Redesigning the process of providing compression hosiery to patients attending hospital clinics

Problems relating to the provision of items through the orthotic service that are not strictly orthotic appliances, such as compression hosiery, were identified by Gloucestershire Health Community. A system of direct supply was set up instead of the orthotics department to obtain repeat prescriptions — this was time consuming for both the patient and the department. Once discharged from the consultant’s care, patients continued to attend the department for repeat prescriptions, but with no clinical review. This meant some patients attended the clinic for years, just to obtain hosiery.

In March 2000 the Audit Commission report Fully Equipped reviewed and reported on the provision of some forms of equipment for older or disabled people by the NHS and social services in England and Wales. It highlighted areas where progress had been made, such as in community equipment services, and outlined where further work is needed. It was clear that changes were expected to be made in the provision of orthotic services, and the provision of hosiery was identified as an area ripe for change.

In the light of the Audit Commission report, a Gloucestershire orthotics service review concluded that compression hosiery, which is not an orthotic appliance, would be better sited within the relevant clinical areas of vascular and leg ulcer clinics.

The solution

The consultant vascular nurse at Gloucestershire Royal Hospital had already initiated direct supply of hosiery in the vascular clinics. Therefore, it seemed a sensible solution to use this system in all of the leg ulcer clinics and vascular clinics in Gloucestershire, and to work together as a multidisciplinary team.

As there was no standard policy for the provision of hosiery, and both the UK and European standard classifications were being issued, a pathway to the provision of hosiery was designed (Fig 1).

The Gloucestershire Orthotic Project was established to improve and redesign the orthotic service, particularly with regard to the provision of compression hosiery. A short life working group was set up to design a pathway to the provision of compression hosiery. The group designed a pathway to the provision of compression hosiery.

References

up to standardise the provision of hosiery across the Gloucestershire Hospitals NHS Foundation Trust clinics for vascular and leg ulcer patients. The working group comprised a vascular nurse consultant, lead leg ulcer nurse specialist, directorate manager (surgery), general manager (medicine), senior orthotist, orthotics project manager and a finance manager. They were selected because they were able to inform the clinical, managerial and financial decisions needed.

The outcomes of this project were:

- All vascular and leg ulcer clinics were to maintain stock of standard size hosiery
- The UK hosiery classification was to be used throughout the trust to ensure that hosiery provision and education remained consistent
- Patients would be measured for and supplied with hosiery at the initial clinic appointment by an appropriately trained clinic nurse. In addition, made-to-measure garments could be ordered from the clinic
- As the British standard hosiery is available on Drug Tariff, the patient’s GP would be able to prescribe it after discharge from the clinic consultant’s care. However, hosiery not available on the Drug Tariff would continued to be funded by the clinics
- A clinical pathway was developed by the nurse specialists as guidance for GPs on patient flow between primary and secondary care (Fig 2).

The next step

The Gloucestershire Shared Procurement Service initiated a contract tender process to determine the main supplier for stock hosiery. However, contact with the NHS Purchasing and Supplies Agency (PASA) revealed that they had already tendered for a national contract and that Activa compression hosiery would be available through NHS logistics from April 2004. The clinical staff were happy to use this hosiery as standard. (The specialist vascular and leg ulcer nurses from the working group had previously identified Activa as one of the shortlist brands they would prefer to use. It also had the backing of the vascular consultants.)

Since April 2004 British standard classification hosiery has been supplied direct to patients through acute hospital vascular clinics. This has been successfully extended to the consultant clinics run within the PCT community hospitals.

Outcome

The new system is more cost-effective and enabled Gloucestershire Hospitals NHS Foundation Trust to predict savings of approximately £40,000 for the last financial year (2004-2005) on the procurement of hosiery. This is a significant cost saving and supports the ideals of the working group.

The system makes it easier for patients to obtain...

Fig 1. Pathway to the provision of hosiery

Original process: up to six weeks

- Clinic appointment with nurse
- Measure patient
- Weekly bandaging (up to 4 weeks)
- Attend orthotics department
- Prescription charge
- Collect stockings from orthotics department
- Referral to orthotics
- Referral received
- Order placed
- Order received
- Letter sent to patient

New process

- Clinic appointment
- Measure patient
- Same day
- Stockings fitted and issued
- Up to two weeks

*Unless exempt
the hosiery and to receive appropriate timely clinical intervention. It also ensures better continuity between primary and secondary care. The clinical nurse specialists indicate that the new process is working well, while the leg ulcer nurses report that being able to supply hosiery direct to patients has improved their service delivery. Indeed, they had been wanting to do this for some time.

Anecdotal evidence suggests that patients are largely satisfied with the current hosiery supplied. Future audits are needed to underline practice and identify any further changes required.

The orthotics service was not computerised and there was no database of existing patients receiving repeat hosiery. Existing patients are put onto the new system when they contact the orthotics service. This is slow, and it could take a year or more to complete the process.

**Conclusion**

Designing a pathway for the provision of hosiery to patients throughout the Gloucestershire region has been a learning experience and provided a framework for future multidisciplinary teamwork. The outcome demonstrates the potential that arises from the Audit Commission report *Fully Equipped* and underlines the importance of thinking laterally on all issues in health care if cost savings and quality of care are to be achieved.

Implementing this new trust-wide service standardises and simplifies the use of compression hosiery for the prevention of venous ulcer recurrence. It has also provided effective and cost-effective care for patients in both hospital and the community. Finally, the service has been able to achieve these outcomes while also taking patient comfort and concordance into consideration.

With thanks to Donna Parkin, Consultant Nurse, Vascular Surgery, and Maxine Taylor, Clinical Nurse Specialist, Leg Ulcer Service, Gloucestershire Hospitals NHS Foundation Trust, for the development of the clinical pathways and their involvement in the project.

Gloucestershire Health Community comprises Gloucestershire Hospitals NHS Trust, Cheltenham and Tewkesbury PCT, West Gloucestershire PCT, Cotswold and Vale PCT and Gloucestershire Partnership Trust.

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*Fig 2. Clinical pathway for patient flow between primary and secondary care*

**Primary care**

- **Heart failure**
- **Superficial varicose veins**
- **Extensive varicose veins**
  - Varicose eczema
  - Haemorrhoids
  - Ulceration
  - Lipodermatosclerosis
  - Thromboembolism
- **Lymphoedema**
- **Leg ulcer**
- **No**
- **Consider*®**
- Refer to vascular surgeon
- Refer to leg ulcer service
- Review every 12 months

**Secondary care**

- **Assessment and management as necessary**
- **Compression hosiery (Activa) class 2/3**
- **Compression hosiery once healed**
- **Review at well leg clinic**
- **Back to GP for continuing care**
- **Discharged back to GP for continuing care**

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*Guidance on referral thresholds for varicose veins were under consultation.*