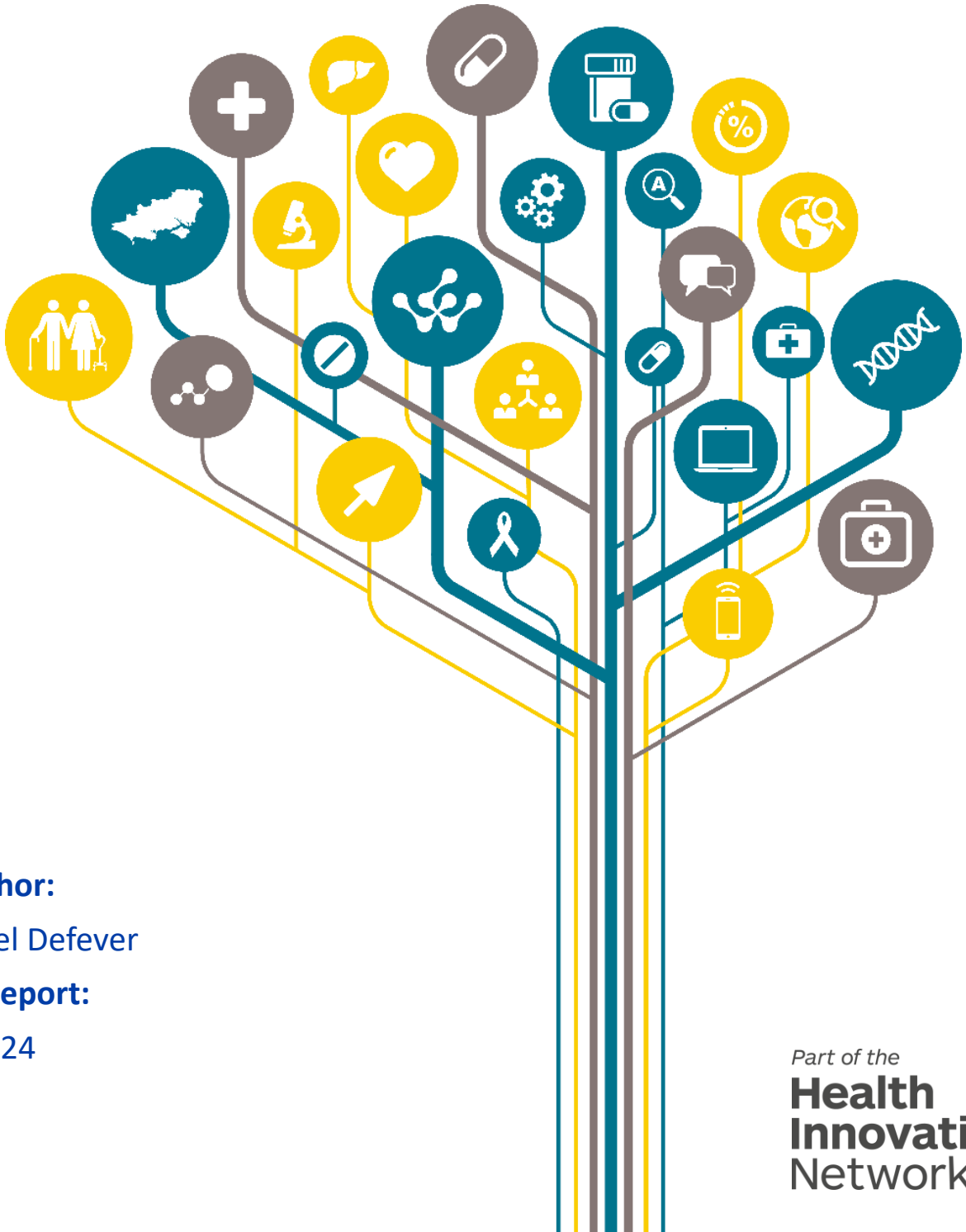
Health Innovation Wessex

The Transforming Wound Care Programme

Test and Evaluation Site case report
Locala Health & Wellbeing Community Interest Company



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Disclaimer

This report presents the findings of an independent evaluation of the Transforming Wound Care (TWC) programme of which this case study forms a part. The independent evaluation was undertaken by Health Innovation Wessex (HIW). The findings of this independent evaluation are those of the author (HIW) and do not necessarily represent the views of the Transforming Wound Care programme team. Health Innovation Wessex was not involved in the roll out of the National Wound Care Strategy Programme Lower Limb Recommendations.

Declaration of Interest Statement

Health Innovation Wessex supports innovators to bring their innovations to the NHS as well as provide an evaluation service more broadly to our members and others. On occasion, we evaluate innovations that we have also supported. While these evaluations are independent, for transparency we disclose our dual role where applicable.

Acknowledgements

We would like to thank Test and Evaluation Site (TES) staff, and patients of the service, for their participation in this evaluation.

We would like to acknowledge the support of Health Innovation East in co-ordinating data collection for this evaluation.

We would like to acknowledge Health Innovation Yorkshire and Humber (HIYH) and their project team in supporting communications and data collection with this TES.

Health Innovation Wessex

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TES Executive Summary

Locala Health & Wellbeing Community Interest Company (CIC) Limited (hereafter referred to as Locala) joined the Transforming Wound Care (TWC) programme in May 2023 with the objective of delivering the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs) through dedicated services. Locala is an independent not-for-profit social enterprise providing publicly funded health and care services in communities across West Yorkshire and Greater Manchester[1].

Locala had already begun transforming its lower limb wound care service before the start of the TWC programme. The new service was focused on achieving lower limb wound assessment within four weeks of referral for all patients within specialist tissue viability clinics. This involved re-organising the Community Nursing team and employing and upskilling nursing staff to deliver specialist lower limb wound care clinics. Locala aimed to continue with the service transformation and roll out the NWCSP LLRs across the locality to ensure consistency of delivery and to reduce variation in their standard of care. Alongside this service transformation, Locala has focused on expanding their lower limb wound care services as an outreach programme by working in partnership with a charity organisation offering support for a vulnerable and marginalised population group.

At the end of the evaluation data collection period (March 2024), Locala had successfully achieved implementation of the new lower limb wound pathway across existing wound care clinics and services. The Test and Evaluation Site (TES) had transformed the process for full assessments for all patients under the tissue viability service and expanded the staff training programme to upskill staff to deliver the new services. Locala had also implemented two additional clinics to provide a lower limb wound care service to a marginalised and socially isolated population groups. The clinics are held at the Change, Grow, Live charity and via the Clinic in a Van outreach programme at Huddersfield Mission charity organisation.

Areas for continued focus include the full delivery of staff training and competencies aligned with the NWCSP LLRs, development of lower limb wound care social events ("Legs who Lunch"), a comprehensive review of lower limb wound care service data to gather a better understanding of the service and obtaining funding to continue with the work in the substance misuse service and Clinic in a Van programme.

Locala contributed metrics data to the programme evaluation in relation to the number of patients with a lower limb wound on caseload, number of new referrals receiving full assessment, number of new referrals receiving full care, proportion of patients receiving strong compression, and proportion of patients healed for lower limb wounds within 12 weeks, 12 to 24 weeks, 24 to 52 weeks, and after 52 weeks between August 2023 to March 2024 from the monthly lower limb wound care aggregated dashboard and the TES metrics returns. The TES also contributed qualitative data in the form of staff surveys, staff interviews, patient cases, and implementation tracker.

Analysis of metrics data for Locala indicated:

- The total caseload (reported as lower limb wounds) increased from 906 in August 2023 to a peak of 1,486 in February 2024, followed by a slight decrease to 1,457 by March 2024.
- New referrals receiving a full assessment remained relatively consistent from August 2023 to March 2024, with an average of 21%.

[1] Locala Health & Wellbeing. locala.org.uk/about-us/what-we-do. Accessed 6 June 2024.

- Patients receiving strong compression treatment varied from 71% (March 2024) to 89% (September 2023) and Locala consistently reported at least 162 patients per month receiving strong compression treatment.
- Between October 2023 and March 2024, Locala recorded 250 lower leg wounds healed with the proportion ranging from 21% (August 2023) to 54% (February 2024). Over the same period, Locala recorded 92 foot wounds healed with the proportion ranging from 14% (September 2023) to 54% (February 2024).

Qualitative data supplied by Locala (survey, interviews, patient cases, implementation tracker) was analysed along with comparable data from the other TESs and these contributed to the development of key messages and themes at programme level. Across the TESs, qualitative findings from survey and interview/focus group data revealed that staff were committed to the aims of the TWC programme, had confidence in the programme resulting in better care, faster healing, improved outcomes, fewer appointments, anticipated net zero benefits and the positive contribution of wound management digital systems (WMDSs). Challenges identified included patient lifestyle and health factors that can delay healing and reduce ability to tolerate compression. Other challenges related to engaging the wider health system, staffing and financial pressures, and logistics associated with the collection of metrics data.

Across the TESs, 100% of patient cases rated their treatment as either 'Very Good' or 'Good', 93% of patient cases understood information that they were given at their appointment. Patient cases felt staff to be friendly and approachable. Patient cases reported that staffing pressures sometimes caused appointments to be rescheduled and there were sometimes problems with availability of dressings and equipment.

1. Introduction

This case report presents an overview of findings from Locala Health & Wellbeing Community Interest Company Limited (hereafter referred to as 'Locala'), one of eight Test and Evaluation Sites (TESs) captured as part of the Transforming Wound Care (TWC) programme evaluation. Along with the other TESs, Locala contributed data to support a programme evaluation of the TWC programme, which was commissioned by Health Innovation East and undertaken by Health Innovation Wessex Insight team. Locala was not the focus of an individual TES-level evaluation.

Following an application process, successful TESs received funding to adopt the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs), supported by the TWC programme, if their locality met the criteria which included the involvement of a multi partner system with strategic engagement embedded within an Integrated Care System (ICS). The TWC programme was focused on delivering place-based wound care to align with wound care services in different geographical locations. Funding supported each TES to develop a specific lower limb wound service with foot wounds under the care of a podiatry service. The role of TESs was to deliver the NWCSP LLRs through dedicated services, via changes to the model of care delivery. TESs were asked to run a monthly audit of a predefined set of metrics and take part in a programme evaluation including supporting the collection of patient cases, staff interviews or focus groups, survey, and implementation information. All data collection was completed by 31 March 2024. Each TES commenced their programme of work at different times during the TWC programme.

Data contributed by Locala was used to address evaluation questions at a programme level rather than to evaluate and fully describe activities undertaken within Locala. This has shaped the way that data has been analysed (as described below); it has not been possible to draw conclusions or implications at the level of individual TESs.

This case report describes Locala TES, its context and the approach taken to implement the NWCSP LLRs. A description of the data that the TES contributed to the programme evaluation is provided. Findings from the analysis of metrics data provided by Locala are included. Qualitative data supplied by Locala (survey, interviews, patient cases, implementation tracker) was analysed along with comparable data from the other TESs and these contributed to the development of key messages and themes at programme level. Qualitative findings from surveys, patient cases, interviews and focus groups are reported at programme level only, with illustrative quotes specific to Locala included where possible. Conclusions and implications of the evaluation findings have not been identified at the level of each TES; those arising from the overall programme evaluation are included for information.

It is recommended that this case report is read in conjunction with the programme level executive summary, programme report and accompanying technical reports[2].

[2] Technical appendices:
Technical report 1: Staff survey
Technical report 2: Patient cases
Technical report 3: Staff interviews and focus groups
Technical report 4: Implementation tracker
Technical report 5: Implementation of metrics
Technical report 6: Quantitative metrics

2. Case summary

Locala joined the TWC programme in May 2023. Locala is an independent not-for-profit social enterprise providing publicly funded health and care services in communities across West Yorkshire and Greater Manchester[3].

Locala had already begun transforming its lower limb wound care service before the start of the TWC programme. The new service was focused on achieving lower limb wound assessment within four weeks of referral for all patients within specialist tissue viability clinics. This involved reorganising the Community Nursing team and employing and upskilling nursing staff to deliver specialist lower limb wound care clinics. Locala aimed to continue with the service transformation and roll out the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs) across the locality to ensure consistency of delivery and to reduce variation in their standard of care. Alongside this service transformation, Locala has focused on expanding their lower limb wound care services as an outreach programme by working in partnership with a charity organisation offering support for a vulnerable and marginalised population group.

At the end of the evaluation data collection period (March 2024), Locala had successfully achieved implementation of the new lower limb wound pathway across existing wound care clinics and services. The TES had transformed the process for full assessments for all patients under the tissue viability service and expanded the staff training programme to upskill staff to deliver the new services. Locala had also implemented two additional clinics to provide a lower limb wound care service to a marginalised and socially isolated population groups. The clinics are held at the Change, Grow, Live charity and via the Clinic in a Van outreach programme at Huddersfield Mission charity organisation.

Areas for continued focus include the full delivery of staff training and competencies aligned with the NWCSP LLRs, development of lower limb wound care social events ("Legs who Lunch"), a comprehensive review of lower limb wound care service data to gather a better understanding of the service and obtaining funding to continue with the work in the substance misuse service and Clinic in a Van programme.

3. Local context for lower limb wound care

The context for lower limb wound care in Locala is described in terms of the features of the locality covered by the TES and its local health system infrastructure.

3.1. Locala locality description

Locala is situated within the metropolitan borough of Kirklees in West Yorkshire. Based on the Office for National Statistics 2021 Census[4] the population of Kirklees was approximately 433,000 in 2021. The average age was 39 years, lower than the average age in England (40 years). The proportion of people aged 65 years or over in Kirklees was 17.7%, slightly less than the national average (18.3%). The majority (73.6%) of people in Kirklees identified their ethnic group within the "white" category.

[3] Locala Health & Wellbeing. locala.org.uk/about-us/what-we-do. Accessed 6 June 2024.
[4] Office for National Statistics (2023) How life has changed in Kirklees: Census 2021 (January 2023). How life has changed in Kirklees: Census 2021 (ons.gov.uk). Accessed 6 June 2024.

3.2. Local health system infrastructure

Locala provides multiple community services across Kirklees, Bradford, Calderdale, Stockport, Tameside and Wigan. Its services range from health visiting to district nursing, sexual health, school nursing, physiotherapy, end of life care, as well as dental care and podiatry.

3.3. TES objectives, service delivery and implementation plans

The priorities set out by Locala to transform lower limb wound care were in line with the NWCSP LLRs. They had a key focus around ambulatory and non-ambulatory lower limb wound care for the most vulnerable and underserved communities including patients with substance misuse and those experiencing homelessness who are not accessing their GP provider for lower limb wound care. The objectives of Locala included:

- Integrating lower limb wound care within care for patients' existing co-morbidities.
- Improving patients' experience.
- Increasing lower limb wound healing rates.
- Helping reduce the impact of lower limb wound care on NHS resources.
- Recognising interdependencies and working with delivery partners in the local care partnership to optimise impact.
- Ensuring the quality and consistency of training and resources for clinicians.

Three key implementation goals were identified at a system mapping session in October 2023. These goals included:

- To set up two clinics per week with Change, Grow, Live (a health and social care charity) to provide a lower limb wound care service. Change, Grow, Live is a nation-wide charity supporting individuals experiencing homelessness and substance misuse[5].
- To progress with establishing the "Clinic in a Van" wound care clinic at Huddersfield Mission charity site. Huddersfield Mission is a busy, city centre, public space offering help to those struggling with multiple and complex needs such as homelessness, mental health, and addiction[6].
- To establish a high quality and consistent staff training programme.

4. Data contributed to the evaluation

The following summarises any specific adaptations to the methods outlined in the programme report and the technical reports for the different sources of data used in the evaluation of the TWC programme. Also detailed is the contribution this TES made to the different data collection activities.

3.4. Metrics data

The metrics data in this case report refers to the number of patients with a lower limb wound on caseload, number of new referrals receiving full assessment, number of new referrals receiving full cares, proportion

[5] Change Grow Live. https://www.changegrowlive.org/. Accessed 6 June 2024.
[6] Huddersfield Mission. https://www.huddersfieldmission.org.uk/. Accessed 6 June 2024.

of patients receiving strong compression, and proportion of patients healed for lower limb wounds within 12 weeks, 12 to 24 weeks, 24 to 52 weeks, and after 52 weeks between August 2023 to March 2024 from the monthly lower limb wound care aggregated dashboard and the TES metrics returns.

For Locala, all monthly submissions covered most of the six critical metrics (and 17 data collection points). **Table 1** presents how each metric was scoped, collected, and the caveats emphasised by the TES. When interpreting the findings, it is crucial to account for these caveats to ensure an accurate understanding of the metrics and their implications.

Table 1 Locala metrics reporting and adaptation

Metric	Locala
Lower limb wound caseload within community services (TWC001A)	Yes, reported by wounds.
Foot wound referrals for new assessment (TWC002A)	Out of Scope.
Lower leg wound referrals for new assessment (TWC002B)	Yes
Foot wound patients receiving full assessment (TWC003A)	Out of Scope.
Lower leg wound patients receiving full assessment (TWC003B)	Yes
Foot wound patients receiving full care (TWC004A)	Yes
Lower leg wound patients receiving full care (TWC004B)	Yes
Lower leg wounds treated with strong compression (TWC010)	Yes
Wounds healed within 12 weeks, 12-24 weeks, 24-52 weeks and after 52 weeks for lower leg wounds (TWC011A-D) and for foot wounds (TWC011E-H)	Yes, reported by wounds.

3.5. Qualitative data

Qualitative data refers to patient cases, staff interviews, focus groups, staff survey, and implementation trackers that captured TESs' delivery of planned service changes to meet the NWCSP LLRs.

Table 2 Locala contribution, and adaptations, by qualitative data source

Data source	TES contribution	Adaptation
Survey	Surveys were sent to 16 clinical staff and 2 data analysts.	None
Patient cases	Four patient cases were included in the evaluation.	None

Staff interviews or focus groups	Two semi-structured online interviews (October 2024).	None
Implementation tracker	In-person systems mapping session in October 2023. Implementation tracker covering period October – December 2023.	None

5. Analysis approach

As described above, some data contributed by TESs was analysed at TES level and some (survey, patient cases and interviews/focus groups) was analysed at programme level. **Table 3** below is included to explain these differences in approach.

Table 3 Analysis conducted by TES or programme level

Data source	Level of analysis (TES or Programme level) and reason	Included in findings (section 6):
Metrics data	TES level, due to the way data was collected and submitted.	TES level, see **Findings from metrics data**.
Survey	Programme level because of the detailed nature of the data collection tool which generated a substantial body of findings at programme level.	Programme level with returns information provided at TES level, see **Box 1**.
Patient cases	Both programme and TES level. This was possible due to the concise nature of the data collection tool (patient case questionnaire).	Programme level to protect anonymity of patients (due to small numbers involved), see **Figure 8** with some descriptive data shared at TES level.
Staff interviews and focus groups	The main analysis was conducted at programme level to generate themes relevant to all TESs.	Programme level, see **Box 2** with supplementary TES level quotes/points included where possible.
Implementation tracker	TES level due to the way the data was submitted. Some common themes were identified across TESs.	TES level, see **Findings from the implementation tracker**.

6. Findings

6.1. Findings from metrics data

The following section presents a high-level view of metrics data that Locala contributed to the programme evaluation in a series of graphs depicting findings at the TES level.

The collection of standardised metrics data was a major part of ensuring both the delivery and successful implementation of NWCSP LLRs and improvements to patient care. As part of the evaluation, information was gathered on the progress of implementing metrics and issues that arose to ensure critical metrics were captured.

Locala identified 16 (out of 17) data collection points within the scope of their TES, and 15 of the agreed data collection points were reported by March 2024. Further details about the metrics for Locala are provided in Appendices 1 and 2.

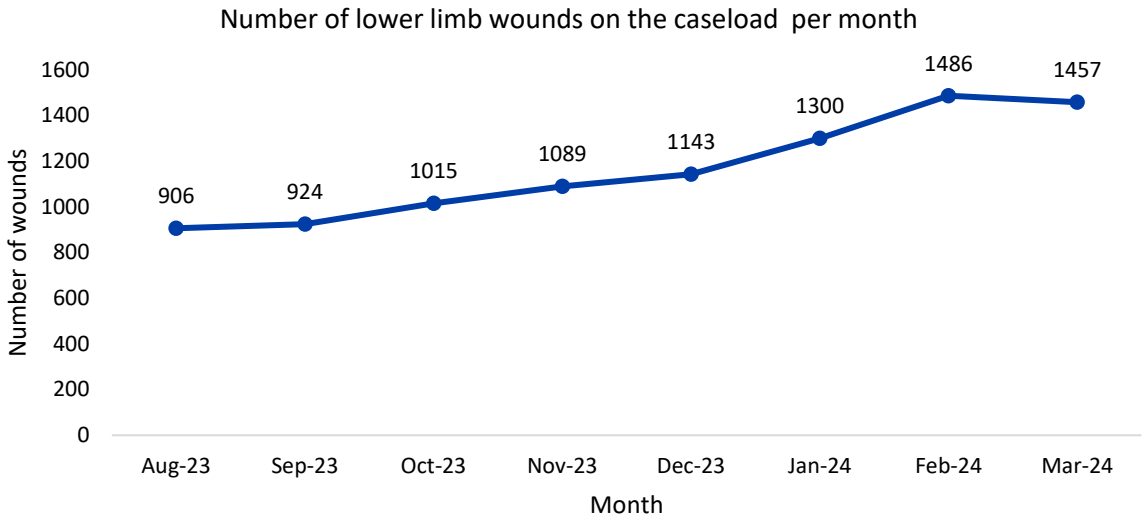


Figure 1 Number of lower limb wounds on the caseload per month

Figure 1 illustrates a gradual increase in the number of lower limb wounds on the caseload at Locala over eight months, followed by a slight decrease in the last month. The caseload number has increased from 906 to 1,457, representing a 60.8% growth. The caseload remains consistently high throughout the eight-month period as it includes all patients receiving community services for lower limb wounds (except those with diabetic foot wounds).

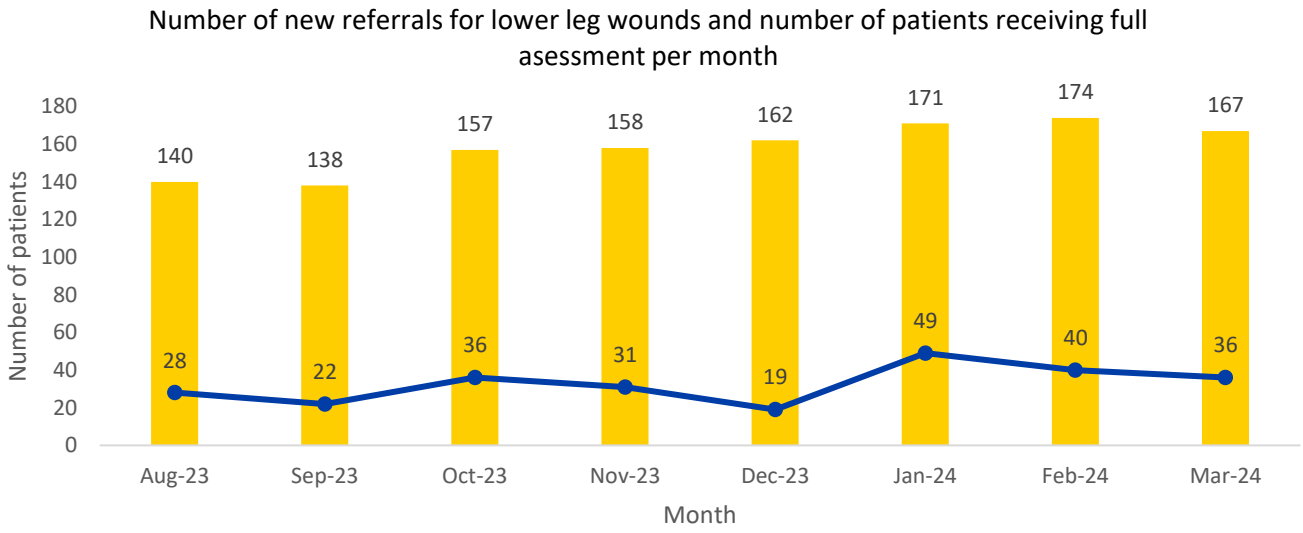


Figure 2 Number of new referrals for lower leg wounds and number of patients receiving full assessment per month

From August 2023 to March 2024, the number of new patient referrals receiving full assessments remained relatively consistent with an average of 20.6% patients undergoing full assessment. According to the TES, the low overall percentage is likely because podiatry did not consistently record full ankle-brachial pressure index (ABPI) readings during assessments, which are necessary for classification as a full assessment. Additionally, despite completing training in February 2024, implementation of full assessments is still ongoing, which could explain the lower percentages.

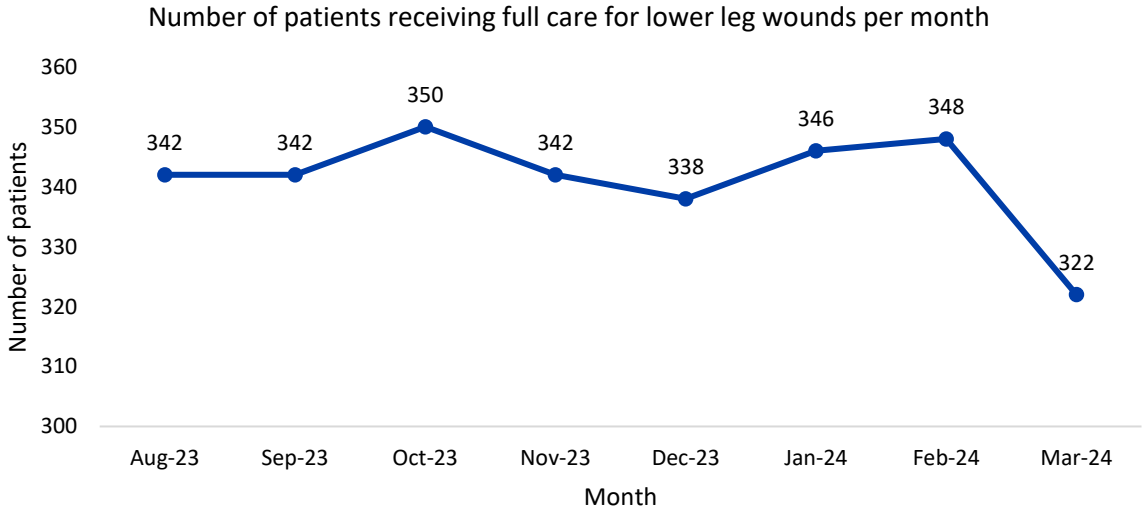


Figure 3 Number of patients receiving full care for lower leg wounds per month

The number of patients with lower limb wounds receiving full care[7] remains at a similar level throughout the data collection period (varying by only 28 patients from 322 to 350). Locala reported that the data includes all types of care plans for lower leg wounds. Therefore, Figure 3 may not exclusively reflect the implementation of the NWSCP LLRs. Furthermore, due to the discrepancy in reporting methods (caseload reported by wounds versus full care reported by patients), it remained challenging to determine the proportion of patients receiving full care.

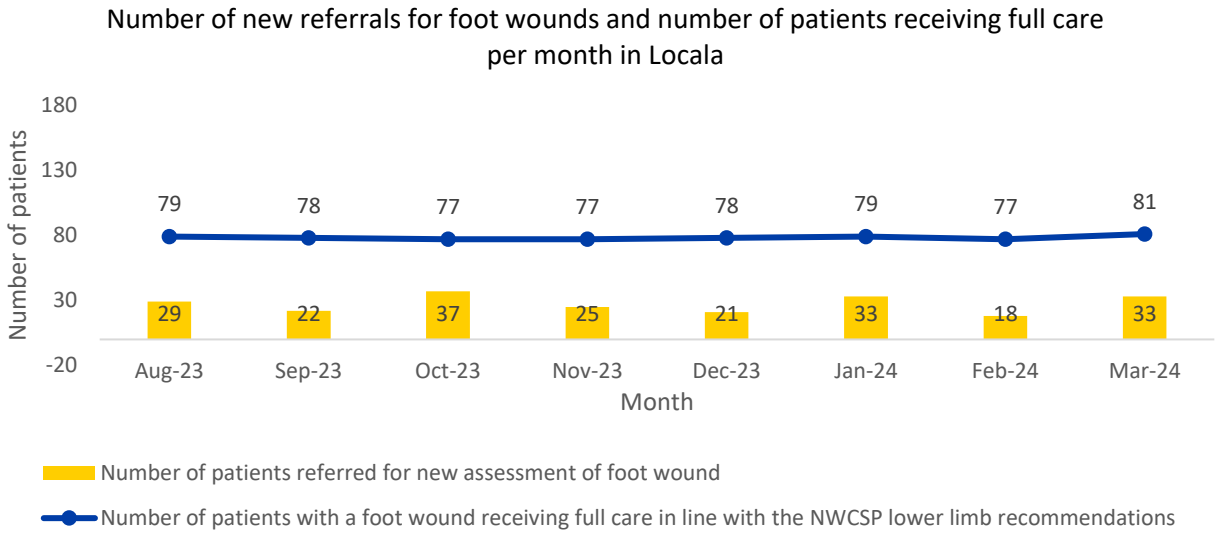


Figure 4 Number of new referrals for foot wounds and number of patients receiving full care per month in Locala

From August 2023 to March 2024, 218 patients were referred to the service for foot wounds, and 626 instances of full care were provided to both new and existing patients. Locala did not provide data on full assessments for foot wounds, as the TES does not conduct ankle brachial pressure index (ABPI) checks or toe pressure diagnostics, which are required for a full assessment.

[7] 'Full care' is dependent on each TES's interpretation of the definition for metric TWC004B, number of patients with lower leg wounds receiving full care in line with the NWCSP LLRs

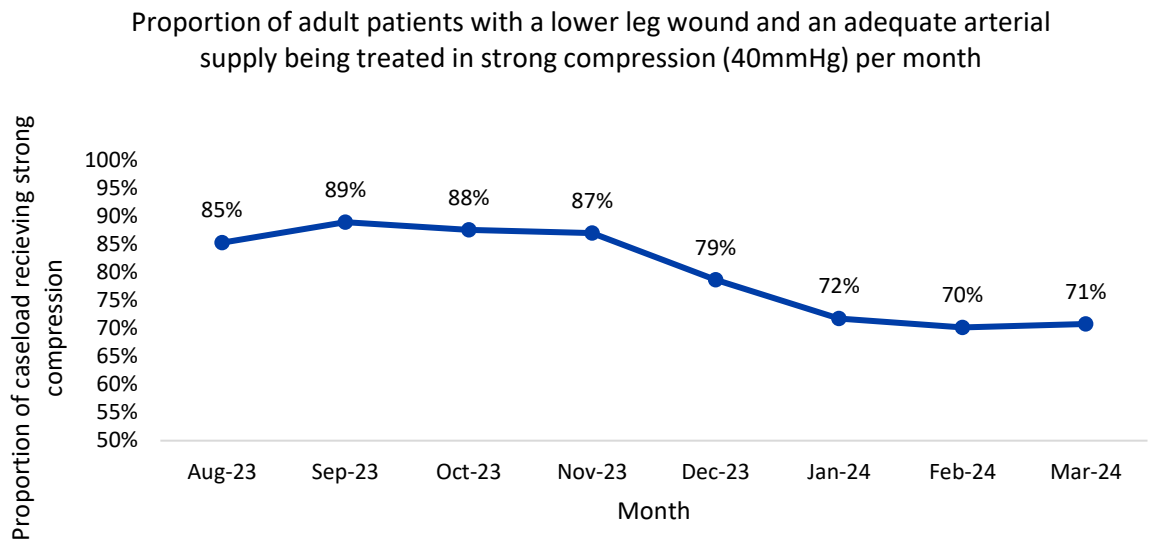


Figure 5 Proportion of adult patients with a lower leg wound and an adequate arterial supply, where no aetiology other than venous insufficiency is suspected, being treated in strong compression (40mmHg) per month

Between August 2023 and March 2024, the percentage of adult patients receiving strong compression treatment ranged from a high of 89% (September 2023) to a low of 71% (March 2024). While the proportion shows a decline over time (**Figure 5**), the TES reported a peak of 181 patients receiving strong compression treatment from 258 suitable patients (70%), reported for February 2024. To note, the absolute number of patients receiving strong compression increases from 162 in August 2023 to 179 in March 2024; the reduction in the proportion is due to an increase in the number of patients identified as suitable for strong compression.

Locala faced challenges in consistently reporting strong compression because it relied on manual input (ticking a box) into the IT system each time a patient received strong compression. The TES reports that there were instances when this was overlooked which may have impacted the accuracy of reporting this metric for example, under-reporting of patients receiving strong compression. Also, this issue impacted on understanding of healing rates for Locala: healing rates were reported by wound, whereas the proportion of patients treated with strong compression was reported by patient. Therefore, it was not possible to make a direct comparison between patients and healing rates.

Figure 6 and **Figure 7** (below) present the overall healing rate for lower leg wounds and foot wounds for Locala, from August 2023 to March 2024. The figures contain two stacked bars for each month. The lefthand bar has four categories that represent patients healed within 12 weeks (yellow), 12 to 24 weeks (dark grey), 24 to 52 weeks (purple), and after 52 weeks (teal). The righthand bar has two categories for unhealed patients (blue) and healed patients (aqua). The absolute numbers in four categories in the left bar are the breakdown of patients who are healed. Therefore, the sum of the four categories (yellow, grey, purple, and teal) in the left bars are equal to the healed patients (aqua) in the right bars of each month.

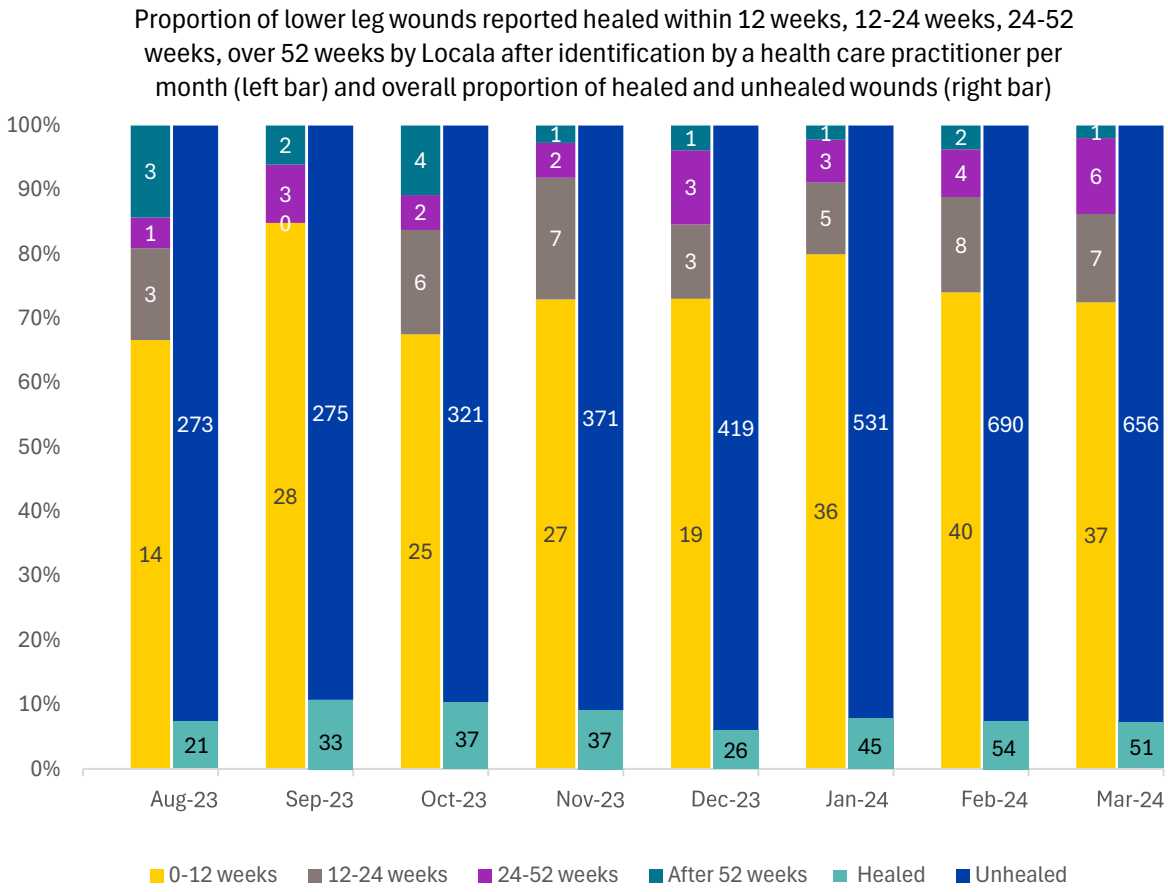


Figure 6 Proportion of lower leg wounds reported healed within 12 weeks, 12-24 weeks, 24-52 weeks, over 52 weeks by Locala after identification by a health care practitioner per month (left bar) and overall proportion of healed and unhealed wounds (right bar)

The two figures, **Figure 6** and **Figure 7**, illustrate the percentage of lower leg wounds (**Figure 6**) and foot wounds (**Figure 7**) reported healed within 12 weeks, 12-24 weeks, 24-52 weeks, and after 52 weeks, as a proportion of the total cohort (healed and unhealed) of wounds reported by Locala. Between August 2023 and March 2024, Locala reported 304 healed lower leg wounds and 129 healed foot wounds.

In **Figure 6**, a trend showing an increase in the number of healed lower leg wounds can be observed from the data, rising from 21 in August 2023 to 51 in March 2024, representing a 143% growth. Additionally, the proportion of healed wounds in relation to the monthly caseload showed an upward trend from August to October 2023, increasing from 7% to 11%. Of the 304 healed lower leg wounds, 226 (74%) were healed within 12 weeks, representing the majority of cases. A further 39 (17%) were healed between 12 and 24 weeks, 24 (8%) between 24 and 52 weeks, and 15 (5%) after 52 weeks. It is important to note that the observed reduction in the proportion of healed wounds is due to an increase in the number of unhealed cases; the reasons for this are not known.

In **Figure 7**, of the 129 healed foot wounds, 63 (49%) were healed within 12 weeks, while 33 (26%) were healed between 12 and 24 weeks, 12 (9%) between 24 and 52 weeks, and 21 (16%) after 52 weeks. The proportion of healed foot wounds compared to unhealed cases varies, with monthly healing rates remaining

below 4%. These variations may be attributed to differences in healing modalities, as highlighted in staff interviews.

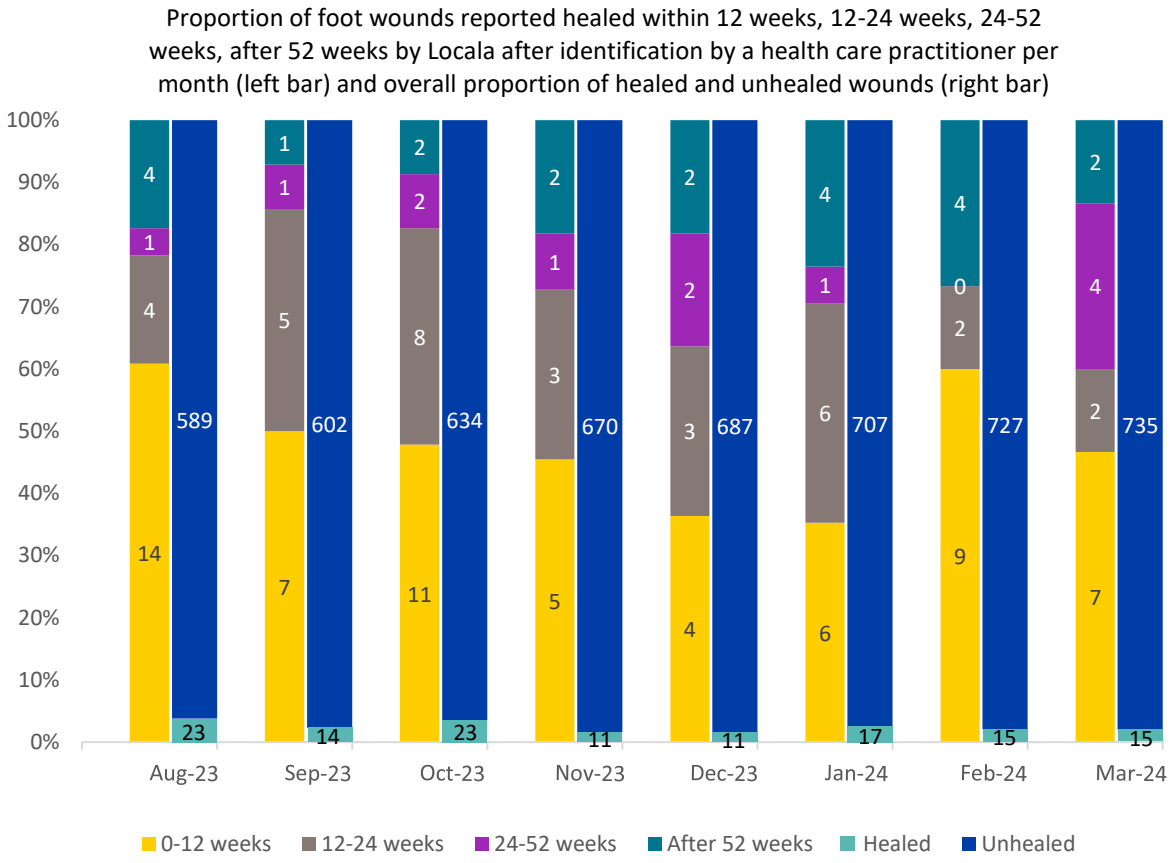


Figure 7 Proportion of foot wounds reported healed within 12 weeks, 12-24 weeks, 24-52 weeks, over 52 weeks by Locala after identification by a health care practitioner per month (left bar) and overall proportion of healed and unhealed wounds (right bar)

6.2. Findings from staff surveys

Locala staff returned 11 clinical surveys (69% response rate) and two data analytics surveys (100% response rate). Findings from the survey are presented at a programme level rather than at TES level due to the analytical approach taken for the evaluation. **Box 1** below highlights key findings that emerged from the survey across all TESs (programme level evaluation), divided into 'key points', 'successes' and 'challenges'.

Box 1 Overview of programme level survey findings

Key points

- The survey covered a range of topics related to the implementation of the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs).
- A total of 523 staff across all TESs were invited to complete the survey and 100 responses were received.
- Overall, the survey responses show positive perceptions of the transformation of lower limb wound care and services.

Successes

- Staff observed improvement in patients' healing rates and reduction in recurrence of wounds.
- Input from tissue viability nurses (if locally available) was a valuable source of specialist training, advice and support for colleagues.
- Overall, responses on the experience of wound care training (e-learning and/or face-to-face) showed that training gave staff more confidence in providing wound care.
- The two common components of the NWCSP LLRs implemented in TESs were:
  1. Immediate and necessary care.
  2. Compression therapy (both mild and strong compression).
- The key impact of using technology (Wound Management Digital System or any other technologies) was the improved oversight of patient care with accurate and consistent clinical recording.
- Staff appreciated the continuous support from the local health innovation network and TWC Central Team.

Challenges

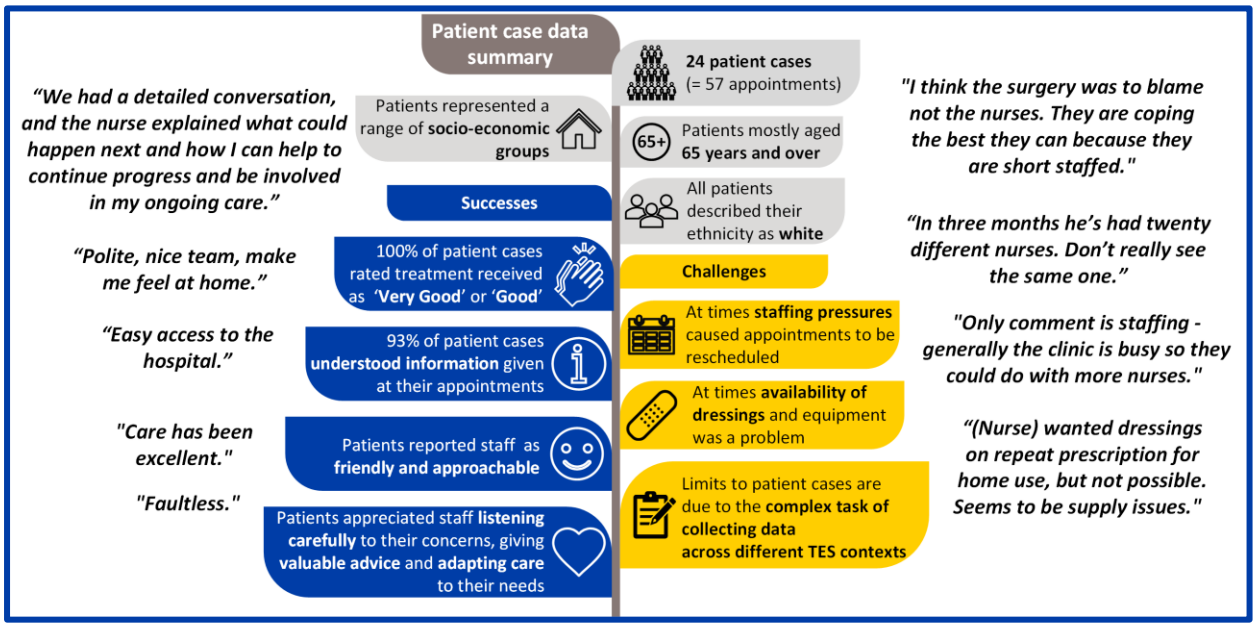
- Limited or reduced workforce capacity was the most reported barrier to the implementation of the NWCSP LLRs.
- A small proportion of patients do not engage well with self-care mainly due to their intolerance of compression treatment.
- The complex nature of wound management, often involving several health and care providers to address patients with multiple comorbidities, was also highlighted as challenging.
- Ensuring data accuracy and time required for data collation were the two most reported challenges with metrics reporting.

6.3. Findings from patient cases

Locala recruited five patient cases, of which four patient cases were included in the evaluation. One patient case was excluded from the evaluation as the patient was referred to, and awaiting, a lymphoedema clinic appointment at the time of recruitment. The patient was followed up prospectively during the evaluation period in case of lower limb wound recurrence while waiting for the lymphoedema appointment. The patient reported no recurrence of the lower limb wound and further care was not needed from Locala during the follow-up calls. The information collected from the remaining four patients contributed to the evaluation at

aggregated level. **Figure 8** below shows an overview of findings from patient cases across all TESs (programme level).

Figure 8 Summary of programme level patient case data with quotes



6.4. Programme level findings from staff interviews and focus groups

Box 2 below highlights key themes that emerged from analysis of data from the staff interviews and focus groups across all eight TESs (programme level evaluation), divided into 'successes' and 'challenges'. The key points explain the approach taken to data collection and analysis.

Box 2 Summary of programme level findings from staff interviews and focus groups

Key points

- The Health Innovation Wessex Insight team conducted 16 interviews and four focus groups with key staff from each TES.
- The TWC programme's key enablers of implementation i.e. people (patients and staff), processes, and technology and data, were used to broadly organise the coding of the interview transcripts.
- Following coding, thematic analysis was carried out to derive key categories from the data.

Successes

- Staff expressed enthusiasm and commitment to the TWC programme aims of starting patients in compression earlier and ensuring consistent pathways.
- The need for staff expertise to deal with the complicated field of wound care was acknowledged and training to upskill those delivering care was being delivered across all TES.
- Staff reported feeling confident that patients are getting better care, and that this is leading to faster healing, improved outcomes, and fewer appointments needed per patient.
- Staff anticipated environmental net zero benefits resulting from the new pathways e.g. fewer appointments for district nurses, fewer miles travelled etc and cited some efficiency savings.
- With regards to technology and data, staff recognised that high-quality data could answer important questions about service delivery.
- Positive comments relating to wound management digital systems included improved quality of images, images can be uploaded straight to patients' notes and faster referral processes.

Challenges

- Patient factors: Lifestyle and general health factors that can work against healing and treatment adherence (such as co-morbidities, obesity, low literacy) as well as resistance to strong compression for reasons of discomfort or lack of belief it will work. This resistance can be mitigated by building trust over time in the nurse-patient relationship.
- System challenges: These included challenges related to engagement and involvement with the wider system beyond the immediate TES, staffing, supply of dressings, and financially challenged systems with competing priorities.
- Technology and data: These challenges focused on difficulties related to the collection of metrics and the implementation of wound management digital systems.

Locala staff reported that the use of Clinic in a Van or utilising a space at a Change, Grow, Live charity site enabled the delivery of lower limb wound care services to people who are marginalised or socially isolated as an alternative option to visiting the clinic,

> *"One of them was around patients who find it difficult to engage with in the substance misuse service, alcohol service, homeless, and looking at those patients out there. We had a patient come to a clinic that were quite challenging to manage, and it wasn't the appropriate place for him to come. Therefore, we thought, could we outreach to them as opposed to them coming to a general clinic?" Locala interview 1*

Locala staff reported that selecting the locations to set up the Clinic in a Van outreach was based on where people tend to go for help with other aspects of their lives,

> *"We'll have whoever wants to come the wound [clinic], and it's just that we do park outside [Huddersfield] Mission which is predominantly where the homeless and substance misuse people go for food and advice really." Locala interview 1*

Locala staff described how, for those who may feel reluctant to visit GP surgery for medical help, the option of being seen regularly at Clinic in a Van gave them the trust and confidence in continuity of care with lower limb wound care and general health advice,

> *"We are just trying to make ourselves present so they regularly see us and then hopefully they'll get a bit of confidence to come to us for basically any wound care needs that they need. We also just give general advice as well if we can help." Locala interview 2*

Locala has maintained a low-tech approach to lower limb wound care, and was in the process of acquiring an integrated camera headset to allow hands-free livestream opportunity during the clinics,

> *"We use photographs and things from our phones and stuff… We were very well equipped for COVID really for that reason. The only thing we're moving into is the headsets… a camera that's on a headset and a video where you can link up with another clinician for advice, et cetera. A nurse in the clinic could have the headset and have a patient that she's worried about… and she could do a live consultation… it's hands-free as well so she can carry on with the dressing..." Locala interview 1.*

Two reasons for remaining low-tech were mentioned during the interviews for Locala. One was for security reasons and the other was to keep the cost of technology realistic,

> *"No, we don't have any tech stuff yet… I'd be a bit wary about you having it in the [Clinic in a Van], I'll be honest… Obviously, we've already had people coming up and going, what can I have free? What have you got for me? I don't even get my laptop out really unless I have to. We've got to think of the security on that side." Locala interview 2*

> *"We did look at the (name of WMDS) app at one point, but our phones weren't compatible with it. When we looked at it, they didn't have a clear vision at the end of it, and I couldn't get any costings off them… we need to know how much it's going to cost at the end of six months because I don't want you to give me something and take it off me because it's too expensive." Locala interview 1*

6.5. Findings from the implementation tracker

Implementation trackers were collected and analysed by each TES. As such, this summary relates specifically to Locala. A review of the implementation tracker across four time periods (monthly between November 2023 and February 2024) revealed the following progress against the defined milestones.

- Set up of twice weekly clinic at Change, Grow, Live charity organisation. The clinics were successfully implemented at the charity organisation's site and good attendance was noted within the first couple of weeks of launching. This milestone also involved training staff at Change, Grow, Live to ensure continuity of service and to promote the same level of service at the other similar charity organisation (Huddersfield Mission) using the Clinic in a Van.

- Set up Clinic in a Van at Huddersfield Mission charity organisation. The set up of regular use of Clinic in a Van at Huddersfield Mission was successfully implemented. Initial milestones involved promoting the service and raising awareness of the Clinic in a Van and to establish onward referral pathways and signposting to other appropriate services for those who visit and use the service.
- Staff training and competencies. The delivery of staff training and competencies are yet to be fully implemented due to the complexity of establishing clear and consistent training content (red flags and other NWCSP recommendations) across the system. A bitesize training within the community nursing services was completed, but the challenge of providing the training to wider parts of the system (e.g. virtual vascular clinic multidisciplinary team meetings and podiatry foot care) was impacting on progress.

7. Programme level conclusions

The following conclusions are drawn from programme level analysis and are not specific to the TES (for reasons described above).

Overall, the healing rate for wounds for the period October 2023 to March 2024 showed a steady increase in the number of wounds healed within 12 weeks. Patient healing rates varied between 53% and 78% recorded as healed within 12 weeks. It was not possible to show a clear correlation between early assessment, application of strong compression and wound healing rates to support implementation of the proposed care pathways due to data quality issues and the lack of suitable baseline data.

Other findings from qualitative data support TWC programme implementation success. Staff were committed to its aims, had confidence in the programme resulting in better care, faster healing, improved outcomes and fewer appointments, anticipated net zero benefits and the positive contribution of wound management digital systems (WMDSs). Challenges identified included patient lifestyle and health factors that can delay healing and reduce ability to tolerate compression. Other challenges related to engaging the wider health system, staffing and financial pressures, and logistics associated with the collection of metrics data and implementation of WMDSs.

8. Programme level implications

The following implications are drawn from programme level analysis and are not specific to the TES (for reasons described above).

8.1. Implications for lower limb wound care practice

1. The scale up and spread of the necessary improvements to wound care and the delivery of dedicated wound care services across the NHS requires a significant implementation effort, associated resources and sustained support over time to embed changes in practice. Exemplified by the TWC programme this includes strategic leadership; financial support; coordination of activities; community of practice; guidance and an implementation toolkit and expert facilitation.
2. Staff willingness to deliver effective care was countered by contextual pressures that prevented wider engagement and delivery of best clinical practice. The extent to which an improvement programme is actively managed and facilitated was shown to be a critical factor in explaining implementation success.

3. Programme level findings indicate that patient factors can inhibit opportunities for effective lower limb wound care due to co-morbidities, intolerance for strong compression and the inability of some patients to support self-care. Greater effort and time to build trust with patients are strategies that staff employ to manage wound care in these cases, and therefore the need for greater staff capacity and time to manage this area of care is highlighted.
4. Programme level findings show that whilst supporting digital solutions such as WMDSs is viewed as providing benefits, they also present adoption challenges when integrating this technology at local systems' level. This indicates the need for further development and assistance to services in this area.
5. To ensure that investment in implementation is making a difference, data monitoring should be continued.
6. Automated data collection supported by point of care reporting needs to become embedded and routinised into local systems and may need more resources.

8.2. Implications for future evaluations and metrics data collection

1. Low patient participation in the evaluation resulted in an imbalance of patient perspectives. Purposive sampling of specific patient groups to better understand inequalities should be considered in future.
2. To ensure implementation investment is making a difference, there is a need to embed automated data collection into local systems and in addition support provided to clinical staff collecting data during patient contacts.
3. The collection of demographic data on patients receiving wound care would enable an assessment of the extent to which services are addressing inequalities.

Version Control

Version	Status	Key Changes	Authorised by
Version 1 October 2024	Circulated to TES for comment		
Version 2 November 2024	Live	Final amendments completed.	Philippa Darnton

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9. Appendix 1: Metrics reported by patient or wound

Table 4 Metrics reported by patient or wound: Locala

Metric	Locala
Lower limb wound caseload within community services (TWC001A)	Yes, reported in wounds.
Foot wound referrals for new assessment (TWC002A)	Out of Scope.
Lower leg wound referrals for new assessment (TWC002B)	Yes
Foot wounds patients receiving full assessment (TWC003A)	Out of Scope.
Lower leg wound patients receiving full assessment (TWC003B)	Yes
Foot wound patients receiving full care (TWC004A)	Yes
Lower leg wound patients receiving full care (TWC004B)	Yes
Lower leg wounds treated with strong compression (TWC010)	Yes
Wounds healed within 12 weeks, 12-24 week, 24-52 weeks and after 52 weeks for lower leg wounds (TWC011A-D) and for foot wounds (TWC011E-H)	Yes, reported by wounds.

10. Appendix 2: Commentary on critical metrics and data points collated by Locala

Table 1 Commentary on critical metrics and data collection points collated by Locala

Locala	In scope data points collated by March 2024: 15	In scope data points not collated by March 2024: 1
Metrics collated by patient or wound	Reported by wounds for metrics TWC001A, TWC002A-10 by patients.	
Biggest challenge	Staff training and capacity that caused issues with how the data was reported (not ticking the box on the template within their system).	
Key points to note	Caseload: All patients on community services case load being treated for a lower leg wound, excluding patients with a diabetic food wound. • Similar to other TESs, there are some ongoing challenges with staff not ticking data entry field on the TESs' EPR system which effects reporting metrics. As of February 2024, the TES were exploring if they could make the box mandatory for staff to complete and help with recording patients. • The TES only reports on lower leg wounds for referral and does not differentiate from foot for reporting. Additionally, podiatry does not record full Ankle Brachial Pressure Index (ABPI) readings (no TWC003A). The majority of patients with foot wounds are referred to podiatry who undertake specialist lower limb and foot assessments including listening to pedal pulses. Although training was completed in February 2024, this is reported to still not be fully implemented into practice. To support with assessment, Locala plans to write a triage template that will include the necessary components to support reporting for mild compression. • Lower numbers of assessments compared to a consistent referral rate was due to capacity (only two full-time equivalent nurses on the programme since the start) and processing challenges but also the reliance of referrals from community nursing. The TES plan to trial two wound care teams to speed up the referral process, which they aim to roll out across the area (as of February 2024). • There is some variation with lower leg wounds treated with strong compression (TWC010) as some patients who receive full assessment have compression but do not receive a Doppler test. Some patients who have a venous leg ulcer may not be on strong compression as they either	

	cannot tolerate it or have an ulcer that is hard to heal. Locala can record this metric in their system (SystmOne); however, this relies on staff members ticking the appropriate box[8]. • Further reflections on data have made the TES identify some gaps in data collection and highlighted data quality issues in relation to data completeness. The TES noted it has been a useful exercise to reflect on data and data capture.

[8] Postscript: Locala have provided additional information that there is not a box to record when a patient is not able to tolerate, or is not suitable for, 40mmhg compression; Locala can record this metric in their system (SystmOne) however, this is in the patient notes section and not reportable from a data field.