

## What we're hearing about

### Wound dressing

November 2021

According to "NHS RightCare scenario: The variation between sub-optimal and optimal pathways" (2017), it is "estimated that the annual cost of managing wounds in the NHS and associated comorbidities is £5.3 billion... Over a year approximately 4.5% or 2.2 million people of the UK adult population will have a wound and about 30% of wounds in this study lacked a diagnosis documented in the GP records." Healthwatch Surrey has been hearing from an increasing number of people who are finding it difficult to access good care, and this report is designed to highlight these difficulties.

People have been telling us about the frequency in which they are needing care which is putting additional pressure on the patient as well as the services they are using. People are also trying to access treatment at settings which are not the most appropriate to their needs:

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*Cynthia's partner suffers from varicose veins and has now contracted a leg ulcer. It measures 0.5 cm deep, 4cm long x 2.5cm wide. They have sought two opinions as to whether this is a deep vein ulcer or not and are now on a waiting list. They have been told that he will be waiting for two years. He's now been signed off work. **He is visiting his GP surgery twice a week for fresh dressings. They also tried to get attention at A&E but they put a sticking plaster on the ulcer and sent him home.** They were looking for advice on how to reduce the waiting time as this is not sustainable for two years.*

**151080, November 2021**

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People have also been telling us how earlier intervention may help people to have improved health outcomes:

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*"A local elderly couple have contacted me about the repeated difficulty of being seen with problems related to age and ill health. The problems involved issues related to wound dressing, for example the gentleman is prone to boils which if dealt with early are of minimal issue, but he is often told to wait and see what happens and then they get worse and more complicated intervention is required."*

**144770, June 2021**

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This tends to be an issue for elderly and less mobile people. As a result, it is difficult for many to access services:

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*Because of their age and distance from the practice, it is difficult for them to make frequent trips.”*  
**144770, June 2021**

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People are not always clear as to who is responsible for wound management after being discharged from hospital. The information that is being given to people is not always accurate, and we recommend that this is reviewed as part of each acute hospital’s Wound Care Policy:

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*“I [recently] underwent a minor emergency operation in order to remove an infected cyst on the back of my neck... I was discharged from hospital with a letter stating, ‘daily dressing change with district nurse.’ [I was later told by my GP practice] that it was not in fact the district nurse that would come out to see me and that I would have to book daily appointments in order to be seen and receive the dressing changes... the issue was they did not have availability for close to 2 weeks.”*  
**144786, June 2021**

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This person was referred to another service, which caused further frustration:

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*“...I was [advised] to attend my local walk-in centre daily to receive these changes. I am not able to book appointments at the walk-in centre. Yesterday I waited 2.5 hours for what was a 10-minute dressing change. This morning, I arrived at opening 8am and have been told that dressing changes will not [be available] before 9am, however, you have to join the queue at 8am. I have been told that I need this procedure daily, especially being type 1 diabetic I run a higher risk of infection. I have to come and wait at the walk in centre for a minimum of 1 hour for something that is categorically routine. I am most definitely not the only person in this situation, this morning there were 3 other patients ahead of me seeking dressing changes for unavailability to get GP slots. I’m sure as the time passes until I am able to get my GP appointments, I will be waiting long times for something that is required daily and there should be an appointment booking system for.”*  
**144786, June 2021**

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However, people are not always referred to the correct service which has the potential to lead to much worse health outcomes:

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*“My wife had surgery. Hospital sends her home with a letter to see your local GP so that one of the nurses can check the wound and change the dressing... The lady on the phone said they did not have any nurses in GP to help you out and they can give me an appointment for a week later. I requested her to, but as her wound needs to be checked today what shall we do next? She said she can not do anything other than giving an appointment [for a week’s time]. She was very rude and I said leave it and thanks for your help. After 10 mins I called the GP again. Another lady picked up and on my query she guided me well and said I can take her walk in clinic. They will help and this makes sense. My concern is a person like the first lady has a lack of knowledge and doesn’t know how to guide the people if you don’t have facilities in the house.”*  
**149531, September 2021**

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As people are signposted to their GP practices, we recommend that those arranging care and signposting in GP Practices are given up to date information about the pathways of care and that this is regularly updated.

Recommendations:

1. Hospitals ensure that information given to patients about wound management following discharge from hospital is reviewed.
2. Hospitals consider how to make patients aware of what arrangements will need to be made for post-operative care prior to surgery.
3. Hospitals ensure that their wound care policies are up to date.
4. GP Practices ensure that they are giving the correct signposting/referrals to patients.