Making wound care work:

Rebuilding services for the 3.8 million people living with a wound in the UK



Mölnlycke®

the patients association

Contents

Foreword 3
Executive Summary 4
Wound care in the health service 5
The impact of COVID-19 8
Supported self-care 10
Getting wound care right first time 11
Where next for wound care? 13
References 14



The Patients Association have collaborated with Mölnlycke to develop this report.
Published May 2022.

Foreword



Rachel Power
The Patients Association

One in 50 people in the UK live with a chronic wound that may cause pain, restrict their daily life, and affect their mental health. But despite this toll, wound care services are not something we talk about very often. I hope with the publication of this report we can change that and start a conversation about the current state of wound care services in the UK, and how they can be improved.

Based on the testimonials of 143 patients with a chronic wound and a survey of 251 wound care nurses and Directors of Nursing, the report shows both patients and clinicians have been badly affected by the pandemic. Nearly a third of patients said they'd been unable to get care in person, and nine in ten nurses were concerned about the backlog that has built up.

As and when the NHS is able to start its recovery from the pandemic, we believe the findings in this report provide an excellent overview of the issues faced by patients and clinicians which it will need to address. It strongly supports partnership working between patients and those delivering wound care services. Working together will be key to optimising care pathways that provide the right care the first time, that reflect local circumstances, and support those patients who want to manage more of their wound care themselves.

This report does not have all the answers to how wound care services can be improved – but it shows what patients and nurses think works and what doesn't. It's important to recognise that sometimes these views are not aligned; this is valuable as it helps us have conversations that will bring us to solutions that recognise patients' needs and wishes and what is reasonable for the service to provide.

I hope this report will be of use to those bringing patients back into clinics, redesigning their wound care services, or just seeking to better engage with patients, and that together with patients we can deliver wound care services that offer efficient, effective and safe care.

Executive Summary

There are an estimated 3.8 million people in the UK with a wound being managed by the NHS, which is equivalent to 7% of the UK population.[1]

The impact of wounds on patients is significant; that is 3.8 million people living with the pain of a wound, as well as the other effects, for example physical, social and psychological impacts, which can lead to deteriorating mental health, including depression and anxiety.[2] Given the scale of wound prevalence, and the potential for wounds to have a life-changing impact it is imperative that wound care services are optimised to provide the best care possible for patients.

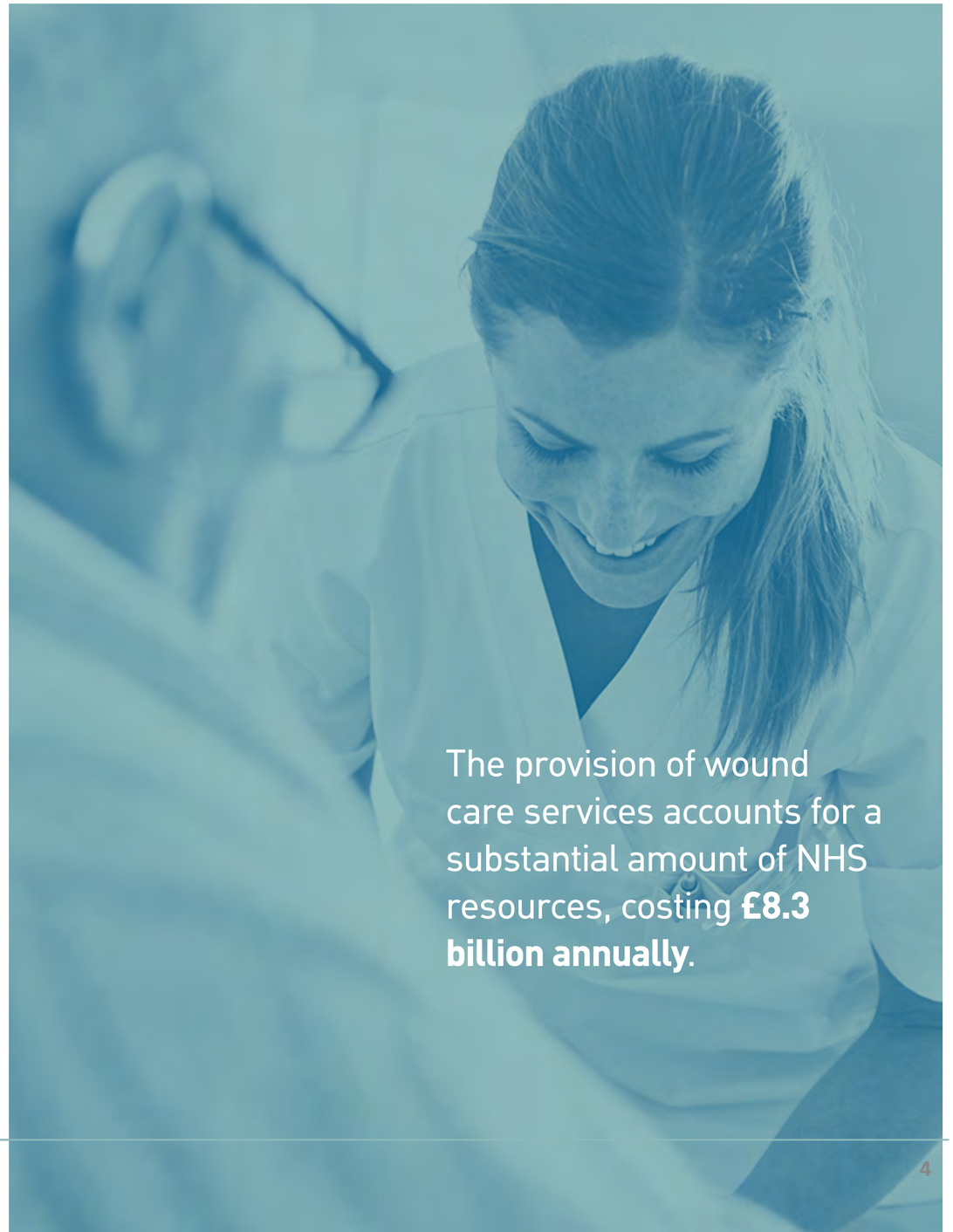
In addition to the impact on patients, the provision of wound care services accounts for a substantial amount of NHS resources, costing £8.3 billion annually.[3] This total cost is approaching the combined annual NHS cost of managing osteo and rheumatoid arthritis, reported to be £10.2 billion in 2017.[4] With the level of patient need in wound care rising, the amount of NHS resources needed for wound care is likely to increase. However, the NHS's investment in wound care has traditionally received little attention compared to some other areas of illness and treatment. An improved focus on both patterns of patient need and how services are delivered holds potential both for preventing avoidable increases in need, and making more effective use of NHS resources.

The context for this is, inevitably, the COVID-19 pandemic and the NHS's eventual recovery from the disruption it has been and continues to go through. Early on, much routine care was suspended, and in some cases then redesigned quickly and at scale; this includes many aspects of wound care services. This led us to a moment when an opportunity appeared, to identify the best among new practices, and embed them across the NHS as it recovered. Things now seem less simple: the path to a recovery seems longer, and the NHS has entered a clear period of crisis, with services at every level under unprecedented pressure, and no clear indication of when or how things will get better.

What this will mean for wound care services is a crucial question: will there be a genuine opportunity to improve the NHS's offer to patients by restructuring services widely, in line with recognised good practice, or will it be a battle simply to re-establish basically functional services again? This report will argue that there may indeed be a period of opportunity, and that the substantial developments that occurred in wound care services both before and during the pandemic must be understood if the opportunity is to be seized.

This report has been jointly produced by Mölnlycke and the Patients Association to provide an outline of what state wound care services had reach in England by mid-2021, although unfortunately the NHS's situation has worsened since then. It seeks to understand how wound care services have changed, and what the possibilities might be to work in partnership with patients and healthcare staff to rebuild services from COVID-19 when the NHS is able to recover. Our hope is that this report can start this conversation, by bringing together the views of both patients and wound care nurses.

As we look to the future of wound care services, we are calling for government, the NHS, healthcare professionals, patients and industry to work in partnership to ensure the 3.8 million people with a wound aren't forgotten amid the COVID-19 crisis. We cannot afford either to return to 'business as usual' in wound care, or to take it for granted that the changes wrought by the pandemic are what we must stick with. We must rebuild wound care services along the lines that patients – and the staff who deliver their care – want to see.



Wound care in the health service

46% and **42%** of patients with a chronic wound experience **depression and anxiety** respectively.[9]





Patient perspective

Chronic wounds can have a major impact on a person's life, and are estimated to affect 3.8 million people in the UK. Patients with a wound experience pain, discomfort, and loss of mobility, which can affect their quality of life and, in severe cases, be debilitating. Unhealed wounds can also have a notable effect on a person's mental health, with patients experiencing issues such as depression and anxiety.[5] A recent study found that 95% of wound patients had at least one comorbidity in the year before the start of their wound, and 57% of all patients had diabetes,[6] meaning that many patients have comorbidities that put them at a higher level of risk of developing a chronic wound. The prevalence of wounds in the UK continues to increase, rising by 71% between 2012/2013 and 2017/2018.[7] The impact of a wound is not just felt by the patient, but also by carers.

This is illustrated in Taraque's story,[8] whose own chronic wound affects his ability to eat and drink. He also acted as carer for his mother from a young age. Due to diabetes, his mother experienced leg and arm ulcers, which required constant care. In his role as a carer, Taraque took care of her ulcers, changed her wound dressings, administered her insulin and prepared her food. As a result, he experienced a high level of stress and guilt if he wanted to take time for himself.

The prevalence of wounds in the UK continues to increase, rising by 71% between 2012/2013 and 2017/2018.

Wound care in the health service

The costs of delivering wound care services

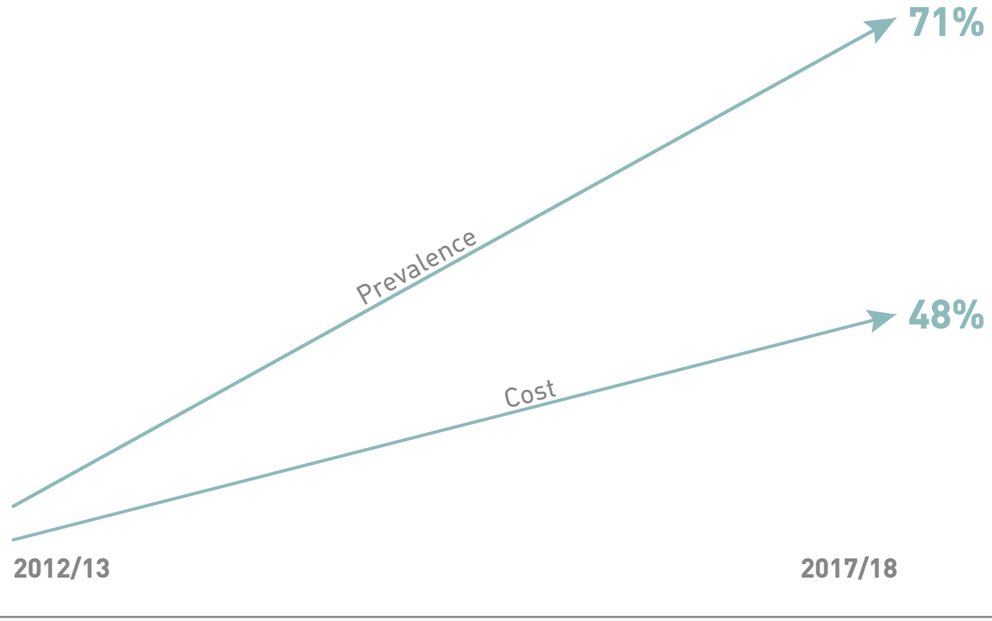
As the demand for wound care services from patients grows, they account for an increasing amount of NHS resources – although this rate of increase is slightly slower, at 48% in real terms compared to the 71% growth in patient numbers. The wounds with the fastest growing prevalence appear to be those that are less expensive to treat. On the most recently available figures, the annual cost of all wound care (including acute and chronic) to the NHS is £8.3 billion; with the cost of dealing with healed and unhealed wounds standing at £2.7 billion and £5.6 billion respectively.[10] In the absence of any improvements or changes in either prevention or wound care services, it is highly likely that costs to the NHS of providing wound care services will continue to rise.

There is no national measure of wound healing, which makes it difficult to address the impact that rising prevalence of wounds is having on patients, carers, and the health service. The National Wound Care Strategy Programme (NWCSP) has been commissioned by NHS England and NHS Improvement to drive up standards in the care and measurement of pressure ulcers, lower limb ulcers and surgical wounds, as the lack of agreed measures and definitions across England currently makes tracking progress difficult.[11]

Introducing a coherent national measuring tool that can accurately assess the improvement in healing for patients with a wound will be a step in the right direction to helping us understand how to better address the rising prevalence of wounds across the country.

The immense upheaval experienced by NHS services, from the initial widespread suspension of routine care in the early part of the pandemic, through to the immense pressures of winter 2021-22, mean that wound care services will not be starting from their previous 'business as usual' position when the NHS is eventually able to start rebuilding. There is therefore an opportunity now to consider what wound care services should look like in future, and what the NHS should aim for as it tackles the twin challenges of recovery from the pandemic and the development of its new structures.

71% growth in prevalence between 2012/2013 and 2017/2018, and
£5.6billion - £8.3billion between 2012/2013 and 2017/2018, at 2017/18 prices



Growth in prevalence of wounds vs Growth in cost of wound care to the NHS

Wound care in the health service



Nursing perspective

Wound care is a predominantly nurse-led service; pre-pandemic, it accounted for half of all community nursing workload, illustrating the high – and rising – case load faced by community nursing teams.[12] This means that the nursing perspective on wound care services is particularly important, given the amount of experience that they have of delivering services to treat wound patients.

From the research undertaken to develop this report, it is clear that nursing staff are worried about the challenges that exist in wound care, not least the rising cost of chronic wounds to the NHS; 84% of nursing staff agreed or agreed strongly that that they are concerned about the cost of chronic wounds to the NHS.[13]

We know that in the middle part of the 2010s, wound care patient numbers grew rapidly, and the NHS spend on wound care increased similarly, though not as quickly; in other words, average spending per patient fell. But how were these changes perceived by healthcare professionals responsible for delivering wound care? It is heartening that 60% of nursing staff felt that investment in wound care services had increased in the five years prior to the COVID-19 pandemic; although 39% felt investment had stayed the same.[14] This variation in experiences may reflect variation in how services addressed changing patterns of need: possibly geographical variation meant that in some areas the rise in patient numbers was felt more acutely; possibly some services managed to adjust in a well-planned way and direct resources appropriately, while others struggled. Further exploration of how the NHS adjusted during this period may be useful.

84% of nursing staff strongly agreed that they are concerned about the cost of chronic wounds to the NHS.

The impact of Covid-19

As the previous section has illustrated, wound care services faced extreme challenges before the COVID-19 pandemic, with rising patient numbers. While it is currently impossible to quantify the full effect of COVID-19 on wound care services, insights gained from patients and HCPs do provide some evidence that the impact has been significant: patients' outcomes and experiences have been degraded, and staff are highly conscious of the impact that redeployments to address the pandemic, and the growing backlog, has had on patient care.

The impact of Covid-19

Patient perspective

The pandemic has fundamentally changed how many patients access their care. When surveyed by the Patients Association, around 42% of wound care patients said that the place where they usually receive care has changed during the COVID-19 pandemic, and 29% of patients said they have tried to obtain care in person during the pandemic but failed (either at a clinic or via home care services).[15] This is reflected in concerns expressed in patient testimonials; they felt they were not receiving regular care for their wounds.

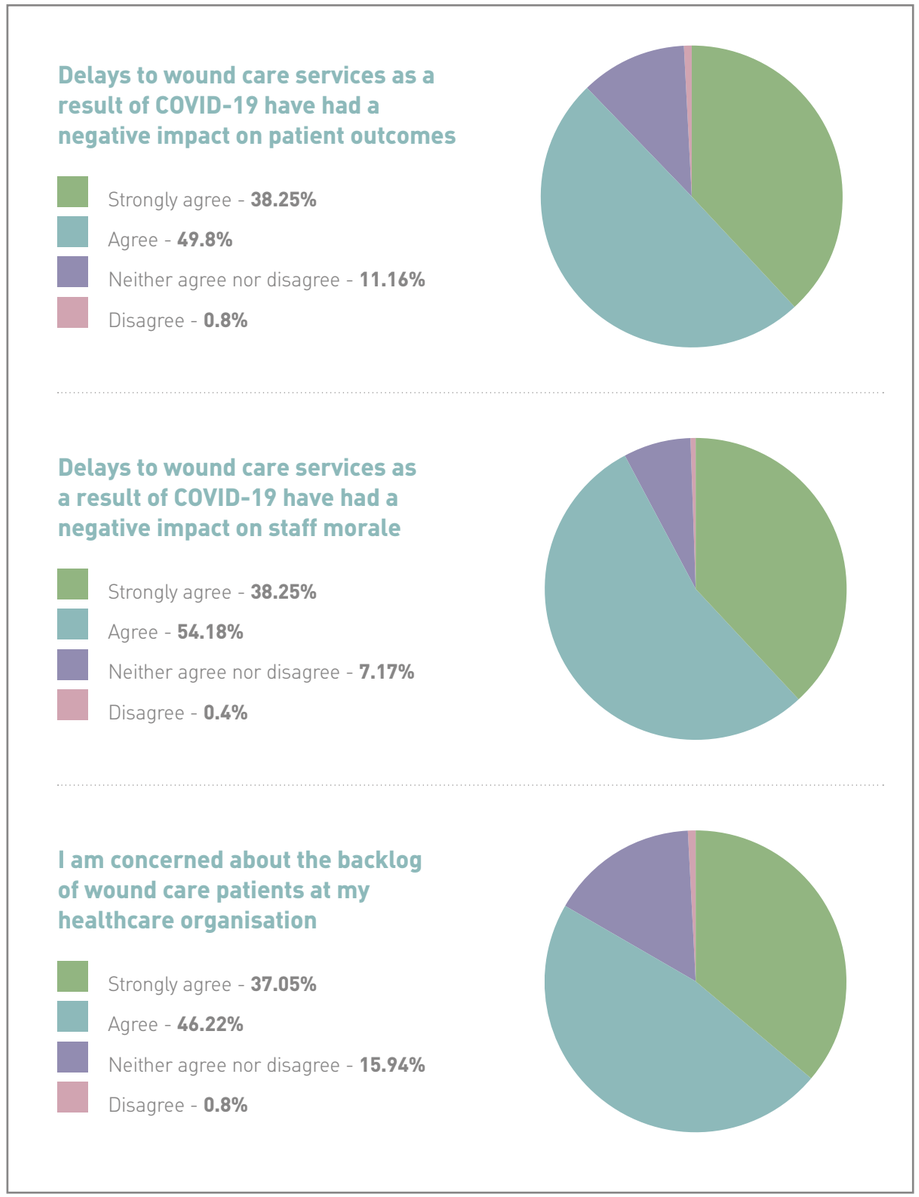
One patient, Roy, described how before the pandemic, he saw his podiatrist once a week to monitor the wounds on his feet that severely restrict his mobility. However, the impact of COVID-19 restrictions meant that he could not see his HCP at all.[16] In order to effectively monitor his diabetes during COVID-19, Roy relied on the use of a glucose monitoring device, which he found useful; however he could not use this to monitor his wound. He felt that there needed to be more alignment between services in order to maximise the efficiency of care.

Nursing perspective

Many nurses reported that in the first part of the COVID-19 pandemic they were taken off community duties and redployed to hospital wards. Wound care services had to reduce their activity, and some shut entirely; all wound care education for HCPs ceased. While services were subsequently restored to some extent, they often underwent transformation, as explored below.[17]

Staff have expressed concern about the impact of COVID-19 on the backlog within services; around 83% of nurses stated that they were concerned about the backlog of patients at their organisation, and this number increased to 90% when asking those wound care nurses who only work in the NHS.[18] Furthermore, the wound care nurses who participated in our survey estimated that at the time of the survey it would take many months to recover services to pre-COVID capacity, with significant regional variation.[19] While these figures are only estimates from staff, they do indicate that there is a perception among the workforce of a large backlog of care. Given that 88% of nurses agreed that the pandemic has negatively affected patient outcomes,[20] it is clear that wound care nurses perceive a significant impact on patients across the country.

Around 42% of wound care patients said that the place where they usually receive care has changed during the pandemic.



Nurses' views on the impact of COVID-19 on wound care[21]

Supported self-care

We have seen what the experiences of patients and staff have been, but what has actually happened at a system level? One approach that has clearly been widespread during the pandemic has been a shift towards 'supported self-care' for patients with wound care needs. In this approach, patients take more responsibility for monitoring their wound and changing dressings, supported by healthcare professionals, often remotely and sometimes by using modern communications technology.

This is a clear example of the NHS's rapid re-shaping of services during the first, emergency phase of the pandemic. It allowed personnel to be freed up for other duties, and for care to be managed remotely to reduce the risk of infection. It also seems to have showcased the pros and cons of much of this phase of transformation. It achieved change at a pace the NHS never seemed able to manage before, and was welcomed by many in the system; but it was often imposed on patients rather than developed with them, and has proved a mixed bag in terms of patient satisfaction.

One example of a service that was rapidly redesigned to cope with COVID-19 restrictions was in Yorkshire. A nurse-led one-stop leg ulcer clinic, open to all community-referred patients, was established. In the first three months of operation, 116 patients were seen, with diagnosis, treatment and support to self-care delivered on average in 4.3 days; previously, patients had waited an average of 12 weeks, often experiencing numerous delays and multiple referrals. Of the patients seen in this service, 58% were assessed as able to self-care, and 37% experienced full healing at four weeks (against a national average of 47% achieving healing at 12 weeks).[22] There are therefore plenty of indications that this revised approach can bring substantial benefits.

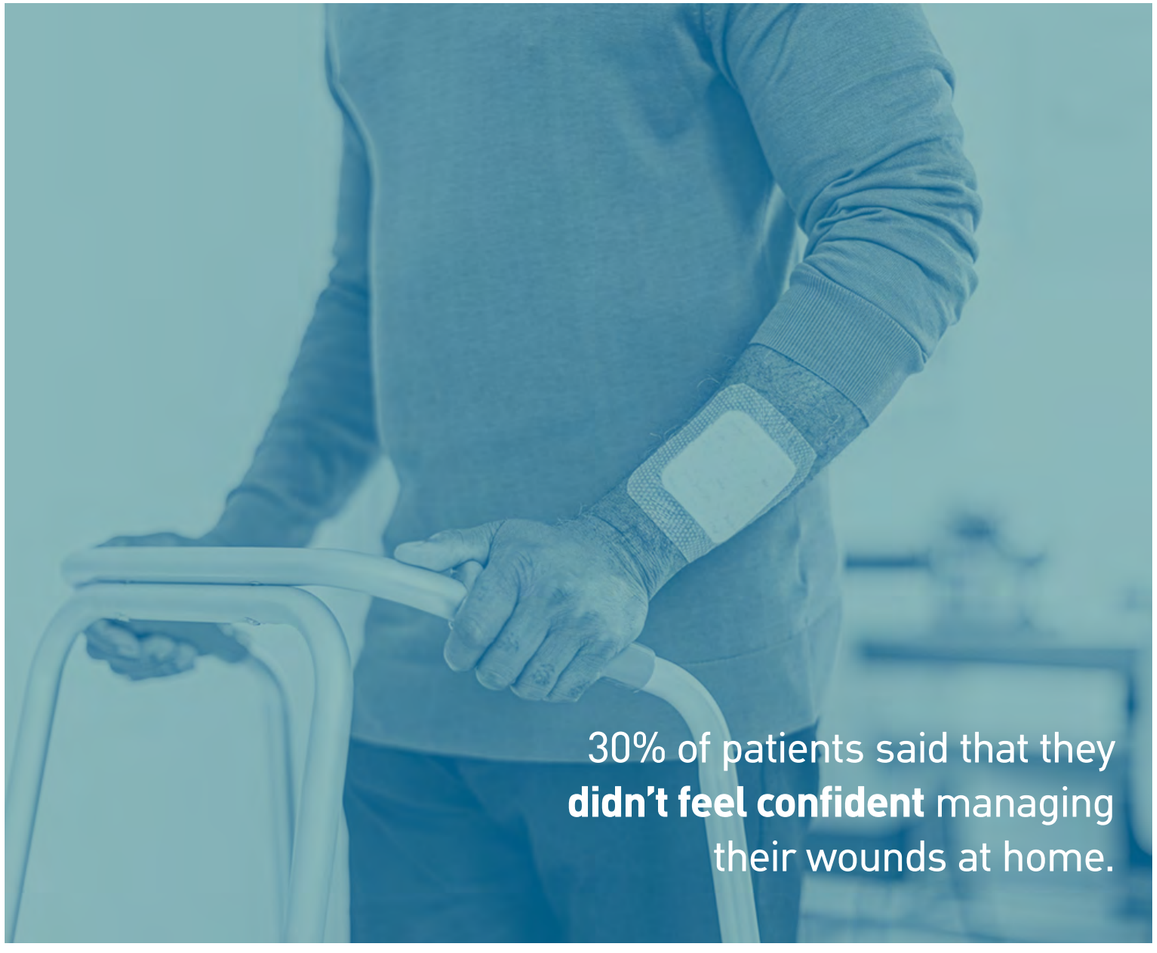
Some patient feedback, when asked directly about supported self-care, also supports a positive assessment of the shift. Some patients have described being 'empowered',[23] and the provision of education and information appears to help some patients adopt the approach successfully.[24,25]

Roy, whose situation during the pandemic is described previously, told us how he currently takes pictures of his wound which are then shared with his HCP, who can assess and/or monitor it. This allows him to care for his wound effectively, whilst reducing the need for home visits from his HCP.[26]

However, not all patients – perhaps a sizeable minority – took to the new approach: some described it as, "unpleasant and traumatic."[27] While in another survey, 30% of patients said that they didn't feel confident managing their wounds in this way.[28]

However, healthcare professionals appear much more consistently enthusiastic about the shift to self-care than patients do. In our survey of nurses, 86% of respondents said it worked well.[29] When asked what factors would be the most essential in helping wound care services to recover following the pandemic, increased supported self-care was the most selected option. The same sample on average expected half of all wound care patients to be in supported self-care pathways when services return to pre-COVID capacity.[30] Nursing leaders are similarly positive, and describe a 'revolution' in supported self-care over the pandemic, noting that the shift has been 'remarkable'.[31]

Clearly, more needs to be learned about the extent and nature of the shift to supported self-care. It may even be so extensive that by the time the NHS is able to start a full recovery from the pandemic, we will find support self-care is the dominant model in wound care. However, we should not assume this will be the case, or that if it has happened it is the correct long-term solution. Ensuring the self-care is truly supported, and that patients and professionals are able to work in partnership to secure the right care for each individual will be essential. We will need to understand the extent to which this is already happening, and how things can be improved if needed.



Getting wound care right first time

Ensuring patients get the right care at the outset is essential. It ensures the best outcomes and experiences for patients, and it avoids the NHS having to expend additional resource to remedy the consequences of inadequate care; whether this is the slow healing or worsening of wounds; the avoidable development of new wounds; or unnecessarily burdensome and inconvenient treatment to achieve healing that could have been attained more effectively.

For example, the correct assessment and treatment of skin tears can achieve a 57% reduction in dressing changes, securing a better outcome for the patient and making effective use of NHS resources.[32] Decisions about the best approach for each patient should be taken using both the healthcare professional's expertise, and the patient's knowledge of their wounds, their circumstances and their preferences for the outcome they wish to achieve.

Further study is needed of whether this has been achieved, or continues to be achieved, during the pandemic period, with reference to both patient outcomes and the use of NHS resources. Patterns of wound care need and services changed substantially during the 2010s, but we do not have clear sight of where they currently stand. Overall NHS spending on wound care increased prior to the pandemic, but this appears to have been a product of growing patient numbers. As patient numbers grew by 71% from 2012/13 to 2017/18, overall NHS resources used for wound care rose only by 48% meaning that on a crude per-patient basis, the amount spent on wound care per patient has been falling.[33]

However, this headline picture masks complex developments for patients. The overall healing rate of wounds improved over the same period, by 13% for acute wounds and 14% for chronic wounds. This suggests that improvements in care are making a difference to patient outcomes, albeit to varying extents depending on the type of wound.[34]

Another development appears to have been a substantial shift of services out of secondary care and into the community. For acute wounds, 48% of treatment (by cost) was in the community in 2012/13, rising to 68% in 2017/18. For chronic wounds, 78% of treatment in the community at the start of the period became 85% by the end.[35] The biggest drivers of cost in wound care are district or community nurse visits (29% of all costs in 2017/18) and GP office visits (16%).[36] With services reduced or even shut down during the pandemic, headline resource allocation, and spending on wound care products may have fallen substantially. When surveyed, 88% of wound care nurses stated that they agreed that wound care products had been economised to save money in the five years prior to COVID-19,[37] and 87% believed that this economising had compromised the quality of products that their service has been able to access.[38] This suggests that the reduction in spending per patient has – at least in the view of wound care nurses – compromised the quality of care for patients.

The changing characteristics of the wound care patient cohort add further complexity to this picture. Between 2012/13 and 2017/18 the proportion of diabetes patients in the overall wound care caseload increased from 29% to 57%,[39] which may suggest that inadequate management of diabetes is a driver of rising case numbers.

Possibly related to this, the proportion of wound care patients who were of working age rose from 35% to nearly 70% over the same period.[40] Whether the pandemic has driven any similar shifts in patterns of patient need is unknown, but these developments offer some circumstantial hints of a health inequalities dimension to rising levels of wound care need, and would warrant further investigation.

We can therefore say that wound care has had a complex decade. Patient numbers have grown substantially, the characteristics of the wound care patient population have changed markedly, and the picture for patient outcomes is mixed, with improved healing rates for some wounds but rapidly rising caseloads in others. Is the reduction in spending per patient over the five years to 2017/18 the result of the changing caseload, more effective care by the NHS, direct cost-cutting, or a mix of all three? It is imperative that we investigate the impact of this reduction in spending, to understand what is driving it, and how it is affecting case load, service provision, and most importantly, patient outcomes.

Spending on wound care products has reduced - but patient management costs have gone up.

Patient management costs have increased by 48%, but spending has reduced from £743 - £531 million in five years.

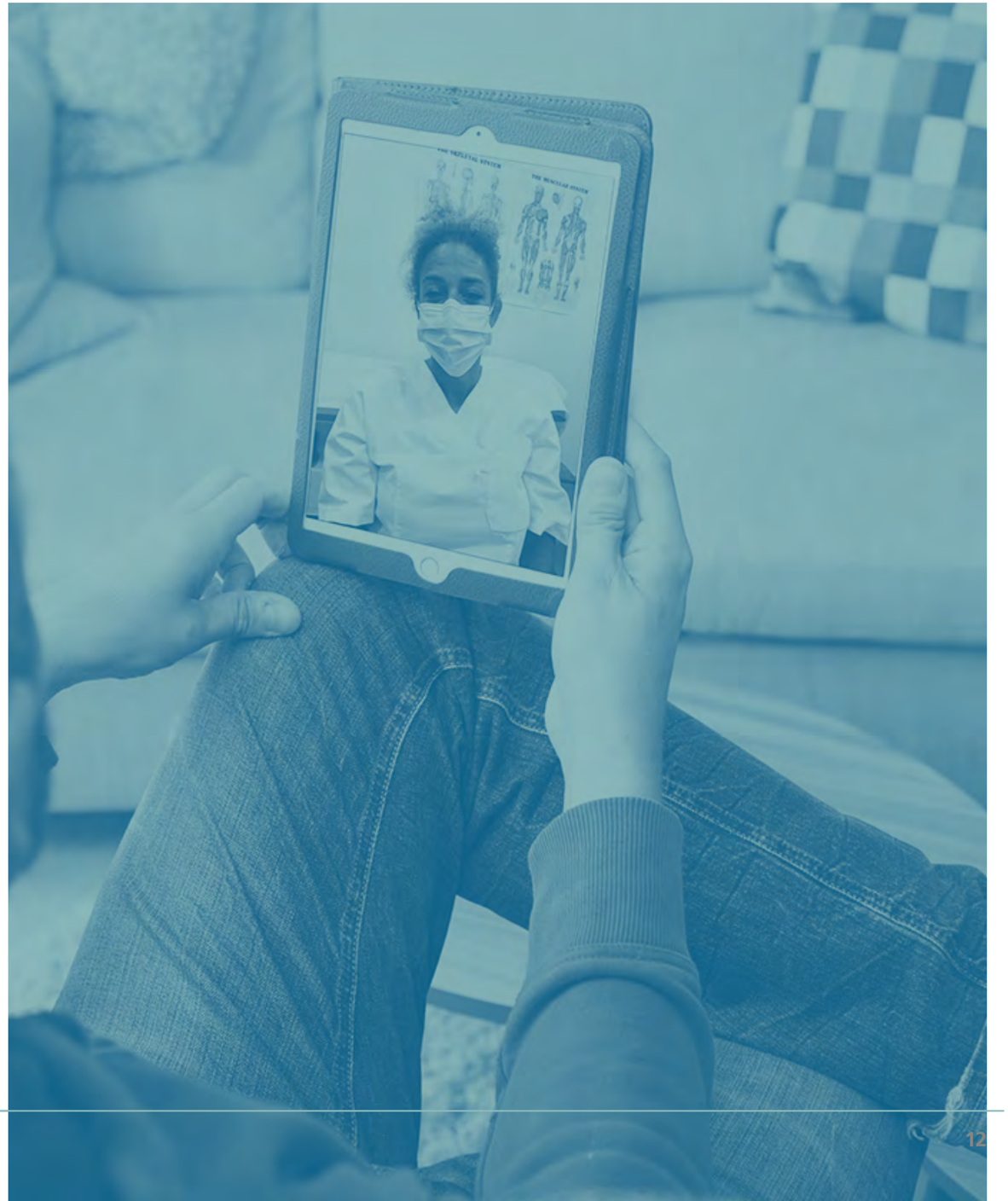
Getting wound care right first time

Optimising wound care pathways

Clearly, ensuring a move to consistently getting wound care right first time will require consideration of all potential approaches, including supported self-care, and the development of appropriate wider care pathways. This will be happening not only within the context of an eventual recovery from the pressures of the COVID-19 pandemic, but also in the delivery of the NHS's new integrated and 'place-based' approach to providing services.

Patients want a clearer referral pathway that includes clear direction on where they should turn if they have a problem.[41] One way that this can be achieved is by evaluating what is working well for wound care services, and where pathways can be made more effective for patients. It must be emphasised that this will not be a one-size-fits-all approach, and that what will work for some patients in one place may not work for patients elsewhere. However, as the NHS moves further towards its place-based care model with the development of integrated care systems (ICSs), there is an opportunity to consider how wound care services can be re-designed to best serve the needs of patients. This should be a priority for future research and should be at the forefront of policymakers' minds in the NHS reform.

A central theme in what we heard from patients is the need for more joined-up care between wound care service providers, in order to ensure that HCPs communicate more effectively with each other, aiding the patient's interaction with their wound care service and promoting positive outcomes for patients.[42] To achieve this optimisation, 60% of patients ranked better co-ordination of providers as a priority for improving wound care services, alongside greater availability of providers and appointments.[43] While different approaches may be appropriate for different locations and different patients, some form of guidance or framework on effective options for developing and implementing wound care pathways may be desirable.



Where next for wound care?

Wound care services face both an uncertain future and an obscure recent past. We know that the population of wound care patients changed significantly in the years immediately prior to the pandemic, and that the NHS's services did too. Costs did not rise quite as quickly as patient numbers, but a complex set of phenomena including various drivers of rising patient need and a change in the pattern of service delivery all seem to have been at work.

We understand even less about what has happened so far in the pandemic, or where services have now got to. The move to supported self-care has clearly been significant, but exactly what it has meant for both patient outcomes and the use of NHS resources has yet to be identified. Things have moved on even since we gathered evidence for this report, with the NHS voicing concern about the unprecedented pressures it is facing, and substantial risks to patient care. Just how low a base it will eventually rebuild from, and how badly affected patients with wounds will be, remains to be seen.

Yet the NHS's implementation of its new way of working is already in progress. Nurses we surveyed both believed that this would positively benefit wound care services and, as nearly half saw it, that there was reason to be concerned about the future of wound care services.[44]

For all that, we know that wound care accounts for a substantial amount of the NHS' resources, and whether it is done well or not makes a substantial difference to the lives of many patients. In more normal times, it would be appropriate to call for more attention to be devoted to this often forgotten area of NHS care. In the present situation, it seems right to urge that thinking at least be started for the eventual re-building of NHS wound care services. This paper does not presume to outline a new vision for wound care services, but it does suggest the following may be useful questions to consider when developing one:

Questions to consider:

- What are the drivers of patient need for wound care services, and how can they be managed or addressed? How has the pandemic affected them?
- What is the real extent of the change that wound care services faced during the pandemic, and what innovations have or haven't worked?
- What approaches will work well in developing pathways for wound care in the reformed and recovering NHS?
- How can patients best be involved, both in redeveloping services and in making decisions about their care choices?
- Would clear clinical guidelines and a national measurement of wound healing be valuable, allowing benchmarking and standardisation?
- Would investing more in patient care earlier in the pathway help to improve outcomes (and reduce costs)?
- Is there a greater long term value for patients and the NHS in using products and interventions earlier in a treatment pathway, to improve outcomes and reduce costs later on?
- Do staff – including generalist staff – have a high enough level of skill in dealing with, or at least identifying, wounds and knowing when to refer? And are there enough specialist wound care staff to meet patient need?

References

1. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
2. Fearns, N., Heller-Murphy, S., Kelly, J., Harbour, J. Placing the patient at the centre of chronic wound care: A qualitative evidence synthesis. Journal of Tissue Viability, Vol 26, Issue 4, Nov 2017 pp 254-259. https://doi.org/10.1016/j.jtv.2017.09.002
3. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
4. Versus Arthritis. 2021. The State of Musculoskeletal Health 2021. Available at: https://www.versusarthritis.org/media/24653/state-of-msk-health2-2021.pdf
5. Fearns, N., Heller-Murphy, S., Kelly, J., Harbour, J. Placing the patient at the centre of chronic wound care: A qualitative evidence synthesis. Journal of Tissue Viability, Vol 26, Issue 4, Nov 2017 pp 254-259. https://doi.org/10.1016/j.jtv.2017.09.002
6. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
7. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
8. The Patients Association. July 2021. Chronic Wound Care Project - Case Study Interviews. On file.
9. The Patients Association. 2021. Chronic Wound Care Survey - Report on Findings. On file.
10. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
11. National Wound Care Strategy Programme. 2021. About the Programme Accessed at: https://www.nationalwoundcarestrategy.net/about-the-nwcsp/
12. National Wound Care Strategy Programme. 2020. COVID 19 - Advice in relation to Wound Care in Community Services. Accessed at: https://www.ahsnnetwork.com/app/uploads/2020/04/COVID-19-Wound-Care-Advice-07.04.20.pdf
13. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q10. On file.
14. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q7. On file.
15. The Patients Association. 2021. Chronic Wound Care Survey - Report on Findings. On file.
16. The Patients Association. July 2021. Chronic Wound Care Project - Case Study Interviews. On file.
17. Schofield, A. 2020. What have tissue viability services learnt from the coronavirus pandemic? Prepared for Nursing Times roundtable 8 December 2020.
18. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q13. On file.
19. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q4. On file. Average figure given in answers was 8 months, with ranges from around seven months in Greater London to 11 months in the North West.
20. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q13. On file.
21. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q13. On file.
22. Nursing Times. 2021. Wound care services and the coronavirus pandemic: strategies for nursing directors. Nursing Times (supplement); 117: 3.
23. Schofield, A. 2020. What have tissue viability services learnt from the coronavirus pandemic? Prepared for Nursing Times roundtable 8 December 2020.
24. Opinion Matters. 2020. Molnlycke Health Care Limited – Wound Care Patient Research. On file.,
25. The Patients Association. 2021. Chronic Wound Care Survey - Report on Findings. On file.
26. The Patients Association. 2021. Chronic Wound Care Project - Case Study Interviews. On file.
27. The Patients Association. 2021. Findings - Patient Advisory Panel Event 2. On file.
28. Opinion Matters. 2020. Molnlycke Health Care Limited – Wound Care Patient Research. On file.
29. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q13. On file.
30. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q15. On file.
31. Nursing Times. 2021. Wound care services and the coronavirus pandemic: strategies for nursing directors. Nursing Times (supplement); 117: 3.
32. Nelson, D. Better Outcomes for Skin Tears with New 5 Layer Bordered Foam Dressings. Poster Presentation. WOCN Annual Meeting, Philadelphia, PA 2018
33. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
34. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
35. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
36. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
37. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q9. On file.
38. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q9. On file.
39. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
40. Guest, J.F., Fuller, G.W., Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. BMJ Open 2020;10:e045253. doi:10.1136/bmjopen-2020-045253
41. The Patients Association. 2021. Findings - Patient Advisory Panel Event 2. On file.
42. The Patients Association. August 2021. Chronic Wound Care Project - Case Study Interviews. On file.
43. The Patients Association. 2021. Chronic Wound Care Survey - Report on Findings. On file.
44. Censuswide. 2021. Survey on behalf of Molnlycke Wound Care. Q20. On file.

The Mölnlycke trademark, name and logo types are registered globally to one or more of the Mölnlycke Health Care Group of Companies.
© 2022 Mölnlycke Health Care AB. All rights reserved. UKWC1120.



Mölnlycke®

the patients association