

Our Ref: PW/TLR/FOI/0625/1344

29th July 2025

Stafford Education & Enterprise Park
Weston Road
Stafford
ST18 0BF

Sent by email

Telephone: 0300 123 1461

Dear

FOI/0625/1344

Your request for information under the Freedom of Information Act 2000

Thank you for your request for information under the Freedom of Information Act 2000, received on the 3rd July 2025. We can now confirm that the Staffordshire and Stoke-on-Trent Integrated Care Board can provide the following information.

An anonymised copy of this response will be made publicly available on the ICB website.

Freedom of Information Requests:

- 1. Please provide the number of patients referred in your ICB/ICS area for whom wound care was the primary condition, in the financial years: i) 2021-22, ii) 2022-23, iii) 2023-24, iv) 2024-25.***

Totals below (based on calendar year):

2022	15,299
2023	21,993
2024	35,920

The information above is referral data for more complex wound care from the community provider and that we receive from MPFT please redirect to Midlands Partnership Foundation Trust (MPFT); foi@mpft.nhs.uk if you require any further detailed information.

For simple wound care delivered in primary care, the ICB does not hold referral data.

- 2. Please provide the average length of treatment for wound care (primary condition) patients settings in the above financial years. If available, please provide a breakdown between inpatient and community settings.***

For complex wound care, the ICB does not hold this information for community services. You would need to submit your request direct to Midlands Partnership Foundation Trust (MPFT); foi@mpft.nhs.uk .

For simple wound care delivered in primary care the expectation is that these wounds heal within 4 weeks as per the service specification. The ICB does not collect this data to be able to split by year.

3. For above financial years, please provide the number of wound care (primary condition) patients referred or admitted to:
 - a. Elective services (e.g. plastic surgery, dermatology)
 - b. Emergency care due to wound-related complications.

Diagnosis coding information from inpatient services don't provide sufficient detail to differentiate between care for new wounds, or complications or care for existing wounds.

4. Please provide the total spend in your ICB/ICS area on wound care services, in the financial years i) 2021-22, ii) 2022-23, iii) 2023-24, iv) 2024-25. (i.e. please include any available spending information on treatments, products, staffing etc.)

Spend for Universal Offer (UO) simple wound care:

- i) 2021-22 £1.714m
- ii) 2022-23 £1.752m
- iii) 2023-24 £1.762m
- iv) 2024-25 £2.062m

The ICB does not hold this information for complex wound care, please re-direct your request to MPFT email above.

5. Please provide total product spend on wound management dressings via Part IXA of the drug tariff (see link below), in the financial years i) 2021-22, ii) 2022-23, iii) 2023-24, iv) 2024-25. <https://www.drugtariff.nhsbsa.nhs.uk/#/00726198-DD/DD00726112/Part%20IXA-%20Wound%20Management%20Dressings>

Row Labels	Sum of PriceActualThisMonth
[-] PASS	£3,625,391.22
[-] Physical Health	£3,625,391.22
[-] Wound Care Dressings	£3,625,391.22
04Y	£388,409.76
05D	£454,921.40
05G	£881,823.44
05Q	£370,167.99
05V	£889,088.90
05W	£640,979.73
Grand Total	£3,625,391.22

6. Does your organisation have any policies or guidelines on wound care? If so, please could you provide (e.g. any locally agreed wound care formularies or preferred product lists).

We do not have any policies or guidelines for wound care in the community. MPFT may have their own internal policies or guidelines for wound care in place, to obtain this information please re-direct to MPFT email above.

For simple wound care provided in Primary Care there is formulary which can be found via the link <https://www.mpft.nhs.uk/services/tissue-viability>. To access the wound care formulary, scroll down the page and use the 'information for GPs' drop-down menu.

7. Does your organisation have a wound care strategy, service specification or improvement plan? If so, please provide a copy.

For simple wound care only, please see attached. We do not have any formal specifications within the community contract for wound care, as previously advised please re-direct to MPFT, email above.

Please see attached enclosure.

**8. Are there any audit or quality improvement initiatives in place related to wound care?
Has your organisation recently reviewed its wound care pathways?**

Community Transformation do not have any audit or quality improvement initiatives currently in place.

Should you require any further information or clarification regarding this response please do not hesitate to contact us. If you are dissatisfied with the response, you are entitled to request an internal review which should be formally requested in writing and must be within two calendar months from the date this response was issued.

To request an internal review

You can request an internal review by contacting the Staffordshire and Stoke-on-Trent ICB FOI team by emailing; staffsstokeFOI@staffsstoke.icb.nhs.uk or by post to the address at the top of this letter within 40 working days of the initial response.

If you are not content with the outcome of your internal review, you may apply directly to the Information Commissioner's Office (ICO) for a decision. Generally, the ICO cannot make a decision unless you have exhausted the Staffordshire and Stoke-on-Trent Integrated Care Board's FOI complaints procedure.

The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

www.ico.gov.uk

Yours sincerely

Tracey Shewan
Director of Corporate Governance

Enc

Service Specification Template – 2024/25

Service Name & Number	Universal Offer – Wound Care UO8WOUNDCARE
Population and / or geography to be served	The service shall be available to all patients registered with a GP Practice within the agreed Primary Care Network (PCN) to whom the commissioner is responsible for providing services to.
Service aims and desired outcomes	<p>To provide a wound care service in Primary Care for patients registered with the practice or Primary Care Network.</p> <p>The Provider shall record all activity using the Universal Offer clinical template.</p> <p>Aims and objectives of service</p> <p>To provide a service that delivers simple wound care to registered patients of a practice, and to deliver routine post-operative or post-treatment suture removal and simple wound care services to registered patients of the practice upon discharge from hospital, after a surgical procedure, to include suture or clip removal and, when necessary, subsequent cleansing and dressing of wounds.</p> <p>For the purpose of this specification the definition of Simple Wound Care is set out below:</p> <p>Simple wound – when the wound is superficial that is, involving primary epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures and requires simple one layer bandaging/dressing.</p> <p>Ambulatory – Patients who are physically able (with or without assistance) to access clinic, minor injury unit or GP practice/walk in centre.</p>
Service description and location(s) from which it will be delivered	<p>Under the provision of wound care services:</p> <ul style="list-style-type: none"> • The Provider shall deliver simple wound care, excluding treatment of leg ulcers. Lower leg wounds should be referred to the community nursing clinics after initial immediate and necessary treatment has been provided (see aide memoir) • The Provider shall provide suture removal and application of any associated dressings following a surgical procedure resulting in a wound that meets the criteria within this specification (see wound care definition) • The commissioner recognises that some practice nurses will have the competencies and skills to manage more complex wounds. Where it is in the best interest of the patients to support and manage the wound, while they wait for community nursing intervention, the practice can claim for these appointments under this specification. This should only happen in exceptional circumstances where there is a risk to the patient.

	<p>The Provider shall:</p> <ul style="list-style-type: none"> • Offer this service for all registered patients • Provide simple wound care for ambulatory patients (Children and Adults) • Provide simple wound care for ambulatory patients (Children and Adults) following a surgical procedure including post-operative suture removal for patients. The term suture includes: stitches, staples and clips • Deliver wound care assessment and treatment using evidence-based wound care management (see wound care guidance on GP365) • Support self-management of wounds and provide relevant information to patients to facilitate this • Refer housebound patients to the community service provider. Where wound care for housebound patients is referred to the GP Provider when not appropriate, it is the responsibility of the referrer to redirect the referral of the patient to the Community Team not the GP Provider • Use agreed local formulary for dressings and bandages • The Provider (GP practice) shall undertake to refer patients when appropriate promptly to other necessary services and to the relevant support agencies using locally agreed guidelines where these exist <p>The Provider will ensure:</p> <ul style="list-style-type: none"> • All staff delivering the post-operative wound care service adhere to infection control appropriate to primary and community care, are appropriately trained and competent to assess the wound, to escalate for further treatment, where indicated, and apply appropriate wound dressing where indicated. • Practitioners undertaking suture removal under this service shall have had training in surgical environments or been taught and assessed as competent by an appropriately experienced clinician. <p>The service is to be delivered from the GP practice or from another practice or appropriate healthcare setting within the Primary Care Network (PCN) where the practice is providing on behalf of the PCN</p>
<p>Service Model</p>	<p>Any acceptance and exclusion criteria and thresholds</p> <p>The service is to be available to all patients meeting the following criteria:</p> <ul style="list-style-type: none"> • Registered practice patients • Able to attend surgery premises • Patients requiring simple wound care including following surgical procedures <p>The service does not include</p> <ul style="list-style-type: none"> • Complex wound care or wound care for house bound patients

	<ul style="list-style-type: none"> • Treatment of leg ulcers
Tariff	£30 per attendance (maximum of one attendance per day will be paid)
Reporting and Payment	<p>You are required by the ICB to use UO resources provided by the ML Data Quality Team to support the recording of patient data and reporting for the UO services.</p> <p>A clinical template written by ML Data Quality Team (DQT) has been provided for recording patient data for services delivered as part of the Universal Offer (UO). The template has been validated by ICB clinical leads and built to ICB service specifications to support the UO service pathway. The clinical template will also help to demonstrate that the UO specified pathway has been used to deliver patient care.</p> <p>Using the clinical template will ensure the UO searches and claim reports (provided by the DQT) are populated correctly and submitted claims can be validated by the ICB against reports the ICB receive from the Data Quality Team. Where payment is made via RTP files, the report provided to the ICB will assist the ICB to validate the expected activity levels from the provider for that UO service.</p> <p>For EMIS practices the UO clinical templates are published centrally via Resource Publisher and will be maintained and updated by the DQT as and when required and will also reflect any Snomed code changes that may be required. Associated searches and reports will be updated where necessary and made available for use and practices will be notified of updates.</p> <p>For TPP S1 practices, the clinical templates are maintained and updated for you by your Data Quality Specialist.</p> <p>Various guidance documents to support using the resources provided by the ML DQT for the UO services are available from the GP365 website Universal Offer (sharepoint.com) or you can contact your Data Quality Specialist for any queries regarding use of the DQT resources or any training requirements related to use of the UO clinical templates or UO searches & reports.</p> <p>If the activity is not coded correctly, it will not be paid for.</p>
Review Date	January 2027
Termination Notice Period	3 years with a six-month notice period for termination. The service specification will be subject to regular review.
Applicable quality requirements and Accreditation Requirements	<p>Applicable national standards (e.g. NICE)</p> <p>Under the conditions of this agreement, the Provider has the responsibility to ensure that:</p> <ul style="list-style-type: none"> • The service will maintain a safe and suitable environment for patients and staff and comply with all relevant statutory governance requirements, legislation, Department of Health Guidance, Professional Codes of Practice, Standards for Better Health, NICE guidance 'Healthcare-associated

	<p>infections: prevention and control in primary and community care', March 2012 – updated February 2017.</p> <ul style="list-style-type: none">• (https://www.nice.org.uk/guidance/CG139) and all Health and Safety regulations <p>Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)</p> <p>Applicable local standards</p> <ul style="list-style-type: none">• Use of the agreed local formulary for dressings and bandages <p>Under the conditions of this agreement, the provider has the responsibility to ensure that:</p> <ul style="list-style-type: none">• Practitioners undertaking suture removal should have had training in surgical environments or been taught and confirmed as competent by an experienced clinician
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Guidance Sheet

What is a Simple Wound?	<p>Simple wound – when the wound is superficial that is, involving primary epidermis or dermis, or subcutaneous tissues without significant involvement of deeper structures and requires simple one layer bandaging/dressing and not the deeper structures, no drains and no packing.</p>
Examples of a simple wound	<p>These are wounds that may require suture/clip removal but should be healed within 4 weeks. They may include abrasions and superficial burns/scalds but not leg ulcers or pressure sores. (See clinical aide memoir)</p>
What timescales should I be working to?	<p>Every patient’s healing times, needs and wound are unique, which will present ever-changing challenges to the clinician. Therefore it is important to look at wound classification and type rather than a specific timescale on when wounds should heal by, however most simple wounds should heal within 4 weeks.</p> <p>If a patient presents on day 1 at the practice with a simple wound, then the practice should treat the patient as per this specification.</p> <p>If a patient presents on day 1 at the practice and the wound is complex by definition, then the practice should refer the patient into the community nursing service straight away, once they have applied and immediate & necessary dressing. This first appointment can be claimed under this specification.</p> <p>If a patient initially presents with a simple wound but it is not healing as expected and is at risk of infection, then the practice should refer to the community nursing service at the point this decision is made.</p>
Are surgical procedures included?	<p>The specification includes post-operative or post-treatment suture removal where the wound is expected to heal and it meets the definition of simple. Elective surgery, for example, joint replacement surgery, including suture and clip removal, where the post-operative wound is healing as expected, will be included as a simple wound.</p> <p>It does not include the deeper structures, drains or packing. These are excluded due to increased risk for wound dehiscence/collections.</p>
Where do I refer complex woundcare?	<p>All other wound care should be referred to the community nursing service or tissue viability. Prescriptions for wound care should be from the agreed wound care formulary section</p>
What about the housebound Patients?	<p>Wound care will be provided in the surgery only. Patients requiring care in their own home will be the responsibility of the district nursing service.</p>

What if the wound is not improving?	Any wound that does not heal within a few weeks or as expected should be classed as complex and referred to the district nursing service.
What about the infected wound?	Prescribe from amber section of formulary as clinically appropriate only and an exemption form to be completed and forwarded to Medicines Management Team.