

# Implementing an optimal venous leg ulcer care pathway across community and primary care services - closing the circle through integration

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## Background/introduction

After joining a new Trust and auditing lower limb wounds on District nurse caseloads, we identified a third of patients had a Doppler assessment and none were in full compression (Figure 1); this is in line with the Burden of Wound care study (Guest, 2016). The nurses assumed the patients would tolerate a reduced compression; they then could not increase it as the patients would not comply.

Patient numbers to the leg ulcer clinic was increasing from primary care due to lack of skill competency in practice nurse clinics.

## Summary of interventions in response to data

- Adopted best practice (Wounds UK, 2016) for venous leg ulcers, developed own leg ulcer treatment algorithm
- 4 day leg ulcer course devised and implemented 4 courses per year
- Open training to community and primary care staff integration of working
- Training is mandatory in NLAG trust for DNs to increase skill to all band 4 and upwards in Doppler and compression
- Training in both hand held and automated Doppler
- OSCE competency checks on final date
- Rotation of staff through leg ulcer clinic to further increase skills in community
- Right care pathways addressed (NHS England, 2017)

## Summary of outcomes April 2018 – where are we now

- Full holistic assessments for lower limb wounds
- All patients with lower limb wounds have a Doppler timely and compression therapy applied
- Full compression is now used in 2 layer bandage systems
- Hosiery kits are widely used with 'ThinKit' boxes introduced to DN teams and clinics
- The right hosiery is prescribed for prevention of recurrence
- ReadyWraps are now used for lymphedema and chronic oedema and self-care is increasing and been encouraged especially in primary care
- Healing rates have increased, quality of patient care
- Excited motivated staff engaging in treatment pathway

## Where are we going...

- May 14th – launch of 'love your legs' group pilot, for healed in hosiery with health promotion and exercise, monthly at the leisure centre, integration with health and wellbeing services

## Conclusion

A change of culture, adopting best practice, implementing treatment patients prefer and maintain beyond healing has improved their quality of life and also the belief and motivation for the health care staff in delivery of the right care.

The circle of integrated care is closing and improving the outcomes for patients with Venous Leg ulcers. Next stop is acute care to fully complete.

## References

Guest JF et al (2016) Health economic burden that different wound types impose on the UK's National Health Service. International. Wound J doi: 10.1111/iwj.12603

Wounds UK (2016) Best practice Statement: Holistic management of healing venous leg ulceration. London: Wounds UK

NHS Right Care NHS England (2015) available at <https://www.england.nhs.uk/wp-content/uploads/2015/12/nqb-oct15-5.pdf> (accessed on 11/04/2018)

**Figure 1**

40% had a wound longer than 6 months



60% had not had a Doppler



33% of patients were in compression

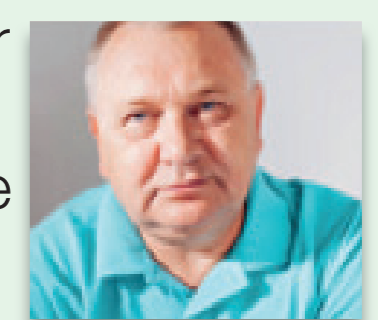


**100%** of patients were in reduced compression – 3 layer bandage systems

## The before and after

### ■ Barry's story

63 years old, referred to Vascular team. Informed "you have lymphoedema, go to the practice nurse for 4 layer bandage which will resolve this".



Practice nurse rings DN team as they don't know how to manage this or apply 4 layer. DN team decline assessment as Barry drives and is not 'housebound'.

Barry turns up at the Chronic wound clinic on GP advice, CWC send Barry away as he has got an ulcer on his leg and has not been seeing the PN for 6 weeks as per referral criteria.

Barry return to practice nurse, bewildered and fed up, wearing large jogging bottoms and large shoes as none other fit.

PN calls the TVN who arranges to see Barry at the clinic.

TVN applies short stretch, teaches PNs how to do this and reduce leg size.

Measured for wrap compression that Barry is happy with and can self manage.

Barry reports back "it has changed my life!".