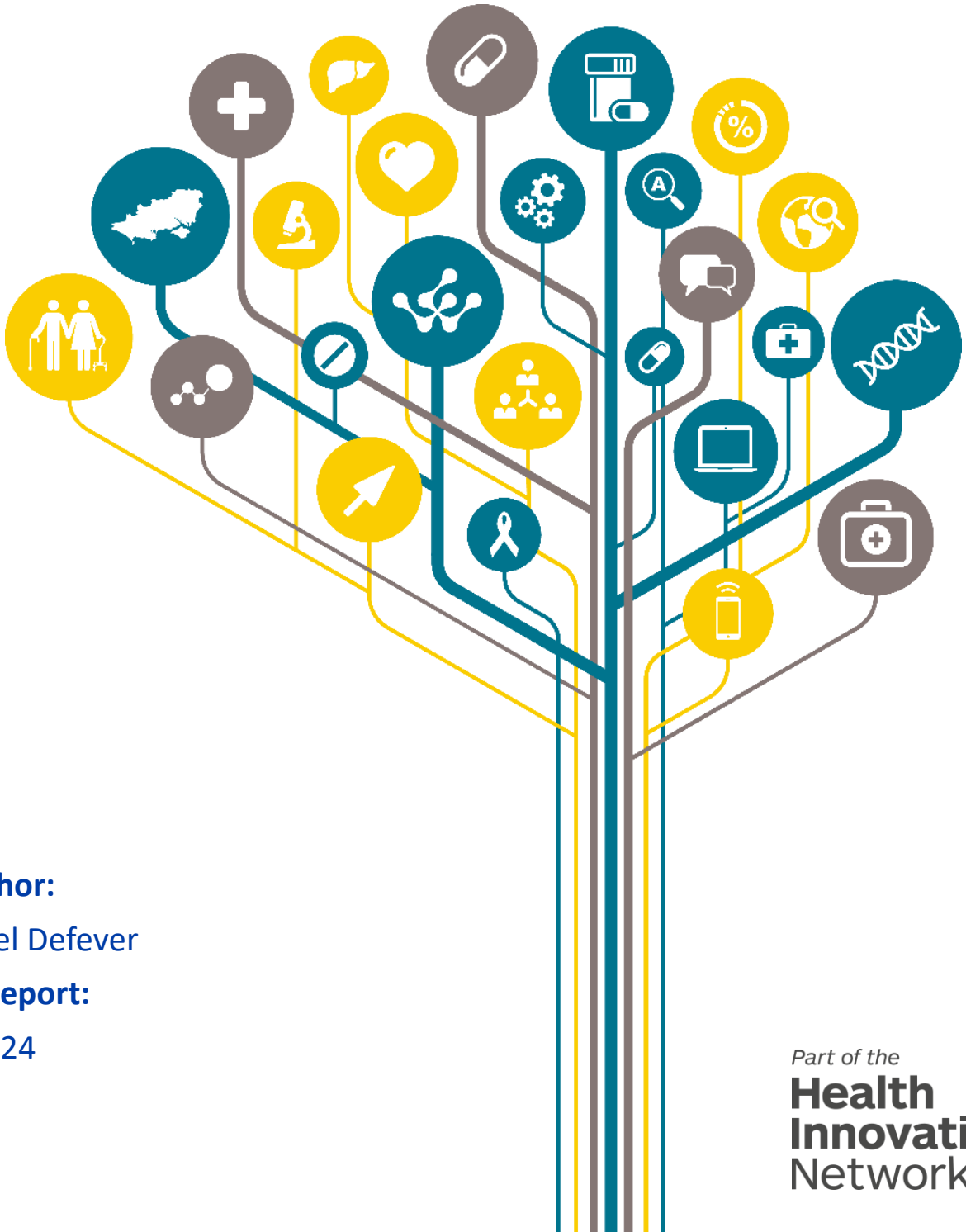
Health Innovation Wessex

The Transforming Wound Care Programme

Test and Evaluation Site case report
Yateley Medical Centre



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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.

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Health Innovation Wessex

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TES Executive Summary

Yateley Medical Centre (hereafter referred to as Yateley) is the main GP practice within the Oakley Health Group Primary Care Network (PCN) which sits within Northeast Hampshire and Farnham Place, commissioned by NHS Frimley Integrated Care Board (ICB). Oakley Health Group consists of four sites (three GP practices and one wellbeing hub) located within the two adjacent towns of Yateley and Blackwater. Yateley joined the Transforming Wound Care (TWC) programme as a Test and Evaluation Site (TES) in March 2023 with the objective of delivering the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs) through dedicated services. Yateley's dedicated lower limb wound clinic was launched in May 2023.

Yateley employed a "hub and spoke" implementation model, where Yateley was set up as "the hub" for dedicated lower limb assessment and care planning and the two other surgeries (Hartley Corner and Monteagle Surgery) as "spokes" to deliver immediate and necessary care.

At the end of the evaluation period, Yateley had successfully implemented clinics delivering immediate and necessary care, and full assessment of wounds. As part of this, the TES had completed a skills analysis and training needs assessment to provide appropriate training to upskill staff to deliver the lower limb service. Areas for ongoing focus included the development of referral pathways for district nursing teams, finalising coding templates for collating the key metrics, assisting spread and adoption to two further PCNs and continued collaboration with Frimley ICB to promote a system-wide wound care strategy.

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

Analysis of metrics data from Yateley indicated:

- Yateley manages a relatively small cohort of patients. Whilst some monthly fluctuations were observed, the number of patients with a lower limb wound on the caseload per month increased over the data capture period from 16 in April 2023 to 31 in March 2024.
- From May 2023 onwards, all (except one) patients with lower limb wounds received a full assessment. Overall, Yateley received 79 new referrals for lower leg wounds with an average 7 patients each month and provided 78 full assessments, covering 99% of new referrals during the data capture period.
- A total of 10 patients were treated with strong compression across the data collection period. From September 2023 onwards, the proportion of eligible patients receiving strong compression remained relatively stable mostly ranging between 48% - 53%. There was a peak of 67% in January due to a drop in the number of patients treated within the service that month.
- The TES reported a total of 53 wounds healed from May 2023 to March 2024 with 64% of them being reported healed within 12 weeks followed by 25% healed between 12-24 weeks and 11% healed between 24-52 weeks.

Qualitative data supplied by Yateley (survey and focus group/interviews, patient cases) 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 NHS Frimley Integrated Care System (ICS) – Yateley Medical Centre (hereafter referred to as Yateley), one of eight Test and Evaluation Sites (TESs) captured as part of the Transforming Wound Care (TWC) programme evaluation. Along with the other TESs, Yateley 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. Yateley 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 (Yateley focused on leg wounds only). 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 Yateley was used to address evaluation questions at a programme level rather than to evaluate and fully describe activities undertaken within Yateley TES. 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 Yateley 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 Yateley are included. Qualitative data supplied by Yateley (survey and focus group/interviews, patient cases) 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 Yateley 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[1].

[1] 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

Yateley Medical Centre (hereafter referred to as Yateley) is the main GP practice within the Oakley Health Group Primary Care Network (PCN) which sits within Northeast Hampshire and Farnham Place, commissioned by NHS Frimley Integrated Care Board (ICB). Oakley Health Group consists of four sites (three GP practices and one wellbeing hub) located within the two adjacent towns of Yateley and Blackwater. Yateley joined the TWC programme in March 2023.

Yateley's primary aim was to set up a dedicated lower limb service in line with the NWCSP LLRs. The dedicated lower limb wound clinic was launched in May 2023. Yateley took on the "hub and spoke" implementation model, where Yateley was set up as "the hub" for dedicated lower limb assessment and care planning and the two other surgeries (Hartley Corner and Monteagle Surgery) as "spokes" to deliver immediate and necessary care.

At the end of the evaluation period, Yateley had successfully implemented clinics delivering immediate and necessary care, and full assessment of wounds. As part of this, the TES had completed a skills analysis and training needs assessment in order to provide appropriate training to upskill staff to deliver the lower limb service. Areas for ongoing focus included the development of referral pathways for district nursing teams, finalising coding templates for collating the key metrics, assisting spread and adoption to two further PCNs and continued collaboration with Frimley ICB to promote a system-wide wound care strategy.

3. Local context for lower limb wound care

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

3.1. Yateley locality description

Yateley is a parish town with a population of around 20,500 people, situated in the northeast corner of Hampshire.[2] Based on the information gathered from the staff interviews, Yateley is described as a predominantly affluent rural town with natural borders separating the town from adjacent built-up areas such as Sandhurst, Blackwater and Eversley Cross. Demographically, the population is predominantly white with communities from other ethnic background such as Nepalese communities and a growing population of people who migrated from Ukraine.

3.2. Local health system infrastructure

Yateley sits within the area of Frimley integrated care system (ICS) which covers five areas (Slough, Windsor, Maidenhead and Ascot, Bracknell Forest, Surrey Heath and Northeast Hampshire and Farnham). There are three secondary care and community trusts which cover Surrey, Northeast Hampshire and Berkshire. The tissue viability team is run by a private provider HCRG Care Services Ltd, and the district nursing team is provided by Frimley ICS.

[2] Yateley Town Council (2024). Discover Yateley. Discover Yateley - Yateley Town Council (yateley-tc.gov.uk) Accessed 6 June 2024.

3.3. TES objectives and service delivery and implementation plan

As stated above, the main objectives for Yateley were to implement a dedicated lower limb wound care pathway (hub and spoke model) in line with the NWCSP LLRs. The focus of the implementation was to set up a dedicated lower limb clinic to provide full lower limb and wound assessment to improve patient's wound healing rate. It aimed to set up a framework across primary care and community nursing for regular monitoring, review, and care plans tailored to individual patient's needs. The general practice nurse team received training to support immediate and necessary care as part of the pathway before referring to the dedicated lower limb clinic.

4. Data contributed to the evaluation

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

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

For Yateley, 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 Yateley metrics reporting

Metric	Yateley
Lower limb wound caseload within community services (TWC001A)	Yes, reported from April 2023 to March 2024.
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 wounds receiving full care (TWC004A)	Out of Scope.

Lower leg wounds receiving full care (TWC004B)	Yes
Lower leg wounds treated with strong compression (TWC010)	Yes, reported from September 2023 to March 2024 only.
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.

4.2. 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 1 TES contribution, and adaptations, by qualitative data source

Data source	TES contribution	Adaptation
Survey	Surveys were sent to eight clinical and management staff and one data analyst.	None
Patient cases	One	Despite the efforts of the TES staff, they experienced low interest from patients who were eligible to participate in the patient case study. Only one patient was recruited within the evaluation period.
Staff interviews or focus groups	Three semi-structured interviews (October, November 2023 and January 2024).	None
Implementation tracker	In-person systems mapping session in October 2023 Implementation tracker covering period September – 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 6** 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 presents a high-level view of metrics data that Yateley contributed to the programme evaluation in a series of graphs depicting findings at the TES level.

The collection of standardised metrics is 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 implementation and issues that arose to ensure critical metrics were captured. Yateley identified 13 (out of 17) critical metrics within the scope of their TES, and nine out of the agreed data collection points were reported by March 2024. Further details about the metrics for Yateley are provided in Appendix 1.

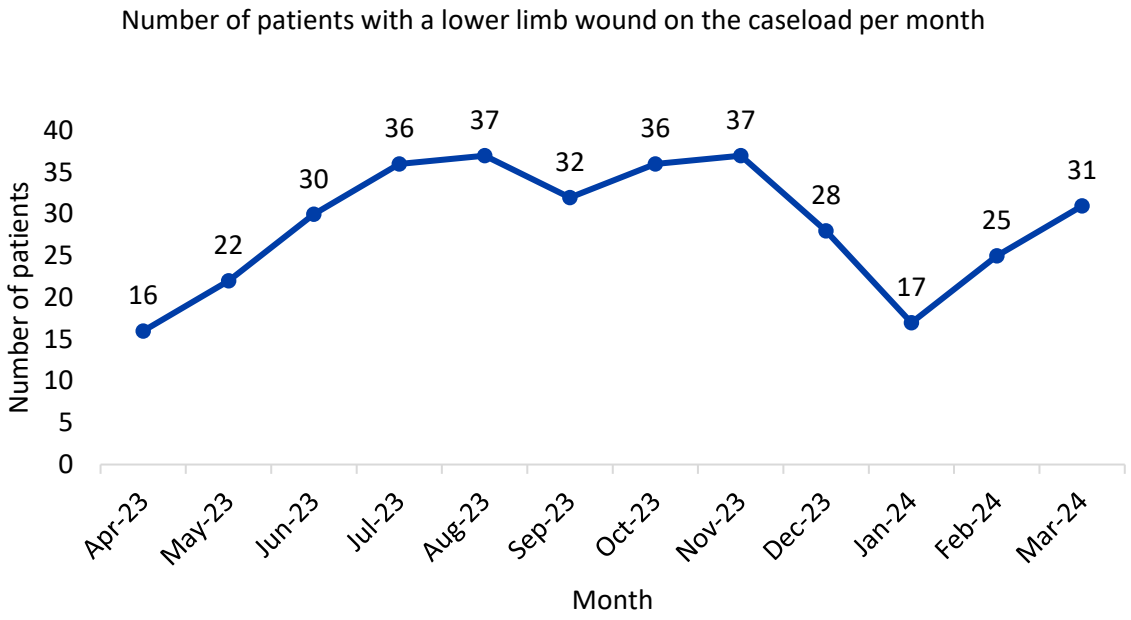


Figure 1 Number of patients with a lower limb wound on the caseload per month

Figure 1 from April 2023 to March 2024, there was an increase in the number of patients with a lower limb wound over time, with a dip between December 2023 and January 2024.

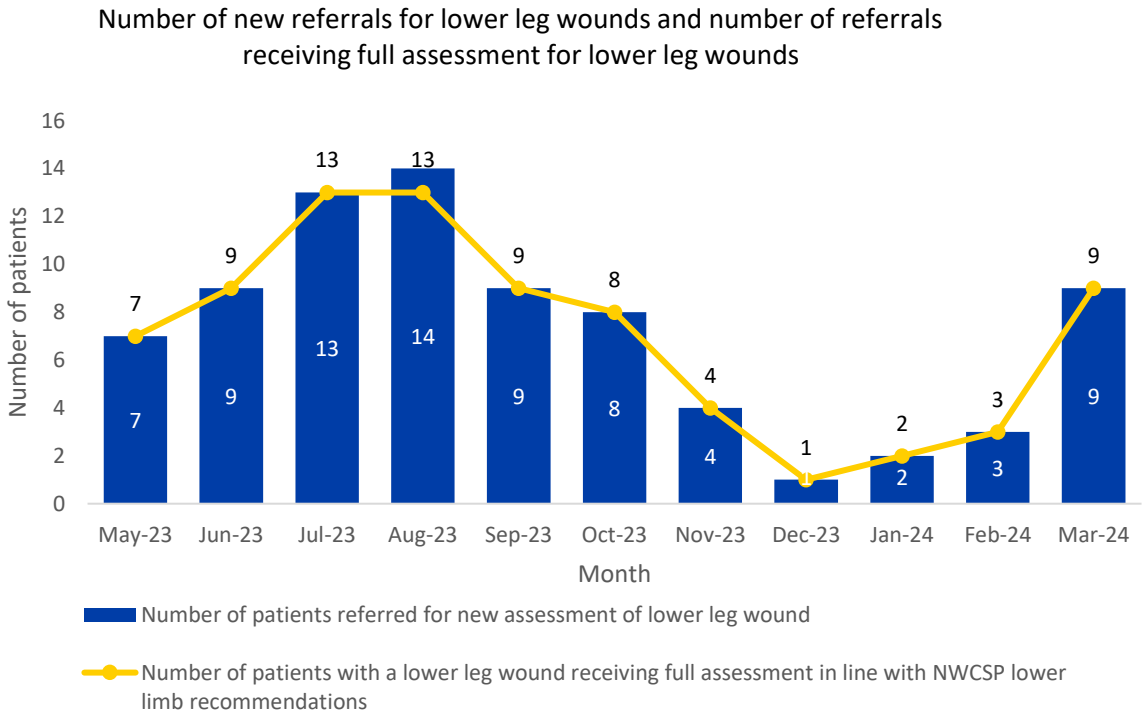


Figure 2 Number of new referrals for lower leg wounds and number of referrals receiving full assessment for lower leg wounds

As shown in **Figure 2,** from May 2023 onwards, all but one patient with lower limb wounds received a full assessment. Overall, Yateley received 79 new referrals for lower leg wounds with an average of

seven patients each month and provided 78 full assessments, covering 99% of new referrals during the data capture period.

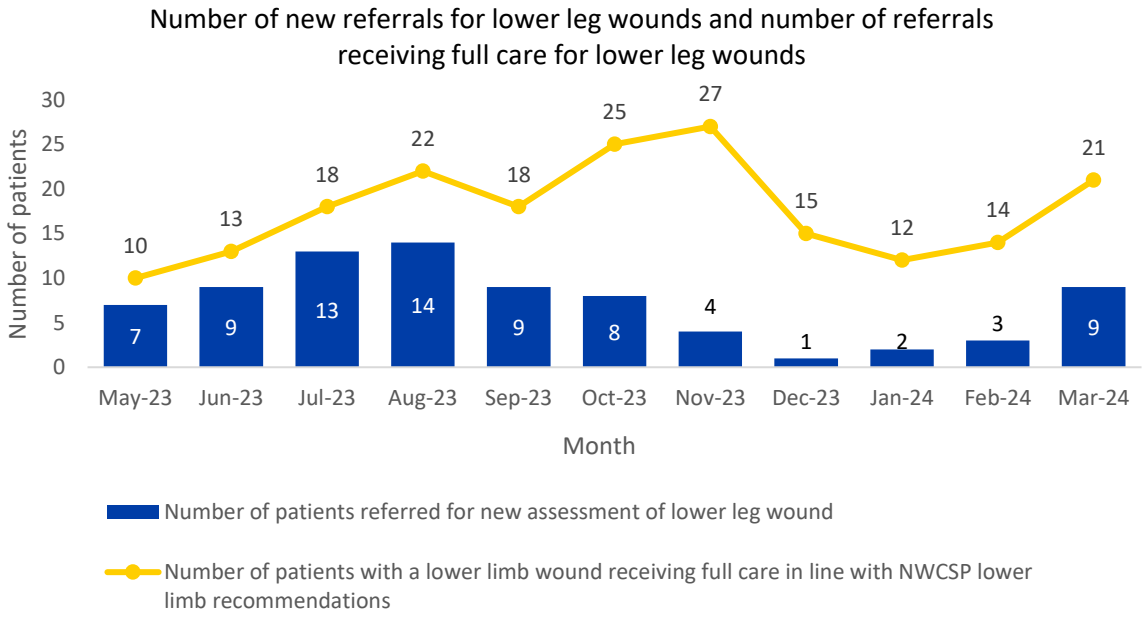


Figure 3 Number of new referrals for lower leg wounds and number of referrals receiving full care for lower leg wounds in Yateley

Figure 3 displays an overall increasing trend in the number of patients receiving full care from May 2023 to March 2024 with the peak occurring in November 2023 with 73% (27 patients). Overall, Yateley has provided full care to 195 patients, covering 100% of the new referrals. It is noted that the number of patients receiving full care exceeds the number of new referrals between May 2023 and March 2024. It is assumed that Yateley reported the full care provided to both existing patients and new referrals. The TES reported that patients receiving full care for lower limb wounds included those who received mild and/or strong compression.

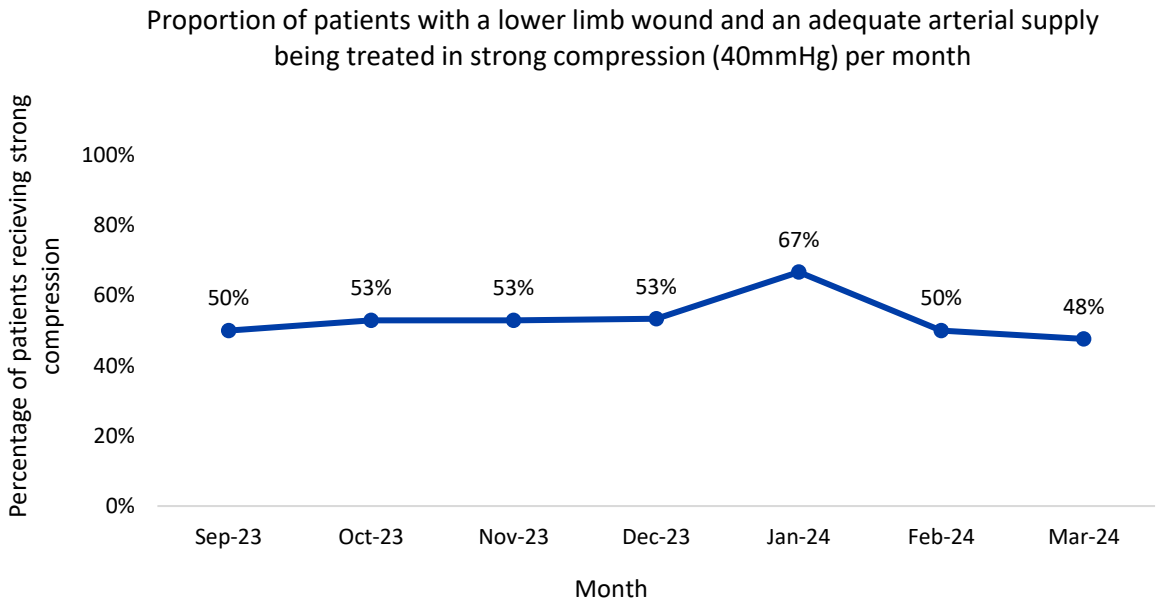


Figure 4 Proportion of patients with a lower limb wound and an adequate arterial supply, where no aetiology other than venous insufficiency is suspected, being treated in strong compression (40mmHg) per month

Yateley manages a small cohort of patients, with the number of individuals receiving strong compression therapy remaining stable throughout the data capture period. By the end of March 2024, 10 patients were receiving strong compression therapy, out of a total of 21 identified as suitable for this treatment. From September 2023 onwards, the proportion of eligible patients receiving strong compression remained relatively stable, peaking at 67% in January 2024. The peak in January resulted from a drop in the number of patients treated for lower limb wounds within the service, while the number of people receiving strong compression remained relatively stable. It is important to note that the metric is a cumulative measurement where untreated patients can stay on the caseload in the following month until they can be treated.

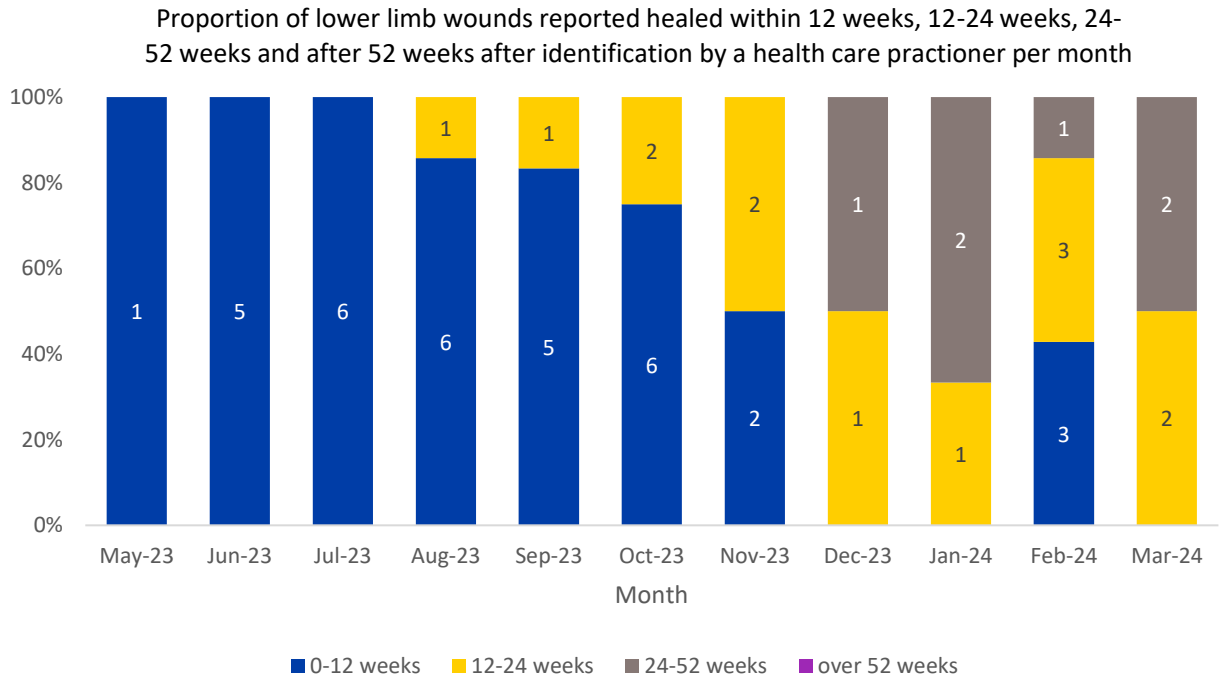


Figure 5 Proportion of patients recorded as healed for lower limb wounds within 12 weeks, 12-24 weeks and after 52 weeks after identification by a health care practitioner per month

Yateley reported a total of 53 wounds healed from May 2023 to March 2024 with 64% (34) reported healed within 12 weeks followed by 25% (13) healed between 12-24 weeks and 11% (6) healed between 24-52 weeks. From October 2023 there was a downward trend in the proportion of wounds healed within 12 weeks, accompanied by an increase in the proportion healed between 12-24 weeks and 24-52 weeks. Due to the small caseload, it is not possible to accurately reflect a trend in the healing rates, which may not provide a representative picture of the overall population.

6.2. Findings from staff surveys

There was an 88% response rate to the clinical and management staff survey (n=8) and a 100% response rate to the data analytics staff survey (n=1). **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.

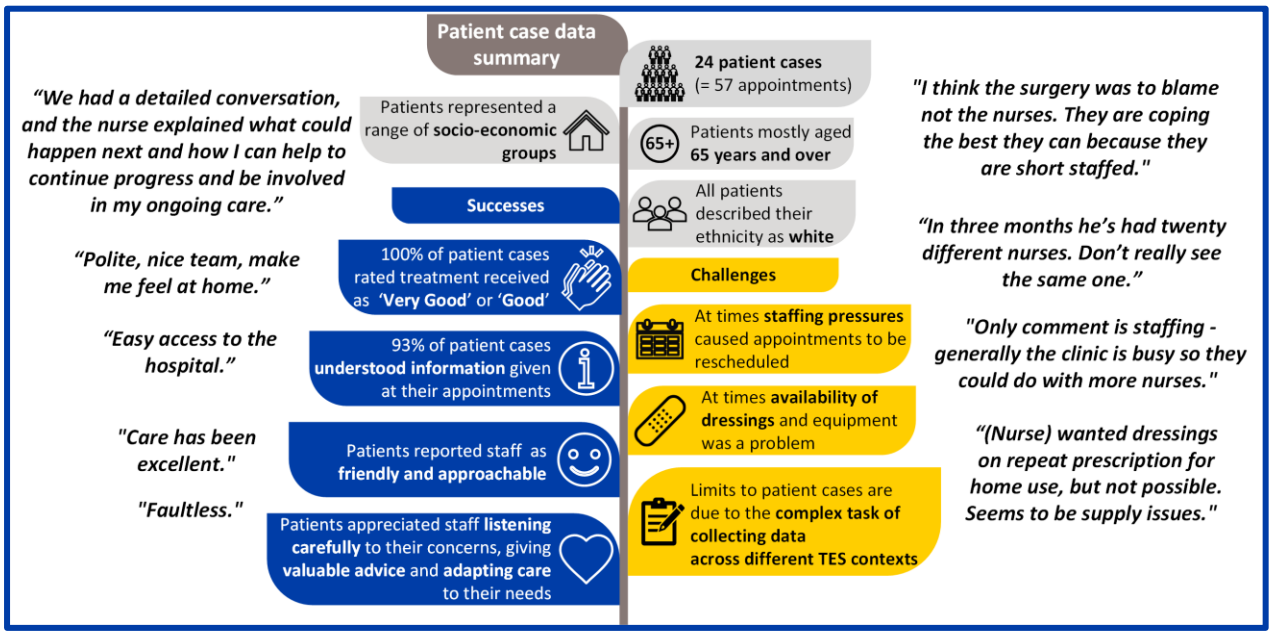
Challenges

- 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

Yateley experienced some challenges with patient recruitment due to the low number of eligible patients at the time of recruitment and low expression of interest from those invited to take part. One participant case was recruited. The demographic details of the case captured from Yateley TES will not be described here for the reasons of participant confidentiality and anonymity. However, **Figure 6** below shows an overview of findings from patient cases across all TESs (programme level).

Figure 6 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.

With regards to staff expertise, staff at Yateley felt that a good link with the tissue viability nurse has been valuable, particularly with training and maintaining staff skills,

> *"The TVNs are really good at sending anything out that they think that might be interesting either to myself or any of my colleagues. They will send links. They also have a rolling programme, which they run looking at lower limb assessment, Doppler [assessments], type of dressings that you would use, compression, and compression bandage techniques." Yateley Interview 2*

One of the key enablers was the support from Frimley ICB to help secure funding from the TWC programme to primary care, given limited other funding opportunities,

> *"Being able to give some money to the practices, being able to give a bit to support this programme was really helpful. I think with the challenges in the systems at the moment, that kind of funding isn't available [in primary care]." Yateley Interview 3*

The opportunity to join the TWC programme was timely for Yateley, enabling them to resume their plan to set up a wound clinic which was put on hold when the Covid-19 pandemic hit,

> *"This was quite timely really, because we've been trying to put the leg wound clinic back into action post-COVID... We went from having our wound care lead doing a set clinic to having a twice-weekly leg clinic, and then we incorporated the first full assessment appointments and review appointments into both of those as well." Yateley Interview 1*

Yateley described a number of challenges identified in Box 2, for example in relation to difficulties collecting metrics, because they have a different data metrics template to report locally, regionally (Wessex local medical committees) and nationally (TWC programme). One of the main challenges of the programme was the burden of data collection at the point of care,

> *"Some of the templates don't necessarily flow [in the same order] as a nurse would run the appointment. It doesn't flow with the conversation you would have [with patients]. We often find that we're jumping from section and back to and from." Yateley Interview 1*

Further, Yateley did not implement a wound management digital system (WMDS) due to the cost involved and the concerns around compatibility across the wider system,

> *"The wound management system is wonderful, but they are hugely costly. Unless there is a national procurement and funding to go with it, as the way that our system is at the moment, we would not be able to afford to go down a wound management system… What is the point of having a wound management system if the community nurses and the practice can't see it and use it?" Yateley Interview 3*

6.5. Findings from the implementation tracker

A review of the implementation tracker across the three-month time period (October – December 2023) revealed the following progress against the defined key milestones.

- Collecting data around healing rate, and compression – Challenges were identified with operational pressures and difficulties using the initial template within their existing patient record system. The implementation tracker showed some indications of ongoing engagement with the practice management and clinicians to ensure capacity was allocated to re-design the template and appropriately train the clinical staff on how to code clinical information on the revised template.
- Adoption and spread of the new wound care model – Yateley had positive engagement with the neighbouring PCN, which agreed to undertake the project. The relevant team has set up a working group to observe the programme delivery at Yateley, identify training needs, and identify the number of patients who may benefit from adopting the new wound care model themselves.

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
V1 October 2024	Circulated to TES for comment		
V2 November 2024	Live	Final amendments completed.	Philippa Darnton

Appendix 1: Commentary on critical metrics and data points collated by Yateley

Table 4 Commentary on critical metrics and data collection points collated by Yateley

Yateley	In scope data points collated by March 2024: 9	In scope data points not collated by March 2024: 4
Metrics collated by patient or wound	Metrics TWC001-010 by patients, TWC011A-H by wound.	
Biggest challenge	No codes (SNOMED) suitable for reporting some metrics which resulted in manual data extraction.	
Key points to note	Caseload: All patients coming forward with a leg wound within the surgery. • As of October 2023, the TES review leg ulceration, but not feet. There is a reporting opportunity for foot ulceration once a template is developed (TWC002A); however, no aggregated metrics that could indicate impact. • The TES saw a drop in referrals in November 2023 which was due to a general drop in patients presenting with lower leg wounds in the surgeries. It was confirmed in February 2024 that all new patients are being referred for full assessment, the low numbers highlight their capacity issue (TWC002B). • The TES confirmed the number of patients receiving full care for a lower leg wound are patients who received either mild or strong compression and received an assessment. The narrative of the full care is only sometimes reported by the clinician. The TES reported the need for SNOMED codes for both mild and strong compression to support with future reporting (TWC004B). • Reporting strong compression (TWC010) for the programme was done retrospectively, therefore pulled manually. The TES reported this metric for five months (most other metrics reported for 11 months). • Reporting proportion of healed patients (TWC011) for the programme was done retrospectively, therefore pulled manually. The process involved several steps so may have been time-consuming (a search set up for healed patients, breakdown into mmHg levels to understand if mild or strong compression).	