

The Legs Matter campaign: time to take charge of leg and foot health

KATE WILLIAMS
Tissue Viability Nurse Specialist,
Lecturer Practitioner –University
of Huddersfield

We have just held another successful Legs Matter awareness week. However, there is still so much to do, though. We still receive a steady stream of enquiries from patients and relatives, some of which describe poor care and terrible suffering. We know that empowering people is essential to achieving better outcomes for patients, and we will continue to do this, but we also know that awareness raising isn't enough. We know that system-wide transformation is required to really improve lower limb care. Clinicians cannot do even more, but we can and must do 'different'. To do this, we need the support of our leadership, commissioners, primary care networks (PCNs) and integrated care systems (ICSs).

Our consensus document

After many drafts, and many discussions, our consensus document, *Making Legs Matter: A case for system change and transformation in lower-limb management* (Atkin et al, 2021), was launched at the Tissue Viability Society conference in September this year. As a coalition, we are extremely proud of this document. We look forward to seeing what conversations will come from this, and the system-wide change this could lead to. It is an uncomfortable read in parts, but we make no apologies for this. It also includes helpful points for commissioners and healthcare providers to help shine a spotlight on where your current services might be high-cost, 'firefighting', and not following the NWCS recommendations.

When I think about who might read the guest editorials of this journal, you will all know the Guest et al data on the burden of wound care (2020). If not, you should read it! You will all know about the National Wound Care Strategy Programme (NWCSP) lower limb recommendations (2020). Again, if not – go and read them. Some of you will feel the same frustrations about the postcode lottery of lower limb care. In some ways, I could be preaching to the converted. Some of you will already have pathways in place that mirror the NWCSP recommendations.

Some of you will have areas of great care. Leg ulcer clinics, which can demonstrate great healing rates for Venous Leg Ulcers, Multidisciplinary clinics for the diabetic foot, and even clear pathways for the nondiabetic foot. But do you have the data to show healing rates in your housebound population? Do you have outcomes data for lymphoedema patients? Has their lower limb problem or unmanaged lymphoedema led to them become housebound? Are there areas in your locality where deprivation, poor housing, diabetes or obesity are more prevalent? How can you link in with the PCNs in those areas to highlight the impact of this on lower limb conditions?

What can you do next?

You have the consensus document. So what happens next? This is not a document just to be flicked through and referenced in academic work and guidelines; this is a document to *use*. Use the 'test your thinking' sections to test your own, and others', thinking. Use it to guide those difficult conversations.

As I've already mentioned, we can't just add to the to-do list. To-do lists are already too long. We need to stop, think, and find people within our primary care networks and integrated care systems (ICSs) with whom we can start those difficult conversations about where the system is failing patients. We need to show them the potential (and the savings) that system-wide change could achieve. Who in your organisation needs to read this document, then start the discussions on how lower limb services are funded, measured, and organised across the ICS? Let's find them and see what can be achieved. **WUK**

REFERENCES

- Atkin L, Hopkins A, Gardner S et al (2021) Making Legs Matter: A case for system change and transformation in lower-limb management. *J Wound Care* [In Press]
- Guest JF, Fuller GW, Vowden P (2020) Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013 *BMJ Open* 10(12):e045253
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