

Our Reference North East and North Cumbria ICB\
FOI ICB 25-085

North East and North Cumbria ICB
Pemberton House
Colima Avenue
Sunderland Enterprise Park
Sunderland
SR5 3XB

Tel: 0191 512 8484
E-mail: nencicb.foi@nhs.net

By Email

19 June 2025

Dear Applicant

Freedom of Information Act 2000 – Request for Information – NHS North East and North Cumbria Integrated Care Board (NENC ICB)

Thank you for your request received on 4 June 2025 for information held by NHS North East and North Cumbria Integrated Care Board (the ICB) under the provisions of the Freedom of Information Act 2000. The ICB covers the areas of County Durham, Newcastle Gateshead, North Cumbria, North Tyneside, Northumberland, South Tyneside, Sunderland, and Tees Valley.

Please find the information you requested on behalf of the ICB as follows.

Your Request

I am writing to request information about the current commissioned care pathway for patients receiving treatment for leg ulcers, diabetic leg ulcers or wounds within the Sunderland locality. Specifically, I would like to understand:

1. When a patient under the wound care or leg ulcer pathway is observed to have abnormal gait or difficulty walking, what is the expected protocol or escalation process?
2. Are all healthcare professionals involved in leg ulcer management (e.g., GPs, tissue viability nurses, vascular teams, dermatology, orthopaedics) expected or able to refer the patient to physiotherapy, MSK, or community rehabilitation services?
3. Is there a point at which referral to physiotherapy, MSK services, or rehabilitation should be triggered as part of holistic wound care?
4. How does the local wound care or leg ulcer pathway align with relevant NICE guidance? If available, I would appreciate a copy of the local pathway document or service specification and the NICE guidance reference no.

I am seeking to understand how the commissioned pathway operates and how functional or mobility concerns are managed as part of wound care delivery.

Our Response

We can confirm, as per Section 1(1) of the Freedom of Information Act 2000, the ICB does hold the information requested.

1. The expected protocol/escalation depends on a number of variables. A GP would undertake a clinical reasoning process, considering factors such as (but not limited to): complexity of wound; clinical history; control of risk factors such as blood pressure, diabetes if co-existent; social history, e.g., smoking, etc.; history of trauma; examination findings; suspicion of infection; complexity of the wound. As such, there is no definitive protocol as it ultimately depends on what is being suspected from the findings to investigations and other variables. If there is a superficial infection, intravenous (IV) antibiotics or oral antibiotics would be considered. If infection of the bone (osteomyelitis) is suspected, secondary care orthopaedics input would likely be needed. If there is a history of trauma, will need X ray. If poor wound healing and lack of progress despite wound care input, escalation to vascular surgeons is one of the options. This is not an exhaustive list, and other factors may influence clinical reasoning, including social factors. Rehabilitation and OT may need to be considered. Clinical risk factors will need to be addressed as well.

Ultimately clinical decision making depends on what is being suspected clinically arising from the reasoning processes and findings of investigations.

2. This depends on the clinical scenario but yes, all those teams are available if required.
3. If the patient is not making progress despite wound dressing, it is not unreasonable to consider an MDT approach as outlined above, depending on the clinical picture.
4. This is for subject matter expert and South Tyneside and Sunderland NHS Foundation Trust (STSFT) would be best source for comment as they will have access to this data (possibly their tissue viability nursing team or vascular team).

In accordance with our duty under s.16 of the FOIA to provide reasonable advice and assistance to an individual requesting information, we have provided the FOI email address for STSFT to make your request: stsft.freedomofinformation@nhs.net

In accordance with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our disclosure log. Therefore, a version of our response which will protect your anonymity will be posted on the NHS ICB website <https://northeastnorthcumbria.nhs.uk/>.

If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me on the above telephone number or at the above address.

If you are unhappy with the service you have received in relation to your request and wish to request a review of our decision, you should write to the Senior Governance Manager using the contact details at the top of this letter quoting the appropriate reference number.

If you are not content with the outcome your review, you do have the right of complaint to the Information Commissioner as established by section 50 of the Freedom of Information Act 2000.

Generally, the Information Commissioner cannot make a decision unless you have exhausted the ICB's complaints procedure.

The Information Commissioner can be contacted at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or www.ico.org.uk.

Any information we provide following your request under the Freedom of Information Act will not confer an automatic right for you to re-use that information, for example to publish it. If you wish to re-use the information that we provide and you do not specify this in your initial application for information then you must make a further request for its re-use as per the Re-Use of Public Sector Information Regulations 2015 www.legislation.gov.uk. This will not affect your initial information request.

Yours faithfully

Information Governance Support Officer

**Information Governance Support Officer
North East and North Cumbria Integrated Care Board**