

Trust Headquarters
Russells Hall Hospital
Dudley
West Midlands
DY1 2HQ

Ref: FOI-062025-0001692

Date: 19.8.25

Address / Email:

Dear

Request Under Freedom of Information Act 2000

Thank you for requesting information under the Freedom of Information Act 2000.

I am writing to you under the Freedom of Information Act 2000 to request the following information from your organisation's 'first presentation/emergency care services (e.g. urgent care/Accident & Emergency/Minor Injuries unit).

I am wishing to establish how patients with pretibial injuries are managed if they attend emergency care services.

A pre-tibial injury is a type of wound occurring on the shin or front of the lower leg, specifically the area where the tibia (shinbone) lies. These wounds are frequently caused by trauma, such as a fall or knock, and the thin skin in this region can tear easily, especially in older individuals. They can range in severity from a skin-tear (pretibial laceration) to a degloving injury or haematoma.

Please may you provide me with:

1. Name of the organisation and region – **The Dudley Group NHS Foundation Trust**
2. Which of the following first presentation/emergency care services does your organisation provide?
 - **Type 1 A&E department (Increasingly referred to as an Emergency Department) = A consultant led 24-hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients.**
 - Type 2 A&E department = A consultant led single service or Emergency Department (e.g. ophthalmology, dental) with designated accommodation for the reception of patients. Type 3 A&E department = These are now referred to as Urgent Treatment Centres (UTCs). These are GP-led, open at least 12 hours a day, every day, offer appointments that can be booked through NHS 111 or through a GP referral, and are equipped to diagnose and deal with many of the most common ailments for which people attend A&E.
 - Type 4 Other non-UTC that continue to operate as MIUs, UCC, WICs
 - Type 5 Ambulatory Emergency Care Service
3. How many patients with pretibial injuries does your first presentation/emergency care service see annually?
 - **A search has been done using 'Presenting Free Text' of 'shin', 'lower leg' and 'tibia' between 01/04/2024 - 31/03/2025 within ED Attendance data - 81 results have been recorded**

4. Does your first presentation/emergency care service have a protocol/policy/pathway/clinic for the conservative (non-surgical) management of people with pretibial wounds? If yes – please specify which
- No, the Emergency Department does not have a specific written protocol, policy, or pathway for the conservative management of pretibial wounds. However, in practice, patients with pretibial lacerations are initially assessed and managed in the Emergency Department, usually in the minors area by an Emergency Nurse Practitioner (ENP). Wounds are cleaned, irrigated if required, and Steristrips are applied to approximate the wound edges where necessary.
5. At discharge what follow up care is provided for these patients (e.g. do you refer to: GP; Community Nurse; Community Wound Clinic; bring them back to a trust led clinic (please specify clinic type)
**- Follow-up arrangements vary according to clinical need:
ED Clinic follow-up: If required, ENPs can book the patient into the ED minor injuries clinic (typically within 2 days). Patients attending the ED clinic are reviewed by an ED consultant or clinic registrar. Some patients may require more frequent follow-up appointments.
Community follow-up: Simple and straightforward wounds that can be managed in the community are referred to the patient's GP practice nurse or District Nurse for ongoing care.**
6. Are patients routinely assessed for suitability for compression therapy (e.g. ABPI/TBPI) in this pathway/clinic? (yes/no/don't know/refer on to other speciality for compression)
- Patients are not routinely assessed for compression therapy within the Emergency Department. If there is clinical suspicion of poor blood flow to the legs (for example, peripheral arterial disease), compression therapy is avoided as this could further restrict blood supply and worsen the condition. In such cases, the vascular specialist team is consulted for further assessment and advice.

If you are dissatisfied with our response, you have the right to appeal in line with guidance from the Information Commissioner. In the first instance you may contact the Information Governance Manager of the Trust.

Information Governance Manager
Trust Headquarters
Russell's Hall Hospital
Dudley
West Midlands
DY1 2HQ
Email: dgft.dpo@nhs.net

Should you disagree with the contents of our response to your appeal, you have the right to appeal to the Information Commissioners Office at.

Information Commissioners Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
www.ico.org.uk

If you require further clarification, please do not hesitate to contact us.

FOI/REF FOI-

Yours sincerely

**Freedom of Information Team
The Dudley Group NHS Foundation Trust**