

Why Legs Matter still matters...



SARAH GARDNER
Chair of Legs Matter.
Director, WoundMatters Ltd

At the time this editorial is published we would usually be preparing to launch our annual awareness week. You may have picked up from our website or social media platforms that we are not holding one this year, but instead having a 'Glastonbury', a year off to reflect on and analyse the impact of the campaign so far and to check that we are delivering the right campaign tools to the right people. We had a very clear vision and objectives at the outset of the campaign, but four years on, have these objectives been met and do we need to reset our strategy?

WHAT HAS BEEN ACHIEVED SO FAR?

Last October was our third Legs Matter awareness week and one of the most successful yet with 35 sessions delivered via our Legs Matter virtual lounge and over 1.7 million views on our website. Most of our sessions were recorded and still available via the YouTube links that can be found on the Legs Matter website <https://legsmatter.org/legs-matter-lounge-on-demand/>. We continue to get over two thousand website views a day proving there is a need for support and information for both patients/public and healthcare professionals.

We have a healthy and diverse social media following on various platforms and these have proven to be a very effective way of communicating our activities and messaging. In terms of our clinical followers, they reflect a broad multidisciplinary spectrum, reinforcing the importance healthcare professionals place on collaboration when delivering lower limb and foot care. We also have 1300 people registered on our database and have sent out over 2200 Legs Matter action packs including a large number to pharmacists who are essential to advising on early intervention.

In terms of media coverage, Legs Matter has featured within several national newspapers and magazines, enabling us to considerably increase our reach to the public and more recently we were interviewed by UK Health radio which airs in 50 countries and has a monthly reach of over 1.2 million listeners in the UK. We have also won

national awards for excellence in both education and social media categories.

IS IT 'JOB DONE' THEN?

With all these encouraging statistics and good news stories you may think it's 'job done'. Unfortunately, this is not the case — I believe we still have a lot of work to do to address the unwarranted variation in lower limb and foot care.

The COVID-19 pandemic hasn't helped the situation. During the first wave, prevention work was withdrawn that had a marked impact on lower limb care. There were reports of patients being unable to access appointments or home visits for wound care and some patients were left without essential dressings or equipment (Adderley, 2020). It has been estimated that more than a third of full lower limb assessments including Dopplers were not undertaken, and chronic wound care appeared to drop off the priority list. Staff couldn't access education and training therefore we now appear to have a large cohort of clinicians (predominantly community nurses) who lack the knowledge and skills to assess, diagnose and treat lower limb wounds.

WHAT HAS BEEN THE IMPACT ON PATIENTS?

I have recently started working with a community NHS Trust on a leg ulcer improvement project and undertake observational shifts with the teams to help identify the challenges faced clinically. The clinical visits give me an opportunity to listen to patients talking about their experiences with many appearing to have a general acceptability of their situation despite not being healed after 6 — 12 months. Most patients are not aware their care is sub optimal and the majority lack a good understanding of the underlying conditions causing the leg ulceration. What has been humbling though is the honesty from the district nurses about their shortcomings in leg ulcer care and the enthusiasm and determination to improve the current situation at a time of crisis within the service. Rolling out a programme of leg ulcer education will help

develop fundamental knowledge and skills but there also needs to be a process for consolidating the learning in a supportive and nurturing way that improves confidence and competence in assessment and diagnosis and the application of skills such as compression bandaging. The courage to compress is essential if leg ulcer healing rates are to improve. We must stop the automatic 'default' to mild compression as a 'just in case' reason and support clinicians to be confident in their ability to diagnose correctly.

In the past year, I've been privileged to make some podcasts with patients about their experiences of living with leg ulceration — similarly to my recent clinical visits with district nurses, these interviews also highlighted how accepting some patients are of their condition and how they 'force' themselves to look for positives in their lives when being in a 'forever healing' state. Others were angry or critical of the healthcare system they were having to navigate and the unwarranted variation in care that impacted so negatively on their lives. Many of these patients had little understanding about the underlying conditions that impacted on healing and about the therapeutic treatment options that should have been recommended from the outset. Having this awareness may have changed the outcomes for these patients.

We are also seeing an increasing number of emails to our website from patients or family members concerned about a lower limb or foot problem. Although this demonstrates that patients, family or friends are finding us, it also confirms that there is still a huge variation in the standards of lower limb and foot care being delivered across the UK and this needs to change. Some of the emails are distressing, clearly written by desperate people who are experiencing symptoms that are significantly impacting on their quality of life. Many tell us that their GP or their healthcare professional isn't

interested, or they can't access an appointment. Many tell us that their healthcare professional lacks empathy and compassion. These patient 'stories' tell us that Legs Matter still matters!

MAKING LEGS MATTER EVEN BETTER!

During this 'Glastonbury' year, we will be making improvements and are very much looking forward to bringing you a bigger and stronger awareness week in 2023. As the website is our major campaign tool, we want to make it better and accessible to more people. To enable this, we are carrying out Search Engine Optimisation analysis (SEO) which will make it easier for search engines (and people) to find us. In addition, we want to hear from people about the Legs Matter campaign. We have already carried out detailed interviews with key stakeholders and are just about to start surveying more widely via our social media platforms and website. We would really appreciate you taking time to complete this survey as the data received will help shape our future campaign strategy <https://legsmatter.org/updates-events/making-legs-matter-in-2022/>.

So, while this work is being undertaken, there will still be plenty of Legs Matter activity happening in 2022. We are planning webinars, expert interviews and maybe even some Podcasts, so keep an eye out for these. We'll also be resharing some of the 'greatest hits' from the past four years, a great opportunity to catch some of the gems you might have missed. Finally, I want to thank all of you who actively support this campaign including our corporate partners. Without you, this drive for improving leg and foot care would not be possible!



REFERENCES

Adderley, U (2020) National Wound Care Strategy Programme: Looking at the impact of COVID-19. *Wounds UK* 16(2):11. https://www.wounds-uk.com/download/wuk_article/8500

