Health Innovation Network

Local change, national impact

Summary of a Community Care Transformation Programme:

Transforming Lower Limb Wound Care

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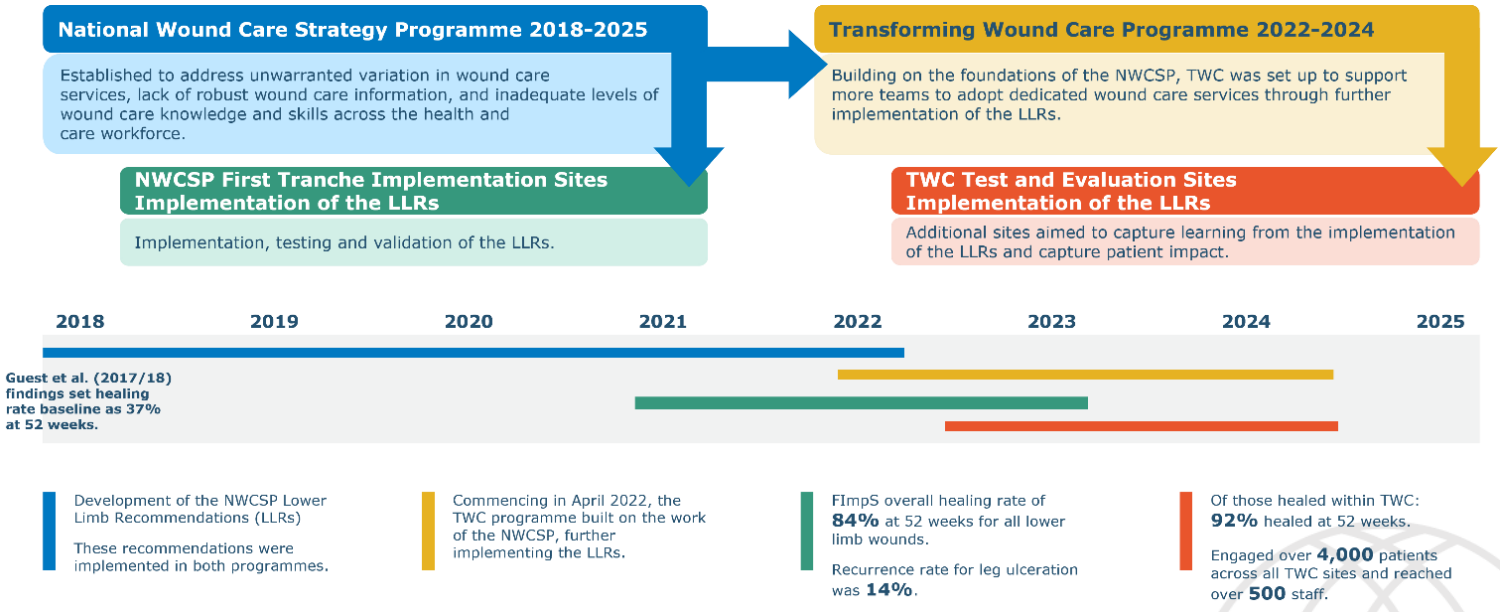
Foreword

Wound care is an area of significant cost, complexity, unmet patient need, and for which treatment varies widely. Every year, millions of people in the UK live with lower limb wounds that significantly affect their quality of life, reduces their ability to work, undertake tasks and care for themselves. We know that with the right approach, many of these wounds can be treated more effectively leading to faster healing and reduced recurrence.

Over recent years, two key programmes have been central to driving transformation in this area of healthcare. First, the **National Wound Care Strategy Programme (NWCSP)** introduced crucial evidence-based recommendations and set up the First Tranche Implementation Sites (FImpS). These early sites tested how best to embed consistent, high-quality care and service models for lower limb wounds, yielding valuable insights about training, patient pathways, and data capture. Building on that foundation, the **Transforming Wound Care (TWC) programme** extended the reach of these recommendations, supporting more teams to adopt dedicated wound care services. Each programme contributed unique learning around pathway transformation, workforce planning, digital tools, and strategic leadership — underscoring that transformation on this scale requires investment and skilled staff resource.

Taken together, the success of these two programmes illustrates why transforming wound care is both an urgent priority and a remarkable opportunity for the NHS. The progress evidenced in this report demonstrates real-world impacts that ease pressure on health and care: faster healing rates, greater patient satisfaction, net zero benefits and potential cost savings. It also aligns with all three of the government's central ambitions for the NHS of shifting from hospital to community, from sickness to prevention, and from analogue to digital.

Scaling effective lower limb wound care services is both essential and achievable. Now we have captured the **evidence base that shows the clear rationale for these changes,** our ambition is to spread this new pathway within community and primary care services. By drawing on the lessons from these programmes, and by continuing to collaborate across regions, the NHS can make a lasting difference in patients' lives—shifting care closer to home, reducing unnecessary admissions, promoting prevention, embracing data and technology and making the very best of the NHS available to everyone, everywhere. The following pages describe how these programmes have laid the groundwork for that transformation—and why now is the time to build on their success.

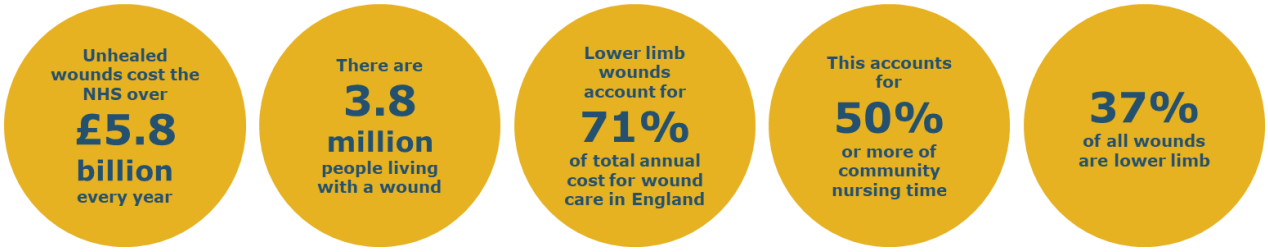


Summary of report

This paper describes the approach and positive impact of the National Wound Care Strategy Programme (NWCSP) First Tranche Implementation sites (FImpS) evaluation and the evaluation of the Health Innovation Network (the Network) Transforming Wound Care programme (TWC). Whilst there were differences in approaches to data collection, it is clear many more wounds were cared for more effectively and faster healing rates were recorded under the programme.

Scaling up these kind of dedicated wound care services across the NHS would require substantial implementation effort and expertise. However, the reduction in patient harm, and the favourable cost-benefit, patient, workforce, and environmental impact of making such an investment is very clear.

Benefits of addressing this unmet health and care need



The need for wound care transformation is huge. An estimated 3.8 million people are living with a wound[i]. Unhealed wounds cost the NHS £5.8 billion every year and 37% of all wounds are on a lower limb, which equates to 71% of the annual total costs for wound care in England[ii]. Wound care in England is the third highest expense for the NHS after cancer and diabetes[iii]. It accounts for 50% or more of community nursing time, which equates to 54.5 million visits per year[iv]. There is also a great deal of unwarranted variation in the treatment of wounds, with under-use of evidence-based practice and overuse of ineffective interventions[v].

Patients provided feedback on the system and challenges experienced:

By addressing this unmet need, there is potential to improve NHS workforce capacity, avoid unnecessary hospital admissions, enable more community-based care and help keep people well and in work[vi]. These impacts also align with the government priorities of shifting more care from hospitals to communities, making better use of technology in health and care (analogue to digital), and the focus on preventing sickness, not just treating it.

The initial intervention

In 2018, the National Wound Care Strategy Programme (NWCSP) was commissioned by NHS England and hosted by the Health Innovation Network (Network), to improve the prevention and care of pressure ulcers, lower limb wounds and surgical wounds. The NWCSP established the lower limb workstream to address the fragmented and inconsistent approach to lower limb wound care, marked by unequal access to evidence-based treatment, unclear care pathways, siloed practices, insufficient workforce capabilities and inadequate data collection and information sharing across care systems in England. Over the last few years, there has been a significant programme of work undertaken by the NWCSP team, including the publication of Lower Limb Recommendations (LLR) and the NWCSP Leg Ulcer Best Practice Bundle (Best Practice Bundle), and the establishment of seven First Tranche Implementation Sites (FImpS). The seven FImpS had a primary objective to implement the LLRs, with the key learning points subsequently used to develop the Best Practice Bundle. The sites were phased over a three-year period, with each site providing data over two years to support the evaluation completed by PA Consulting[vii]. The five key elements of the LLR and Best Practice Bundle were designed to standardise lower limb wound care services and include the following detailed below.

5 key elements of the Lower Limb Recommendations and Leg Ulcer Best Practice Bundle[viii]

The Health Innovation Network intervention

The Transforming Wound Care (TWC) programme, led by Health Innovation East, commenced in April 2022. Following an expression of interest, funding of £70,000 was awarded to six Test and Evaluation Sites (TESs) with a further two sites joining in May 2023. The eight TESs were from diverse community and primary care providers (across seven HINs) and aimed to capture learning from the implementation of the LLR as well as capture patient impact (including health inequalities). Acting as the innovator for the transformation pathway, the NWCSP team provided essential support and insight. Metrics support and data management was provided by Unity Insights.

The primary focus of the TES was to establish a dedicated lower limb service in line with the NWCSP LLRs and to evaluate the implementation of the pathway, patient impact and the impact on health inequalities. The TWC Central Team adopted a learning health system approach as a foundation for implementation expertise including running webinars, community of practices and shared learning sessions. The team also dedicated attention to evidence impact (even though this aspiration was notably challenging as a result of the maturity levels of data systems in community services and disparities in approaches to recording wounds and interventions).

Real-World Evaluations

PA Consulting[ix] was commissioned by NWCSP to undertake the evaluation of the FImpS, which was published in April 2024 (hereafter referred to as FImpS evaluation). The real-world evaluation of the TWC programme (hereafter referred to as TWC evaluation) was undertaken by Health Innovation Wessex using both qualitative information from staff and patients, implementation plan reporting and quantitative analysis from TES metrics submissions. The quantitative data included in the analysis was from the final 6 months of the programme (October 2023 to March 2024) as this was deemed as the most consistent and mature data across the eight TESs. Additional data analysis was completed by Unity Insights and NetZero analysis was undertaken by the Sustainability Lead for the Health Innovation Network.

A note on data limitations

The TWC evaluation highlighted the marked challenges of capturing and analysing community care data. Issues included:

- **Difficulties in coding systems**- including the lack of agreed national coding, which meant that some sites struggled to record the application of strong compression on venous leg ulcers – a key step in the LLRs, or to differentiate between foot and leg ulcers. Clinical teams also struggled to record patient impact as some services reported healing by wounds and others reported by patient.
- **Manual data pulling and staff capacity issues-** Data collected manually for certain metrics affected time efficiency and limited staff capacity. Likewise, organising and waiting for automation (by Ardens/Business Intelligence (BI)) took time to efficiently collate the metrics.

Based on the challenges outlined above and staff and patient feedback it has been identified that the reporting of healed wounds is likely to be an underestimate in the data analysis.

The impact of implementing lower limb wound care community transformation

Across both the FImpS and TESs, during the period of active evaluation, over 6,000 patients received wound care treatment under the transformed services.

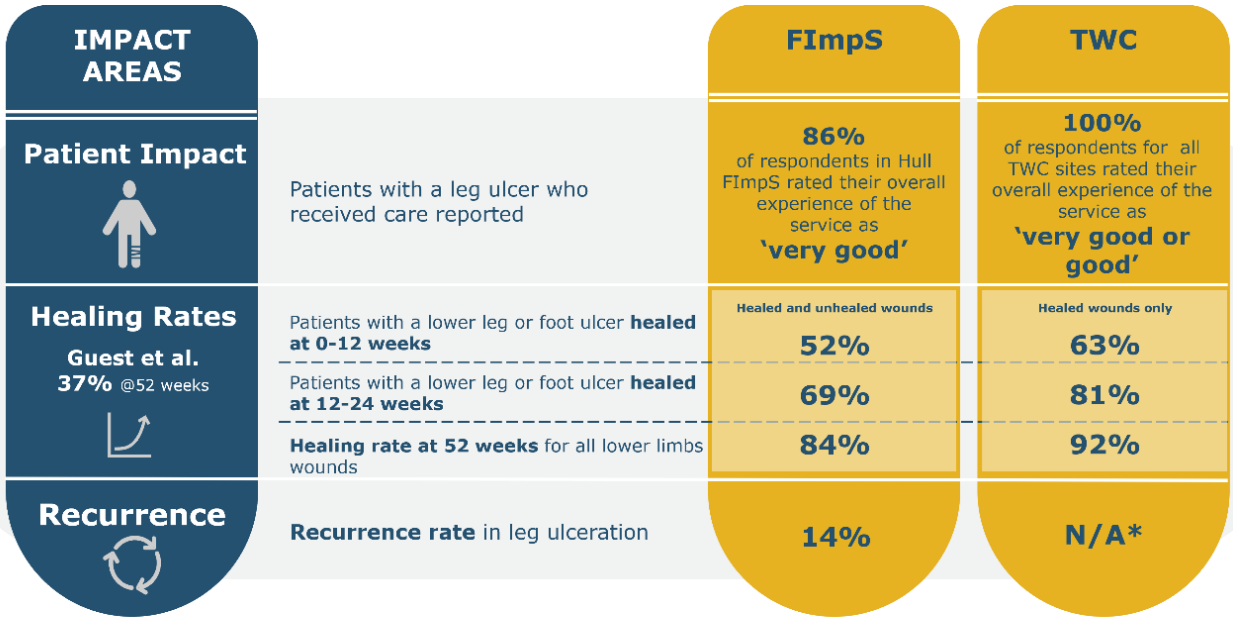
Whilst there were variations across sites (and between the FImpS and the TWC evaluations) the evidence consistently shows improved wound care. More wounds healed within the first twelve weeks after assessment, and recurrences decreased. Variations in wound healing rates between sites and between the two phases of the programmes reflects the complexities of data collection within community services and differences between sites in counting either patients or wounds.

The qualitative evaluation of both the FImpS and TWC programmes identified clear messages from patients and staff that their experiences of both receiving and providing care was positive under the transformed dedicated services. Through the TWC evaluation (examining 24 patient cases across the seven TESs[x] and during 57 appointments) it was reported that 100% of patients stated that the service they received was good or very good, with patients reporting that staff listened carefully to concerns and gave valuable advice and adapted care to their needs. Feedback from patients gathered through surveys reflected that cancelled appointments and unavailable dressings were not a surprise, with patients reflecting their awareness of service pressures.

To gather feedback from TES teams, the TWC evaluation team conducted 16 interviews, hosted 4 focus groups, collected 100 staff surveys, and reviewed implementation progress reports. The findings found that staff were enthusiastic and committed to the aims of the TWC programme and the implementation of the LLRs. Staff reported feeling confident that patients are getting **better care and that this is leading to faster healing** (although staff also noted the challenge of data collection to demonstrate improved healing rates), **improved outcomes and fewer staff contacts**. Staff also anticipated environmental net zero benefits resulting from new pathways e.g. fewer appointments for district nurses, fewer miles travelled and cited some efficiency savings, whilst also noting that the current limited and/or reduced workforce capacity was a barrier to implementation of LLRs.

Healing rates and patient impact

It is important to note that there were different data collection timeframes, methodologies used and thresholds of confidence regarding the data quality for the two programmes evaluations (FImpS and TWC), and, as such, we cannot make any direct comparison between the FImpS (PA Consulting) and TWC data (Health Innovation Wessex and Unity Insights) as TWC was only captured healed wounds and did not record recurrence rates (due to the time scales of metric collection). In addition to the TWC evaluation, Unity Insights undertook further data analysis of the TWC programme metrics, which are included in the quantitative finding within this paper. The infographic below depicts total percentage rates of assessment, healing and recurrence for the NWCSP and TWC programmes.



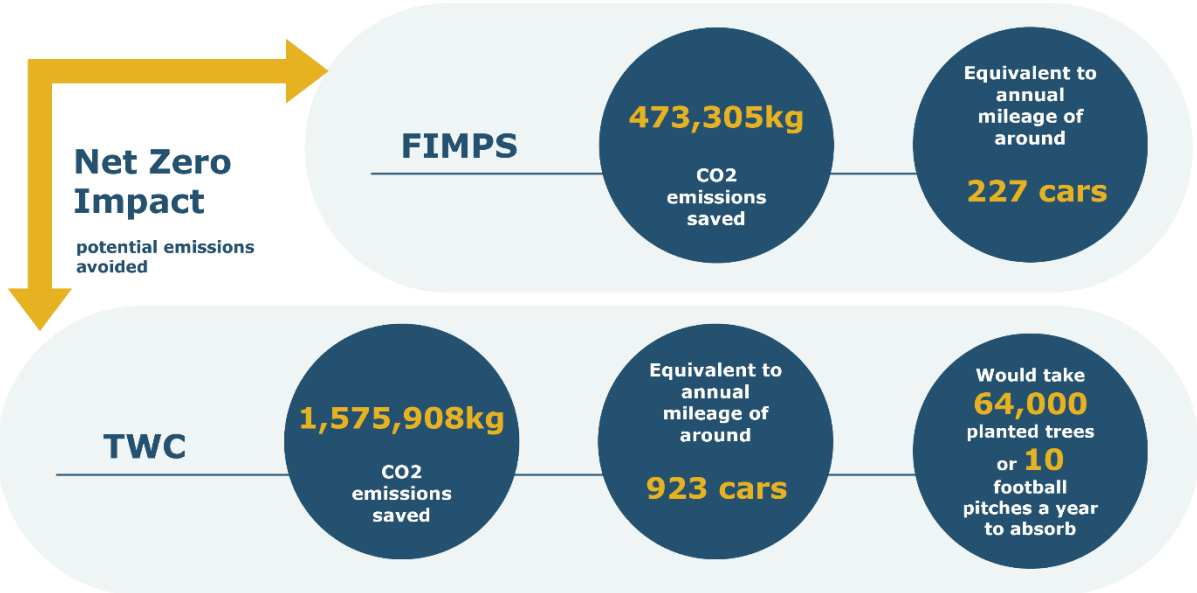
*TWC did not capture recurrence rates due to the short nature of the programme

Due to wound data capture challenges experienced within community and primary care providers, neither the FImpS nor the TWC programme were able capture a pre-implementation baseline. However, the initial analysis provided by Guest et al, reported that 37% of venous leg ulcers healed within 52 weeks, whilst FImpS reported a 0–12-week healing rate of 52% and 84% at 52 weeks. The TWC programme reported a 0-12 week healing rate of 63% and 92% at 52 weeks for all wounds healed. Although direct comparisons are limited by differing data analysis methods, these improving rates across both programmes suggest a reduction in healing times and contribute to the growing evidence base for the effectiveness of the LLRs in varying community care settings.

Patients provided feedback on newly implemented lower limb wound care pathways:

Net Zero

In addition to the FImpS and TWC evaluations, additional Net Zero impact assessments were undertaken by the Sustainability Lead for the Health Innovation Network to establish the potential emissions avoided by reducing the unwarranted variation in wound care services.



Wound Management Digital Systems (WMDS)

Whilst in their infancy, WMDS systems aim to reduce variation in wound assessment and treatment practices, improve compliance with guidelines, improve healing rates, facilitate remote review, and release clinical time. Implementation and/or piloting of a (WMDS) was not a key aspect of the TWC or FImpS evaluations, however, the TWC programme did provide support to TES sites to undertake this activity. Qualitative findings from staff interviews and surveys highlighted the benefits that WMDS can add to wound care pathways. 77% of staff that responded to WMDS questions in the staff survey indicated that WMDS and other technology made a positive difference to their service or patients. Staff also reported WMDS provides accurate and consistent recording with improved oversight of patient care and highlighted that they provide an ability to remotely access wound images to show progress or stagnation which is beneficial for both staff and patients. However, TWC staff identified issues with compatibility with existing electronic patient records (EPR) and that internet connectivity and camera quality can be a challenge relating to the use of technology. The FImpS evaluation highlighted that WMDS has the potential to yield benefits in relation to patient experience and tracking wounds, however, need to be fully integrated with EPR systems to avoid double entry. The FImpS evaluation also highlighted the need to standardise assessment proformas and operating procedures to augment clinical practice and stated that further evaluation may be required to determine any links between improved patient outcomes and the use of WMDS.

Cost benefits

The FImpS evaluation highlighted a 27.6 benefit-cost ratio based on outcomes achieved, indicating strong value for money[xi]. In wound care there are cash releasing and non-cash releasing benefits to be gained. Other qualitative findings across the TWC programmes support successful implementation of the LLRs. Staff were committed to the aims of the LLR and 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).

Implementation support

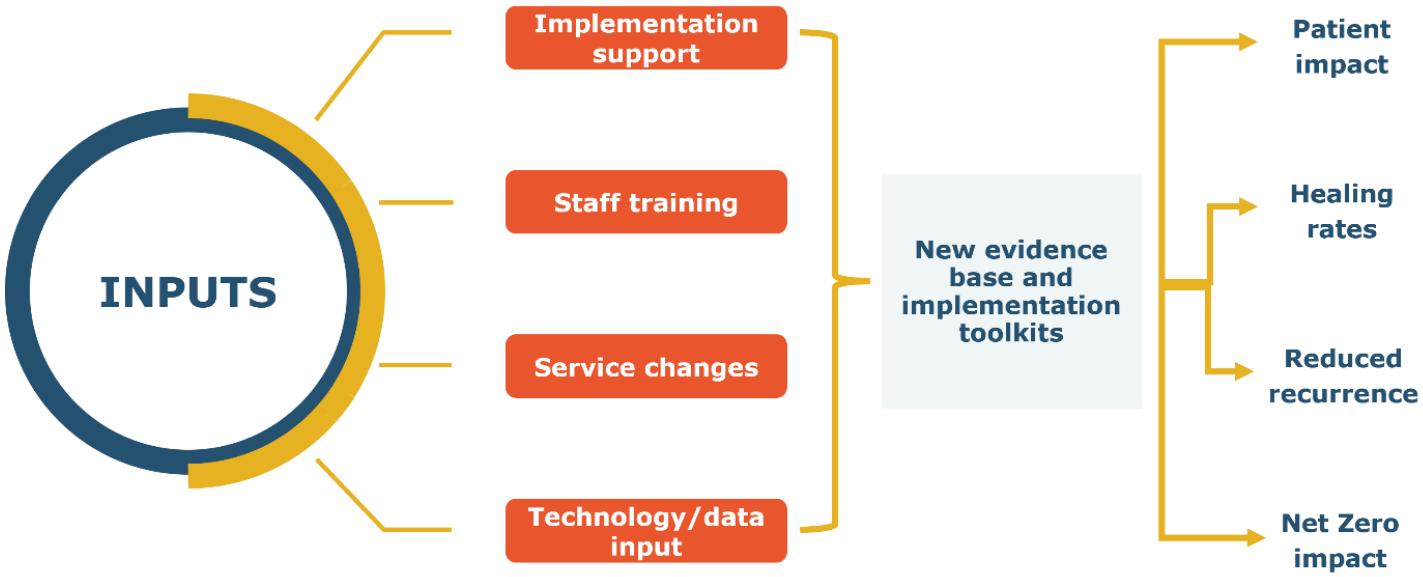
A recurrent theme through the implementation of the LLR and specifically highlighted in the TWC evaluation highlighted that the scale up and spread of the necessary improvements to wound care and the delivery of dedicated wound care services across the NHS requires a significant implementation effort, associated resources and sustained support over time to embed changes in practice. This was exemplified by the TWC programme activity which included: strategic leadership; financial support; coordination of activities; support around the formation of a sustainable learning health system; community of practice; guidance and an implementation toolkit and expert facilitation. The FImpS evaluation also recommended the need for a national forum to share learning as an integral aspect to adopting wound care standards.

Although the TWC evaluation shows that scaling up these improvements across the NHS requires extensive implementation effort, resources, and sustained support over time, the FImpS benefit-cost ratio demonstrates that, even with these challenges, the approach still offers strong value for money.

Further adoption of this community care transformation programme

Implementing best practice service models was identified as a key activity for systems within the NHS 2024/25 priorities and operational planning guidance and it remains aligned to the shift priorities of the government and the productivity drives. The scale of the implementation and now the real-word evidence indicates that the NWCSP Best Practice Bundle including the associated service model and business case are a means to achieve these priorities and transform pathways of care across the integrated care system to improve patient outcomes and use of NHS resources.

The FImpS and TWC evaluations also highlight the significant degree of implementation support, attention to data, staff training and changes to services required to implement the LLRs. Whilst this investment is a fraction to the benefits gained, the implementation challenge should not be underestimated or undervalued when services are considering adopting the LLRs. Through the TWC evaluation, staff noted the impact on limited or reduced workforce capacity was a barrier to implementation of LLRs.



Another key finding was that capturing and automating wound care data was essential for understanding wound care activity. Further evaluation around WMDS and impact in wound care has been identified as an area of opportunity.

Although the complexities of data collection, the absence of established baseline measures, and variations in counting wounds versus patients, made it challenging to statistically confirm a transformational impact. Evaluations across 15 sites (TWC and FImpS) captured extensive patient and staff feedback, strongly indicating that the implementation of the lower limb recommendations have positively impacted wound care, increased healing rates and improved patient outcomes.

Resources available

As a result of the work undertaken by the NWCSP and the Health Innovation Network there are a number of key resources that have been published to support the case for change for transformation of community services for lower limb wound care.

If you are in a service delivering wound care and want to read more:

- Lower Limb Best Practice Bundle
- Leg Ulcer Recommendations
- Foot Ulcer Recommendations
- Patient Resources
- Education and Workforce
- TWC TES Case Reports
- TWC Evaluation High Level Findings
- Health Innovation Network Lower limb implementation toolkit

If you are considering whether you should redesign your services:

- NWCSP Evaluation: Implementing the lower limb recommendations
- NWCSP FImpS Evaluation
- Lower Limb Best Practice Bundle
- Leg Ulcer Recommendations
- Foot Ulcer Recommendations
- Patient Resources
- Education and Workforce
- TWC Evaluation High Level Findings

If you want to read the primary evidence that has been gathered:

- NWCSP Evaluation: Implementing the lower limb recommendations
- NWCSP FImpS Evaluation
- Health Innovation Network TWC Evaluation
- TWC Evaluation Technical Reports
- Unity Insights TWC Analysis
- TWC Net Zero

To access these resources and more, go to:

1. **NWCSP Resources via FutureNHS- Improving Wound Care: Building on the National Wound Care Programme**
2. **Health Innovation Network Lower limb implementation toolkit**

Contact Details

If you are interested in the work of the Health Innovation Network or would like to discuss the support that can be offered for wound care and community transformation please email info@thehealthinnovationnetwork.co.uk

[i] 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.
[ii] Guest, J. F. (2020). "Burden of wounds to the NHS: what has changed since 2012/13?" Wounds UK **17**(1): 10-15.
[iii] https://integratedcarejournal.com/rising-costs-hidden-risks-unseen-epidemic-wound-care/
[iv] NHS Benchmarking Network (2021) Generic Community Services Report 2020/21
[v] https://www.nationalwoundcarestrategy.net/about-the-nwcsp/
[vi] https://www.nationalwoundcarestrategy.net/wp-content/uploads/2021/04/NWCSP-Implementing-the-Lower-Limb-Recommendations-15.12.20-1.pdf
[vii] PA Consulting, Implementing the Lower Limb Recommendations and Learnings from the First Tranche Implementation Sites Final Evaluation Report, July 2024
[viii] Original figure adapted from the National Wound Care Strategy Programme Leg Ulcer Best Practice Bundle (p.3): https://www.nationalwoundcarestrategy.net/wp-content/uploads/2024/04/NWCSP-Best-Practice-Leg-Ulcer-Bundle-v1.0-04.04.24.pdf
[ix] PA Consulting, Implementing the Lower Limb Recommendations and Learnings from the First Tranche Implementation Sites Final Evaluation Report, July 2024
[x] Whilst the programme had eight Test and Evaluation Sites, Sussex Health and Care Integrated Care System were at the pre-implementation stage during the evaluation period.
[xi] One of the key factors when undertaking economic analysis is to understand the Benefit Cost Ratio (BCR) – the ratio of benefits to costs from an intervention i.e., the amount of benefits generated for every £1 of investment. By HM Treasury standards, above 4 is considered very high value for money. To understand more about the Benefit Cost Ratio, read page 24 of the NWCSP Implementing the Lower Limb Recommendations and Learnings from the First Tranche Implementation Sites Final Evaluation Report, July 2024