Health Innovation Wessex

Transforming Wound Care Technical Report 2: Patient cases

Table of Contents

This technical report along with accompanying technical reports provides a full account of all data sources for the evaluation of the Transforming Wound Care programme and should be read in conjunction with the full evaluation report of that programme.

Summary

The following report describes the approach taken to collecting and analysing patient case data. Findings are shared at programme level and by individual Test and Evaluation Site (TES). The findings illustrate patients' routes into the new pathway and their experiences of, and high levels of satisfaction with, the new services.

Key points

- Data was collected from 24 patients, across seven TESs.
- 57 appointments delivering lower leg wound care to ambulatory and non-ambulatory patients were rated.
- There was variation between patient cases in relation to socio-economic deprivation (IMD decile).
- Patient cases were mostly aged 65 years and over, except those from Locala TES, who were younger.
- All cases described their ethnicity as white.
- The findings show patients' routes into the new pathways – which were mostly via primary care.

Successes

- Treatment was universally rated positively, with 100% of patient cases across all TESs rating treatment received as either 'Very Good', or 'Good'.
- The large majority (93%) of patient cases understood information that they were given at their appointments.
- Free text responses revealed that positive overall views on treatment scores were influenced by an appreciation for the nurses and other staff involved in their treatment.
- Staff were seen as being *friendly and approachable*, providing *positive communications* (which involved them listening carefully to patients' concerns as well as giving valued advice) and their willingness to *adapt care to patients' needs.*
- Free text responses also showed that overall patients were highly *impressed with care and viewed the care as excellent*.

Challenges

- Collecting patient data was a complex and iterative task due to the differing contexts across the TESs.
- Some patients highlighted *logistics and system pressures* affecting their care. These related to availability of dressings or equipment and staffing pressures (that sometimes caused scheduled appointments to be missed if a staff member was unwell).

1. Introduction

In agreement with the TESs, up to five patient cases per site were recruited. These patients were determined to be representative of typical cases from the local population seen by the TESs' lower leg wound care services and their progress was tracked at an individual level across a 12-week period. This case tracking involved recording patients' interactions with the service, including assessment, treatment and advice received as well as gathering their reactions and experiences of the pathway. Patient cases were recruited and consented by their own clinical team.

2. Methods

This section first describes the data collection tool (the patient case questionnaire) and then discusses how it was adapted for use across the different TESs.

2.1. Patient case questionnaire

The patient case questionnaire was made up of two parts. It was not a self-completion questionnaire; instead, questions were posed to patients and answers filled in by a member of the clinical or evaluation teams. The first part (demographics section) was designed to collect key demographics and clinical details from patients. It also provided space for a record to be made of patients' appointments to date. This information was collected for all patient cases by the recruiting clinician and only completed once.

The second half of the questionnaire (experiences section) was designed to track appointments and treatments (and patients' views of these), received by patient cases over a three-month period. It sought details of treatments and information received, level of satisfaction and understanding as well as current perceived effects of the patients' leg wounds on their quality of life. Information for this section could be collected by one of the clinical team from the TES or by a member of the Health Innovation Wessex Insight team (the evaluators, hereafter referred to as 'we'). The patient case questionnaire is included in Appendix One within this report.

2.2. Adaptations of approach by TES

The data collection process was highly iterative and adapted according to the needs of individual TESs, as explained in table one below. Our original criterion for recruiting patient cases was that these should be patients relatively new to the caseload so that their treatment journey could be tracked from immediate and necessary care through to week 12 of treatment. However, as TESs began their recruitment it became clear that for some nursing teams it was not possible to identify new patients with lower leg wounds within the evaluation timeframe. This resulted in an adaptation to the experiences section late into the data collection period (around February 2024) so that it could be used for longer standing patients as an overview of care received, rather than as a tracker for each individual appointment. This questionnaire version was employed by district nursing teams in Central London Community Health and Care NHS Trust (CLCH) and Bromley. In another adjustment, Cornwall who recruited patients from a wound management clinic found that although patients were happy to answer questions while they were at the clinic, they did not consent to follow-up by HIW on subsequent appointments. For this reason, Cornwall patients were only questioned about one of their appointments, rather than being followed up over several.

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Table 1 Patient case approach by TES

TES and team recruiting	Approach taken to patient cases	Version of experience questionnaire	Number recruited
Bromley Healthcare tissue viability clinic	Demographics questions completed by clinician at recruitment. Details passed to HIW evaluation team who followed up patients by telephone.	Per appointment (repeat contacts)	3
Bromley Healthcare district nursing teams	Demographics and experience questions asked by district nursing team.	Treatment overview (one off)	2
CLCH district nursing team	Demographics questions completed by clinician at recruitment. Details passed to HIW evaluation team who followed up patients by telephone.	Treatment overview (one off)	2
Cornwall wound management clinic	Demographics and experience questions asked by the Quality Lead within the wound management clinic (x4 cases). One case was followed up by HIW evaluation team. The original questionnaire version was used for these patients because this was before the questionnaire was adapted for Bromley and CLCH.	Per appointment (repeat contacts) but only one contact per patient in Cornwall.	5
Lincolnshire district nursing team	Demographics and experience questions asked by district nursing team.	Per appointment (repeat contacts)	3
Locala tissue viability clinic	Demographics questions completed	Per appointment (repeat contacts)	4

TES and team recruiting	Approach taken to patient cases	Version of experience questionnaire	Number recruited
	by clinician at recruitment. Details passed to HIW evaluation team who followed up patients by telephone.		
Norfolk and Waveney ECCH tissue viability service	Demographics and experience questions asked by Tissue Viability team.	Per appointment (repeat contacts)	2
Norfolk and Waveney NCH&C district nurse team	Demographics and experience questions asked by district nursing team.	Per appointment (repeat contacts)	2
Yateley Medical Practice	Demographics questions completed by clinician at recruitment. Details passed to HIW evaluation team who followed up patients by telephone.	Per appointment (repeat contacts)	1

A total of 24 patients were recruited from the original target of five cases per TES (40 overall). Numbers of patients recruited from each TES varied due to availability of people that met the criteria for patient cases, and patients' willingness to consent to taking part in the evaluation and to be followed up. One patient case from Locala was discounted because they were not seen by the Locala clinic. One patient case from CLCH was lost to follow up due to hospitalisation.

Sussex did not recruit patient cases because the TES was in a pre-implementation phase. In order to hear patients' voices from Sussex, one of the HIW evaluation team observed an online meeting which discussed plans for the new pathway. A summary of this workshop is provided at section 3.4.

2.3. Analysis approach

We initially created narrative summaries of each patient case noting key features at an individual level. Then we carried out analysis across the whole data set creating descriptive statistics of demographics data and identifying key messages and categories arising from free-text responses.

3. Findings

3.1. Demographics section responses

We initially reported findings from the demographics section of the patient case questionnaire. For the demographics questions, the sample size (n) equals 24 i.e. the total number of patient cases. Where total responses drop below this in some questions, it is due to missing answers, or in one case an incomplete scan of the questionnaire which meant that some data was missing. Due to the small number of patient cases, total numbers are included in charts visualising demographics data.

Numbers of patient cases recruited per TES are shown in Figure 1 below.

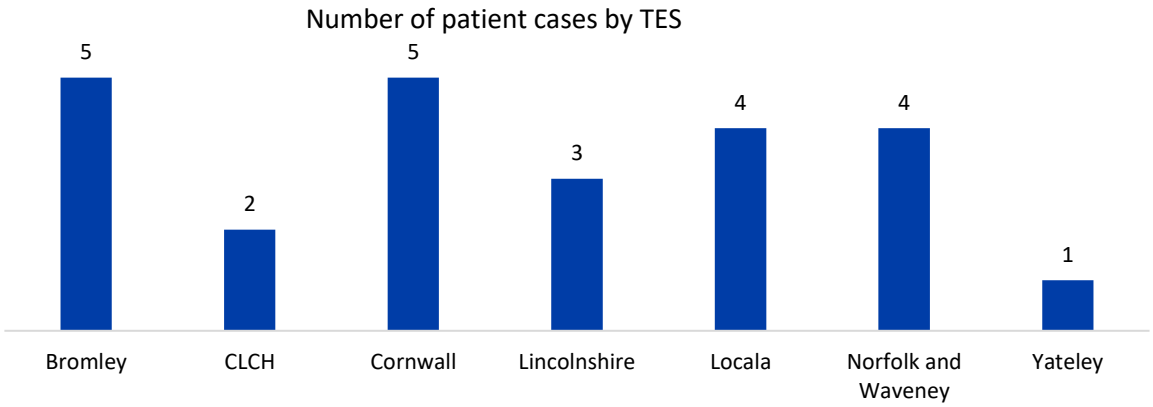

Figure 1 Number of cases by TES

Most patient cases (19) were receiving treatment for venous leg wounds, with a much smaller proportion having mixed (venous and arterial) leg and/or foot wounds. The higher proportion of venous wounds is to be expected as venous leg ulcers are the greatest cause of leg wounds[1]. One further patient had a traumatic wound. One patient case from Norfolk and Waveney did not specify the type of wound.

[1] Venous leg ulcer - NHS

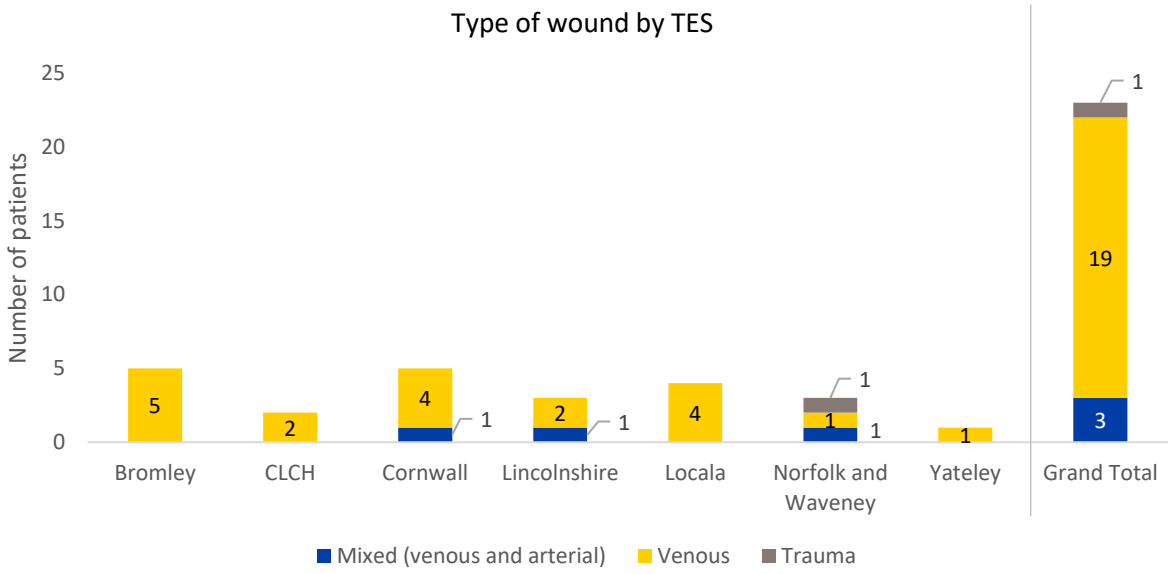

Figure 2 Type of wound by TES

Most patients' wounds were situated on the lower leg (21 out of 24), one patient had a foot wound, and one had both a foot and a leg wound. Data on location of the wound was missing for one patient.

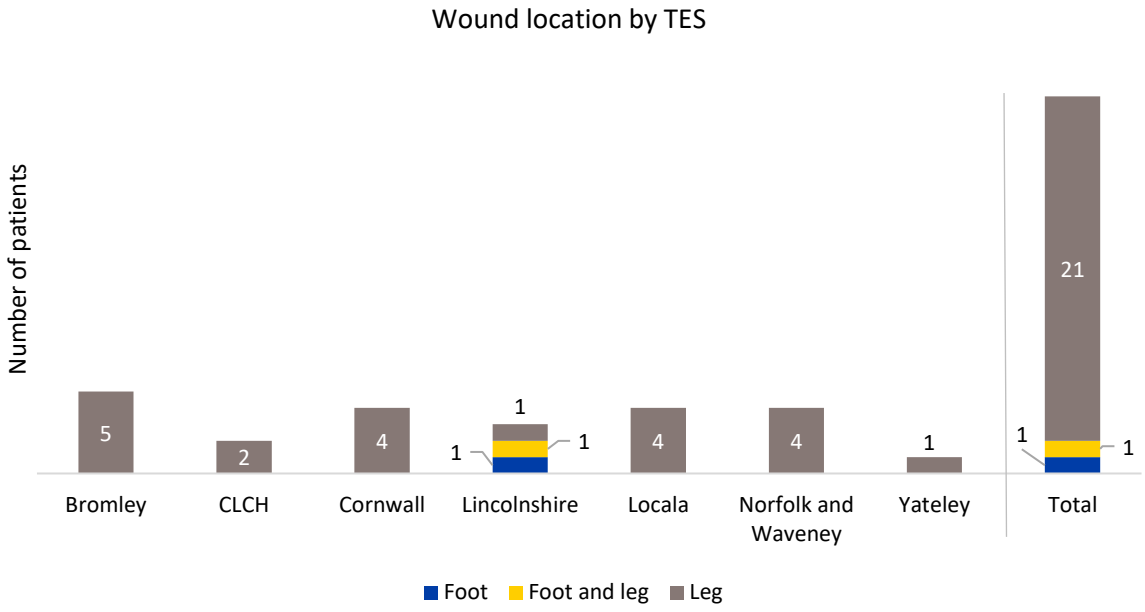

Figure 3 Wound location by TES

The majority of patient cases (16) were female and seven were male. Gender was not given for the remaining case.

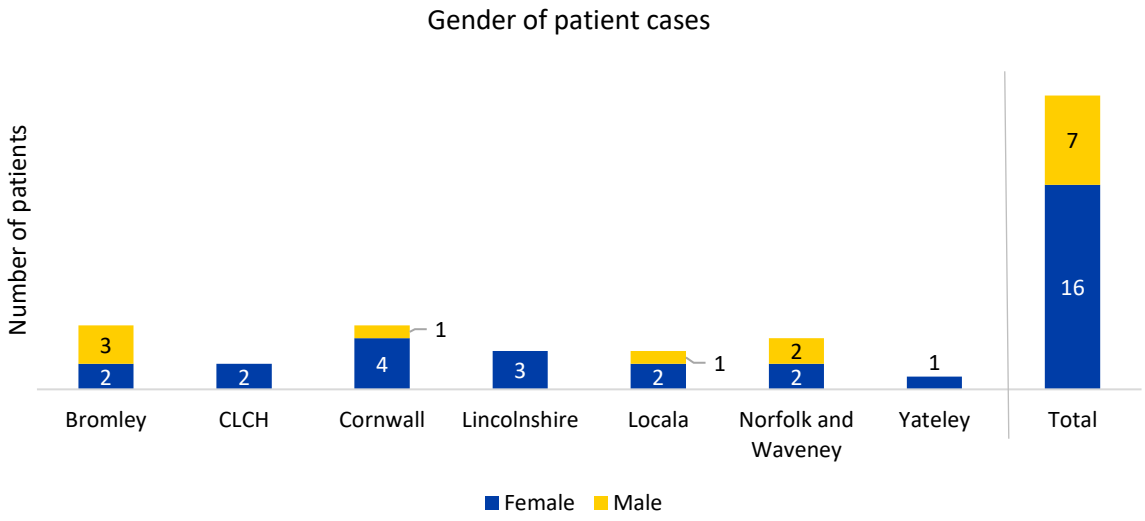

Figure 4 Gender of patient cases by TES

In all but one TES, patients were aged 65 years and above, which is consistent with expectations for the wound type[2]. The exception to this were patient cases from Locala (including one no-response to this question) where patients were much younger.

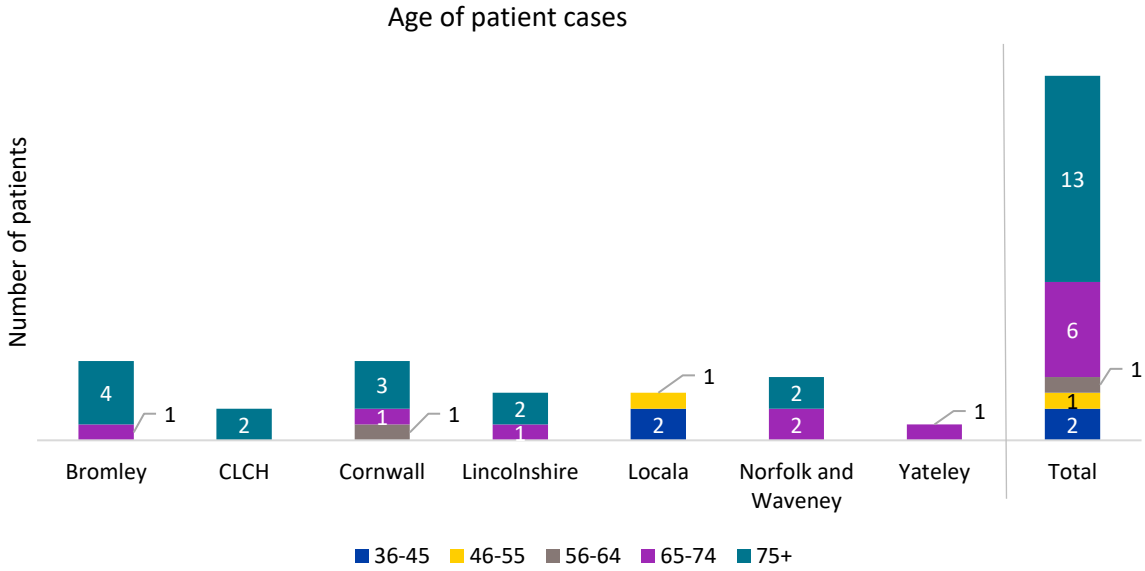

Figure 5 Age of patient cases by TES

Postcodes were collected as part of the demographics section and cross-referenced these within Index of Multiple Deprivation (IMD) deciles using the postcode lookup function. The IMD is used to measure

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

relative deprivation for small areas in England (Lower layer Super Output Areas). Lower layer Super Output Areas (LSOAs) are fixed statistical geographies of about 1,500 people designed by the Office for National Statistics. Every LSOA in England is given a score which ranks all the LSOAs in England from the most deprived (1) to the least deprived (10), identifying how deprived areas are relative to others. An LSOA ranked one is amongst the 10% most deprived LSOAs, i.e. the most deprived decile. An LSOA ranked 10 is in the least deprived decile/amongst the 10% least deprived LSOAs.

Patient cases represented a good distribution across IMD deciles, with seven cases falling within deciles one and two (most deprived), six within deciles three and four, four within deciles five and six and four within nine and ten (least deprived). The breakdown by TES is also shown in Figure 6 below. Patient cases representing the most deprived deciles stemmed from Cornwall, Lincolnshire and Locala. Patient cases representing the least deprived deciles came from Bromley Healthcare, Norfolk and Waveney, and Yateley and Frimley. We did not receive postcode information from one patient case.

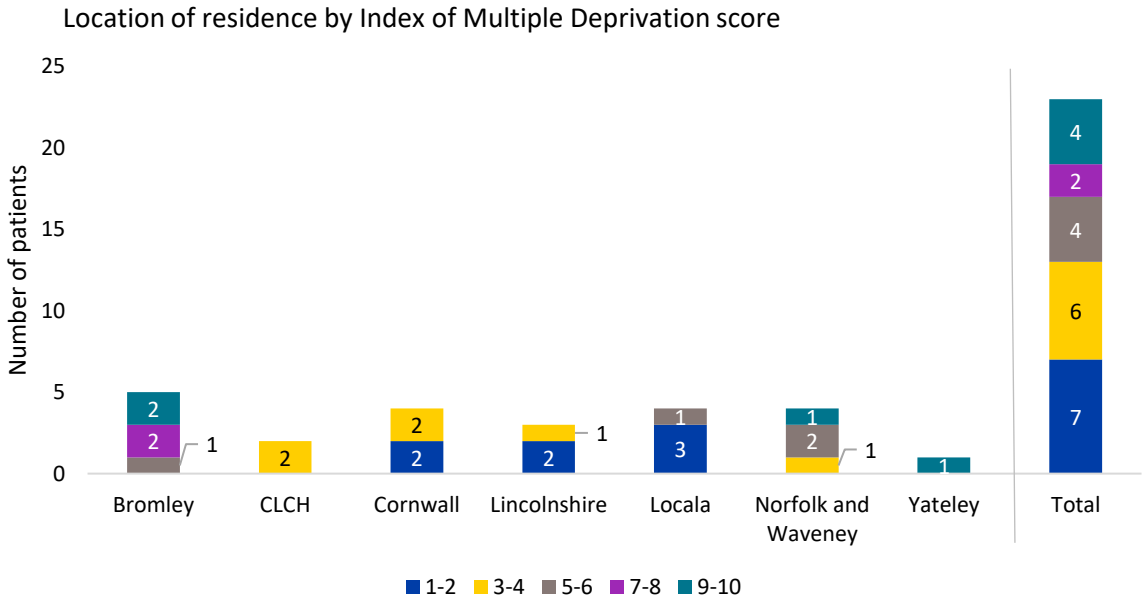

Figure 6 Location of residence by IMD score

Most patient cases were white British or Irish (19), two gave 'other' white background as their ethnicity and there was no response to this question in three cases.

With regards to first contact with healthcare professionals, the highest number of patient cases initially consulted a practice nurse (at the GP surgery) about their wound (seven patients), with others contacting their GP (five patients), hospital staff (five patients) and a district nurse visiting them at home (four patients). One patient stated they had first consulted a healthcare or nursing assistant. The involvement of a range of staff (especially within primary care) at the start of the treatment journey emerges as an important issue in other sources of qualitative data collection.

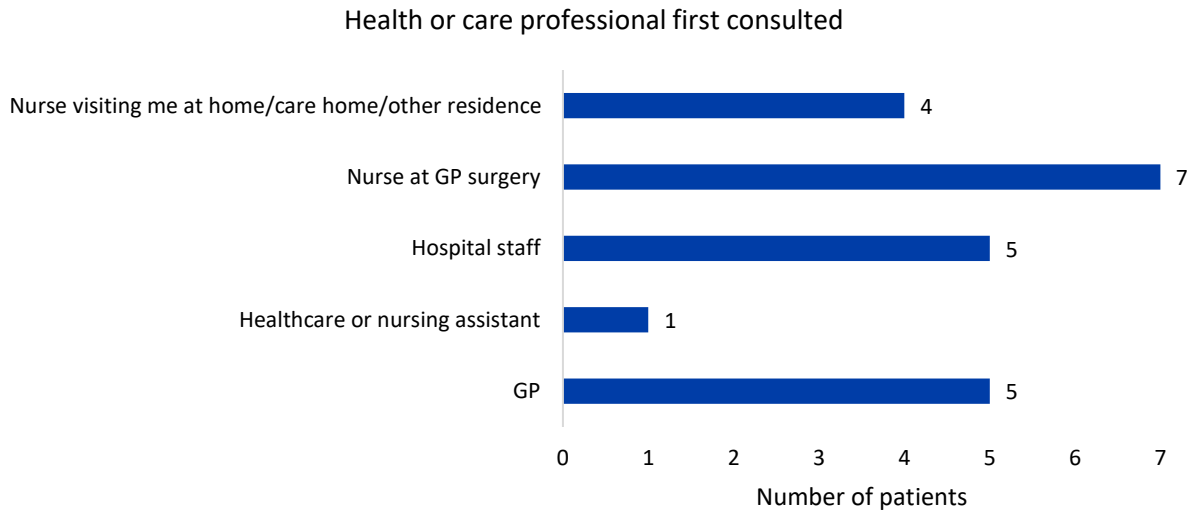

Figure 7 Health or care professional first consulted

Figure 8 below shows how soon patients sought help after they first noticed their wound.

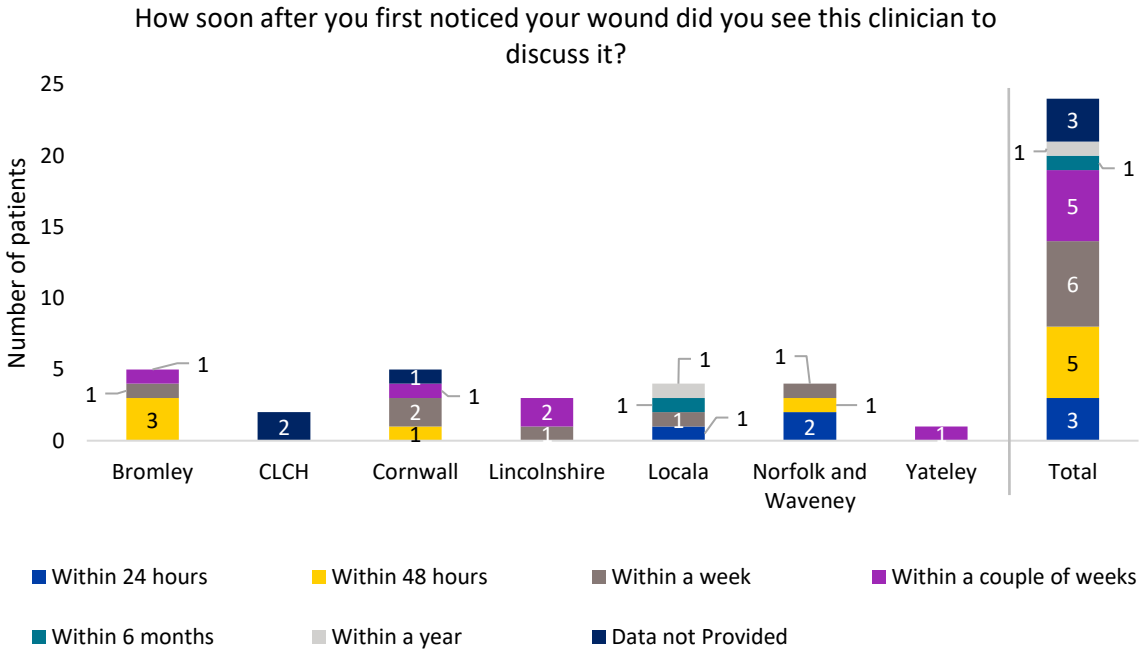

Figure 8 Time patient stated sought help for wound by TES

While 'outcome of treatment' was not a question included on the patient case questionnaire, as part of the analysis process we grouped patient cases into one of three categories which were derived from information entered within open questions. These categories identified the onward journey of the patient after the period of evaluation, and were defined as: continuing professional care, healed/discharged, and self-rated healing well/nearly healed (with continuing professional care [CPC]).

At the end of our contact with cases, 14 continued to receive professional care, six were healed and discharged, and four rated themselves (or were rated by the clinician completing the questionnaire) as healing well/nearly healed.

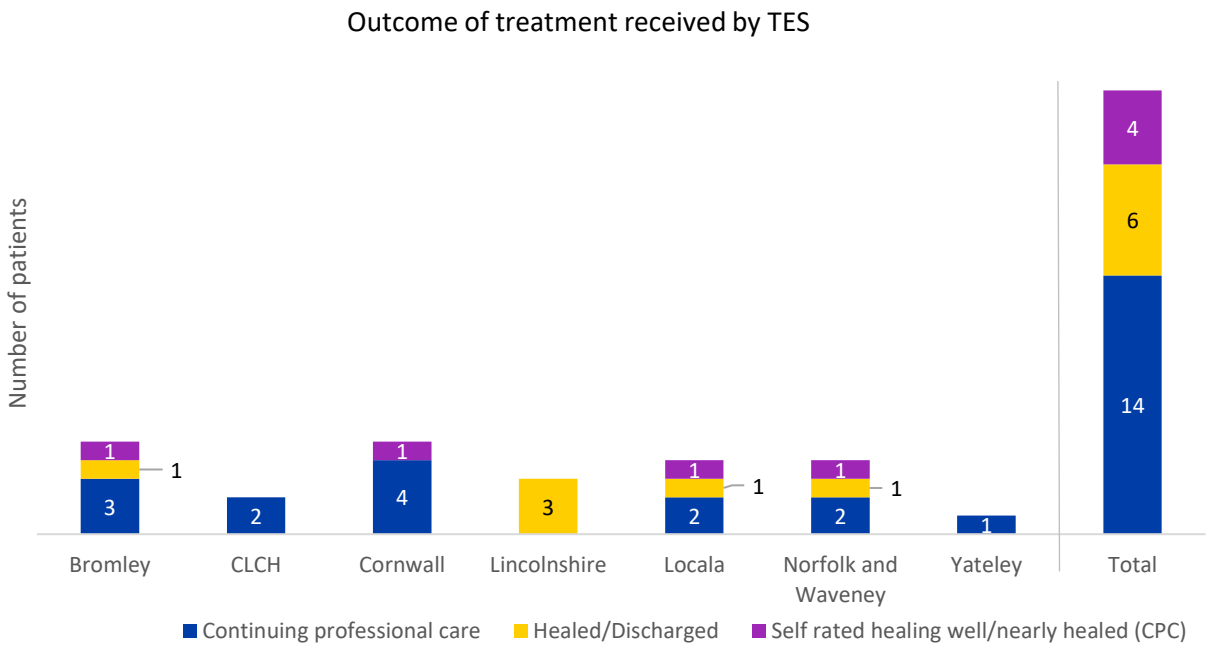

Figure 9 Outcome of the treatment received by TES

3.2. Experiences section responses

A total of 57 appointments were followed up and rated via completed experiences questions. As can be seen in **Figure 10** the number of patient follow-ups (and completed experiences questionnaires) varied by patient. Variations were due to the approach taken at the TES (e.g. CLCH used one overview questionnaire per patient case), the number of appointments within the timeframe, and the willingness of patients to be contacted on a repeated basis. For the next set of charts, the sample size (n) is 57, i.e. the total number of appointments rated. Charts from **Figure 11** onwards depict the data using percentages due to the higher numbers involved.

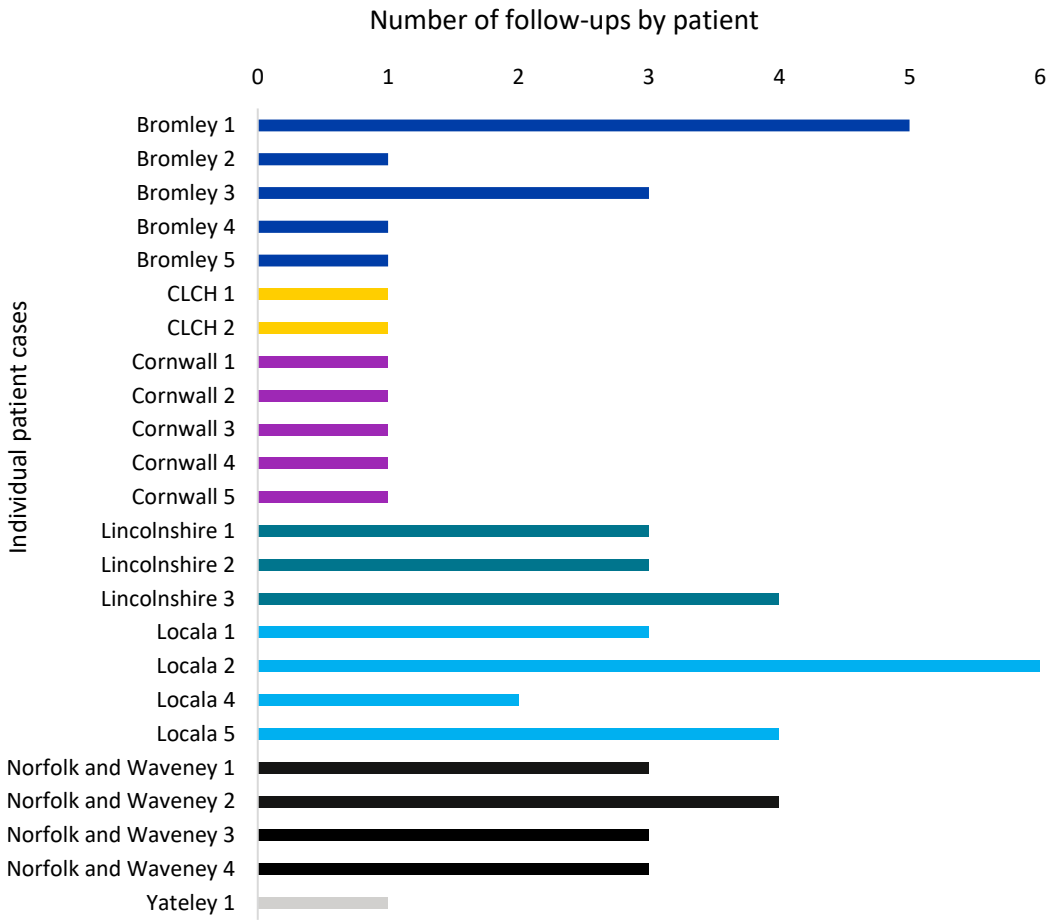

Figure 10 Number of follow-ups by individual patient case

Figure 11 below shows the appointment types on which patients based their responses. The highest proportion of appointments were for dressing changes (this was unsurprising as patients tended to receive these weekly, if not twice weekly). These appointments were the subject of 100% of experiences questionnaires for Cornwall, Locala, and Yateley and Frimley. The two patient cases from CLCH and two patient cases from Bromley used one questionnaire as an overview for a range of different appointment types. In Norfolk and Waveney, the appointment type was not stated in all cases. Less common appointment types included full assessments, reviews, and immediate and necessary care.

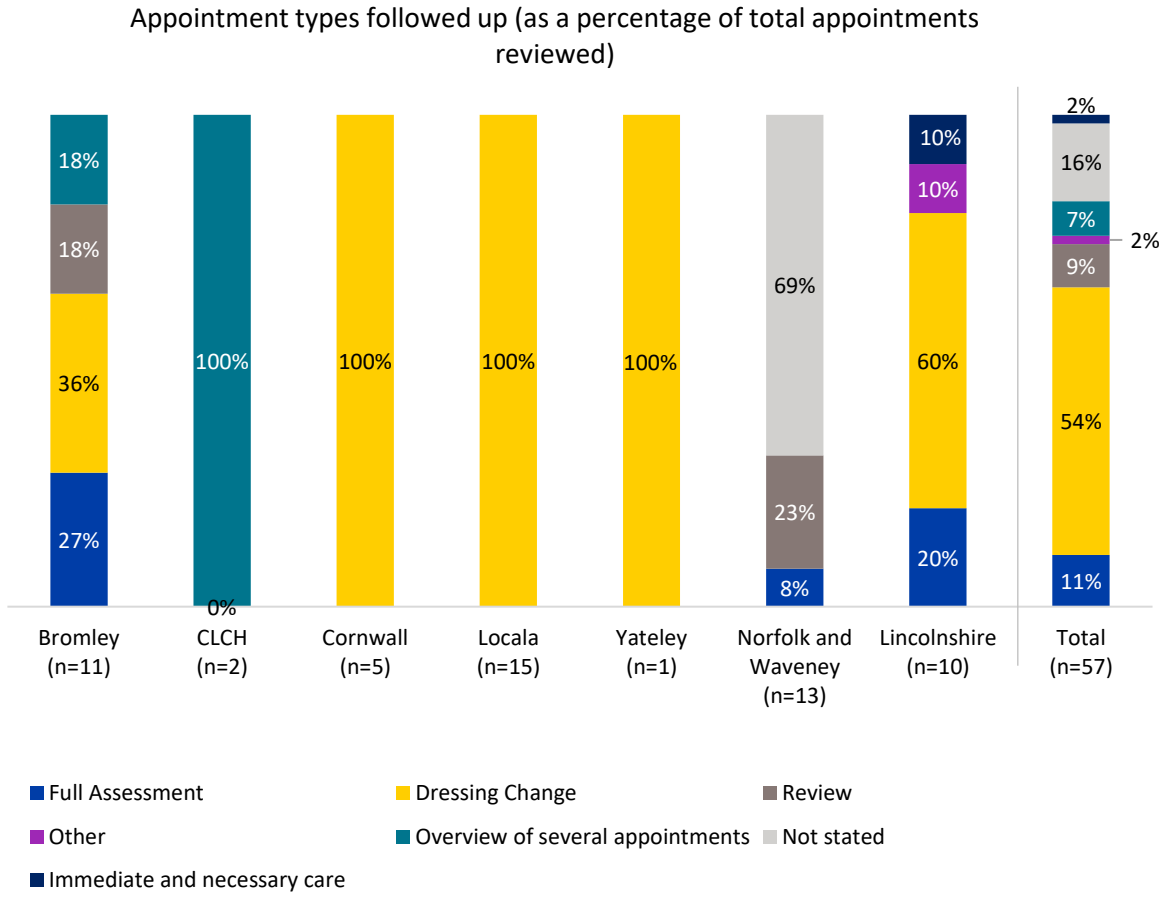

Figure 11 Appointment types reviewed

Figure 12 shows the frequency with which treatments and activities specified by the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs) were carried out at appointments as a percentage of the total number of appointments. For example, we can see wound cleaning was carried out at 86% of appointments, wound dressing at 84% of appointments, and compression at 70%. It was notable that pain relief was only received in a relatively low percentage of cases (14%). In a further 7% of appointments, pain relief was offered but not taken up. Comments showed that in a further 9% of appointments pain relief was discussed more generally. A Doppler test was only received in 28% of appointments (in keeping with the balance of appointments reviewed being mainly dressing changes); measurement of wound and referral to another service were also at relatively low levels.

Please note for this chart, the 'received' category indicates where this element was ticked as having been received by the patient at this appointment. 'Not received' incorporates responses that were blank, 'don't know', or 'not offered' (from a list of options). The decision to put blanks in with 'not received' is because some questionnaires only marked treatments that were received, leaving all other rows blank. The remaining categories shown are 'Offered but not taken up' and 'other' which represents questionnaires that included a comment but did not include a rating.

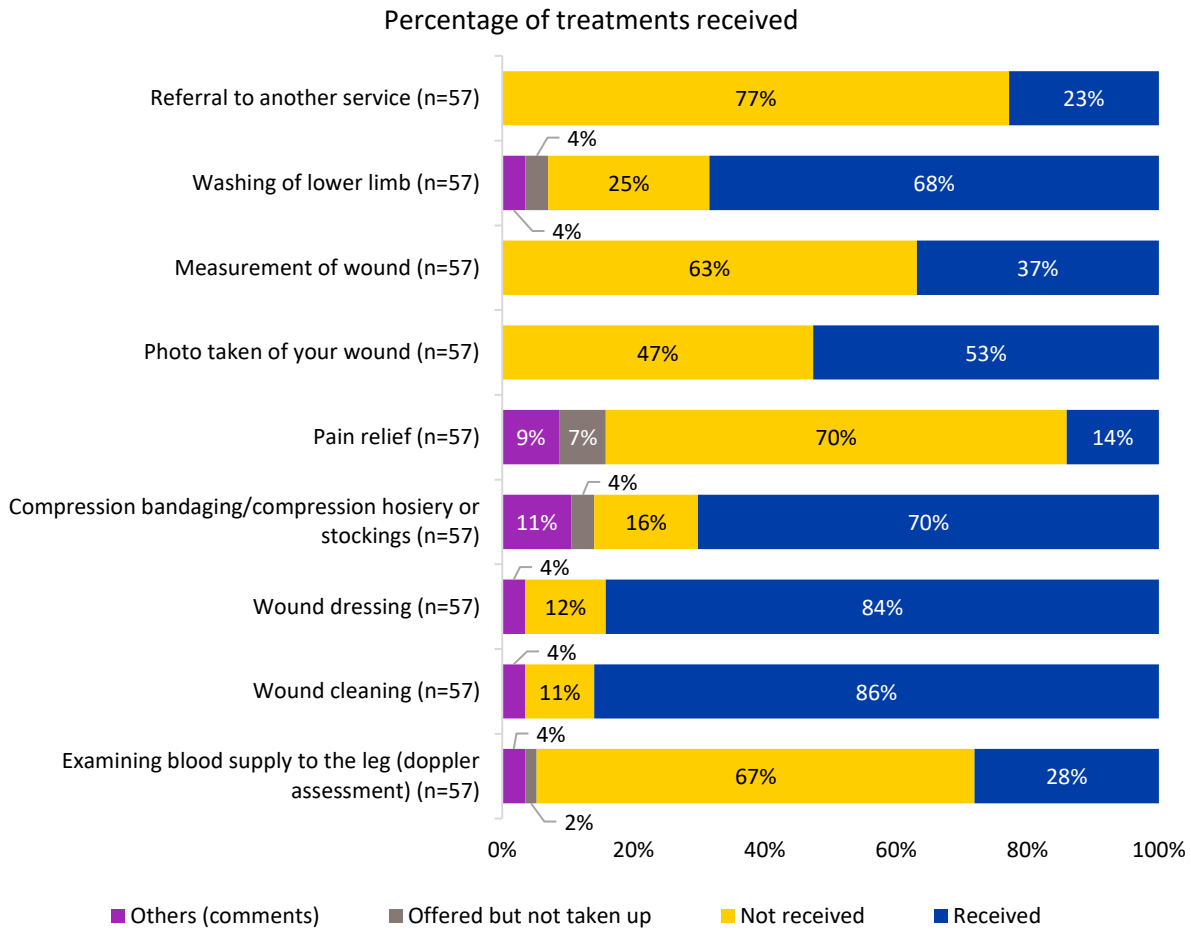

Figure 12 Percentage of treatments received

Patients were asked to rate their views on the treatment they received at their appointment(s) for their lower leg wound, on a Likert scale from 'Very Good' to 'Very Poor'. Treatment was universally rated positively, with 100% of patient cases across all TESs rating treatment received as either 'Very Good', or 'Good'. Comments given in the open text boxes (discussed below) highlight the positive views patients expressed about their treatment and the staff who provided their treatment.

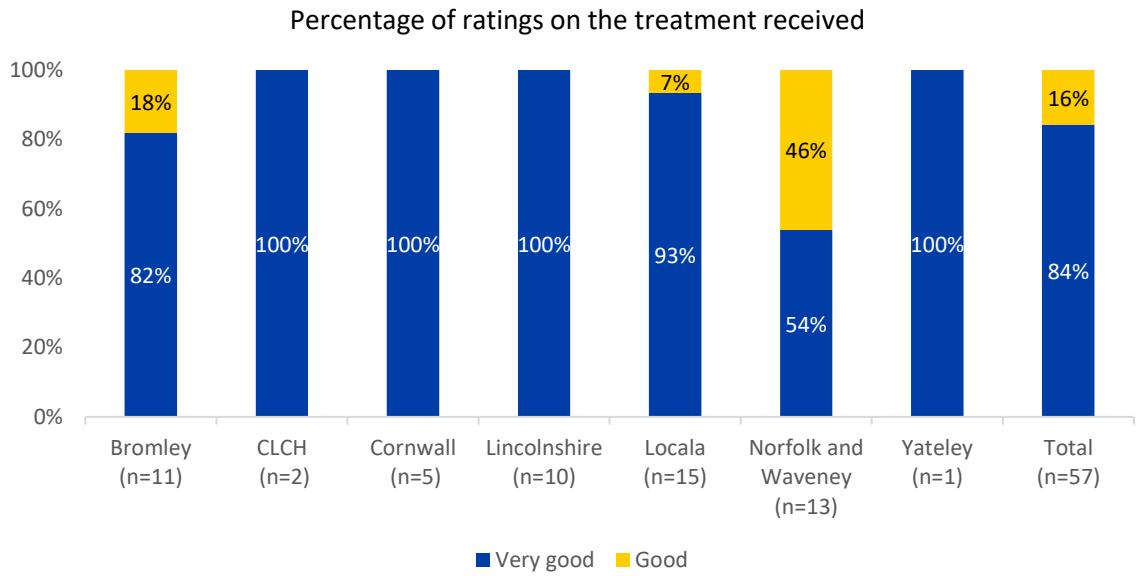

Figure 13 Percentage of rating on the treatment received

Patients were also asked to specify (from a possible list of information types) what types of information they had received during their treatment (either at one specific appointment or overall, depending on which questionnaire version was being used). Types of information received are shown in **figure 14** below.

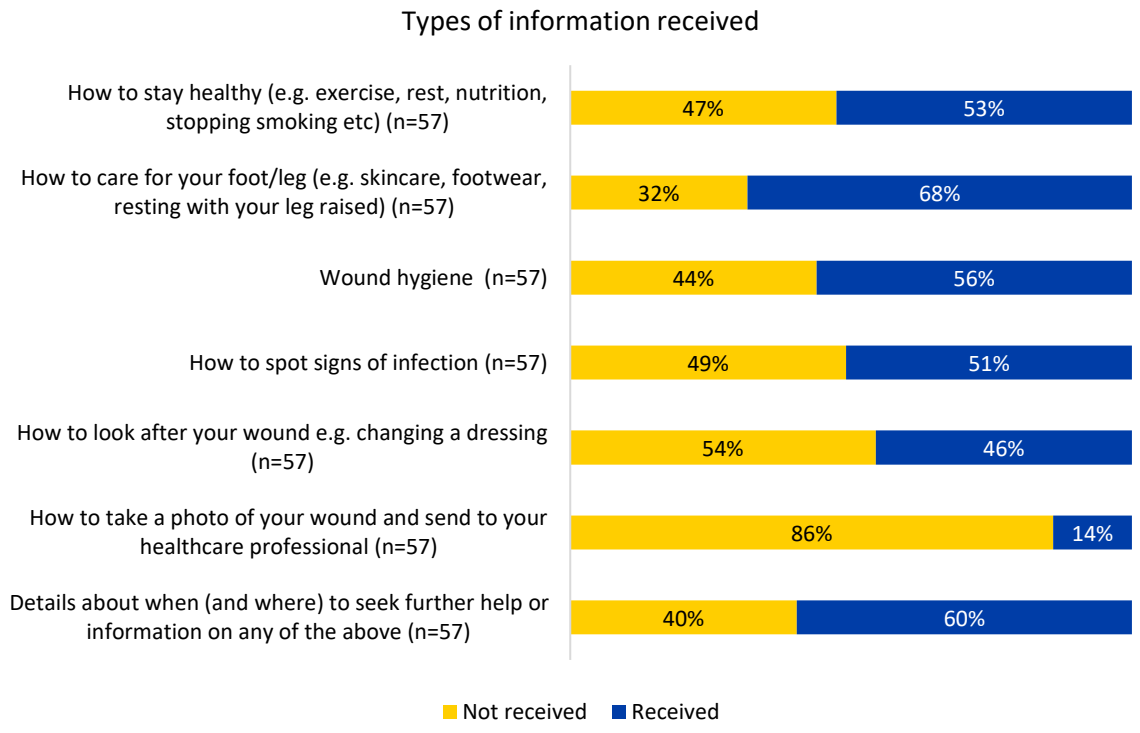

Figure 14 Types of information received across all appointments

The large majority (93%) of patient cases understood information that they were given at their appointments. No patients gave any suggestions for areas that need further clarity or explanation. Responses provided in the free text comments (discussed below at section 3.3) show an appreciation for clinicians' clear communications.

The final questions asked patients to rate their level of agreement with a set of statements on a five-point scale: Agree strongly (5), Agree slightly (4), Neither agree nor disagree (3), Disagree slightly (2) Disagree strongly (1). In the overview questionnaire version, patients were asked to rate their level agreement at the start of their treatment and 'now'/their latest treatment. For patients who answered more than one questionnaire about multiple appointments, the difference was calculated between their earliest and latest ratings.

The patients were asked to rate four questions:

1. "I am able to carry out my day-to-day activities as I normally would"
2. "I am able to see other people and socialise as I normally would"
3. "My leg wound is having a negative effect on my confidence"
4. "My leg wound is negatively affecting my mood"

For the two statements 'I am able to carry out my day-to-day activities as I normally would' and 'I am able to see other people and socialise as I normally would', the higher the level of agreement with the statements, the more positive the situation.

Six people agreed more strongly with the statement that 'I am able to carry out my day-to-day activities as I normally would' 'after' (or later in) their treatment, than 'before' (or earlier in) their treatment. Sixteen people did not change their level of agreement, and two people felt they had become less able to carry out their day-to-day activities. In terms of ability to socialise and see other people as normal, a higher number felt that this situation had not changed as a result of treatment (19), with three feeling they had become more able to socialise and two feeling less able.

For the statements 'My leg wound is having a negative effect on my confidence' and 'My leg wound is negatively affecting my mood' – a lower level of agreement reflects a more positive situation. Seven people agreed less strongly with the statement 'after' (or later in) their treatment although six agreed more strongly and the biggest group (11) stayed the same. Nine people agreed less strongly that their leg wound is negatively affecting the mood after (or later in) their treatment, three agreed more strongly, and twelve stayed the same.

Overall, there was minimal variation in scores before and after treatment. However, it is worth noting that certain patients at specific sites had been patients for an extended period or had chronic wounds.

3.3. Free text responses

In addition to the ratings questions discussed above, patients were given the opportunity to provide further comments in free text questions. The responses to these questions were repeatedly read with common patterns noted and grouped. As shown in Table 2 below, free text responses revealed that positive overall views on treatment scores were influenced by an appreciation for the nurses and other staff involved in their treatment. They were seen as being *friendly and approachable*, providing *positive communications* (which involved them listening carefully to patients' concerns as well as giving valued advice) and their willingness to *adapt care to patients' needs.* The extracts shown below represent a

range of opinions expressed by patients across the TESs and recorded by those filling in the questionnaires on behalf of the patients.

Table 2 Example comments on nurses or teams' attributes

Category of comment: Nursing staff attributes	Example extract
Friendly, approachable, welcoming	*"Polite, nice team, make me feel at home."* *"Welcoming and approachable."* *"Very friendly, I will miss them in a way."*
Positive communications	*"Nice people...they talk to me, listen to my questions and answer them appropriately."* *"We had a detailed conversation, and the nurse explained what could happen next and how I can help to continue progress and be involved in my ongoing care."* *(Nurse) "explains well what they're doing."*
Adapt care to patients' needs	*"Tailored approach to solve the problem with residual bruising and discomfort with the stocking. (Nurse) considerate and made sure that comfort is prioritised without jeopardising healing."* *"TVN [Tissue Viability Nurse] considers my fibromyalgia and sensitivity in my legs, was very careful with Doppler and dressing change."* *"Can't do enough for you, order special dressings and stockings."*

A second category of comments related directly to the treatment and care received. Overall patients were highly "*Impressed with care and viewed the care as excellent"*. In Locala, one patient suggested that care had improved since the introduction of the new clinic as part of the TWC programme. In Bromley, one patient alluded to the fact that care had been very good, *"once I'd got started on the programme",* which may refer to a delay in being referred into the lower leg pathway. Patients also appreciated the '*convenience and accessibility of the service'*. Comments suggested that patients appreciated '*continuity of care'* where this was possible. Staff interviews and focus groups similarly highlighted the importance of care continuity and the opportunity to build relationships with patients.

Table 3 Example comments on treatment and care received

Category of comment: Views of treatment and care received	Example extract
Impressed with care, viewed the care as excellent	*"Care has been excellent."* *"Faultless."*

	"It was excellent." *"Efficient, much better than last 2-3 months when it was any district nurse caring for the wound... Been very organised and reliable since the summer."*
Convenience and accessibility of the service	*"Easy access to the hospital."* *"Don't have to wait too long for the treatment."* *"Appointments can be booked fairly quickly."* *"Not service's fault, but (I) have to go to the clinic and pay for 15 minutes taxi each way."*
Continuity of care	*"In three months he's had twenty different nurses. Don't really see the same one."* *"Also seen by same nurse every Tuesday which helps with continuity of care."* *"They're fine, we're lucky to get them regularly but not the same one. They change, but they all know my legs."* *"Alternates between two nurses."*

Positive views on the treatment received were also related to patients' satisfaction with the progress of their healing; however, as shown below, one patient referred to reoccurrence of their wounds after healing. The reoccurrence of wounds post healing was also alluded to in staff interviews and focus groups.

Table 4 Example comments on healing progress

Category of comment:	*Example extract*
Healing progress	*"Pleased that leg has progressed well using the stocking intervention."* *"Legs not swollen and heavy so I am able to mobilise easier. I am now able to get into a car and go out which I have (not) done in very a long time. I am no longer in pain all the time."* *"In as much as what they are doing, they know best, very good, but as soon as they (wounds) clear up, they come back again, don't actually clear up. They get better but I don't get signed off."*

A further category of comments related to *compression.* These were mainly positive but with a couple of reservations expressed. These reservations hint at a more detailed description of the challenges of compression given in the findings from staff interviews and focus groups (technical report 3).

Table 5 Example comments on compression

Category of comment:	*Example extract*
Compression	***"Class 1 hosiery very comfortable and leg has improved since using."*** ***"If I had been wearing more supportive stockings like I used to have in the past…I think it might be better. If I was given the original strength, they were so tight my husband had to put them on. The ones I now have, I can do myself, I don't use them because they roll down."*** ***"Managing but hard work to get the leg wraps around and keep them tight - husband helps."***

A further category of comments related to *self-care*, which incorporated looking after the wound and other actions taken to help overall leg health.

Table 5 Example comments on self-care

Category of comment:	*Example extract*
Self-care	***"Now fairly familiar and competent with the knowledge around wound care. Confident to seek help if anything happens or the wound deteriorates again."*** ***"Increased walking and resting while at home."*** ***"Learned how to put the dressing on myself from the Tissue Viability Nurse, gives me tips on how to do it."***

Finally, patients highlighted *'logistics and systems pressures'* affecting their care. These related to availability of dressings or equipment and staffing pressures (that sometimes caused scheduled appointments to be missed if a staff member was unwell). Both identified pressures resonate with findings from the interviews and focus groups with members of staff (technical report 3).

Table 6 Example comments on systems pressures

Category of comment:	*Example extract*
Logistics and systems pressures	Dressings and equipment ***"The nurses are all A1 excellent, but it's the system, it doesn't always work as good as it should." and "Nurses said they would order them (compression stockings) when they got back to base…they didn't come. In the end my daughter emailed the doctors and the nurses to complain."***

	"(Nurse) wanted dressings on repeat prescription for home use, but not possible. Seems to be supply issues." Staffing pressures *"I think the surgery was to blame not the nurses. They are coping the best they can because they are short staffed. But I think the surgery should have asked if I was OK for dressings."* *"Only comment is staffing - generally the clinic is busy so they could do with more nurses."*

3.4. Sussex

In December 2023, Sussex held an online workshop to review and discuss proposed changes to the Sussex Wound Care Programme and the development of specialist wound hubs. NHS Sussex produced a report from this workshop, which is summarised below. Fourteen people participated in the workshop including people with lived experience, carers, university students, professionals working in the wound care service, and Voluntary Community and Social Enterprise (VCSE) representatives. The workshop posed the following questions:

- Would you welcome the introduction of new specialist wound care hubs? What would be your concerns?
- Given a choice of locations for the hubs across Sussex, what would we need to consider from your perspective? What would be a 'reasonable' distance for patients to travel for a specialist assessment?
- Services will actively support patients to self-manage and prevent recurrence of wounds following discharge – would you welcome any additional training and the opportunity to self-refer back into the hub should you have a recurrence of a wound?
- Once established, we are interested in promoting digital technologies to track the healing of wounds. Would you welcome this proposal, and what might stop you taking and uploading photos?

3.4.1. Key messages: Sussex online workshop

- Development of specialist wound hubs was welcomed with the proviso that home visits continue for those unable to travel.
- Hubs should be in locations that are easily accessible by public transport and offer parking for those coming by car.
- 'Going out into the community' was seen as a strategy to enhance access for underserved groups.
- Proposals for empowering individuals to self-care were received positively, provided it is recognised that not everyone will have capacity to do this. Staff would need to assess, along with the patient and any carers, how able they are to care for themselves at home and adjust the care plan accordingly.
- Self-referral back to a hub in the case of wound recurrence was viewed positively. There was a query as to whether patients could self-refer at the start of their treatment journey to bypass the GP surgery, with associated potential delays.

- In terms of digital technology, the group observed that some people may not be able to take photos (e.g. the visually impaired) and that some are digitally excluded. Therefore, digital technologies should be an option, rather than a mainstay, of monitoring and assessment.
- Consultation with marginalised communities ahead of service change is important to prevent reinforcing any existing inequalities.

The following suggestions made by the group were highlighted for consideration:

- A hybrid model for services which includes going out to community-based hubs already in use by the community, for part of the week.
- Patients' eligibility for the non-emergency patient transport service.
- Need to consider patients' needs when producing patient-facing information e.g. need for translation.
- Offer training for those who support people with wound care regularly e.g. voluntary community and social enterprise (VCSE) organisations and community connectors/ambassadors.

4. Limitations

There were several limitations to our patient case data, due to:

- **Missing data**. As a variety of people filled in questionnaires, including different members of the HIW Insight team and clinicians at different TESs, this was not done uniformly, and some fields were not completed. There were also problems with scanning the questionnaires resulting in data loss in one case.
- **Different questionnaire versions and approach to completion**. As explained above; in order to meet the needs of different TESs the approach was adapted in a number of ways across sites. While this ensured inclusivity, it made the data more complicated to analyse and reduced the overall data set (i.e. some sites only answered questions about one appointment, or combined appointments).
- **Difficulties in recruitment of patient cases** at some sites reduced the data set overall
- Linked to the above point, most of the responses to the experiences section of the questionnaire related to dressing change appointments, which has influenced the answers to some of the questions e.g. treatments received, and information given.

5. Conclusions

Collecting patient case data proved to be a complex and iterative task due to the variety of contextual factors within different TESs. Despite the limitations highlighted, the data represents ratings of 57 appointments delivering lower limb wound care to both ambulatory and non-ambulatory patients, by 24 patients, across seven TESs. We did see some variation in cases in relation to levels of socio-economic deprivation (as per IMD decile), although all cases (for which we had this information) fell into the white category for ethnicity and were predominantly aged 65+ (except for Locala where patients were younger).

The findings illustrate patients' routes into the new pathway and their experiences of, and high levels of satisfaction with, the new services. Free-text comments revealed that positive overall views on treatment scores were influenced by an appreciation for the nurses and other staff involved in their treatment. They were seen as being *friendly and approachable*, providing *positive communications* (which involved them listening carefully to patients' concerns as well as giving valued advice) and their willingness to *adapt care to patients' needs.* Free-text comments also alluded to some logistical and

systems pressures which could at times affect care. Some of the free-text comments resonated with themes arising from other parts of the data concerning logistics and systems pressures, continuity of care and the challenges of compression. These are discussed further in the programme report.

6. Supporting Documents

1. Sussex Wound Care Engagement Report NHS Sussex. Contact Sussex for further information on document and reference.

Version Control

Version	Status	Key Changes	Authorised by
V1 Oct 2024	Circulated for comment.		
V2 Nov 2024	Live	Final amendments completed.	Philippa Darnton