

National Wound Care Strategy update: Referrals to Vascular Services



KRISHNA GOHIL, Clinical Lead, Lower Limb National Woundcare Strategy Programme.

To refer or not to refer is the question? Many of us have witnessed the awful impact of lower limb ulceration on people's physical, social and psychological wellbeing. Most lower limb wounds that are slow to heal will be due to either venous or arterial insufficiency and will benefit from referral or advice and guidance from vascular services. By addressing underlying vascular issues, we can reduce the risk of lower limb loss, aid healing and prevent recurrence of lower limb ulceration. Therefore, it is essential that we seek advice and guidance early and refer people into vascular services with all relevant clinical information so that, so that vascular colleagues are able to appropriately prioritise care.

The National Institute for Health and Care Excellence (NICE) Clinical Guideline for Varicose Veins (2013) states that people with bleeding varicose veins should be urgently referred to vascular services. However, it also clearly states that people with symptomatic venous disease such as a venous leg ulcer (VLU; a break in the skin below the knee that has not healed in 2 weeks) a healed VLU, or those with symptomatic varicose veins (pain, aching, discomfort, swelling heaviness and itching) should also be referred to vascular services as there is good evidence that endovenous ablation is a clinically and cost-effective treatment for both healing VLUs and preventing recurrence. This NICE Guideline underpins the National Wound Care Strategy Programme (NWCSP) Lower Limb Recommendations (2021) for referral to vascular services (NWCSP, 2021)

For those with lower limb wounds due to arterial impairment, urgent referral to vascular is essential to increase the chances of limb salvage. However, the change in the terminology from "critical limb ischaemia" to "Chronic limb-threatening ischaemia (CLTI)" better reflects the broad range of patients with reduced blood flow that are at risk of skin breakdown, delayed wound healing and increased risk of amputation. CLTI is also one of the "red flag" conditions in the NWCSP Lower

limb recommendations for care. While first line management of arterial issues such as intermittent claudication, should be in primary care and include supervised or unsupervised exercise and risk factor modification, those who fail to respond should be referred for revascularisation.

Since September 2021 the NWCSP has been working in collaboration with the Royal College of Surgeons (RCS) and the Vascular Society (VS) to address the challenge of appropriate and timely referrals into vascular services for people with lower limb wounds due to arterial and/or venous insufficiency. This issue was highlighted through our work with the NWCSP First Tranche Implementation Sites. Some sites have established referral pathways within well-integrated systems but in others, the pathways are less clear.

To improve referrals to vascular services for treatment of venous and arterial insufficiency, the NWCSP, RCS and VS has collaboratively developed referral form templates for all lower limb arterial and venous disease referrals into vascular services. The aim is to distinguish between urgent and non-urgent referrals to help services meet the demands of time-sensitive guideline recommendations for conditions that need to be seen very quickly as incentivised by the 2022/23 vascular CQUIN for patients with CLTI which recommends a timeframe of 5 days from referral to the vascular team to revascularisation for patients admitted urgently for CLTI.

The NWCSP, RCS, VS referral templates align to the global vascular guidelines (Conte et al, 2019) which focus on management of CLTI and provide a structured framework, and use of Wifl (wound, ischaemia, foot infection) score as a tool to aid clinical decision making and standardise approach. The referral templates will be available from the NWCSP website as a resource that can be downloaded and adapted by organisations to suit local needs.

The referral templates also support the 2022/23 CQUIN CCG14 for VLUs which includes referral



The NWCSP resources available at <https://www.nationalwoundcarestrategy.net/education-and-workforce/>

to vascular services as part of the indicator to drive quality improvement in care of people with venous disease. Any request for a vascular opinion, including via 'advice and guidance' routes will meet this aspect of the CQUIN indicator. More information about the leg ulcer CQUIN can be found on the NWCSP website. The NWCSP are also in the process of developing educational resources for Health and Care professionals in carrying out Vascular assessments in the lower limb, which will be further support this work on improving the quality of referrals into vascular services.

There are exciting times ahead. This initiative between the NWCSP the RCSs and the VS supported by a consultation with feedback from surgeons, community nurses, general practice and podiatry demonstrates how closer collaboration

across the health care system can improve patient care. Improving communication through improving the quality of referrals will support better working relationships between health and care professionals working in different services and thus improve the patient experience and optimise the best use of scarce NHS resources. WUK

REFERENCES

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