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Transforming Wound Care

High-level evaluation findings of a community transformation programme leading to faster healing, improved patient outcomes, better care, and fewer appointments

SPRING 2025

Foreword

With great pride, we can share the evaluation report for the Health Innovation Network's (HINs) Transforming Wound Care Programme (TWC).

The programme supported eight NHS providers from diverse community and primary care providers and sought to capture learning from implementing the transformational National Wound Care Strategy Programmes (NWCSP) Lower Limb Recommendations (LLRs) as well as patient impact. This report builds upon the excellent work and evidence-based findings generated from the evaluation of the NWCSP First Tranche Implementation Sites (FImpS) and signifies a pivotal moment for understanding a clinical pathway that enhances healthcare outcomes. There is substantial potential to release NHS workforce capacity, avoid unnecessary hospital admissions, facilitate more community-based care, and contribute to the wellbeing and activity of individuals by implementing the NWCSP recommendations. This aligns with the government's objectives of redirecting more care from hospitals to communities, optimising the utilisation of technology in healthcare (analogue to digital), and prioritising prevention over treatment.

The findings and recommendations presented in this report are a testament to the unwavering dedication and hard work of countless staff providing NHS services. Their commitment has resulted in enhanced healing rates, reduced recurrence of leg ulcers, and a more efficient utilisation of resources. I encourage all health and care staff, and the broader public, to read the findings of this report. Collaboratively, we can continue to drive improvements in patient care, making a lasting impact on the lives of those we serve.

I extend my sincere gratitude to everyone who has contributed to the work described in this report.

Dr Sarah Robinson

Lead for the wound care programme on behalf of the Health Innovation Network.

Director of Delivery: Health Innovation East and NIHR ARC East of England Implementation Lead.

Health Innovation Wessex undertook this real-world evaluation of the TWC programme utilising pre-specified metrics from the TWC Test and Evaluation Sites (TESs) processed by Unity Insights.

The challenge and opportunity

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Lower limb wound care

The challenge

Unhealed wounds cost the NHS over **£5.8 billion** every year[2]

3.8 million people living with a wound[1]

Wound care accounts for **54.5 million** visits per year[3]

Lower limb wounds account for **71%** of total annual cost for wound care in England[2]

37% of all wounds are lower limb

Third highest expense for the NHS
after cancer and diabetes is for wound care.

Wound care consumes **50% or more of community nursing time** with **54.5 million community appointments annually.**[3]

[1]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.
[2]Guest, J. F. (2020). "Burden of wounds to the NHS: what has changed since 2012/13?" Wounds UK 17(1): 10 15.
[3]NHS Benchmarking Network (2021) Generic Community Services Report 2020/21

Lower Limb Care: NWCSP Best Practices

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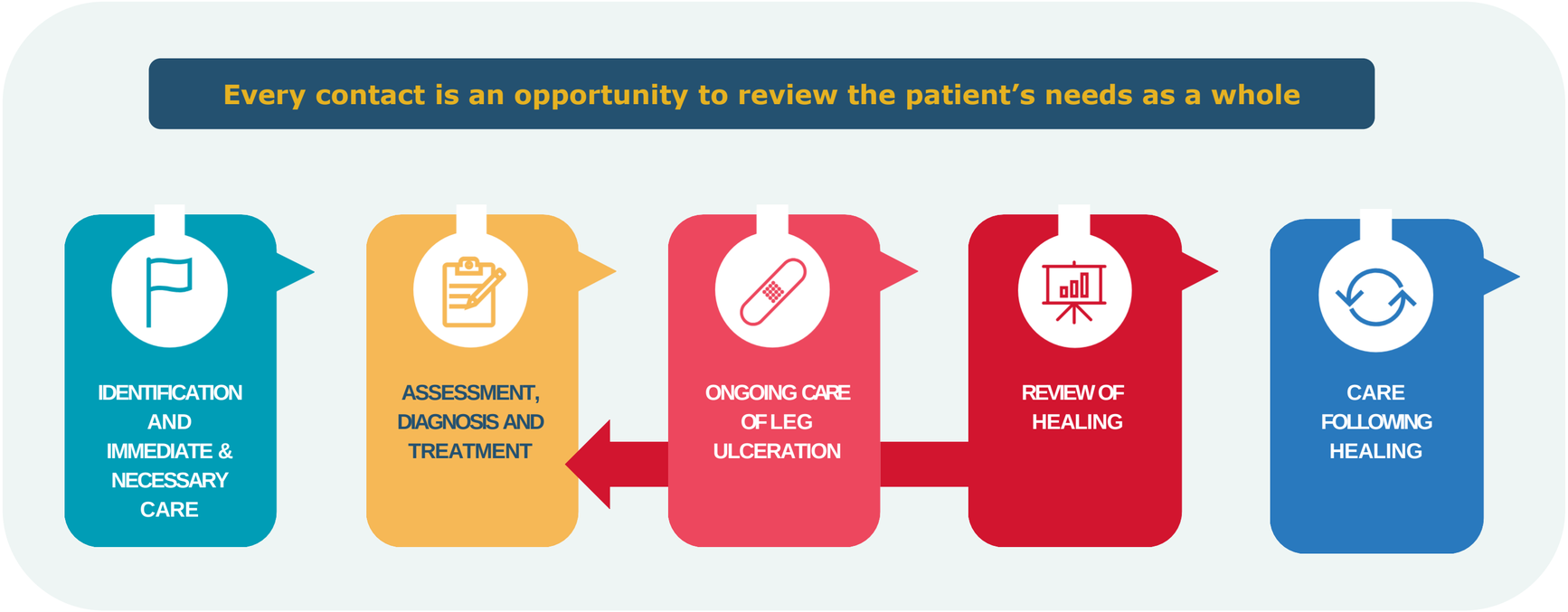
In 2018, the Chief Nursing Officer for NHS England commissioned the National Wound Care Strategy Programme (NWCSP) to address the growing burden of wound care.

The **Best Practice Bundle** developed from evidence-based practice and learning complements the NWCSP **Lower Limb Recommendations** (LLRs) to support providers, commissioners and practitioners to implement change that will have most impact.



NWCSP five core elements of the Leg ulcer best practice bundle

Overview of the Programme

In October 2022, the Health Innovation Network launched the Transforming Wound Care programme. This built on the work of the National Wound Care Strategy Programme's implementation of the Lower Limb Recommendations (LLRs). The programme aimed to achieve:

- Faster healing of wounds.
- Improved quality of life for patients.
- Reduced likelihood of wound recurrence.
- More effective use of health and care resources.

Eight Test and Evaluation Sites (TESs) provided data from populations in urban, rural and coastal communities with different levels of deprivation and included both ambulatory and nonambulatory patients. Various providers were represented, including NHS trusts, primary care and community interest companies. A range of local implementation strategies were undertaken to implement the NWCSP LLRs.

During the evaluation period the programme engaged almost 4,000 patients across all sites and reached over 500 staff.

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TWC Sites

1. Locala Health and Wellbeing Community Partnerships CIC
2. Lincolnshire Community Health Services NHS Trust
3. Norfolk and Waveney ICS
4. Bromley Health Care Community Interest Company
5. Central London Community Health and care NHS Trust
6. NHS Frimley ICS
7. Sussex Health and Care ICS
8. Cornwall Partnership NHS Foundation Trust

Evaluation Approach

The independent evaluation undertaken by Health Innovation Wessex addressed:

Evaluation questions

How has the TWC pathway been implemented in different sites, including feasibility, level of fidelity, critical success factors and barriers?

How has the TWC pathway impacted on key outcomes, including wound healing rates and cost effectiveness?

How has the TWC programme impacted on health inequalities?

Evaluation methodology

A set of standardised metrics supported by the TWC programme, were collected from all eight TESs **to measure impact on care received and wound healing rates**.

Implementation and process data recorded how well the metrics data collection embedded into local TES systems. The experiences of patients and staff were understood through **interviews, focus groups or surveys.**

Qualitative findings were synthesised using an **implementation framework**.

Implementation Support and Expertise

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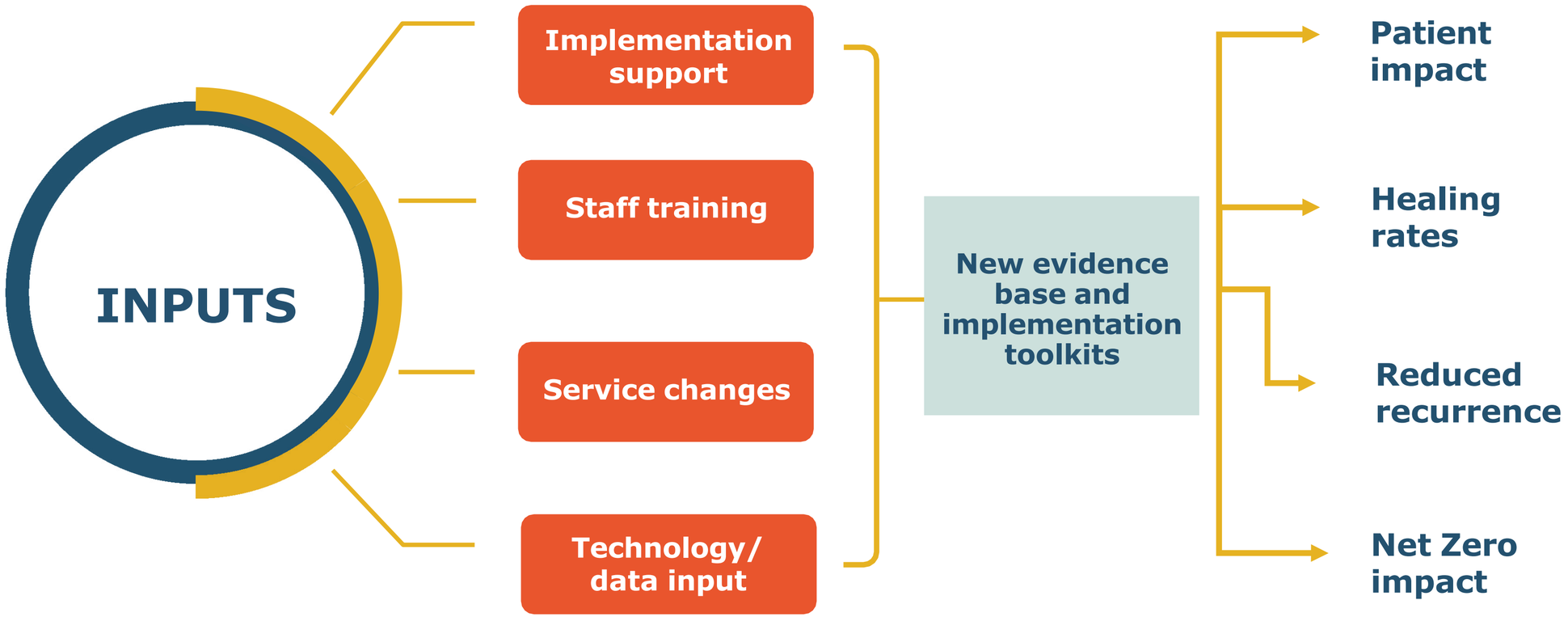

The TWC evaluation highlighted the significant degree of **implementation support**, **attention to data, staff training** and **changes to services** required to implement the LLRs. The evaluation also highlighted the **expert facilitation** through the **leadership and coordination of the TWC central team**.

Despite the degree of support and expertise required, evidence indicates that this is paid back in terms of outcomes for patients.

Quantitative findings: The impact of the TWC programme

The impact of the TWC programme

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Assessment rates

819 patients received a full assessment within **14** days for lower leg wounds; **21%** were new referrals. Some TESs maintained full assessment rates of **81%** and over.

These increases in proportions were attributed to fewer new referrals for lower leg wounds and an increase in the number of full assessments conducted.

Strong compression

4,724 patients were identified as suitable for strong compression therapy; of these,

2,444 (52%)

received strong compression therapy.

Healing rates

31% of patients with a leg ulcer included in the analysis received a comprehensive assessment by a skilled healthcare professional. **63%** of patients with a lower leg or foot ulcer healed at 6 to 24 weeks.*

81% of patients with a lower leg or foot ulcer healed at 12 to 24 weeks.*

94% healing rate at 52 weeks for all lower limb wounds.*

*healed wounds only

Reporting period

From October 2023 to March 2024 healing rates were reported either by patients healed (five providers) or wound healed (three providers):

67% of patients **(317)** were recorded as healed within 12 weeks over that period (five providers).

63% of wounds **(924)** were healed within 12 weeks over that period (three providers).

Data quality limited the possibility to combine data across TESs due to variability and inconsistency in the data reported by the TESs. It was not possible to determine, with a statistically significant threshold, whether wound healing rates improved as a result of the TWC programme to implement the NWCSP LLRs. Findings are reported without reference to a baseline because no suitable comparison was available.

Qualitative findings: Implementation of the TWC programme

Implementation - Successes

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TWC programme	Staff expressed **enthusiasm and commitment** to the aims of the TWC programme to **start patients in compression earlier** and ensure **consistent pathways** and appreciated the continuous support from their local health innovation network and the TWC central team.
Training	The need for staff training was acknowledged across all TESs. **Staff gained more confidence** in providing wound care and this included the added value of tissue viability nurse specialist training advice and support for colleagues.
Experiencing better care for patients	**Staff reported feeling confident** patients were getting **better care** leading to **faster healing, improved outcomes, reduction in recurrence** of wounds and fewer appointments for patients.
Data	Staff recognised that **high quality data** could answer important questions about service delivery.
Technology	The key impact of using technology (wound data management system (WMDS) or any other technologies) was the **improved oversight** of patient care with **accurate and consistent clinical recording**, improved quality of images, ability to upload images straight to patients' notes, and **faster referral** processes.
Meeting Net Zero	Staff anticipated environmental **net zero benefits** would result from the new pathways e.g., fewer appointments for district nurses, fewer miles travelled etc. and cited some efficiency savings.

Implementation - Challenges

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PATIENT FACTORS

Lifestyle and general health factors can work against healing and treatment adherence (such as comorbidities, obesity, low literacy) as well as resistance to strong compression for reasons of discomfort or lack of belief it will work. Building trust over time within the nurse-patient relationship can support the patient to overcome their reluctance to tolerate strong compression.

DATA

Ensuring data accuracy and time required for data collation were the two most reported challenges with metrics reporting.

TECHNOLOGY

These challenges focused on difficulties related to the collection of metrics and the implementation of WMDS.

SYSTEM CHALLENGES

Related to engagement and involvement with the wider NHS system and include limited or reduced workforce capacity, supply of dressings, and financially challenged systems with competing priorities and the complex nature of wound management, that often involved several health and care providers to address patients with multiple comorbidities.

Staff feedback

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TES staff feedback was obtained through interviews, focus groups and surveys. **Staff were enthusiastic** about the programme's aims, reporting **improved patient care and outcomes**. Further feedback included:

Wound healing rate was the most reported impact on patient outcomes.

Staff also reported the impact of staff training and education on **improved staff confidence** and **satisfaction in managing wounds**.

Establishing a clinical team or pathway dedicated to lower limb wound care brought **consistent and continuous service for patient care**.

Introduction of **compression therapy** (mild or strong) after full assessment was the most reported impactful change.

Staff reported that their TES identified groups of patients at risk of experiencing health inequalities as areas of focus, including age, people from lower socioeconomic background, living in deprived areas and people with disabilities.

Patient feedback

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100% of patient cases rated treatment received as "Very Good" or "Good".

Patients reported staff as friendly and approachable.

93% of patient cases understood information given at their appointments.

Patients appreciated staff listening carefully to their concerns, giving valuable advice and adapting care to their needs.

At times staffing pressures caused appointments to be rescheduled.

Limits to patient cases are due to the complex task of collecting data across different TES contexts.

At times availability of dressings and equipment was a problem.

Findings from patient cases show that patients were particularly positive about the care received and their interactions with staff. The successes and challenges drawn from these patient cases included:

Patients represented a range of socioeconomic groups

24 patient cases (=57 appointments)

Patients mostly aged 65 years and over

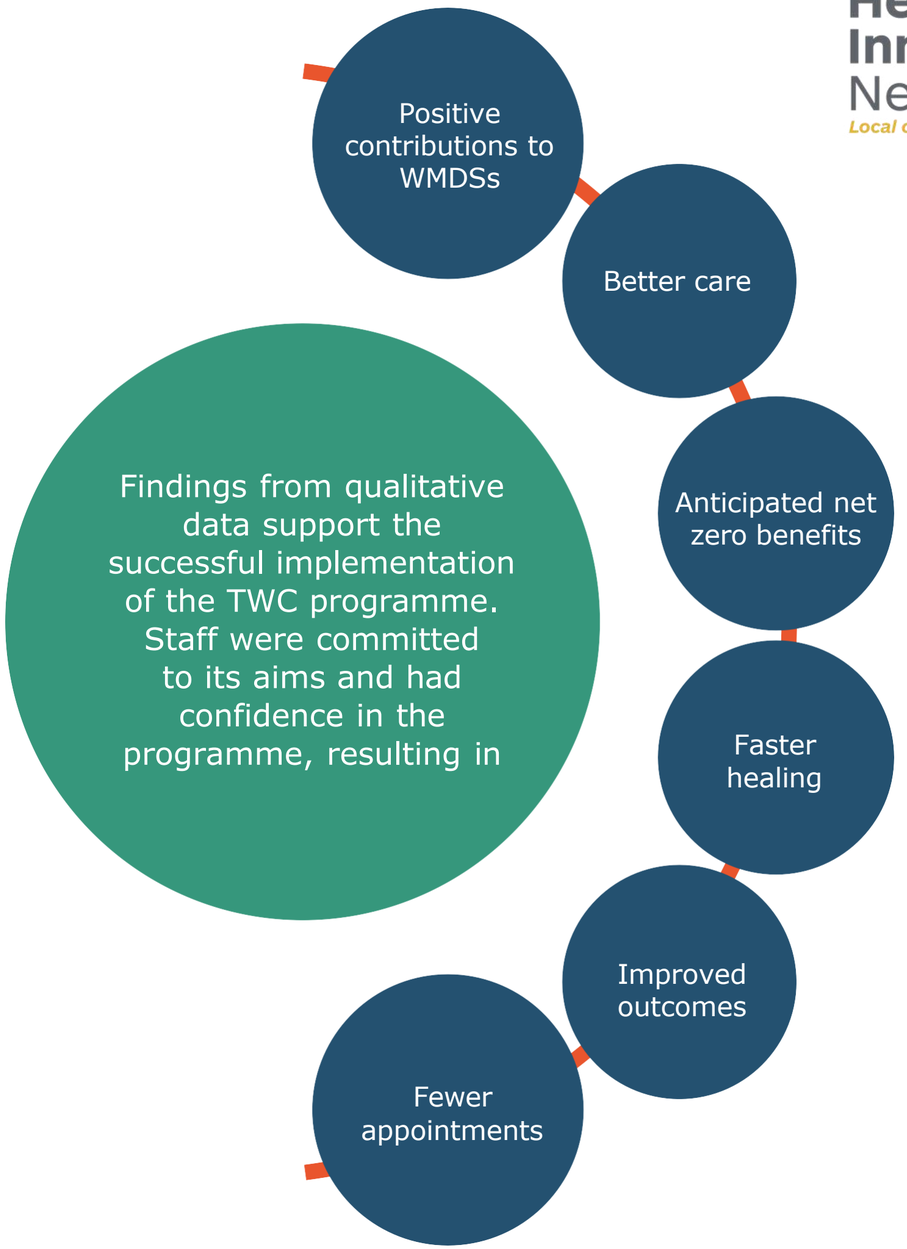
Conclusion

Conclusion

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.

Data quality issues and the lack of suitable baseline data meant that 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.



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Implications for lower limb wound care priorities

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Scaling up wound care services

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.

Importance of active facilitation

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.

Addressing patient challenges

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.

Data and technology

Integrating digital solutions

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 system level.

This indicates the need for further development and assistance to services in this area.

The need for data monitoring

To ensure that investment in implementation is making a difference, data monitoring should be continued.

Embedding automated data collection

Automated data collection supported by point of care reporting needs to become embedded and routinised into local systems and may need more resources.

Implications for future evaluations and metrics data collection

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Automated data collection can provide realtime insights into patient outcomes, service quality, and resource utilisation.

However, implementing digital tools alone is not enough. Clinical staff must also receive tailored training and continuous support to ensure accurate and consistent data entry during patient encounters.

Design Data Systems for Ease of Use

Ensure that clinical staff find it straightforward to input accurate data and that automated methods minimise manual errors.

Low patient engagement in data collection can lead to a skewed understanding of service quality and outcomes.

Efforts to improve participation—such as using accessible data-gathering tools, providing clear explanations of why patient input matters, and offering multiple feedback channels—can help to capture a broader range of experiences and needs.

Incentivise Participation

Foster a culture where patient perspectives are valued, using feedback mechanisms that are user-friendly and accessible.

Even when patients do participate, some groups remain underrepresented, which can hide health disparities.

Purposive sampling, where specific subgroups are actively recruited, helps uncover unique challenges and better informs service improvements. This approach can illuminate barriers faced by vulnerable or minority populations, guiding more equitable care strategies.

Use Targeted Recruitment

Foster a culture where patient perspectives are valued, using feedback mechanisms that are user-friendly and accessible.

Recording demographic variables is key to evaluating how well services are addressing potential gaps in care.

This deeper, data-driven view enables organisations to target interventions, direct resources to where they are most needed, and monitor whether changes in practice truly benefit all patient groups.

Analyse Demographic Factors

Commit to collecting and reviewing demographic data to identify inequalities, evaluate service effectiveness, and drive continual improvement.

Relevance of this programme

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Digital tools can improve integration between community and hospital

HOSPITAL TO COMMUNITY

Mobilising change through dedicated leg ulcer pathway models in the community is key to improving patient outcomes. Hospital admissions (without surgery) for venous leg ulcers account for 7% of the leg ulcer costs.

ANALOGUE TO DIGITAL

Transformation from paper records to standardised digital wound monitoring (through notes and images) to improve oversight for the pathway, activity, and wound care outcomes. Digital tools can improve integration between community and hospital services and bring diagnostic services into the community. Increased use and collection of digital wound images supports peer review and, over time, allows AI to support clinical decisionmaking

TREATMENT TO PREVENTION

Consistent indications of improved wound care, with more wounds healing within the first twelve weeks and reduced recurrences. The NWCSP FImpS recorded a recurrent rate for leg ulcers of 14%, which is significantly lower than the implementation case assumption.

42%
of nonworking patients stated leg ulcer contributed to decision to stop working

Wound care is a clinical area that can realise the government's three shifts

Alignment to healthcare priorities

PRODUCTIVITY

Reducing unwanted variation of wound management (under-use of evidence-based practice and overuse of ineffective interventions) results in improved healing rates resulting in: a release of community nursing capacity and time, a reduction in primary care workload and a reduction in inappropriate vascular referrals. Patients who heal in 24 weeks need 23 healthcare contacts on average, compared to 113 contacts for unhealed patients.

ECONOMIC (IN)ACTIVITY

Patients with leg wounds have pain, more restrictions regarding social functioning, less vitality, restrictions in work capacity, recreation, social interaction. A systematic review on the impact of leg ulceration on patients' quality of life found that among nonworking patients, 42% stated that their ulcer contributed to the decision to stop working

Additional resources

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The resources outlined below have been produced by NWCSP or the Health Innovation Network.

- Read the full **TWC Programme evaluation and technical reports**
- Read the 8 TWC TES **Case Studies**
- Access the Health Innovation Network **Implementation Toolkit**
- Join the **FutureNHS - Improving Wound Care: Building on The National Wound Care Programme** workspace
- **Summary of Evidence paper**

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