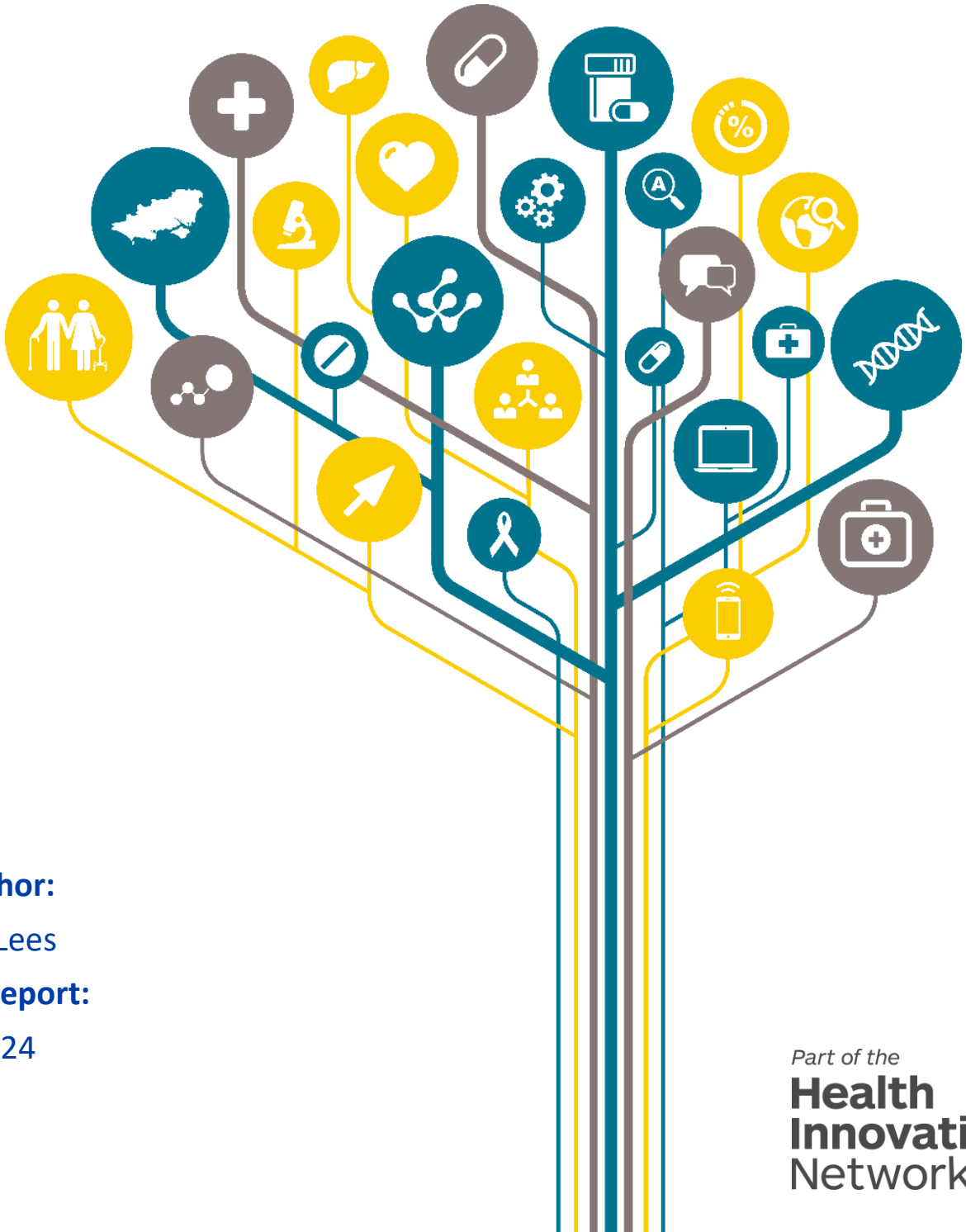
Health Innovation Wessex

The Transforming Wound Care Programme

Test and Evaluation Site case report
Central London Community Healthcare NHS Trust – Merton Community Nursing Team



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Disclaimer

This report presents the findings of an independent evaluation of Transforming Wound Care (TWC) programme of which this case study forms a part. The independent evaluation was undertaken by Health Innovation Wessex (HIW). The findings of this independent evaluation are those of the author and do not necessarily represent the views of the Transforming Wound Care programme team. Health Innovation Wessex was not involved in the roll out of the National Wound Care Strategy Programme Lower Limb Recommendations.

Declaration of Interest Statement

Health Innovation Wessex supports innovators to bring their innovations to the NHS as well as provide an evaluation service more broadly to our members and others. On occasion, we evaluate innovations that we have also supported. While these evaluations are independent, for transparency we disclose our dual role where applicable.

Acknowledgements

We would like to thank Test and Evaluation Site (TES) staff, and patients of the service, for their participation in this evaluation.

We would like to acknowledge the support of Health Innovation East in co-ordinating data collection for this evaluation.

We would like to acknowledge the Health Innovation Network South London and their project team in supporting communications and data collection with this TES.

Health Innovation Wessex

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TES Executive summary

Central London Community Healthcare NHS Trust (CLCH) is a community healthcare provider that offers healthcare to over two million people across 11 London boroughs and Hertfordshire. The Southwest London Division provides Adult Community Health Services across the London boroughs of Merton and Wandsworth. Merton was chosen as the location for the Transforming Wound Care (TWC) programme Test and Evaluation Site (TES) because CLCH is not the provider of podiatry services in Wandsworth. The project team comprised a Senior Responsible Officer, Programme Manager, Improvement Lead and Data Lead, and was supported by Health Innovation Network South London.

CLCH joined the TWC programme in May 2023 with the objective of delivering the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs) through dedicated services. Service plans were instigated in October 2023. The new lower limb wound pathway encompasses identification, assessment, and treatment, for non-ambulatory patients within the home. The service was launched initially in two Community Nursing teams (with later spread to additional teams) and was operational in October 2023.

By the end of the evaluation period (March 2024) CLCH had successfully implemented the NWCSP LLRs within three Community Nursing teams. Roll-out to other teams was planned and there is potential for wider spread outside of Merton to the rest of CLCH. Training to equip staff to deliver the recommended care was in place. Ongoing areas for focus included the roll out of the pathway to more Community Nursing teams, including ensuring staff competencies, and availability of supplies. There was the potential for future development of an ongoing care service for patients who have healed.

CLCH contributed metrics data to the programme evaluation in relation to lower limb wound caseload within community services, lower leg wound referrals for new assessment, lower leg wound patients receiving full assessment and wounds healed within 12 weeks, 12-24 weeks, 24-52 weeks and after 52 weeks for lower leg wounds from the monthly wound care aggregated dashboards and the TES metrics returns. Technical report 6 provides more detailed information, however, the TES reported a small caseload and pulled all the data for the metrics manually as the reporting templates are still in development. Foot wounds were out of scope for this TES. An agreement was reached with the TWC Central Team on which metrics CLCH would focus their collection.

Analysis of metrics data from CLCH indicated:

- During the data capture period (October 2023-March 2024) out of 38 new referrals, 33 (87%) received full assessments. The proportion of new referrals receiving a full assessment for lower limb wounds was variable due to small numbers reported but trends towards an increase over the six months and shows that the majority of new referrals received full assessment for their lower leg wound within the month.
- By the end of March 2024, CLCH had identified 19 patients as suitable to undertake strong compression with 10 (53%) receiving strong compression. Given the small cohort size, fluctuation in the proportion rate is expected. However, the number of patients who have received strong compression and the proportion of these in relation to patients identified as suitable for strong compression show an upward trend throughout the data capture period.
- A total of 25 patients were recorded as healed during the data capture period (October 2023-March 2024) and 16 (64%) were healed within 12 weeks, followed by 6 (24%) within 12-24 weeks and 1 (4%) within 25-52 weeks and 2 (8%) healed after 52 weeks. Due to the small cohort size, there is a risk that these numbers may not be representative of the overall healing rate.

Qualitative data supplied by CLCH (survey, focus group/interviews and patient cases) was analysed along with comparable data from the other TESs and these contributed to the development of key messages and themes at programme level. Across the TESs, qualitative findings from survey and interview/focus group data revealed that staff were committed to the aims of the TWC programme, had confidence in the programme resulting in better care, faster healing, improved outcomes, fewer appointments, anticipated net zero benefits and the positive contribution of wound management digital systems (WMDSs). Challenges identified included patient lifestyle and health factors that can delay healing and reduce ability to tolerate compression. Other challenges related to engaging the wider health system, staffing and financial pressures, and logistics associated with the collection of metrics data.

Across the TESs, 100% of patient cases rated their treatment as either 'Very Good' or 'Good', 93% of patient cases understood information that they were given at their appointment. Patient cases felt staff to be friendly and approachable. Patient cases reported that staffing pressures sometimes caused appointments to be rescheduled and there were sometimes problems with availability of dressings and equipment.

1. Introduction

This case report presents an overview of findings from Central London Community Healthcare NHS Trust – Merton Community Nursing Team (hereafter referred to as 'CLCH'), one of eight Test and Evaluation Sites (TESs) captured as part of the Transforming Wound Care (TWC) programme evaluation. Along with the other TESs, CLCH contributed data to support a programme evaluation of the TWC programme, which was commissioned by Health Innovation East and undertaken by Health Innovation Wessex Insight team. CLCH was not the focus of an individual TES-level evaluation.

Following an application process, successful TESs received funding to adopt the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs), supported by the TWC programme, if their locality met the criteria which included the involvement of a multi partner system with strategic engagement embedded within an Integrated Care System (ICS). The TWC programme was focused on delivering place-based wound care to align with wound care services in different geographical locations. Funding supported each TES to develop a specific lower limb wound service with foot wounds under the care of a podiatry service. The role of TESs was to deliver the NWCSP LLRs through dedicated services, via changes to the model of care delivery. TESs were asked to run a monthly audit of a predefined set of metrics and take part in a programme evaluation including supporting the collection of patient cases, staff interviews or focus groups, survey, and implementation information. All data collection was completed by 31 March 2024. Each TES commenced their programme of work at different times during the TWC programme.

Data contributed by CLCH was used to address evaluation questions at a programme level rather than to evaluate and fully describe activities undertaken within CLCH. This has shaped the way that data has been analysed (as described below); it has not been possible to draw conclusions or implications at the level of individual TESs.

This case report describes CLCH TES, its context and the approach taken to implement the NWCSP LLRs. A description of the data that the TES contributed to the programme evaluation is provided. Findings from the analysis of metrics data provided by CLCH are included. Qualitative data supplied by CLCH (survey, focus group/interviews and patient cases) was analysed along with comparable data from the other TESs and these contributed to the development of key messages and themes at programme level. Qualitative findings from surveys, patient cases, interviews and focus groups are reported at programme level only, with illustrative quotes specific to CLCH included where possible. Conclusions and implications of the evaluation findings have not been identified at the level of each TES; those arising from the overall programme evaluation are included for information.

It is recommended that this case report is read in conjunction with the programme level executive summary, programme report and accompanying technical reports[1].

[1] Technical appendices:
Technical report 1: Staff survey
Technical report 2: Patient cases
Technical report 3: Staff interviews and focus groups
Technical report 4: Implementation tracker
Technical report 5: Implementation of metrics
Technical report 6: Quantitative metrics

2. Case summary

CLCH is a community healthcare provider that offers healthcare to over two million people across 11 London boroughs and Hertfordshire. The Southwest London Division provides Adult Community Health Services across the London boroughs of Merton and Wandsworth. Merton was chosen as the location for the TES because CLCH is not the provider of podiatry services in Wandsworth. The project team comprised a Senior Responsible Officer, Programme Manager, Improvement Lead and Data Lead, and was supported by Health Innovation Network (HIN) South London.

CLCH joined the TWC programme in May 2023. Service plans were instigated in October 2023. The new lower limb wound pathway encompasses identification, assessment, and treatment, for non-ambulatory patients within the home. The service was launched initially in two Community Nursing teams (with later spread to additional teams) and was operational in October 2023.

3. Local context for lower limb wound care

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

3.1. CLCH locality description

Merton has a population of 215,200 and is amongst the top 10% most densely populated English local authority areas. People aged 65 and over make up 12.7% of the population and the median age is 35 years. Merton has a mix of ethnicities, with a white population of 60.2%, followed by Asian (18.6%) and black (10.5%) ethnicities. Merton has low social deprivation compared to other London Boroughs, being the sixth least deprived of 33 London boroughs. There are however inequalities, with areas of deprivation in the east of the borough and some of the most affluent areas of the county in the west.[2]

3.2. Local health system infrastructure

CLCH introduced the new service initially within two Community Nursing teams (Blue and Purple teams) in October 2023, followed by spread to a third Community Nursing team (Orange team) in January 2024.

The Community Nursing teams in Merton have strong links with other system partners including dermatology, vascular and lymphoedema services, acute diabetic podiatric services, primary care colleagues within GP practices and wider Multidisciplinary Teams across the wider Primary Care Network.

[2] Demographic figures have been accessed from London Borough of Merton local authority figures Merton-narrative-March-2019.pdf and 2021 census data How life has changed in Merton: Census 2021 (ons.gov.uk)

3.3. TES objectives and service delivery and implementation plan

To equip staff to deliver the new service, staff have access to online modules from NHS England, Workforce, Training and Education e-learning for health and pre-existing, two-day, face-to-face training on lower limb assessment and treatment, compression and Doppler.

The use of a Wound Management Digital System (WMDS) was already well integrated and used within community services for wound photography and integrated within EMIS (Education Management Information System). Photographs are instantly uploaded to EMIS and therefore immediately accessible to the GP and other partners (e.g. tissue viability services) via the Health Information Exchange. The use of the WMDS is recurrently funded within CLCH.

4. Data contributed to the evaluation

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

4.1. Metrics data

The metrics data in this case report refers to lower limb wound caseload within community services, lower leg wound referrals for new assessment, lower leg wound patients receiving full assessment and wounds healed within 12 weeks, 12-24 weeks, 24-52 weeks and after 52 weeks for lower leg wounds between October 2023 and March 2024 from the monthly wound care aggregated dashboards and the TES metrics returns. Technical report 6 provides more detailed information, however, the TES reported a small caseload and pulled all the data for the metrics manually as the reporting templates are still in development. Foot wounds were out of scope for this TES. An agreement was reached with the TWC Central Team on which metrics CLCH would focus their collection.

Table1 CLCH metrics reporting and adaptation

Metric	CLCH
Lower limb wound caseload within community services (TWC001A).	Yes, reported in wounds.
Foot wound[3] referrals for new assessment (TWC002A).	Out of Scope.
Lower leg wound referrals for new assessment (TWC002B).	Yes
Foot wound[3] patients receiving full assessment (TWC003A).	Out of Scope.

[3] Foot wounds were not included in the TES delivery because in Merton the Podiatry service was not commissioned to compress.

Lower leg wound patients receiving full assessment (TWC003B).	Yes
Foot wound[3] patients receiving full care[4] (TWC004A).	Unable to provide.
Lower leg wound patients receiving full care[4] (TWC004B).	Unable to provide.
Lower leg wounds treated with strong compression (TWC010).	Yes
Wounds healed within 12 weeks, 12-24 weeks, 24-52 weeks and after 52 weeks for lower leg wounds (TWC011A-D) and for foot wounds (TWC011E-H).	Yes, reported by patients. Foot wounds are out of scope in this metric.

4.2. Qualitative data

Qualitative data refers to patient cases, staff interviews, focus groups, staff survey, and implementation trackers that captured TESs' delivery of planned service changes to meet the NWCSP LLRs.

Table 2 CLCH contribution, and adaptations, by qualitative data source

Data source	TES contribution	Adaptation
Survey	Surveys were sent to 11 clinical staff and three data analysts.	None
Patient cases	Two patient cases.	Patient cases were recruited by Community Nurses and followed up by a Health Innovation Wessex evaluator. These patients were asked one set of experience questions about the overall experience of wound care, using a tailored version of the patient experience section. Three cases were recruited but unfortunately one was unable to be followed up due to hospitalisation.
Staff interviews or focus groups	Three staff interviews took place in October to November 2023.	None
Implementation tracker	Systems mapping session on 26 September 2023. Implementation tracker covering period September to December 2023.	None

[4] Due to difficulties relating to definition it was agreed that metrics related to 'full care' could be excluded.

5. Analysis approach

As described above, some data contributed by TESs was analysed at TES level and some (survey, patient cases and interviews/focus groups) was analysed at programme level. **Table 3** below is included to explain these differences in approach.

Table 3 Analysis conducted by TES or programme level

Data source	Level of analysis (TES or Programme level) and reason for this	Included in findings (section 6):
Metrics data	TES level, due to the way data was collected and submitted.	TES level **Table 1 CLCH metrics reporting**.
Survey	Programme level because of the detailed nature of the data collection tool which generated a substantial body of findings at the programme level.	Programme level with returns information provided at TES level **Box 1**.
Patient cases	Both programme and TES level. This was possible due to the concise nature of the data collection tool (patient case questionnaire).	Programme level to protect anonymity of patients (due to small numbers involved) **Figure 8** with some descriptive data shared at TES level.
Staff interviews and focus groups	The main analysis was conducted at programme level to generate themes relevant to all TESs.	Programme level **Box 2** with supplementary TES level quotes/points included where possible.
Implementation tracker	TES level due to the way the data was submitted. Some common themes were identified across TESs.	TES level **Findings from the implementation tracker.**

6. Findings

6.1. Findings from metrics data

The following section presents a high-level view of metrics data that CLCH contributed to the programme evaluation in a series of graphs depicting findings at the TES level.

The collection of standardised metrics is a major part of ensuring both the delivery and successful implementation of NWCSP LLRs and improvements to patient care. As part of the evaluation, information was gathered on the progress of implementation and issues that arose to ensure critical metrics were captured. CLCH identified 14 (out of 17) critical metrics within the scope of their site, and

eight out of the agreed data collection points were reported by March 2024. Further details about the metrics for CLCH are provided in Appendix 1.

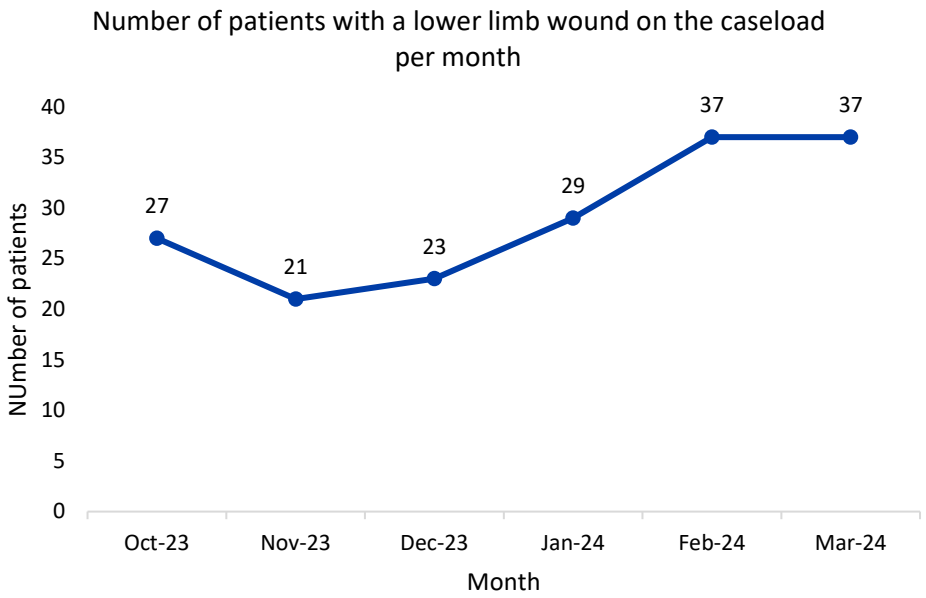


Figure 1 Number of patients with a lower limb wound on the caseload per month

Figure 1 illustrates an increase in the number of patients on the caseload with lower limb wounds throughout the six months from October 2023 onwards. The numbers are low as the caseload represents the pilot area for the TWC programme (three Community Nursing teams – two teams from October 2023, and a further team from January 2024). It should be noted, a small number of patients remained on the caseload due to having multiple wounds.

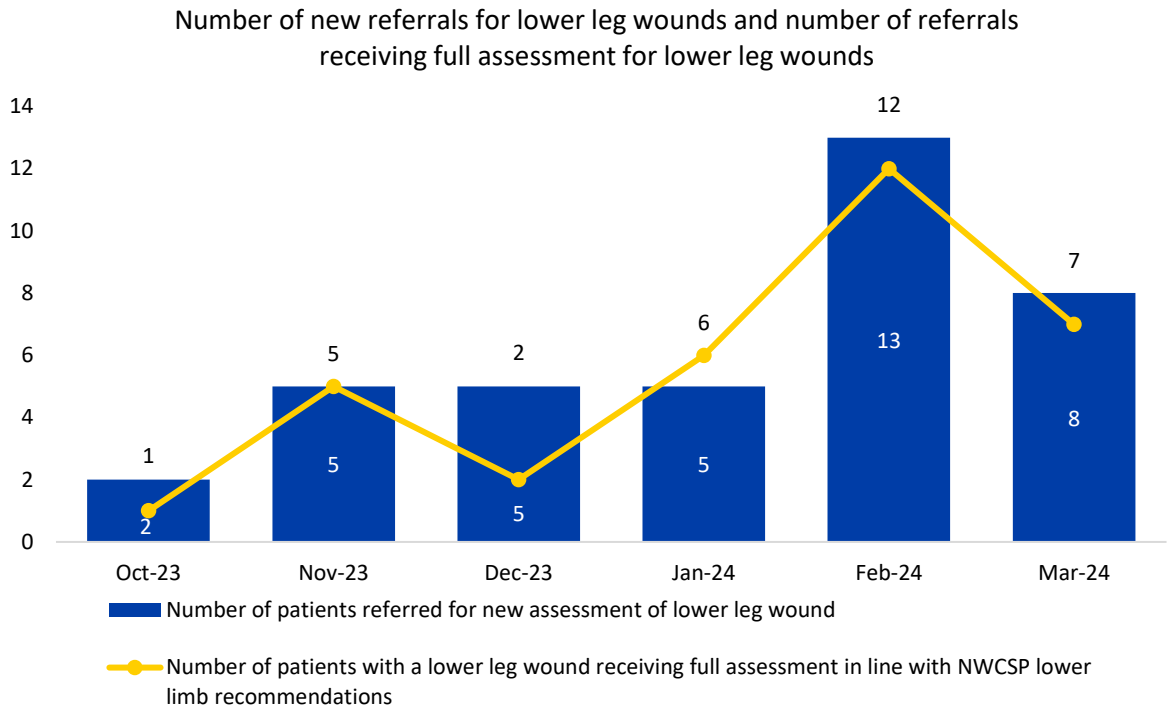


Figure 2 Number of new new referrals for lower leg wounds and number of referrals receiving full assessment for lower leg wounds per month

Out of 38 new referrals, 33 full assessments were completed, that is 87% of new referrals. The proportion of new referrals receiving a full assessment for lower limb wounds was variable due to small numbers reported (i.e. November 2023, five patients, December 2023, two patients), but trends towards an increase over the six months (**Figure 2**) and shows that the majority of new referrals received full assessment for their lower leg wound within the month.

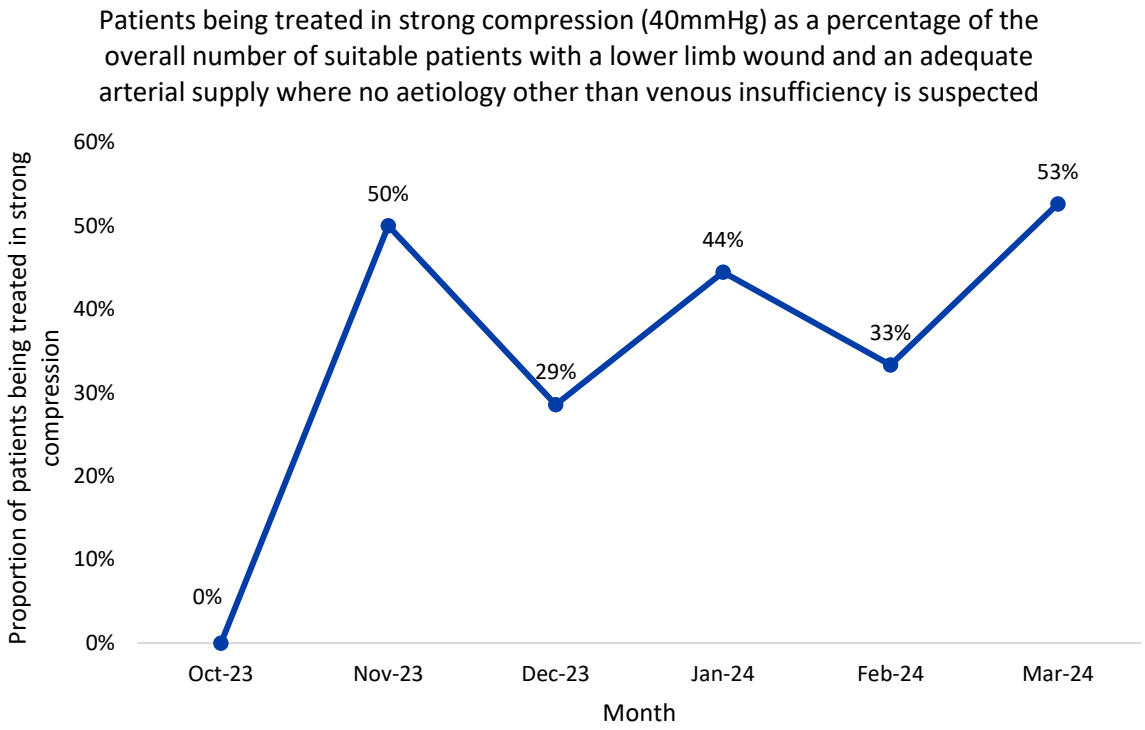


Figure 3 Patients being treated in strong compression (40mmHg) as a percentage of the total number of suitable patients with a lower limb wound and an adequate arterial supply, where no aetiology other than venous insufficiency is suspected

Figure 3 above shows the percentage of patients being treated in strong compression (40mmHg) as a proportion of the total number of patients identified as suitable for strong compression (i.e. those with a lower limb wound and an adequate arterial supply, where no aetiology other than venous insufficiency is suspected). **Figure 4** below shows the absolute numbers from which the percentages are calculated. Please note that these figures represent a monthly snapshot (cumulative figures). By the end of March 2024, CLCH had identified 19 patients as suitable to undertake strong compression with 10 (53%) of them receiving strong compression. Given the small cohort size, fluctuation in the proportion rate is expected. However, both trends in proportion rate and the number of patients who have received strong compression show an upward trend throughout data capture period.

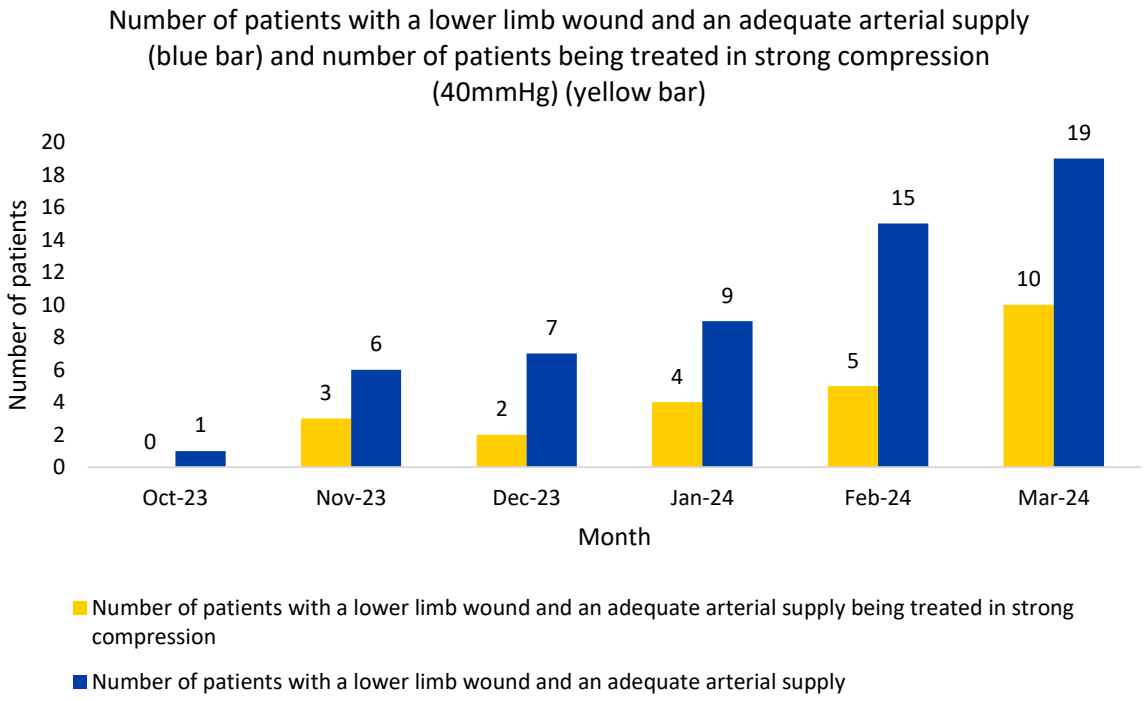


Figure 4 Number of patient with a lower limb wound and an adequate arterial supply (blue bar) and number of patient being treated in strong compression (40mmHg) (yellow bar)

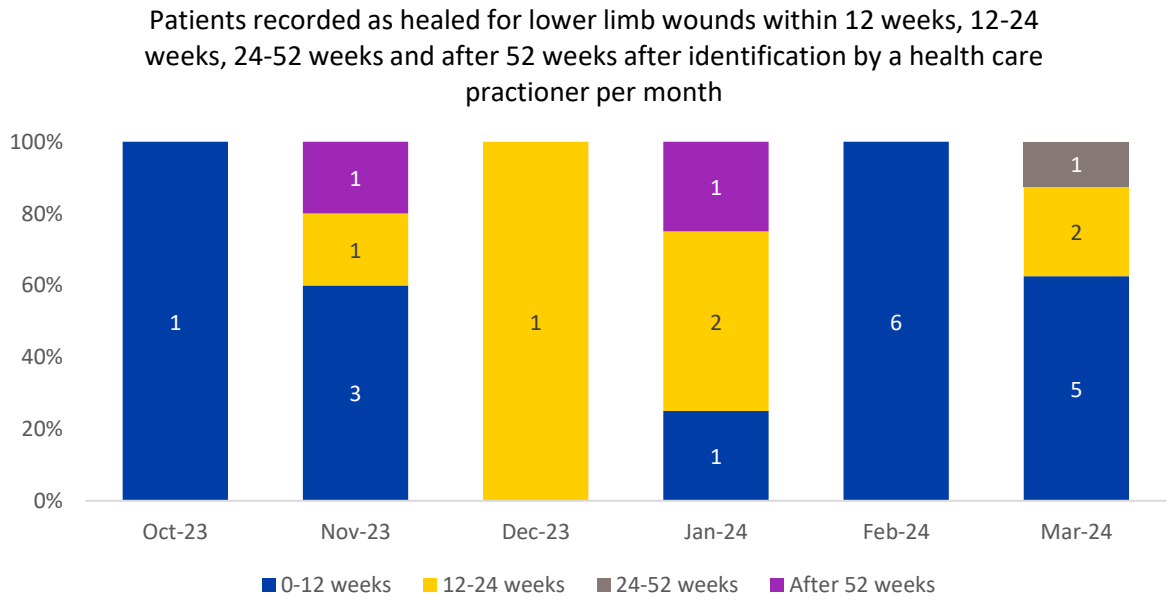


Figure 5 Patients recorded as healed for the lower limb wounds within 12 weeks, 12-24 weeks, 24-52 weeks and after 52 weeks after identification by a health care practitioner per month

Figure 5 illustrates the numbers of patients recorded as healed for lower limb wounds within 12 weeks, 12-24 weeks, 24-52 weeks and after 52 weeks from October 2023 to March 2024. A total of 25 patients were recorded as healed during the data capture period and 16 (64%) were healed within 12 weeks,

followed by 6 (24%) within 12-24 weeks and 1 (4%) within 25-52 weeks and 2 (8%) healed after 52 weeks. Due to the small cohort size, there is a risk that these numbers may not be representative of the overall healing rate.

6.2. Findings from staff surveys

CLCH staff returned a 100% response rate to both the staff (n=11) and data surveys (n=3). Findings from the survey are presented at a programme level rather than at TES level due to the analytical approach taken for the evaluation. **Box 1** below highlights key findings that emerged from the survey across all TESs (programme level evaluation), divided into 'key points', 'successes' and 'challenges'.

Box 1 Overview of programme level survey findings

Key points

- The survey covered a range of topics related to the implementation of the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (LLRs).
- A total of 523 staff across all TESs were invited to complete the survey and 100 responses were received.
- Overall, the survey responses show positive perceptions of the transformation of lower limb wound care and services.

Successes

- Staff observed improvement in patients' healing rates and reduction in recurrence of wounds.
- Input from tissue viability nurses (if locally available) was a valuable source of specialist training, advice and support for colleagues.
- Overall, responses on the experience of wound care training (e-learning and/or face-to-face) showed that training gave staff more confidence in providing wound care.
- The two common components of the NWCSP LLRs implemented in TESs were:
  1. Immediate and necessary care.
  2. Compression therapy (both mild and strong compression).
- The key impact of using technology (Wound Management Digital System or any other technologies) was the improved oversight of patient care with accurate and consistent clinical recording.
- Staff appreciated the continuous support from the local health innovation network and TWC Central Team.

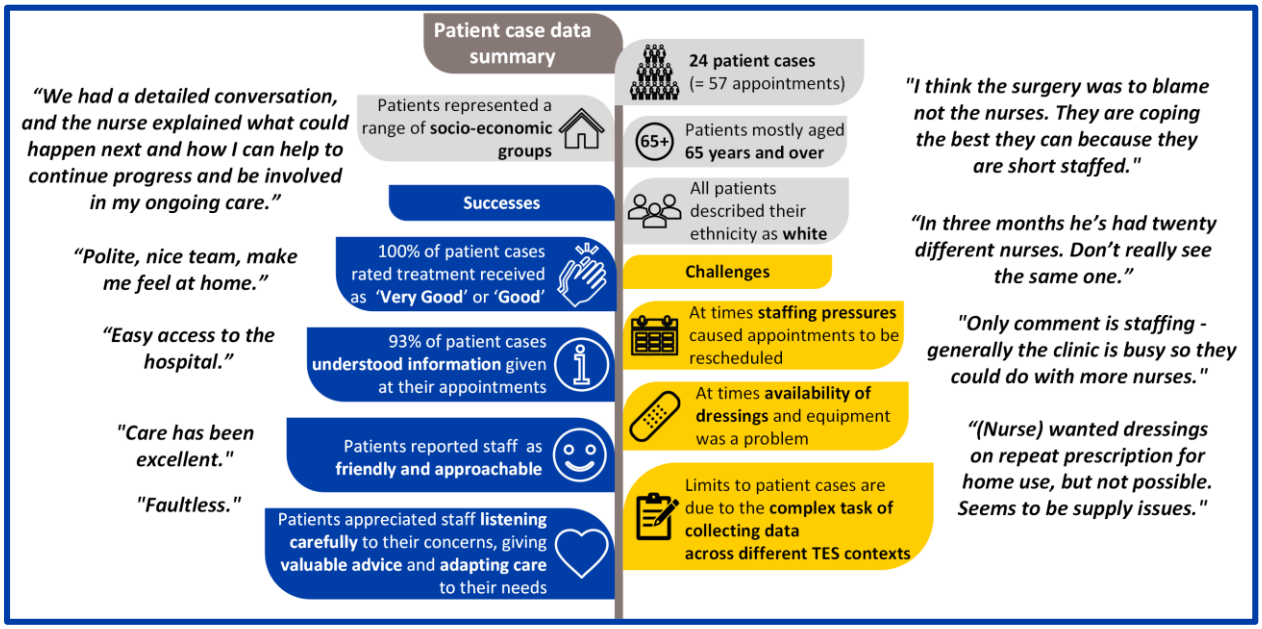
Challenges

- Limited or reduced workforce capacity was the most reported barrier to the implementation of the NWCSP LLRs.
- A small proportion of patients do not engage well with self-care mainly due to their intolerance of compression treatment.
- The complex nature of wound management, often involving several health and care providers to address patients with multiple comorbidities, was also highlighted as challenging.
- Ensuring data accuracy and time required for data collation were the two most reported challenges with metrics reporting.

6.3. Findings from patient cases

CLCH provided two patient cases. Both patients had venous wounds on their lower leg. Both patient cases were female aged over 75 years. They lived in relatively deprived areas IMD categories (3-4). In terms of outcomes reported by the end of data collection, both patients were continuing with professional nursing care. **Figure 4** below shows an overview of findings from patient cases across all TESs (programme level).

Figure 4 Summary of programme level patient case data with quotes



6.4. Programme level findings from staff interviews and focus groups

Box 2 below highlights key themes that emerged from analysis of data from the staff interviews and focus groups across all eight TESs (programme level evaluation), divided into 'successes' and 'challenges'. The key points explain the approach taken to data collection and analysis.

Box 2 Summary of programme level findings from staff interviews and focus groups

Key points

- The Health Innovation Wessex Insight team conducted 16 interviews and four focus groups with key staff from each TES.
- The TWC programme's key enablers of implementation i.e. people (patients and staff), processes, and technology and data, were used to broadly organise the coding of the interview transcripts.
- Following coding, thematic analysis was carried out to derive key categories from the data.

Successes

- Staff expressed enthusiasm and commitment to the TWC programme aims of starting patients in compression earlier and ensuring consistent pathways.
- The need for staff expertise to deal with the complicated field of wound care was acknowledged and training to upskill those delivering care was being delivered across all TES
- Staff reported feeling confident that patients are getting better care, and that this is leading to faster healing, improved outcomes, and fewer appointments needed per patient.
- Staff anticipated environmental net zero benefits resulting from the new pathways e.g. fewer appointments for district nurses, fewer miles travelled etc and cited some efficiency savings.
- With regards to technology and data, staff recognised that high-quality data could answer important questions about service delivery.
- Positive comments relating to wound management digital systems included improved quality of images, images can be uploaded straight to patients' notes and faster referral processes.

Challenges

- Patient factors: Lifestyle and general health factors that can work against healing and treatment adherence (such as co-morbidities, obesity, low literacy) as well as resistance to strong compression for reasons of discomfort or lack of belief it will work. This resistance can be mitigated by building trust over time in the nurse-patient relationship.
- System challenges: These included challenges related to engagement and involvement with the wider system beyond the immediate TES, staffing, supply of dressings, and financially challenged systems with competing priorities.
- Technology and data: These challenges focused on difficulties related to the collection of metrics and the implementation of wound management digital systems.

CLCH staff expressed the value of existing work done to improve wound care within CLCH and good relationships between Community Nursing, tissue viability and podiatry, as a platform on which to build.

Interview respondents agreed on the importance of staff expertise for wound care and spoke about their targeted focus on developing the training package,

"That's been quite a big part of the process for us so far is making sure all of our staff have completed the mandated training. I think this uncovered perhaps some slight uncertainty about

the level of training and the frequency of wound care training that needed to be conducted. The training was delivered in person, how often it needed to then be repeated in person, and how much it could be topped up digitally…It's probably taken the teams around six months to get to the point where everyone is trained up. We're very clear on what the training package needs to be. We can start to roll it out. What we had to do to really get things going we say, "Okay, we're not going to try and do this for everyone all at once. We're going to focus on two Community Nursing teams in particular." CLCH Interview 2

They highlighted positive effects of the WMDS (already implemented within CLCH), which include reduction of waiting times for tissue viability to review a wound and for patients to get started on treatment,

"it went from something like 20 days to two days, something like that in terms of, you know, speed of tissue viability, nurse, viewing a reliable visual representation of the wound and being able to give virtual advice or saying actually I think I need to come and see that and then make it a priority to go and see it." CLCH Interview 1

With regards to patient factors, staff explained that they have already been developing work to encourage self-management or shared care where possible,

"We also have a shared personalised care project...That's with each patient they look at personalised care. It's looking at whether they can manage their wound themselves at all. Or whether we can share care with them or a family member so that instead of going in maybe three times a week to address it, we could go in at one time to review it or something like that." CLCH Interview 3

CLCH staff agreed that there is value in improving data quantity and quality on wound care,

"It's actually been very productive being involved in this though, for me to get to know the ins and outs of what these new standards are, what we should be doing, and as a trust, it's going to help us." CLCH Interview 2

However, they also explained the challenges of collecting metrics data (which was being done manually) and the barriers to developing a template to collect metrics electronically (due to the need to co-ordinate changes and agree a template across five geographic divisions), as well as competing with other system priorities,

"(Name) and I agreed a list of areas that we thought we could get a healthcare professional to look at patients who have been referred and accepted into the service in a defined period and then…going into the electronic record and find the key pieces of information which might be free text rather than a kind of radio button. Yeah, so it was a, you know, manually going through patient records, pulling out that information and then putting it onto a spreadsheet. So, you know, I'm afraid back…to the 1990s." CLCH Interview 1

"Our clinical systems team already have a backlog of other jobs they're doing." CLCH interview 2

6.5. Findings from the implementation tracker

A review of the implementation tracker across the four time periods (September-December 2023) revealed the following progress against the defined milestones.

Table 4 Implementation of the programme against defined milestones

Planned key milestone	Strategy to support milestone	Status (September-December 2023)	Progress over time
Roll out of new pathway by end of October in blue and purple Community Nursing teams. Pathway to include immediate and necessary care and full assessment.	Ensure staff competencies met. Order supplies (compression bandages) and ensure safe storage.	Rolled out successfully to Blue and Purple teams, now rolling on to Orange. Competency checks continue and supplies available.	Roll out across remaining Community Nursing teams continues.
Complete training needs assessment and implementation	Offer of online and face-to-face training. Release staff to complete/attend and increase capacity for training places. Resolve technical errors on iLearn re: recording training.	Training completed (leg ulcer and eLearning) for Blue and Purple teams. Orange in progress.	Roll out across remaining Community Nursing teams continues.

7. Programme level conclusions

The following conclusions are drawn from programme level analysis and are not specific to the TES (for reasons described above).

Overall, the healing rate for wounds for the period October 2023 to March 2024 showed a steady increase in the number of wounds healed within 12 weeks. Patient healing rates varied between 53% and 78% recorded as healed within 12 weeks. It was not possible to show a clear correlation between early assessment, application of strong compression and wound healing rates to support implementation of the proposed care pathways due to data quality issues and the lack of suitable baseline data.

Other findings from qualitative data support TWC programme implementation success. Staff were committed to its aims, had confidence in the programme resulting in better care, faster healing,

improved outcomes and fewer appointments, anticipated net zero benefits and the positive contribution of wound management digital systems (WMDSs). Challenges identified included patient lifestyle and health factors that can delay healing and reduce ability to tolerate compression. Other challenges related to engaging the wider health system, staffing and financial pressures, and logistics associated with the collection of metrics data and implementation of WMDSs.

8. Programme level implications

The following implications are drawn from programme level analysis and are not specific to the TES (for reasons described above).

8.1. Implications for lower limb wound care practice

1. The scale up and spread of the necessary improvements to wound care and the delivery of dedicated wound care services across the NHS requires a significant implementation effort, associated resources and sustained support over time to embed changes in practice. Exemplified by the TWC programme this includes strategic leadership; financial support; coordination of activities; community of practice; guidance and an implementation toolkit and expert facilitation.
2. Staff willingness to deliver effective care was countered by contextual pressures that prevented wider engagement and delivery of best clinical practice. The extent to which an improvement programme is actively managed and facilitated was shown to be a critical factor in explaining implementation success.
3. Programme level findings indicate that patient factors can inhibit opportunities for effective lower limb wound care due to co-morbidities, intolerance for strong compression and the inability of some patients to support self-care. Greater effort and time to build trust with patients are strategies that staff employ to manage wound care in these cases, and therefore the need for greater staff capacity and time to manage this area of care is highlighted.
4. Programme level findings show that whilst supporting digital solutions such as WMDSs is viewed as providing benefits, they also present adoption challenges when integrating this technology at local systems' level. This indicates the need for further development and assistance to services in this area.
5. To ensure that investment in implementation is making a difference, data monitoring should be continued.
6. Automated data collection supported by point of care reporting needs to become embedded and routinised into local systems and may need more resources.

8.2. Implications for future evaluations and metrics data collection

1. Low patient participation in the evaluation resulted in an imbalance of patient perspectives. Purposive sampling of specific patient groups to better understand inequalities should be considered in future.

2. To ensure implementation investment is making a difference, there is a need to embed automated data collection into local systems and in addition support provided to clinical staff collecting data during patient contacts.
3. The collection of demographic data on patients receiving wound care would enable an assessment of the extent to which services are addressing inequalities.

Version Control

Version	Status	Key Changes	Authorised by
Version 1 October 2024	Circulated to TES for comment		
Version 2 November 2024	Live	Final amendments completed.	Philippa Darnton

9. Appendix 1 Commentary on critical metrics and data points collated by CLCH

Table 5 Commentary on critical metrics and data collection points collated by CLCH

CLCH	In scope data points collated by March 24: 8	In scope data points not collated by March 24: 6
Metrics collated by patient or wound	Reported by patients.	
Biggest challenge	Manual data pull from care plan in free text rather than template or automated completion.	
Key points to note	Caseload: Pilot area (three out of eight Community Nursing teams). Figures are not representative of entire community caseload of the borough. • The TES began reporting metrics in October 2023. The data provided is based on an agreement with the TWC Central Team (dated October 2023). • Although a small caseload, a small number of patients remain on the caseload for having multiple wounds or other health conditions. All other patients were confirmed to be discharged once healed • Foot wound referrals for new assessment (TWC002A) and foot wound patients receiving full assessment (TWC003A) are out of scope due to only reporting on lower leg wounds. The Podiatry service in Merton is not commissioned to compress and therefore was unable to align with the national recommendations within the timeframes of the project. • To understand the relationship between full assessment and strong compression: only patients assessed as suitable through a full lower limb assessment and Doppler received strong compression • The TES pulled all the data for the metrics manually (from a care plan in free text). As of March 2024, the TES reporting templates are still in planning stages. The wounds healed (TWC011) metrics have been backdated.	