Unity Insights

Transforming Wound Care

Additional insights analysis

Contents

Chapter 1

Context and purpose

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Context

The Transforming Wound Care (TWC) national programme launched in 2022 aiming to implement the recommendations of the National Wound Care Strategy Programme (NWCSP). Health Innovation Networks (HINs) worked with regional partners to establish six initial test and evaluation sites (TES), with two further sites joining in May 2023, each delivering a dedicated lower limb wound service.

The programme aimed to promote delivery of evidence-based care to all patients with a lower limb wound. The delivery of evidence-based care is likely to improve wound healing rates, reduce the rate of wound recurrence, and improve the quality of life for patients.

To support the delivery of TWC, each TES site submitted a monthly data return – aggregated and analysed in this document. The process of developing and applying these metrics is detailed within the 'Activities and data collection' section of this document.

Purpose

A full evaluation of the TWC programme has been conducted by Health Innovation Wessex. The TWC central team acknowledge that there are multiple caveats and nuances to the TWC dataset, but propose that a real-world approach to aggregating and analysing the programme data may provide additional evidence and impacts that support the TWC programme.

The proposed approach follows the methodology set out in the NWCSP First Tranche Implementation Sites (FImpS) evaluation, which was critical for drawing parallels between the two tranches of implementation.

Unity Insights have completed this supplementary analysis, whilst identifying each of the known caveats, allowing the reader to make their own informed decision on the data presented.

Chapter 1

Programme activities

Programme activities – part 1

Initial metrics development

Initial engagement with NWCSP

(June 2022)

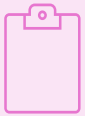
TWC central team representatives first met with NWCSP colleagues to discuss initial learnings from First Tranche Implementation Sites, and understand current data collection processes.

NWCSP presented a list of 30 clinical metrics and had ambitions to create additional metrics to evidence impact in other areas (i.e. workforce).

Refinement of metrics

Initial TWC metrics agreed

(June 2022 – October 2022)



In the following months, significant advancements were made in identifying appropriate metrics for TWC.

The TWC central team, working with clinical leads and NWCSP, reduced NWCSP's list of 30 metrics to align with the TWC scope, and introduced additional metrics pertaining to workforce and technology.

Monthly data capture

Data capture & dashboard released

(Oct' 2022 – Nov' 2022)

With the initial metrics agreed, an Excel data collection template was shared with each of the TES sites.

TES' were required to develop dataflows on their own clinical systems (and physical documents, in some instances) to fulfil the data collection template.

Programme activities – part 2

Critical areas of focus

Introduction of critical areas of focus

(July 2023)

Month-on-month, TES sites were expanding upon the metrics they were able to report. This was achieved through significant efforts developing data flows and changing internal processes.

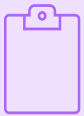
Despite this, the burden of collecting metrics was still significant. As a result, the 'critical areas of focus' were introduced – a subset of the original metrics, identified to be the most impactful, and aligning to NHS priorities.

TES sites were requested to prioritise fulfilling the critical areas of focus. It is these metrics that are analysed within this document.

Final data collection

Final data collection and analysis

(August 2023 – October 2024)



The monthly data capture continued until March 2023 data, with focus on the critical areas.

The evaluation team at Health Innovation Wessex developed a data quality statement that each TES was required to complete with the submission of their final metrics. The purpose of the data quality statement was to confirm that the data was reflective of the service being delivered.

Following the submission of the final monthly data for each TES, Unity Insights consolidated and packaged all data and submitted to the Health Innovation Wessex.

Chapter 1

Analysis caveats

Analysis caveats

- The following caveats have been detailed separately, as they potentially influence each of the metrics analysed.
- Additional caveats unique to each metric have been addressed on their corresponding slide.

Some sites have reported data based on patients - and some patients may have more than one wound - whereas other sites have reported on individual wounds.

In this analysis, all data has been aggregated regardless of wound or patient. It is assumed that all patients have one individual wound. However, a small percentage of patients may have more than one wound.

The data collection template provided definitions and metrics, but there is no single source data capture across all sites.

Despite best efforts, sites may have used different methodologies or proxies to calculate metrics to the best of their abilities.

Anecdotally it has been reported that the reporting of healed wounds is likely to underestimate the number of wounds healed, due to the manual nature of ticking data fields in clinical systems to report a wound as healed.

Chapter 2

Wound healing rates

Healing rates – leg wounds

Healing rates for 0-12 weeks have averaged 63%, and 92% for 0-52 weeks. Please note that this is only accounting for healed wounds.

Commentary

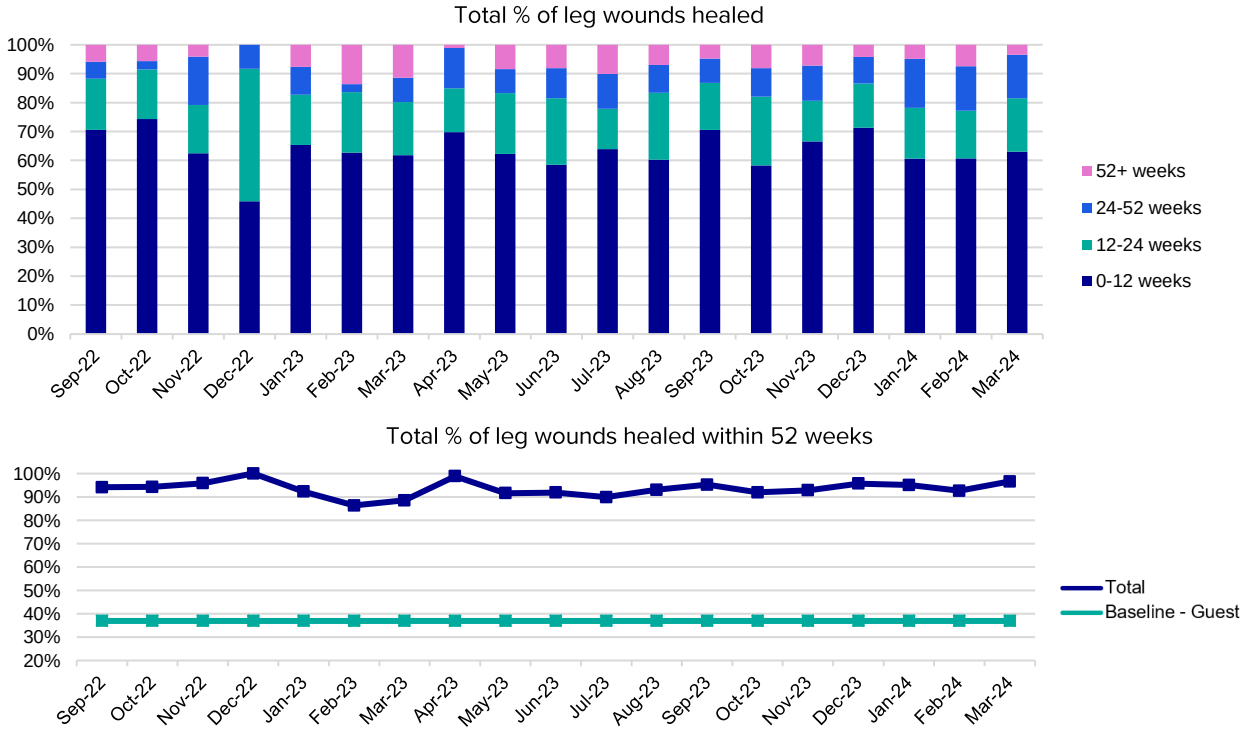
- Over the reporting period, **healing rates for 0-12 weeks have averaged 63%, whilst healing rates for 0-52 weeks have averaged 92%.**

- The initial analysis provided by Guest *et al* .[1] reported that 37% of venous leg ulcers healed within 52 weeks, whilst FImpS reported a 0-12 week healing rate of 52%.

Caveats

- Sussex ESHT (April 23), Sussex Pioneer (July 23) and Bromley (Oct 23) data has been removed from the totals due wound healing numerators and denominators not matching.

- **This data does not report on wounds that remain unhealed**. Wounds identified since January 2024 are unlikely to have healed (by the close of data collection in March 2024), and could fall into any one of the four time periods once healed. As time elapsed, the number of wounds healing accrued in the 24-52 week and 52+ week buckets may have increased; however, no significant change has been identified.



1. Guest JF, Fuller GW, Vowden PCohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013BMJ Open 2020;10:e045253. doi: 10.1136/bmjopen-2020-045253

Healing rates – leg wound comparison

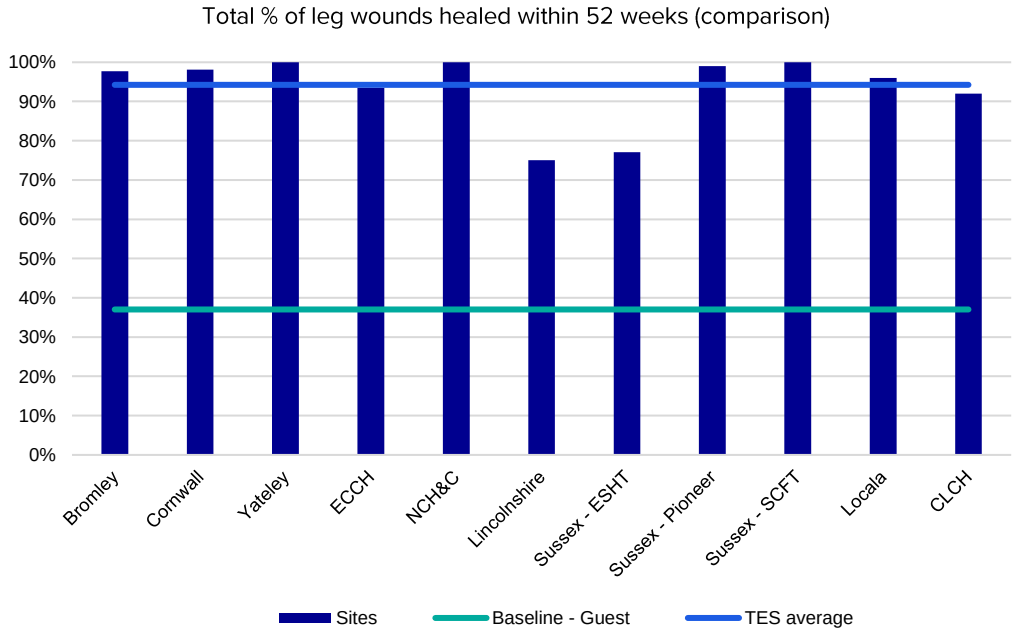
Over the final 6 months, sites reported that 94% of lower leg wounds healed within 52 weeks.

Commentary

- **Over the final 6 months, sites reported that 94% of wounds healed within 52 weeks.**
- Lincolnshire have reported very few healed wounds therefore data is susceptible to significant change; whilst ESHT reported very high rates of wound healing in 52+ weeks that has progressively decreased throughout the duration of the programme.

Caveats

- Sussex ESHT (April 23), Sussex Pioneer (July 23) and Bromley (Oct 23) numerators and denominators do not match; however, adjustments for Sussex Pioneer, Sussex ESHT and Bromley have not been implemented to the site-by-site comparison analysis.
- **This data does not report on wounds that remain unhealed.** Wounds identified since January 2024 are unlikely to have healed and could fall into any one of the four time periods once healed. As time elapsed, the number of wounds healing accrued in the 24-52 week and 52+ week buckets may have increased; however, no significant change has been identified.



Healing rates – foot wounds

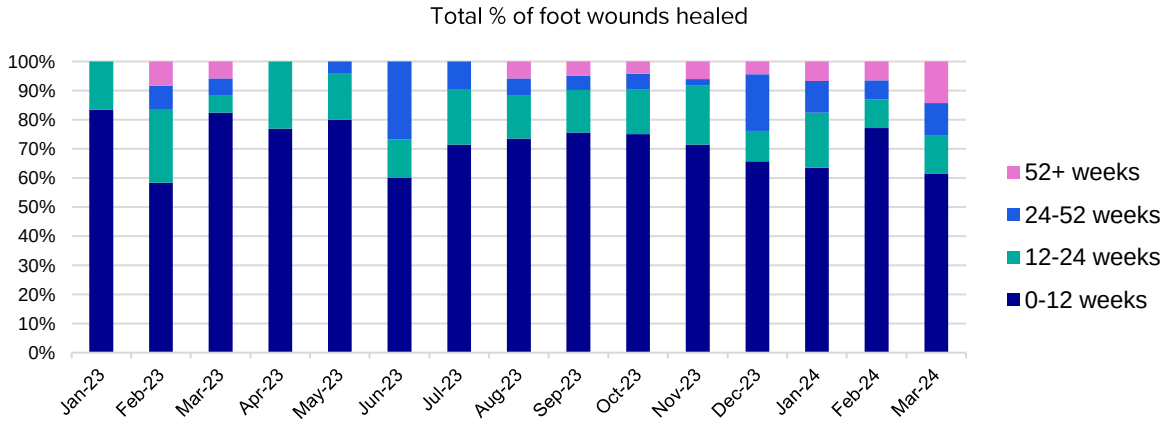
Foot wound healing rates for 0-12 weeks have averaged 69%, and 93% of 0-52 weeks. Note that this is only accounting for healed wounds.

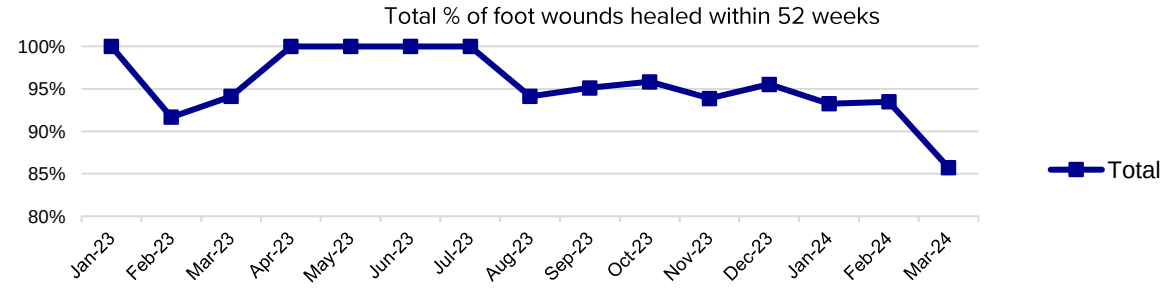
Commentary

- Over the reporting period, **healing rates for 0-12 weeks have averaged 69%**, whilst **healing rates for 0-52 weeks have averaged 93%**.
- Compared to leg wounds, the proportion of foot wounds healing in 0-12 weeks in the final 6 months of the programme is slightly higher (69% vs. 63%). The proportion of wounds healing within one year is near identical (foot wounds = 94%, leg wounds = 92%).
- Towards the end of the reporting period, the percentage of foot wounds healing within one year appears to be decreasing - this is potentially due to wounds identified earlier in the programme only healing towards the end of the programme. In an ideal scenario this measure would be tracked further to see if this decrease is sustained.

Caveats

- Just four sites (Bromley, Cornwall, Sussex ESHT & Locala) have reported on healed foot wounds, each site starting from a different period.
- **As per previous slides, this data does not report on wounds that remain unhealed.**





Chapter 3

Referrals and assessments

Referrals and assessments – leg wounds

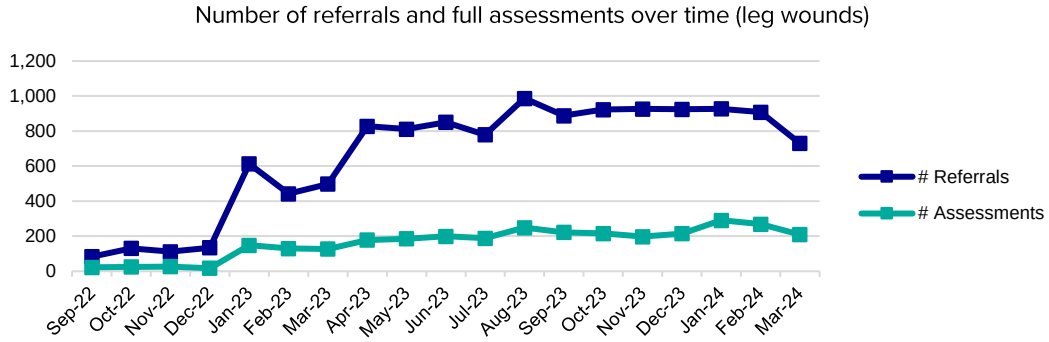
12,489 referrals and 3,106 assessment were recorded for leg wounds across the lifetime of the programme.

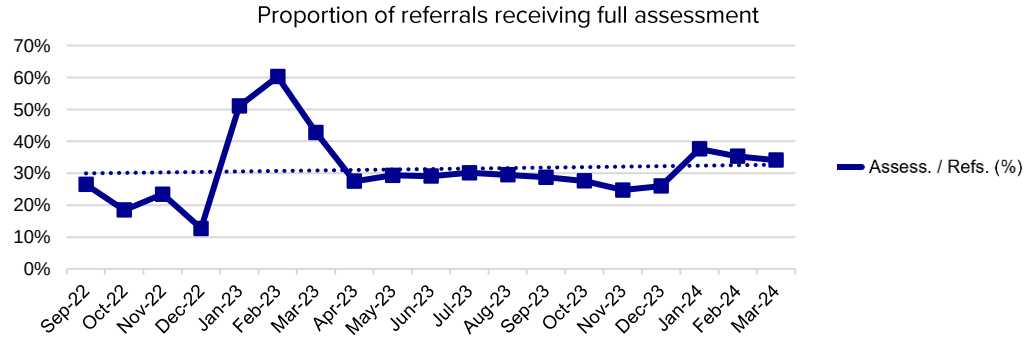
Commentary

- **In total, 12,489 referrals, and 3,106 assessment have been reported**; however, we expected this to be an underestimate of actual delivery. **Overall, 31% of referrals received a full assessment,** compared to 45% in the FImpS report.
- Progressively over the course of the programme an increase in the number of referrals monthly has been reported, driven by additional sites reporting against each metric, and by sites increasing capacity. Additionally, sites have been onboarded onto the programme at later dates (CLCH & Locala) which has had additional influence over the increase in the reported number of referrals and assessments.
- At a national level there does not appear to be any clear change in the proportion of referrals receiving a full assessment across the lifetime of the programme. The significant peak witnessed nationally during early 2023 is largely driven by Sussex Pioneer, a site with a large number of referrals and assessments comparatively to others. Exploratory linear regression shows no significant change to proportion of referrals receiving full assessment over time.

Caveats

- Cornwall has been able to report referrals, but has not been able to report full assessments. For the purpose of this analysis we have included Cornwall in order to allow the reporting of the total number of referrals made during the lifetime of the programme.
- Cornwall has been removed proportion of referrals receiving full assessment analysis.





Referrals and assessments – foot wounds

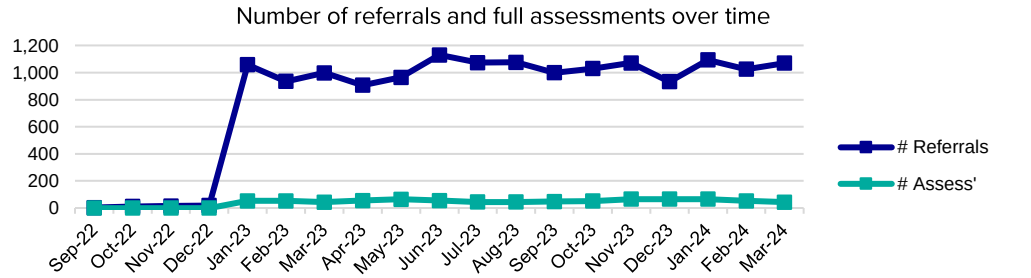
15,414 referrals and 808 assessment were recorded for foot wounds across the lifetime of the programme.

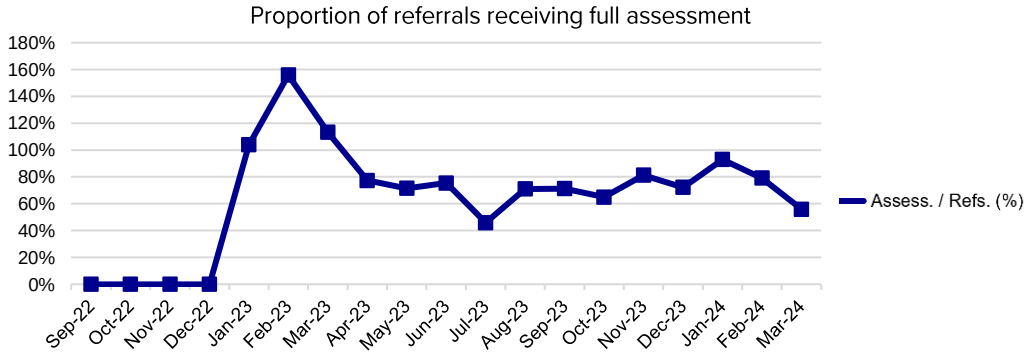
Commentary

- **In total, 15,414 referrals, and 808 assessment have been reported**; however, we expected this to be an underestimate of actual delivery. **Where sites were able to provide referrals and assessments, 77% of referrals received a full assessment.**
- Only NCH&C and Sussex ESHT have been able to provide both the number of referrals and full assessments for foot wounds, and are therefore the only sites in this analysis. It is these sites alone that result in the statistic of 77% of referrals receiving a full assessment.
- As a result, it is not possible to comment on the trends realised over the course of the programme nationally.

Caveats

- In most months Sussex ESHT have reported a greater number of patients receiving a full assessment than the number of people referred into the service - this should be interrogated further.
- Anecdotally we have seen that sites have different approaches to reporting whether a full assessment was delivered. In some cases, a data field is ticked to affirm that a full assessment has been offered; however, other sites have used proxies, such as whether a Doppler was delivered to confirm whether a full assessment was done.
- A significant number of the foot wound referrals accounted for in this analysis were reported by Sussex SCFT; however, Sussex SCFT did not provide data on full assessments. This is the result of the significant discrepancy between the number of referrals and assessments in the headline statement.





Chapter 4

Strong compression

Strong compression

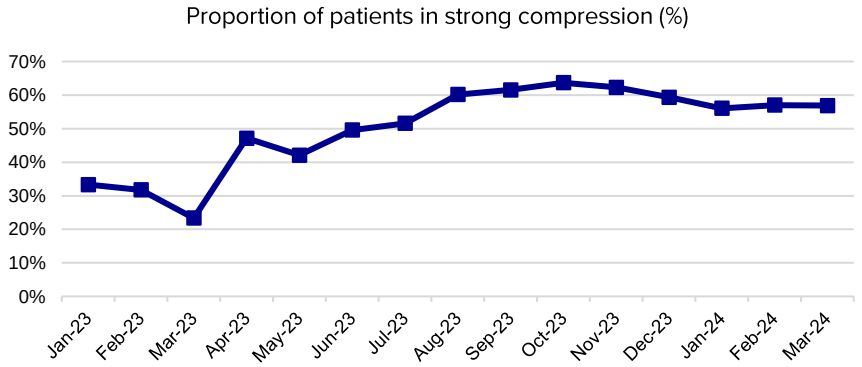
57% of patients with leg wounds were in strong compression by the end of the TWC programme. Strong compression adherence peaked at 64% in October 2023.

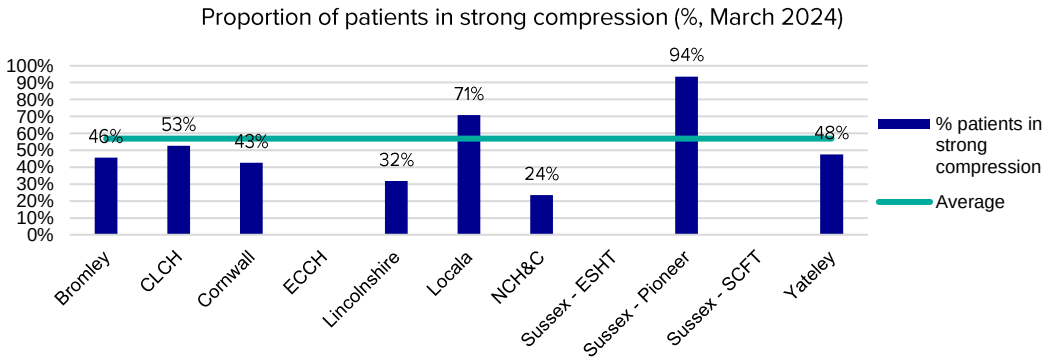
Commentary

- In March 2024, a total of **594 patients were in strong compression,** equal to **57% 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).
- The FImpS report identifies that 47% of patients were treated with strong compression during the period analysed.
- Locala and Sussex Pioneer both overperform the average. Removing Sussex Pioneer from the analysis results in a new average of 50% of eligible patients receiving strong compression.

Caveats

- ECCH, Sussex ESHT and Sussex SCFT were unable to provide values for strong compression, and therefore have not been included in the national analysis.
- The metric for strong compression is presented as a cumulative measure. Due to the limitations in the data collection, the ability to identify the total number of patients who have received strong compression over the course of the programme is limited. For this reason, we have stated the adherence to strong compression at the final data collection point.





Chapter 5

Assessments, strong compression and healing rates

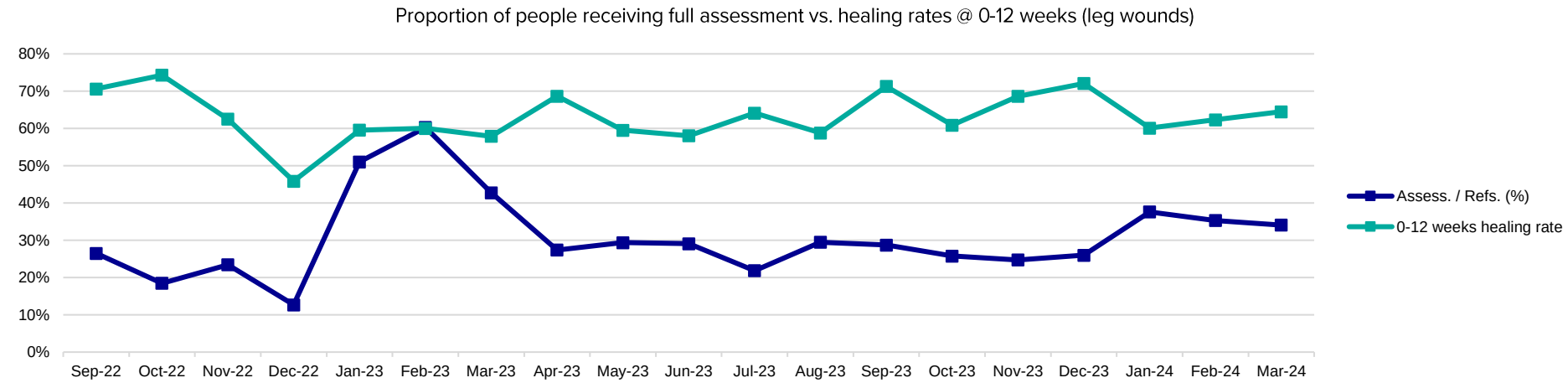
Full assessment & healing rates

Commentary

- Exploratory linear regression shows no significant change to 0-12 week healing rates or proportion of people receiving full assessments over time.
- There does not appear to be any correlation between the two variables currently.
- To further this point, individual sites were reviewed. One example, Bromley, has reported an increase in the proportion of patients receiving full assessment throughout the programme; however, it appears that little has changed to the 0-12 week healing rate during the period.

Caveats

- Sussex ESHT (April 23), Sussex Pioneer (July 23) and Bromley (Oct 23) data has been removed from the totals due to wound healing numerators and denominators not matching.
- Cornwall have been removed from the analysis as they did not report full assessment data.



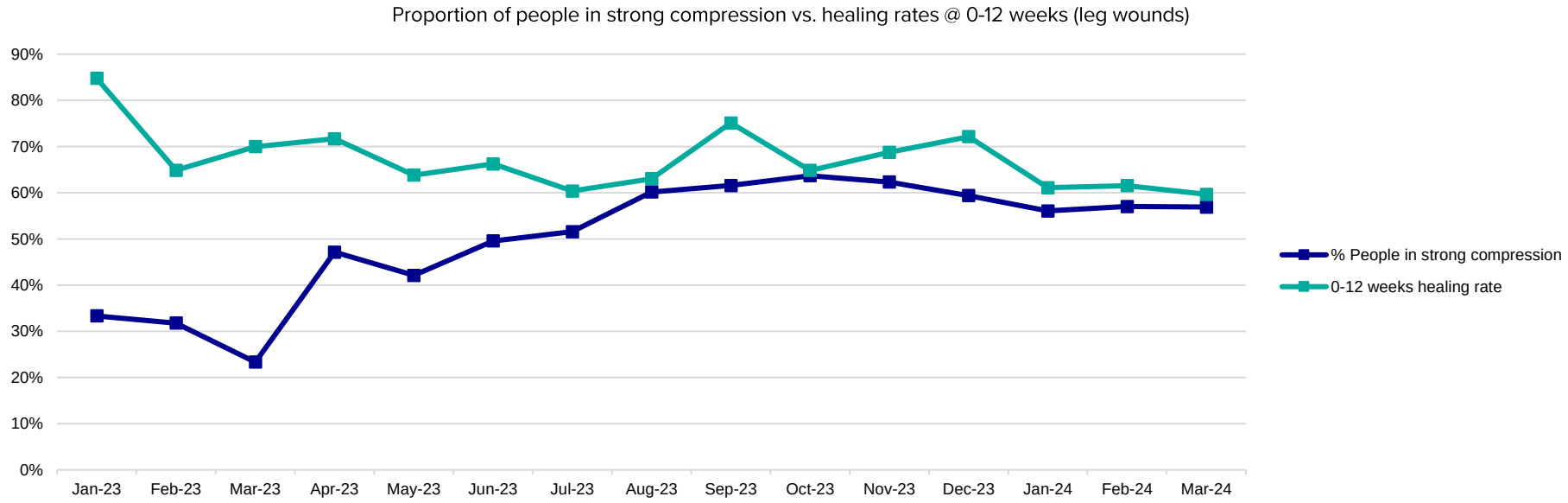
Full assessment & healing rates

Commentary

- Exploratory linear regression shows no significant change to 0-12 week healing rates or proportion of people in strong compression.
- There does not appear to be any correlation between the two variables currently.

Caveats

- National analysis includes Bromley, CLCH, Cornwall, Lincolnshire, Locala, NCH&C, Sussex Pioneer and Yateley. All other sites were unable to provide data regarding strong compression.



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