RightCare data- where to look to see CCG position
- Referral to healing time data
- Information on what’s going on under the radar
- Understand patient experience locally
• Levels of Competency
• Product and Pricing data

The platform will also include information relating to:

• Examples of Support for patients to self-care e.g. leaflets on how to recognise infection
• Consistent service specifications for general holistic care for diabetics across all settings including wound care
• Additional technology in action for doppler assessment?
• GP engagement in wound care
• Patient formulary

If you would like any further information regarding the LCAV Improving Wound Care Project please contact Sally Napper, Director of Nursing via sallynapper@nhs.net