SUSQI PROJECT REPORT
Community Wound Care Transformation

Start date of Project: May 2025
Date of Report: August 2025

Team Members:

- Elaine McDowell, Head of Business Development & Transformation in the Community Division of WWL
- Paula Shenton, Project Manager, Community Transformation Team
- Emma Fisher, Team Leader, Treatment Room service
- Colin Carruthers, Community Stock Manager

Background:

Wound care treatment in the community involves the assessment and management of various types of wounds, such as pressure ulcers, diabetic foot ulcers, venous leg ulcers, surgical wounds, and traumatic injuries. Care is delivered through local clinics, home care or community nursing and is essential to support healing, prevent infection and complications, reduce hospital admissions, and enhance patients' quality of life.

A key aspect of wound care is provision of dressings, used to protect the wound, absorb exudate, maintain a moist healing environment, prevent infection and promote faster healing. Patients often need appointments with nursing staff to ensure dressings are changed safely and appropriately.

Under the current process in our community service, once a patient is seen by a professional to assess their need for a wound dressing (e.g. community nurse), the information collated and recommendations from the appointment are sent to a Prescriber using a paper process. The Prescriber then processes the information electronically on the clinical records system, writes, and sends a paper prescription to the patient's pharmacy. Pharmacy will process this request and the patient either collects the prescription or has it delivered to their home. If the dressing is not in stock it may take 1-3 days to arrive at the patient's pharmacy. Alongside this process, the patient will have had an appointment scheduled to administer the dressing. The Community Nursing team does not have access to information to confirm when/if the dressing has been collected or delivered to the patient. This process leads to several inefficiencies which bring clinical, social, environmental and financial impacts.

For patients, the process is inconvenient. Patients must collect their wound care items and carry several items back and forth to their appointments, storing them in their home until use. The process causes delay and failed/repeated visits at the point of care if a patient forgets to bring their prescription or if the product was not dispensed in time. The process also leads to inequitable access. For example, patients experiencing homelessness may face additional barriers in accessing dressings as they may not have a GP or pharmacy for the initial prescription to go to, are required to pay an upfront cost for the prescription and do not have good storage facilities to keep the dressings clean and dry. The inefficiencies in the process may also lead to patients having incorrect sizes of dressings available, potentially slowing wound healing.

Large volumes of dressings have the potential to be wasted. Pharmacies normally dispense wound care dressing products in entire packs and do not split sealed products for individual use. This means if a patient requires 6 dressings, but the product arrives in a box of 10 dressings, the patient will have a surplus of 4 dressings (40% wastage). This creates inconvenience to the patient, and inefficiencies due to product wastage.

Wound care products, within the Trust, are prescribed with the guidance of the Greater Manchester (GM) Wound Formulary. In the context of wound management this is a list of wound care products created to promote safe, effective and cost-conscious prescribing practices. Monitoring appropriate prescribing using the current paper prescribing process is difficult, as clinician prescribing data is reported quarterly. Therefore, it may be 3 months before it becomes apparent if the formulary is not being adhered to.

One of the key reasons for the current process is due to historic funding agreements. Funding for WWL Community patient prescriptions (FP10) is distributed by the Integrated Care Board (ICB / previously CCG). This funding is calculated using NHS Primary Care Prescription data taken from pharmacy prescriptions. Each prescription written by prescribing staff in the Community has a uniquely identifiable cost centre code which links the costs generated back to WWL Community Division, and those costs are calculated by the ICB quarterly.

On average, £134,000 is spent per month (£1.61 million per year) at a cost to the Integrated Care Board (ICB) for wound care prescriptions. In 2022-23, community staff wrote prescriptions for 43,917 individual wound care items. Across a year, this equates to 229 hours per month, or 1.4 full time equivalent Band 6 or 7 Prescribing Nurses' time writing prescriptions. Prescribers are currently required to complete prescriptions for all non-medical items, including standard dressing products for wound care. Within the Community Division, less than 10% of staff are qualified prescribers, leaving these tasks to approximately 25 Community staff.

Whilst scoping change, the Community Transformation Team spoke to colleagues at Bolton NHS who cited an efficiencies project, whereby funding change plans were underway relating to wound care dressing products in conjunction with the ICB. WWL seeks to replicate this project and maximise productivity, in turn benefiting WWL patients, Community Division, Medicines Management and the ICB.

The WWL Community Transformation Team has recently proposed that the annual budget for wound care items is paid directly to the Trust and that ordering of wound care products takes place internally via NHS Supply Chain. This negates the need for the time-consuming and costly FP10 non-medical prescriptions processes in relation to standard wound care products. It gives time back to both WWL Community and WWL Pharmacy, whilst improving patient access and reducing wastage of wound care products by supply at the point of need rather than bulk prescriptions. WWL will support and develop a new process for ordering wound care dressing products via NHS Supply Chain, generating time and cost savings internally.

Specific Aims:

To transfer the process for managing wound care formulary to WWL Community Division for provision of wound care. Wound care dressings will be provided to patients at the point of care, instead of via prescription services. We are evaluating the outcomes specifically for the change in Community Treatment Rooms for the purpose of this report.

Methods:

Studying the system / current practice

The WWL Community non-medical prescribing (FP10) data showed us that there were ten Community Services who prescribed wound care items to Community patients. We assessed each prescriber's individual spend on wound care items, and each service in terms of suitability for inclusion in this project. The data showed us that District Nursing, Treatment Rooms and Tissue Viability spent the most on wound care items and accounted for the largest volume of prescribed products. The total average annual spent on wound care items over the 2 years by Community staff was £1,611,305.

Service	Financial Year	Items	Actual Cost	% Total Cost
District Nursing	2021 - 2022	38954	£1,198,095.23	68.50%
Treatment Rooms	2021 - 2022	8291	£293,325.86	16.77%
Tissue Viability Nurse	2021 - 2022	2415	£131,926.08	7.54%

Service	Financial Year	Items	Actual Cost	% Total Cost
District Nursing	2022 - 2023	34640	£1,031,742.83	70.01%
Treatment Rooms	2022 - 2023	7059	£248,292.57	16.85%
Tissue Viability Nurse	2022 - 2023	2231	£129,608.66	8.79%

Treatment Rooms

NHSSC costs for the items contained in ePACT data were explored by Procurement. The costs of using a prescription process were compared with costs purchased via NHSSC. Efficiencies were noted and discussed with Finance, Trust Board and the ICB. Approval to proceed with a 1 year pilot was given by the ICB and the Trust Board and an agreement regarding gainshare was confirmed. The agreement, in essence, included:

- Purchase of wound dressings
- Recruitment of Stock Managers
- Purchase of storage solutions for increased wound care products
- Processes for administering, recording and re-charging the new project

When considering which area to initially pilot the project, Treatment Rooms were selected. This was due to reduced complexity in relation to supply and logistics; where stock can be held within each department and available at point of need. In Treatment Rooms there would be no requirement to distribute stock to patients' homes, as would be the case within District Nursing, where stock is required in the home of our housebound patients. It is anticipated that this project will reduce wastage, which results from the existing prescription process. If the pilot is successful, the project will be extended to the District Nursing services and electronic procedures will be implemented to ensure effective and efficient provision of dressings to our housebound patients. The electronic solution is currently under development and is anticipated to be implemented later this financial year. The Tissue Viability service was not chosen as a pilot site as they provide advice and guidance to our District Nursing and Treatment Room staff for highly complex wounds and wounds that are slow to heal. Tissue Viability does not have a regular clinic that was deemed suitable to be used as a pilot site.

Studying the system

The following teams were involved in the initial study of the system and project scoping:

- Community Division: Initial information collection was undertaken by the Community Division; exploring audit of dressing stock and usage, electronic prescribing (ePACT) data, financial expenditure and project planning.
- Medicine Division: The Medicines Management Team assisted in the gathering and interpretation of electronic prescribing data (ePACT).
- Corporate Quality: Tissue Viability Nursing staff (TVNs) provided formulary data and advice and guidance regarding existing processes.
- Corporate Finance: Liaised with our external Integrated Commissioning Board (ICB) partners; overseeing reports of monthly expenditure, conducting reviews of dressing spend and negotiating a financial gainshare agreement.
- Estates and Facilities: Assisted with feasibility planning of estate space allocation.
- Corporate Procurement: Assisted with NHS Supply Chain (NHSSC) negotiations and provision of historical and current purchase trends. Also negotiating with NHSSC to obtain necessary equipment such as a WiFi-enabled stock gun and storage solutions.

Implementing change

The project will be led by WWL Community Division. Several stakeholders were engaged to implement this change.

- ICB
- District Nursing Team Leaders
- Treatment Room Team Leader
- Community Stock Manager
- District Nursing and Treatment Room Operational Lead
- District Nursing and Treatment Room Clinical Lead
- Divisional Operational Senior Management
- Divisional Clinical Senior Management
- Community Performance
- Community Transformation
- Community Governance

Changes

We proposed to the ICB that the process for managing procurement and distribution of wound care products be transferred to WWL Community Division for provision outside of the FP10 prescribing process. Wound care formulary items for Community patients would no longer require a prescription via Non Medical Prescriber (NMP) FP10 and will instead be ordered using NHS Supply Chain.

The changes required extensive business planning and funds to set up the initiative, in terms of staffing, storage, and ordering stock. Alongside WWL Medicines Management and Procurement Leads, Community Services created new processes and procedures to order, store, and distribute wound care items to patients when they are required.

Staffing and storage: Two new Stock Managers at Band 3 are to be employed to help run the scheme across healthcare sites internally. These posts are financed using anticipated funds recouped from the efficiency savings. These staff would also manage storage of wound care items, ensure that expiry dates are recognised and transfer stock around the Treatment Room sites to reduce expiry wastage.
Stock: Wound care products will be standardised according to the aforementioned Greater Manchester (GM) Wound Formulary. Standard items from the Wound Formulary may be administered by all grades of nursing staff. Off-Formulary or specialist items, will require a Band 7 or above to approve. Non-Formulary stock and specialist wound care products (including negative pressure wound therapy). As such, a different process will be applied to the ordering, storing and administration of these items which incorporates Tissue Viability Nurse approval.

Distribution of items to patients is led by clinical staff based on patient need. Items will be allocated to patients on an individual basis, instead of supplying wound care items in whole packs.

The new processes required changes to Standard Operating Procedures (SOPs) with new SOPs written. The SOPs were approved within the Divisional Policy Approval and Ratification Group (DPARG).

The pilot scheme will incur initial set-up costs; storage provisions, with initial recruitment of one Band 3 stock manager (inclusive of travel expenses), the second to follow with the District Nurse roll-out project. Costs to implement the project are being shared 50/50 between the Wigan ICB and WWL in the first instance and then will be offset by the onward savings, which will also be shared equally. The Treatment Room pilot scheme will run for 1 year, with District Nursing being introduced after the first 6 months. The necessary financial, quality and process reviews will be undertaken during this time.

Risks were considered including:

- Operations and performance:
    - Changes to SOPS may initially cause disruption to services as staff adjust to new ways of working. In the longer-term it is anticipated that annulling prescriptions will present an opportunity for improved performance; Band 7 time could be utilised more effectively for more appropriate tasks.
- Clinical:
    - Band 7 prescribers may lose clinical oversight by discontinuing prescriptions with clinical risk devolved to less qualified staff. The wound care formulary will be restricted to

mitigate this risk, new wound pathways will include regular clinical supervision points, staff wound-care training will be refreshed and this will all be reflected in Trust SOPs.

- Patients:
  - Patient care may be initially disrupted as the prescription process is superseded. However, longer term the scheme should improve patient care by eliminating some areas of failure (e.g. stock not being available at point of need or patients needing to store bulky items in their own home).
- Financial:
  - WWL will initially bear partial costs for set up, staffing, piloting the scheme and ordering stock, which will impact on service budgets. Once the ICB transfers the agreed budget to WWL Community there are risks that demand for wound care items may increase/decrease in subsequent years, or that market costs of wound care items may increase/decrease. The WWL Finance Team has agreed to review this with the ICB on an annual basis regarding increased demand and inflationary requirements.

Measurement:

Patient outcomes:

Through consistent treatment and improved availability of a wide range of appropriate dressings that will suit all needs, there is good potential for the project to optimise wound healing progression. Currently the electronic clinical system is only able to pull information regarding Length of Stay (LoS) in service manually. Newly updated care plans, within the Community electronic clinical system, are being tested within District Nursing, with a view to subsequently implementing them within the Treatment Room clinical system. These care plans will help ensure data regarding wound type, LOS in service and referral to discharge will be available in an automated format. Which will enable the optimisation of wound healing progression to be tracked.

Care will be more consistent for individual patients due to improved compliance with the Formulary. Whilst challenging to measure, we have reviewed the evidence base to support formulary usage.

We anticipate the process change will make care more timely and efficient. This may be measured by reviewing Did Not Attend (DNA) rates and length of stay with the service when the aforementioned implementation of new care plans is implemented.

Population outcomes:

The process will improve equitable access to care for patients who are homeless, in travelling communities or hard to reach groups. The Health Outreach and Inclusion Service (HOIS) are working with the Treatment Room to provide care to disadvantaged groups. New shared care plans are being implemented into the clinical system, which will ensure HOIS and the Treatment Room can jointly provide care. The activity and elements of the care plan which have been used may then be monitored effectively. Through this co-operative process, the skills and knowledge of multiple teams will be shared and improve integrated working.

Environmental sustainability:

The GHG emissions of a dressing pack were estimated using a bottom-up, process-based approach. Each component item was individually carbon-footprinted, drawing on data from previous CSH

projects. Based on this analysis, the carbon footprint of a single dressing pack is estimated at 1.58 kgCO2e.

The GHG emissions associated with dressings were estimated using an Environmentally Extended Input-Output Analysis (EEIOA). To account for differences in procurement costs between the 2024/25 ICB dataset and Trust data, the Trust's average cost per dressing (£2.21) was applied. Costs for 2025 were then deflated to 2022 values to align with the relevant emission factors. According to the Trust data, 29% of dressings prescribed contained a pharmaceutical component, while 71% were non-pharmaceutical. An aggregated emission factor was therefore derived using the 2022 UK Government SIC code database, applying 29% of the pharmaceutical factor and 71% of the 'other manufactured goods' factor.

The emissions savings were translated into equivalent miles driven in an average car with unknown fuel using a factor of 0.3399 kgCO2e per mile, as published in the UK Government Greenhouse gas reporting: conversion factors 2025. This factor is inclusive of fuel and well-to-tank emissions.

Economic sustainability:
Prior to the project, funding for WWL Community patient prescriptions was managed by the Integrated Care Board (ICB). Expenditure of this funding is calculated using NHS Primary Care Prescription (FP10) data taken from dispensed pharmacy prescriptions. Each prescription written by prescribing staff in the Community has a uniquely identifiable cost centre code which links the costs generated back to WWL Community Division. Those costs are covered by the ICB.

WWL agreed with the ICB to fund 50% of the initial stock order for each Treatment Room through a new and specific wound care cost centre. Ongoing, all costs of the wound care products would be funded by the ICB. This will ensure that the necessary reconciliation and analysis of savings can be undertaken in one place and with full transparency.

Costs of wound care products before the change were obtained from ICB ePACT data.
Costs of wound care products following the change were obtained from the NHS Supply Chain.

Investment costs:

- Costs for Band 3 staff were jointly provided by WWL and the ICB. This was funded in 2024/25 by decreasing the Treatment Room dressings budget by £54,000 and funding 2 WTE Band 3 Stock Managers. In 2025-26, the figure rose to £62,532, which is inclusive of on-costs and increased pay award and employer National Insurance contributions, etc.
- Other investment costs included storage cupboards, which were jointly funded by WWL and the ICB

Social sustainability:
We have reviewed a range of impacts on both staff and patients, such as access, equity and quality of care, efficiency and time, and general experience via surveys.

We have calculated the average staff time required, and therefore saved, from writing and sending prescriptions.

Feedback received regarding the impact of the wound care initiative has been distinctly positive. Further review of service provision is required and further engagement will be undertaken to ensure sustainability is both maintained and improved further.

Results:

Patient outcomes:

We anticipate patient care will improve; as patients will receive the most appropriate wound care products for their specific need, in a timely way and at the point of need. Through adherence to the use of the GM Wound Care Formulary staff will be providing evidence based care for wounds which will improve patient safety and standardise care.

Patients will also receive the correct amount of dressings based on individual need, with less delay as stock is readily available at community healthcare sites and there is no requirement to store or transport those dressings to their appointments.

Population outcomes:

Health Outreach and Inclusion Service (HOIS) did not have easily accessible wound care products prior to the implementation of this project, as they would have required prescriptions which are difficult to administer to homeless and transient patients.

HOIS are now able to access professional wound care products, with no prescription requirement, at the point of need. Also, care is coordinated between the HOIS team and Treatment Room through shared care plans, which means harder to reach groups now have shared care access through both HOIS and Treatment Rooms. Previously HOIS and Treatment Rooms were unable to access each others' electronic records regarding wound management. This initiative has provided access to patients' latest care data which will help maintain standardised care pathways and improve outcomes for some of our most vulnerable patients.

Environmental sustainability:

The wound care initiative is intended to aid in managing the resources of the NHS responsibly to meet the needs of our patients without compromising the needs of our future generation of patients.

Dressing packs

Initial review of dressing pack usage within the Treatment Room service suggests a reduction of 4,976.3 kgCO2e following implementation of the wound care initiative. This is the equivalent of 14,640 miles driven.

Dressings

The table below shows an increase in the number of dressings prescribed in 2025/26 compared with 2024/25, resulting in an additional 2,985 kgCO2e of greenhouse gas emissions. It is important to note that our data is currently partially skewed upwards by initial stock purchase to set up stock rooms with 2 weeks supply of dressings. Review of our dressing usage will be further refined.

Treatment Room Prescribing and NHS Supply Chain comparison	2024/25 EPACT Data	2025/26 NHSSC Data
Number of dressings prescribed per day	406	414
Number of dressings prescribed per year	148,148	151,046
Dressing GHG emissions per year (kgCO2e)	152,608	155,593
Impact		**+ 2,985**

Including a reduction in dressing packs and an increase in dressings, our total savings are estimated to be 1,991 kgCO2e per year, equivalent to driving 5,858 miles driven in an average car.

District Nursing Services are phase 2 of the initiative and will be transitioned into the project during Quarters 3 & 4 of 2025/26. District Nursing accounts for 70% of wound care provision in the Trust, compared to 16-17% in Treatment Room services. This is anticipated to potentially quadruple our potential green emission savings when this occurs.

Economic sustainability:
Projected annual savings (minus investment costs of staff).
To determine projected annual savings, ICB EPACT Prescribing Data (May 24 - June 24 [incl.]) for Treatment Room prescribers was compared to Treatment Room dressing purchase data via NHS Supply Chain of the same period (May 25 - June 25). The data was cleansed and matched to the same data periods in each chosen year.

There were anomalies, the Treatment Room NHS Supply Chain data included a 2-week bulk purchase order for each Treatment Room that joined the project in that 2 month period (1), to ensure an adequate stock of dressings in each Treatment Room commencing service provision. Therefore, comparison data is not entirely like for like as it includes that additional stock which skews the figures.

This calculation is an initial indicator of projected savings, further confirmation of savings will be required through the use of comparable dates of similar service provision and service provision (i.e. same date range and no additional ordering of dressings to stock new stock rooms for 2 weeks).

Treatment Room Prescribing and NHS Supply Chain comparison	2024/25 EPACT Data	2025/26 NHSSC Data
Dressings prescribed per day	406	414
Estimated dressings per year	148,148	151,046
Cost per year estimated	£362,152	£196,597
Annual Dressing saving (projected)	N/A	£165,555
Total (Minus 2 WTE B3 Stores staff with on costs circa £62,532)		**£103,023**

Note: Recalculation of potential savings for the Treatment Room service is required, using August - September 2025 data, to clarify initial assumptions were correct.

Social sustainability:

Patient impacts

Patients will no longer need to pay for prescriptions at an average cost of £9.90 per prescription item (up to 3 items per prescription) improving financial equity by making care free at the point of need.

Additional benefits to patients were explored via an anonymous patient survey, undertaken with patients who had attended Treatment Room services following commencement of the pilot of the wound care project. The sample size was small (8 people) but could be replicated at a future point in time with a larger cohort of patients.

The patient survey (n=8) showed strong positive feedback. Most patients (88%) found the new system more convenient, with clear benefits such as no longer needing to collect, store, or transport dressings, fewer delays, and reduced risk of running out. Only one patient (13%) reported no improvement. Three-quarters (75%) said their overall wound care experience had improved, while the rest were unsure, and none reported worsening care. Similarly, 88% believed their wounds were healing more quickly and that the system was fairer for people from different backgrounds, suggesting perceived improvements in outcomes and equity. In addition, 88% of patients felt reducing waste and environmental impact was important, showing that sustainability matters to most respondents. Overall, no negative impacts were reported.

Further detail on patient responses if available in Appendix 1.

Staff impacts

Survey

An anonymous survey of treatment room nursing staff was undertaken following commencement of the pilot of the wound care project. The sample size was 7 people, which is 39% of Treatment Room nursing staff.

The staff survey (n=7, representing 39% of the workforce) also reflected positive findings, with 100% agreeing that patient experience and convenience had improved, particularly by removing the need for prescriptions, home storage, and carrying bulky items. Staff feedback on specific impacts was more mixed, however. Only 29% felt there had been a reduction in failed visits, while 43% saw no change and 29% were unsure. Views on consistency of care were also varied, with 71% reporting improvement, 29% no change, and 14% deterioration, which requires further review. Likewise, wound healing outcomes were seen as improved by 71% of staff, but 29% saw no change and 14% were unsure.

Training and practice change results also revealed some uncertainty. While 86% had received training, 14% had not, indicating a gap requiring audit and further sessions. Less than half (43%) felt their practice had changed, with others reporting no difference, possibly due to already following the formulary. On knowledge and confidence, 71% felt improved, while 29% reported no change and 14% were unsure. Despite these mixed results, most staff agreed their role was easier, citing fewer prescription chases, reduced reliance on pharmacies, and less frustration.

In terms of environmental impact, staff views were more divided than patients: 43% said it was very important, 43% somewhat important, and 13% not important. While patients and staff were aligned

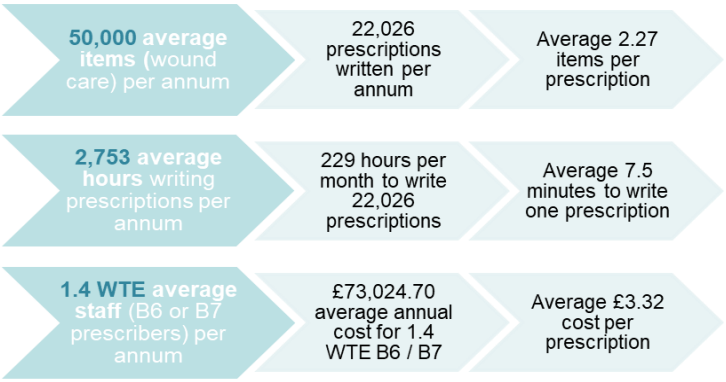
on the benefits of convenience and equity, staff showed more uncertainty regarding failed visits, consistency of care, wound healing, and sustainability.

Further detail on patient responses if available in Appendix 2.

Staff time

22,026 prescriptions are written annually with an average number 2.27 items per prescription. Each prescription requires a minimum timescale of 5 minutes to complete all sections, up to a maximum of 10 minutes if looking up BNF data. This indicates a prescribing nurse takes an average amount of 7.5 minutes to complete a patient prescription.

Based on the average times, between 2021-2023, the total number of wound care dressing product prescriptions would have taken 2,753 hours per annum (229 hours per month) to write. Therefore, the Community Division funded the equivalent of 1.4 WTE Band 6 or Band 7 staff to complete 22,026 prescriptions per year, costing an average of £3.32 per prescription, or £73,024.70 annually in wages.



New staff time / costs

Demand within the Treatment Room service is consistently high and, as a result, capacity to maintain effective waiting lists has been a significant issue. The new process does still require staff time but it has released senior staff to be able to provide increased clinical supervision and patient-facing activities. This will benefit our patients through more effective staff time allocation which would lead to shorter waiting times for more specialist advice.

Discussion:

The first stage of the Wound Care project has been implemented, with ten Treatment Room service venues having commenced provision of all wound dressings with no prescription charges applied. The second stage will involve implementation within the District Nursing (DN) services during quarters 3 and 4 of 2025/26 when seven DN service venues will implement the second stage of the pilot. The project had multiple objectives which were to standardise care provision using evidence based pathways and formularies, and to transfer from prescription of wound dressings to provision of dressings at the point of care. This would involve transfer of prescribing funding from the ICB to Trust budgets, which is a logistically complex financial transaction. Additionally this project would reduce wastage through efficiencies during the provision of dressings and reduce expenditure through procurement of dressings through the NHS Supply Chain, which allows for economies of scale. The

project will only apply to wound care provision, and will run throughout 2025/26 when it will be reviewed and assessed for permanent implementation.

Initially there were significant challenges in relation to system partners' wariness in relation to the potential transfer of budget and how it would impact financially on the system. These were managed over a number of months through regular meetings, presentations and partnership working between the financial teams involved.

Clinical Pathways, SOP and training plan creation required Task & Finish Groups and clear governance through Trust processes.

Storage of dressings was a logistical consideration and required liaison with Estates and Facilities and reallocation of existing storage spaces and rooms. Infection control advice was required to confirm the suitability of available spaces and any changes that were required for safe implementation.

Most barriers to implementation were anticipated but it can not be underestimated how the availability of essential clinical staff impacted on the timeline to progress through milestones. Clinical staff were essential to the creation of safe and effective pathways and SOPs. This difficulty was overcome to the best of our abilities through scheduling of regular meetings, project assistance and the involvement of other business partners as appropriate.

A significant risk to the project was the agreement of financial terms between partners, there were a number of times they seemed almost insurmountable. However, it was recognised by all involved that this was the way forward; it would benefit patients, clinical staff, the trust, the ICB and the green agenda. System & Trust plans agreed on staffing & storage costs, gain share agreement, funding provision, pilot parameters and the long term aim for all wound care to be outside of prescription provision for the Wigan population.

The financial risk was a real risk to the Trust, if the budget was transferred and did not cover the cost of purchased dressings it would impact on the financial sustainability of service provision and the Trust. Agreement was made to pilot provision for 1 year with the ICB retaining the budget and the Trust recharging expenses. When the pilot is complete, and a review of its effectiveness is approved, the ICB will transfer the agreed budget to the Trust. This should limit the magnitude of any impact should the risk occur.
This project could be relevant to any Trust that currently provides wound care management through FP10 prescriptions, and has been noted to be implemented in Tameside and Glossop Trust.

The authors organisation does want to build on and expand the initiative. However, it will depend on the successful outcome of pilot reviews and agreement with the ICB in relation to funding.

The initiative has been implemented with funding agreements, policies, SOPs, and a formulary. Additional training has commenced and is underway and staff & patients are engaged. These factors will help ensure the initiative has a lasting effect. When the pilot has been reviewed the organisation will share information about the project with the intent of encouraging other organisations to consider implementing it.

Conclusions:

The benefits of this scheme are numerous, with qualitative and quantitative benefits for all parties mentioned. Ordering wound care items via NHS Supply Chain instead of via prescription generates efficiencies within the ICB, WWL Community, Pharmacy, and for Community patients.

Initially this project was considered intrinsically difficult to implement due to a large number of stakeholders with competing priorities. Consideration was given to whether all of the system stakeholders would be able to come together and make such a significant change in how we work together and fund our services. However, the pilot has now been implemented and the first green shoots of success are becoming visible, it is a testament to the determination of all staff involved that brought this project to fruition.

Project data is in the early stages of beginning to demonstrate quality improvements for our patients and staff, the development of the green agenda in relation to sustainability through the reduction of wastage, and financial efficiencies through grass root changes in how we fund and deliver services. If these improvements continue to evolve and become consistent, the project could be shared as a blueprint for other organisations to help guide their future projects.

The key elements that contributed to success/learning in this project were:

- Financial team's assistance with ICB negotiation
- Staff inclusion within the process
- Opportunity to revisit and review using the PDSA cycle
- By using Treatment Rooms as the first phase of the pilot, we were able to recognise and overcome any logistical issues prior to the implementation of the second phase (District Nurse rollout) which will be slightly more complex
- Partnership working between Treatment Rooms and HOIS.

Key learning when things didn't go as well was that PDSA cycles for monitoring and adjusting and reverting to Stakeholders for new and improved ways of working.

For lasting change, the ICB agreed with WWL that if the pilot is successful then the dressings prescribing budget will be transferred to WWL and reviewed annually in accordance with financial contract management. We have strengthened the partnership working between Treatment Rooms and HOIS for ongoing improvement and monitoring of impact. We look forward to further engagement with staff and patients on green issues to increase participation in future green initiatives.

References and Resources

- CO2 Converter OpenCO2.net
- Greater Manchester Joint Formulary GMMMG

Critical success factors

Please select one or two of the below factors that you believe were most essential to ensure the success of your project changes.

People	Process	Resources	Context
☐ Patient involvement and/or appropriate information for patients - to raise awareness and understanding of intervention ☐ Staff engagement ☐ MDT / Cross-department communication ☐ Skills and capability of staff ☐ Team/service agreement that there is a problem and changes are suitable to trial (Knowledge and understanding of the issue) X **Support from senior organisational or system leaders**	☐ clear guidance / evidence / policy to support the intervention. ☐ Incentivisation of the strategy – e.g., QOF in general practice ☐ systematic and coordinated approach ☐ clear, measurable targets ☐ long-term strategy for sustaining and embedding change developed in planning phase X **Integrating the intervention into the natural workflow, team functions, technology systems, and incentive structures of the team/service/organisation**	☐ Dedicated time ☐ QI training / information resources and organisation process / support ☐ Infrastructure capable of providing teams with information, data and equipment needed ☐ Research / evidence of change successfully implemented elsewhere ☐ Financial investment	X **Aims aligned with wider service, organisational or system goals.** ☐ Links to patient benefits / clinical outcomes ☐ Links to staff benefits ☐ 'Permission' given through the organisational context, capacity and positive change culture.

Appendix 1: Patient Survey findings

Question: *"Do you feel the new system has made your care more convenient in any of the following ways?"*

- *I don't need to go to the pharmacy to collect dressings*
- *I no longer have to worry about keeping dressings clean and dry*
- *I'm don't need to worry about forgetting or bringing the wrong items to appointments*
- *I haven't needed to postpone appointments because I don't have the dressing in time*
- *I don't need to have dressings delivered to my home*
- *I no longer need to store dressings at home*
- *I don't have to carry heavy or bulky dressings to appointments*
- *I don't run out of items at different times*
- *None of the above*
- *Other*

75% (6) patients responded, each stating their care had been more convenient in all of the the following ways:

- I don't need to go to the pharmacy to collect dressings
- I no longer have to worry about keeping dressings clean and dry
- I'm don't need to worry about forgetting or bringing the wrong items to appointments
- I haven't needed to postpone appointments because I don't have the dressing in time

63% (5) patients stated their care was more convenient because:

- I don't need to have dressings delivered to my home

50% (4) patients stated their care was more convenient because:

- I no longer need to store dressings at home
- I don't have to carry heavy or bulky dressings to appointments

37.5% (3) patients stated their care was more convenient because:

- I don't run out of items at different times

13% (1) said none of the above and did not offer a comment as to why.

These findings suggest that 88% (7) of patients found the new system is convenient to them. It was not clear how the final 13% (1) felt about service convenience.

Question: *"Has the new system changed your overall experience of woundcare?"*

- *My experience has improved*
- *My experience has worsened*
- *My experience has not changed*
- *Not sure*

75% (6) respondents said their experience had improved and 25% (2) were not sure.
The findings indicate that 75% of patients felt their care experience had improved.

Question: "Have you noticed any change in how quickly your wound is healing?"
88% (7) said their healing had improved and 13% (1) said they were not sure.
Suggesting patients perceive their wounds to be healing more rapidly.

Question: "Do you feel this new system is fairer for patients from all backgrounds (e.g. people on limited incomes, those who are homeless or travelling, or those with limited mobility)?"
88% (7) said yes it was fairer and 13% (1) said they were not sure.
Implying patients think this project is fair and improves equality for our population.

Question: "In addition to making care more convenient for patients, this change will reduce waste and the environmental impact of our wound care service. Is this important to you?"
75% (6) said Yes, very important, 13% (1) said somewhat important and 13% (1) said I hadn't considered it.
Suggesting that the environmental impact of healthcare provision is important to 88% (7) of our respondents.

Appendix 2: Staff impacts survey

An anonymous survey of treatment room nursing staff was undertaken following commencement of the pilot of the wound care project. The sample size was 7 people, which is 39% of Treatment Room nursing staff.

Question: Do you feel the new approach (dressings available free at point of care) has improved patient experience and convenience of care in any of the following ways? (select all that apply)

- *Don't need to store dressings at home*
- *Don't need to carry heavy and/or bulky items to appointments*
- *Don't need to collect from pharmacy*
- *Don't run out of items at different times*
- *Don't need to keep items dry / clean*
- *Reduce risk of failed visits if prescription not ready or patents forget to bring items*
- *No improvement noted in any way*
- *Other*

100% (7) staff responded, stating each stating patients convenience and experience had improved in the following way:

- Don't need to collect from pharmacy

86% (6) staff responded, stating each stating patients convenience and experience had improved in the following way

- Don't need to store dressings at home
- Don't need to carry heavy and/or bulky items to appointments

71% (5) staff responded, stating each stating patients convenience and experience had improved in the following way

- Don't run out of items at different times
- Reduce risk of failed visits if prescription not ready or patents forget to bring items

43% (3) staff responded, stating each stating patients convenience and experience had improved in the following way

- Don't need to keep items dry / clean

These findings suggest that 100% (7) of staff found the new system has improved our patients convenience and experience, there were no negative findings.

Question: As a result of the project, have you personally noticed a reduction in failed visits, e.g. due to patients arriving without prescriptions or Did Not Attend (DNAs)?

29% (2) said Yes and 43% (3) said No, and 29% (2) said they were not sure.

This is a very mixed response, suggesting staff are uncertain if this project is impacting on DNA rates at this point in time, and further review is required.

Question: Did patients express any concerns or frustrations with the previous prescription system?

71% (5) of staff said Yes and 29% (2) said No.

Question: If yes, what was the issue they raised?

- “Taking too long to get prescriptions leading to care being delayed or had to pay for them"
- "Prescriptions not delivered in time and being without dressing"
- "Waiting to get it from the pharmacy, not in stock sometimes.
- Moving between treatment rooms and not always mobile to get hold of them"

These findings suggest that patients spoke to staff about their issues with the previous system. All of these issues will be mitigated by the new provision system of the woundcare project.

Question: Have patients commented on the impact of the new system on their experience?
43% (3) of staff said Yes and 57% (4) said No.

Question: If yes, what were their comments?

- "Enjoying not having to carry dressing around and remember them for the appointments"

Question: Do you feel the new approach (dressings available free at point of care) is more equitable for our patients? For example, people on limited income do not need to pay for prescriptions, people with disabilities, homeless, evacuees and travelling communities can access care using a shorter and easier process?
100% (7) staff said yes.

Suggesting that staff believe this initiative reduces inequalities for patients.

Question: Did you personally experience any concerns or frustrations with the previous prescription system?
57% (4) of staff said Yes, and 29% (2) said No.

Question: If yes, do you have any comments?

- "People not getting prescriptions as couldn't afford them so weren't getting appropriate care "
- "Delays in getting stock from pharmacies. Waiting for a prescriber, "

Question: Have you noticed any improvement or deterioration in consistency of care?
71% (4) of staff said Yes - Improvement, 14% (1) said No - Deterioration, and 29% (2) said No Change.

This response is mixed and suggests staff feel uncertainty regarding the impact of the initiative on consistency in care. The perceived deterioration of consistency of care, as perceived by 1 staff respondent requires review within the service to determine if provision of a standardised formulary has impacted negatively on care consistency within the department.

Question: Have you noticed any improvement or deterioration in wound healing time?
71% (4) of staff said Yes - Improvement, 29% (2) said No Change and 14% (1) said I'm not sure.

This response is mixed and suggests staff feel uncertainty regarding the impact of the initiative on wound healing time.

Question: Have you had training on types of dressings available in the formulary?
86% (6) of staff said Yes and 14% (1) said No.

This suggests a staff respondent has not received training at the point of survey. The SOP states that all staff require wound training. Further audit of staff training is required, and further training sessions planned and implemented as per audit outcomes.

Question: Do you feel immediate access to all local formulary options has changed your practice?
43% (3) of staff said Yes and 57% (4) said No.

It is uncertain why staff said the initiative had not impacted on their practice. It may be suggested that staff were already following the formulary closely prior to the initiative commencing. Further exploration of this topic would be required to understand the causative factors for this response.

Question: Is yes - what do you feel has changed (e.g. variety, consistency)

- "Consistency and being commenced on treatment straight away"

Question: Has the project change had any impact on your knowledge and confidence in managing wound care?
71% (4) of staff said Yes - Improvement, 29% (2) said No, and 14% (1) said I'm not sure.

It is uncertain why staff said the project change had not impacted on their knowledge and confidence. It may be suggested that staff were already confident and knowledgeable in their practice prior to the initiative commencing. Further exploration of this topic would be required to understand the impact of these findings.

Question: Is your role easier because of the new process? (select all that apply)

- *I don't need to write prescriptions*
- *I don't need to chase prescription*
- *I don't need to contact pharmacies*
- *There are less DNAs and failed appointments to reschedule*
- *I don't need to find dressings at short notice in the treatment room when patients attend without their prescription.*
- *It reduces frustration*
- *No impact on role*
- *Other*

86% (6) staff responded, stating the following factors made their role easier:

- I don’t need to chase prescription
- I don’t need to contact pharmacies
- I don’t need to find dressings at short notice in the treatment room when patients attend without their prescription.

71% (5) staff responded, stating the following factors made their role easier:

- It reduces frustration

57% (4) staff responded, stating the following factor made their role easier:

- I don’t need to write prescriptions

14% (1) staff responded, stating the following factor made their role easier:

It appears that 6 respondents answered this question, however all responses were positive and there were no staff respondents that said that it had “No Impact” on their role.

Question: In addition to aiming to improve the experience of staff and patients, this change will reduce waste and the environmental impact of our wound care service. Is this important to you?
43% (3) said Yes, very important, 43% (3) said somewhat important and 13% (1) said Not Important.

Suggesting that the environmental impact of healthcare provision is important to 86% (6) of our respondents and not important to 13% (1). The results of the staff survey were varied in comparison to the results of patients. Further exploration of this topic would be required to determine why this differs and what factors have influenced it.