

# Best Practice Statement

Personalised self-care for people with venous leg ulcers: a toolkit for change

2023



What does 'self-care' mean?

Why self-care matters

Spectrum of self-care

The Dialogue Tool

Focus on venous leg ulcers

**BEST PRACTICE STATEMENT:  
PERSONALISED SELF-CARE  
FOR PEOPLE WITH VENOUS  
LEG ULCERS: A TOOLKIT  
FOR CHANGE**

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**Self Care Forum**  
Helping people take care of themselves

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# Foreword

Self-care is the ability of individuals to care for themselves, allowing them to take an active role to achieve, maintain or optimise their health and wellbeing. It refers to the collaborative partnership between clinicians and patients to support individuals to manage their ongoing health conditions themselves (Blackburn et al, 2021; Martínez et al, 2021). An increasing drive towards greater patient engagement and self-care has potential to benefit patients with wounds, especially in the case of chronic lower limb ulcers, where demand for care is growing due to the rising prevalence of wounds, reduction in available trained staff, increasing healthcare costs and unwarranted variation in the use of evidence-based care (Moore, 2016; Gray et al, 2018).

In 2017/2018, 560,000 people were diagnosed with a venous leg ulcer (VLU), and around two-thirds of wound care is delivered in the community, equating to 50% of the community nursing workload (Guest et al, 2020). However, these values may be an underestimate, as an estimated 25% of all wounds being managed within the National Health Service (NHS) lacked a recorded differential diagnosis in the patient's record.

The psychological, emotional and social impacts of coping and living with a VLU are wide-ranging, including pain, low self-esteem, social isolation, anxiety and depression (Hughes and Balduyck, 2022). It is evident that a change to the model of care provision for people with VLUs is needed, and self-care needs to be encouraged and promoted as early in the treatment journey as possible. Moreover, compression therapy (leg ulcer hosiery kits and adjustable compression wraps) is considered the gold standard for treatment of VLUs, and can be supplied to patients to self-care for their own wounds (Ousey et al, 2021).

A multidisciplinary group of experts convened for an online meeting in October 2022 to develop this Best Practice Statement, focusing on self-care for people with VLUs to improve patient outcomes. The group included experts within tissue viability, wound and vascular care, leaders within education and self-care, a health psychologist, and an expert in self-care within diabetes. The aim of this meeting and the resulting document was to learn from shared experiences and provide guidance on patient suitability and best practice, to reduce the pressure on all clinicians and healthcare providers working with VLUs, and ensure that all patients receive the appropriate level of support.

Following on from the Best Practice Statement on *Holistic management of venous leg ulceration* (second edition; Wounds UK, 2022), this document aims to:

- Outline self-care and its associated concepts
- Describe the potential benefits and potential challenges of self-care for patients and clinicians, the barriers to its widespread adoption and approaches to overcome these
- Clarify individual patient considerations and guide clinicians on assessing patient suitability, capacity and willingness to be involved in self-care
- Emphasise the importance of effective communication to optimise self-care, and provide a Dialogue Tool to support clinicians to promote self-care in the clinical setting
- Focus on self-care in the context of VLUs and compression therapy.

The guidance in this document aims to empower patients and improve outcomes, by equipping clinicians with a toolkit to effectively advocate for the inclusion of self-care, while potentially helping healthcare services to reduce the burden of wounds.

**Karen Ousey (Chair)**

## What does 'self-care' mean?

### REFLECT AND BE BOLD

Find out what the patient understands about self-care and encourage them to ask questions. Set realistic goals so that the patient feels confident to self-care and is not too quick to abandon it.

Defined as 'the practice of taking action to preserve or improve one's own health', self-care is a proactive, holistic and personalised approach that empowers individuals to actively engage in the management of their own physical and psychological health and wellbeing (Mills et al, 2018). Encompassing hygiene, nutrition, lifestyle, environmental and socioeconomic factors, and self-medication, self-care is the ability to care for oneself in the presence or absence of healthcare professionals (HCPs), family members and caregivers (Martínez et al, 2021).

Self-care opposes traditionally paternalistic approaches to healthcare, where all clinical decisions are based solely on the skills, knowledge and experiences of medical staff (Wounds International, 2016). In helping to move away from the vision of patients as passive and dependent recipients of care, the patient-centred model of self-care allows for consistent and effective patient-clinician communication, that supports and encourages patient involvement and shared decision-making.

A lack of consensus on defining and differentiating self-care concepts has led to terms being used interchangeably, creating confusion for the patient and the clinician as to their roles and responsibilities, which can have a direct impact on patient acceptability (Blackburn et al, 2021). Self-care, self-management and shared care have diverse and multidimensional definitions that have developed over time across a range of disciplines, and vary according to who is involved, what actions are required and what goals are wanting to be achieved.

In particular, important distinctions exist between self-care and self-management, where the latter is a way of enabling self-care and refers to the ongoing self-care practices by people living with a long-term health condition and, in the case of supported self-management, involves collaborative assistance and support of HCPs (International Self-Care

A single definition of self-care is not straightforward, and self-care means something different to each individual. It is the clinician's responsibility to find out what the patient understands about self-care and what self-care activities they are already engaging in, so that the clinician can work with the patient to create an individualised treatment plan.

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It is important to attempt to differentiate between self-care concepts. In doing so, professional roles can be clarified, avoiding confusion for the patient and optimising professional scopes of practice, which will ensure efficient and timely patient management. For example, types of self-care vary considerably in regard to approach, content, delivery, duration and target group. Terms may be used interchangeably; however, it is essential that the clinician discovers what self-care means to the patient and works with them to create a plan that reflects their needs.

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Foundation, 2022). **Box 1** lists some common terms around self-care that are often used interchangeably in the literature.

Self-care should always be personalised and tailored to the individual, taking into consideration their wants, needs and capacity to engage in self-care. There is no 'one-size-fits-all' approach to self-care; the clinician should listen to the individual and consider their preferences at every stage in their self-care journey, and advocate for them where necessary. Patient consent, capacity and understanding are essential to develop a therapeutic relationship between clinicians and patients, their carers and family members (Wounds UK, 2019).

Practitioners should establish what self-care the patient is already undertaking and assess

#### Box 1. Terms around self-care

- Self-care
- Self-management
- Self-regulation
- Self-efficacy
- Self-treatment
- Supported care
- Supported self-management
- Shared care
- Combined care
- Patient engagement
- Patient-centred care
- Patient involvement.

whether they have the willingness, physical and mental capacity and, if needed, the availability of a carer to apply recommended treatments such as leg hygiene, dressings and/or compression therapy (Wounds UK, 2018). While self-care has numerous benefits for clinicians (Box 2), overcoming both patient- and clinician-related barriers to self-care practices requires a multifaceted approach, involving optimising and improving clinical communication. This can be done by providing clinicians with checklists or tools to aid identification of patients that are suitable for self-care, and guidance on how to explore and discuss self-care options with patients (Moore and Coggins, 2021).

Self-care is not a 'one-size-fits-all' strategy; aiming for the right level of self-care and support that suits the individual is vitally important. Some patients may be more able or willing to engage in self-care than others, and not all patients want an active role in their health, in some cases due to age-related or cultural differences (Dowsett, 2021). Self-care can be viewed as a spectrum (in terms of patient suitability/capacity), to be tailored to the patient using individualised communication techniques, interventions and strategies. By providing

Before commencing a self-care plan, clinicians should work with individuals to establish their level of willingness and capacity, plus the support they have available (e.g. carers or family members).

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an appropriate level of support, the likelihood that the patient will adopt the self-care behaviours is increased.

In the UK, the Self Care Forum describes self-care as a continuum and have devised a sliding scale to illustrate its comprehensive definition (Figure 1; Self Care Forum, 2022). The self-care continuum is a person-centric model, which demonstrates the breadth of self-care from day-to-day decisions (e.g. teeth brushing, eating healthy and exercising) to lifestyle choices for disease prevention and alleviation of short- and long-term conditions e.g. VLU. At the opposite end of the spectrum, HCPs are entirely responsible for the care and wellness of patients, until they reach a stage of recovery in which participation in self-care is possible.

### Box 2. Benefits of self-care for clinicians

- Better planned, coordinated and convenient care
- Reduced cost burden with fewer visits and dressing changes
- Clinicians can focus on patients with more complex needs and wounds, who are unable to self-care
- Reduces stress, improves wellbeing and replenishes clinicians' capacity to deliver compassion and empathy
- Encourages and promotes a more sustainable practice
- The clinician and the patient have a shared goal, resulting in a stronger relationship
- Improved reporting, as the patient understands their wound better and can give more accurate updates to the clinician.

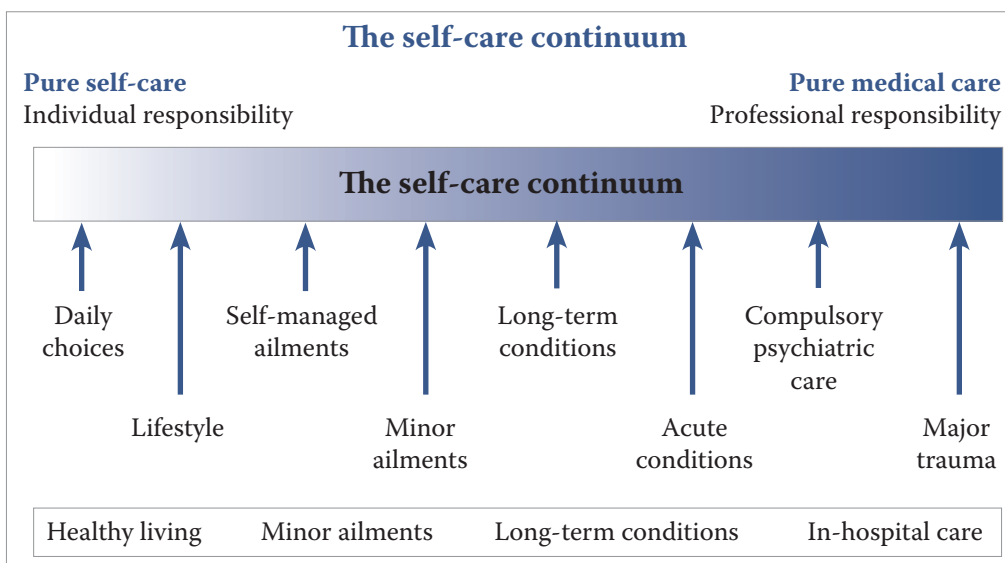


Figure 1. The self-care continuum (Self Care Forum, 2022)

### MYTH

Encouraging patients to self-care will make clinicians look and feel redundant, less important and uncaring.

### TRUTH

Self-care is not about leaving people to cope on their own. Clinicians have an essential role to play in empowering individuals to take control of their treatment and helping patients to nurture positive attitudes towards self-care.

Nonetheless, healthcare providers are ideally placed to promote patient engagement with interventions such as self-care.

### Patient engagement

Patient empowerment, patient engagement and patient involvement are all terms that encompass the approach to support and encourage patients to make informed decisions regarding their health and treatment. Collaborative working is the bedrock of self-care and patients who feel empowered within their care are more likely to engage with both their short- and long-term treatment plan (Moore, 2016; NHS England, 2019).

Patient engagement is an integral component of healthcare, which engages patients in an open dialogue about their health condition(s), health needs, personal values and preferences. The World Health Organization (WHO) describes patient engagement as 'the facilitation and strengthening of the role of those using services as co-producers of health, and health care policy and practice' (WHO, 2016); however, factors affecting patient engagement include those relating to patients (e.g. demographic information, characteristics and health literacy), health conditions (e.g. illness severity), HCPs (e.g. knowledge, skills and attitudes), and the healthcare setting (whether primary or secondary).

Education is the backbone of patient engagement and individuals should be provided with information about their care, which needs to be tailored at an appropriate level to the individual. Giving patients opportunities to ask questions will also help encourage an accepting environment where the patient feels safe, supported and able to speak up and share their own story (World Union of Wound Healing Societies [WUWHS], 2020; Wounds UK, 2021a).

### Family and carers

In helping to raise awareness of the importance of early self-applied compression therapy, education and training of patients' families and carers is critical to improve patient engagement (Wounds International,

## REFLECT<sup>AND</sup> BE BOLD

While many self-care interventions target individuals only, a full self-care approach encompasses a variety of behaviours that can involve family members, carers, partners, friends and neighbours. Therefore, clinicians should strive to improve partnerships and increase communication with patients' families and friends.

2016; Riegel et al, 2021). Furthermore, patients with wounds report a higher degree of confidence in shared care practices when they have the support of a family member or friend to help (Wilde, 2020).

The multi-disciplinary team (MDT) includes, but is not limited to, family, friends, informal carers and relevant HCPs, and forms an essential part of a patient-centred treatment plan. In keeping the person at the centre of all decision-making, it is important for everyone's roles and responsibilities to be clearly communicated, and to involve family in setting expectations and agreeing treatment goals, so that everyone is on the same page following discussions about prognosis and preferences (Wounds UK, 2019).

### Quality of life

As a multidimensional concept that represents a person's wellbeing, quality of life (QOL) is an essential measure that helps capture the impact of a health condition or its treatment, patients' perspectives of their disease, their perceived need for healthcare and their preferences for intervention (Carr and Higginson, 2001; Carfora et al, 2022).

Research has demonstrated that self-care of wounds may offer QOL gains that might otherwise be unachievable, with people who partake in self-care describing positive physical, emotional, lifestyle and financial effects on their QOL that were attributable to self-care behaviours (Kapp and Santamaria, 2020). Individuals engaging with self-care plans have described improvements in pain management and wound healing, reduced time spent worrying about infection, resolved dissatisfaction with professional

care, minimised time spent receiving care, and reduced financial costs and expenses associated with wound dressings and healthcare (Kapp and Santamaria, 2020).

Integrated care interventions aimed at improving patient QOL are vital to enable people to live healthy and fulfilling lives. Chronic wounds are often painful, with negative consequences on physical, emotional, social and lifestyle domains of QOL (Kapp and Santamaria, 2017); however, self-care has been shown to significantly improve patient outcomes, with enhanced QOL, symptom control and satisfaction, fewer hospitalisations and longer lifespans (Jonkman et al, 2016).

### Patient activation

Patients can be supported to self-care by increasing patient activation, which is defined as 'the patient's knowledge, skills and confidence in self-managing health conditions' (Gao et al, 2019). It is a holistic, behavioural concept at the heart of patient empowerment, recognising that individuals are at different stages in their journeys towards adoption of self-care strategies. Patient activation measure (PAM) is a robust evidence-based tool that has been validated globally and is widely used within the NHS (NHS England, 2018a; Janamian et al, 2022).

Once equipped with a PAM score, the clinician can tailor and individualise care to the patient, helping them achieve better self-care, become more active where possible and carry out activities of daily living,

depending on activation level. Evidence has shown that patient activation can improve public health, with cost-effective benefits on healthcare systems and improved patient outcomes (Roberts et al, 2016; Barker et al, 2018).

Tailoring care according to measures such as patient activation is useful for HCPs, especially where socio-cultural factors compound the issue of patient engagement. Successful patient engagement requires building a therapeutic relationship on the basis of social, cultural and clinical knowledge (Sheridan et al, 2015). Therefore, the delivery of culturally-appropriate care is paramount in regard to self-care, as some patients may embrace western notions of independence, while others from non-western, cultural backgrounds may prefer to engage in activities that value interdependence (Darawsheh and Chard, 2015). Maintaining respect for individual preferences, and being sensitive to people's cultural identities or heritage, will help to encourage patient participation and is relevant to person-centred care, dignity and respect, and requirements for patient consent.

### MYTH

A patient can only self-care if they are fully independent.

### TRUTH

Anyone can self-care if they have been assessed as being both capable and willing to be involved. Clinicians and patients should be honest and open with each other about what level of engagement in self-care is appropriate, and to be mindful that this can change over time.

## Why self-care matters

### MYTH

Self-care, in the context of caring for venous leg ulcers, is only about taking care of your physical health.

### TRUTH

Self-care can help an individual feel better in several areas of their life. It is all about caring for people's physical, social, mental, emotional, spiritual, recreational and practical needs. Clinicians need to uncover what matters most to the individual and how best to support them.

It cost the NHS £8.3 billion to manage an estimated 3.8 million patients with a wound in 2017/2018 (Guest et al, 2020). Annual prevalence of wounds increased by 71% between 2012/2013 and 2017/2018, and there has been a substantial rise in resource utilisation attributable to wound management, including 54.4 million district/community nurse visits, 53.6 million healthcare assistant visits and 28.1 million practice nurse visits in 2017/2018.

Self-care is more important now than ever before; particularly in VLU care, as it is easier for patients to manage their own care using leg ulcer hosiery kits and compression wrap systems than it used be solely with bandages (Wounds UK, 2016). A clear direction for the NHS has been set, including its ambition to 'support people to manage their own health – staying healthy, making informed choices of treatment, managing conditions and avoiding complications' (NHS England, 2014). The NHS aims to work more collaboratively with the voluntary sector, local communities and primary care to design and invest in evidence-based approaches to self-care and social prescribing, including implementing group-based education for people with specific conditions, facilitating educational courses on self-management and encouraging independent peer-to-peer community work (NHS England, 2017).

A fundamental challenge facing healthcare providers and services is a change in patients' health needs and personal preferences, with many people wishing to be more informed and involved in their own health (NHS England, 2014). Since ongoing self-care can reduce recurrence rates and associated complications (Guest et al, 2015), there is an urgent need for HCPs to offer opportunities for better health through self-care. It is evident that structural changes are needed across healthcare services to manage the increasing demand for wound care, focus on healing wounds and improve outcomes

Self-care in people with wounds could include activities such as wound cleansing, wound inspection, taking a photograph of the wound, applying/removing wound dressings and/or applying/removing other therapies (e.g. compression).

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and QOL for patients. To reduce the health economic burden and impact of acute and chronic wounds, nationally agreed wound care strategies and care pathways also need to be implemented to relieve the burden on clinicians and healthcare providers or services, reduce variation in practice, free up healthcare resources and improve wound care and patient outcomes (House of Lords, 2017).

Self-care focuses on a person's goals, not what professionals think those goals should be. Supported self-management is a part of the NHS Long Term Plan and is included in the comprehensive personalised care model, which is a whole-population approach, providing proactive and universal support to people of all ages with long-term conditions (Figure 2; NHS England 2019; 2020a). The model delivers intensive and integrated approaches to empower people with more complex needs, bringing together six evidence-based and inter-connected components including (NHS England, 2020a):

- Shared decision-making
- Personalised care and support planning
- Enabling choice, including legal rights to choose
- Social prescribing and community-based support
- Supported self-management
- Personal health budgets and integrated personal budgets.



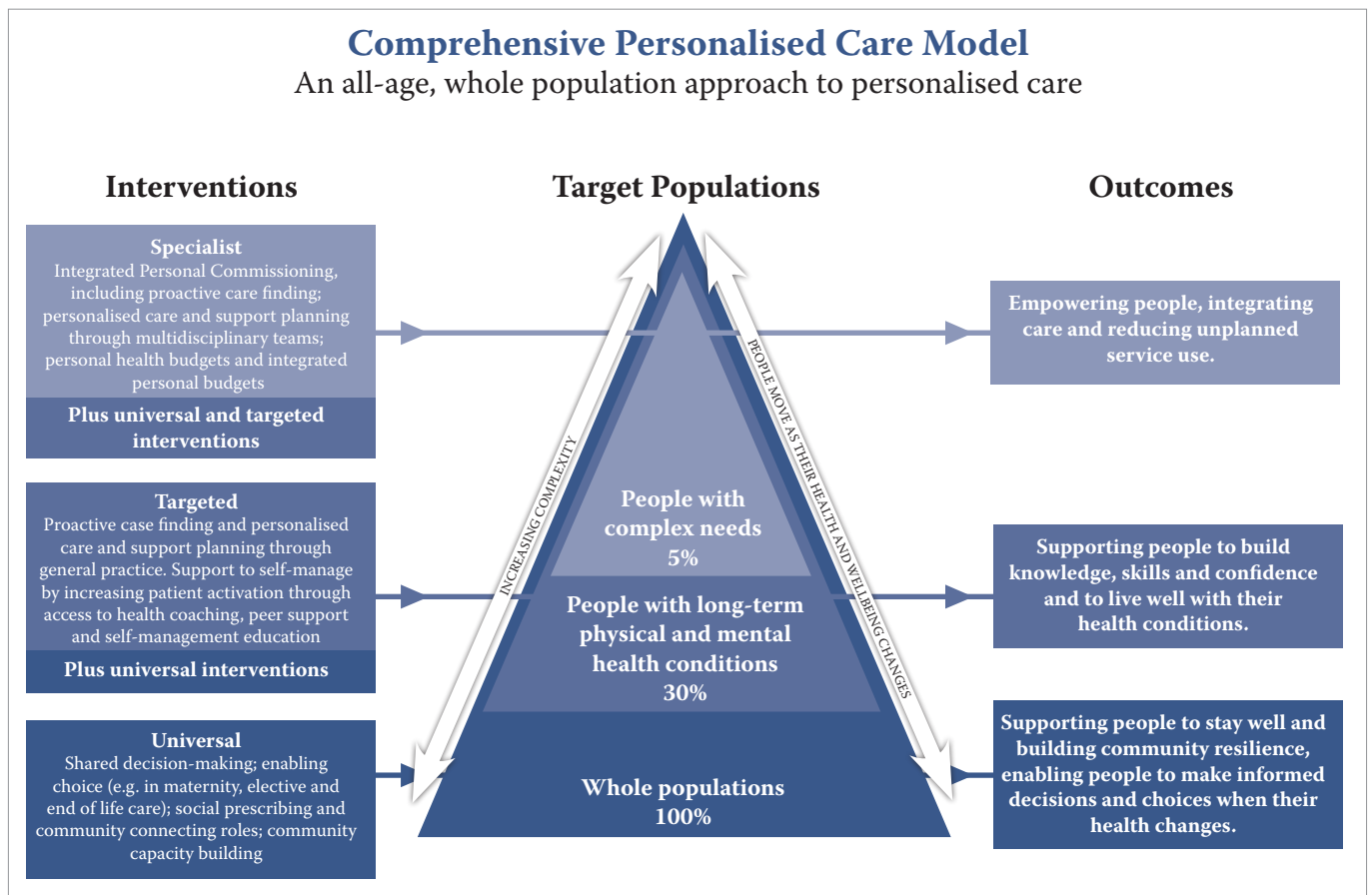


Figure 2. Comprehensive model for personalised care (NHS England, 2020a)

A shared-care model that supports self-care could prevent disengagement of patients from healthcare services.

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#### Lessons learned from the COVID-19 pandemic

The COVID-19 pandemic amplified opportunities for greater patient engagement through self-care (Moore and Coggins, 2021). As well as self-care becoming increasingly prevalent, consequences of the pandemic included a reduction in patient visits, delayed or postponed aspects of care causing an increase in wound severity, an elevated risk of pressure ulceration, an increase in virtual consultations, an uptake in digital health services, and changing mental health and patient care requirements, often leading to caregiver and patient burnout (Queen and Harding, 2022). The pandemic necessitated a push towards self-care, with mixed results.

Lessons have been learned and there needs to be a balance between encouraging patients to manage their own care and ensuring that patients have the support they need.

Despite its impact on service delivery, the COVID-19 pandemic has provided a unique opportunity to assess healthcare provision and how care is delivered to patients. Use of technology (e.g. telecommunication, video/telephone consultations, texting and emailing) has helped maintain correspondence between clinicians and patients during lockdown and, even where face-to-face contact was taking place, many individuals were reluctant to visit clinics or allow healthcare staff into their homes due to shielding requirements (Fletcher et al, 2021).

Self-care was a matter of necessity when the COVID-19 pandemic peaked, especially in the case of stratifying capability and capacity to decide which patients could benefit the most from increased self-care. Anecdotal evidence

### REFLECT <sup>AND</sup> BOLD

Clinicians need to move away from the mindset of 'ritualistic' practice (i.e. doing things because 'this is how we have always done them'). By relaxing control and trusting patients to complete tasks related to their health and wellbeing for themselves, clinicians can support patients to optimise their outcomes while remaining a vital contact for the patient in case they need additional support.

### MYTH

Self-care means that the patient will never see the clinical team again.

### TRUTH

Self-care means that the clinician and patient work in partnership to manage the leg ulcer. Self-care is an approach to encourage patients to engage in their own care with support from the multidisciplinary team, and help to promote a continuity of care between services.

suggests that, in some cases, inappropriate patients were selected and asked to self-manage without an assessment for capacity, or provision of tools necessary to self-care effectively, and this may have been used as a way for clinicians to abandon 'difficult' patients (Fletcher et al, 2021). Self-care should not be viewed as an 'excuse' to remove care from the most challenging patients, as these individuals tend to be more vulnerable and require increased contact, attention and support.

The COVID-19 pandemic fast-forwarded the need to embrace self-care activities and more patients were willing to self-care, bringing about the establishment of a shared care delivery model that ensured adequate dressing provision, clinical review and support (Adderley, 2020; Hallas-Hoyes et al, 2021). However, clinicians need to bear in mind at all times that patients vary in terms of skills, expertise and willingness to self-care. Some patients are experienced and well-equipped in managing their health, while others may require more support and education. Patients also have varying levels of resilience, with a different frame of reference to clinicians, who are used to seeing a large number of wounds of varying severity on a daily basis; however, patients who had to self-care during the pandemic, many of whom not out of choice, demonstrated increased confidence levels, and it is therefore critical to keep the momentum going and accelerate nationwide implementation of self-care strategies (Fletcher et al, 2021).

#### Benefits of self-care for clinicians

Evidence exists to suggest that VLU management in the NHS is an inconsistent service (White et al, 2016). Sustainable practice relies on improved working environments and integrated care, and self-care in clinical practice can lead to better planned, coordinated and convenient care (British Medical Association, 2019). Trust is fundamental to the clinician-patient relationship, but it isn't always straightforward, and clinicians may be reluctant to relinquish a paternalistic role, with concerns that encouraging patients to self-care will make them feel redundant, 'lazy'

While the COVID-19 pandemic may have necessitated patient self-care, it is important going forward that all individuals are assessed for their capacity and willingness to self-care, and to ensure that adequate support is in place.

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or uncaring (Moore and Coggins, 2021). However, self-care has numerous benefits for clinicians, including reduced costs with fewer visits and dressing changes, released nursing capacity, more time spent with patients with more complex needs who cannot engage in self-care, and stronger clinician-patient relationships as self-care solutions encourage both the clinician and patient to work towards a shared goal (Hallas-Hoyes et al, 2021).

As well as providing clinicians with a checklist that they can use to help decide whether a patient has capacity to self-care, training on self-care solutions needs to be provided, so that clinicians are confident in promoting the benefits of self-care to patients and anyone in their support network. Concerns that the patient makes a wrong decision, misses something important, or tries to manage their wound when they should be seeking medical advice can prevent clinicians from embracing the uptake of self-care. Likewise, since the clinician remains legally responsible for the patient when they are self-caring, protocols are needed to give reassurance to clinicians on the threat of litigation if things go wrong. Nevertheless, clinicians should keep in mind that people's attitudes towards self-care are largely positive, and the majority agree that it is important for individuals to take more responsibility for their own health (Proprietary Association of Great Britain, 2016).

#### Self-care in diabetes and learning from other disciplines

Interdisciplinary knowledge is paramount and it may be useful for wound care professionals to look to other disciplines for examples of successful self-care strategies. In particular, diabetes is well-established as a largely self-managed condition, and

approximately 95% of care is provided by patients themselves (Diabetes UK, 2009). In the field of diabetes, it has been recognised that self-management does not mean leaving people on their own to manage their conditions but instead, involves health and social care professionals, peers and family members to provide relevant support to the individual when needed. Although a person with diabetes may only have contact with a HCP for a total of a few hours per year, their condition becomes a part of their life, as is the case for some people with chronic venous insufficiency. However, if clinicians deliver care to the right patients at the right time, the first time around, they can achieve healing and complete wound closure in a significantly shorter period of time.

Diabetes UK (2009) has identified that people with diabetes want high-quality tailored information, access to structured education, personalised care planning, emotional and psychological support from peers, family, friends and carers and access to HCPs and trained specialist advice when requested. During the COVID-19 pandemic, the NHS launched several web platforms, online self-management support programmes and structured education pathways to provide ongoing awareness, education, training and support to people living with diabetes (NHS England, 2020b).

By learning from other disciplines that have already progressed in terms of acceptance and facilitation of self-care, wound care professionals will be better informed to help design and restructure services to create a person-centred infrastructure that is built around the person's personalised needs.

### Benefits of self-care for patients

Patient empowerment is more important than ever and has numerous advantages for patients, including enhanced physical and emotional wellbeing, improved motivation and increased knowledge about health and illness (Moore, 2016; Box 3).

### Individual patient considerations

Some individuals may be scared or wary of self-care as they often presume it

Clinicians developing self-care strategies for their patients within wound care may look to other disciplines (e.g. diabetes) for successful implementation of self-care.

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It is important to remember and communicate to patients that self-care does not mean 'less care.' Some patients may feel more positive, empowered and enthusiastic about being more engaged in their care, while others may feel unsure and unconfident in their abilities to self-manage. The clinician needs to emphasise to the patient that self-care is a partnership between them and that a multidisciplinary team will be available to provide support and advice throughout the patient's self-care journey.

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means that they will receive no support; therefore, it is the clinician's responsibility to put a suitable plan in place that suits the individual and makes them feel supported, while being empowered to be involved in ways they can/would like. Notably, it is paramount to set boundaries for what is appropriate. During the COVID-19 pandemic, the following inclusion criteria were used to screen patients for suitability for self-care (WSCCG Medicines Management Team, 2020):

- Patient is willing to undertake self-care of their wound themselves or by their carer
- Carer is willing to undertake the procedure and has been assessed as being able to
- There is agreement from the healthcare team that it is appropriate for the patient and/or carer to undertake self-care of their wound
- The patient/carers receives the necessary training and is considered competent by a HCP and feels confident to perform the procedure.

Defined as the patient's decision to accept, reject or modify their treatment, adherence refers to the way in which a patient can

### Box 3. Self-care benefits for patients (Kapp and Santamaria, 2017; Goh and Zhu, 2018; Wilde, 2020; Moore and Coggins, 2021)

- Patients feel more positive, empowered and enthusiastic about their care
- Patients gain independence and are able to engage with treatment at a time that suits them
- Patient convenience (patients no longer have to wait around for appointments or for a nurse to visit them, and they do not need to take time off work for these appointments)
- Patients achieve freedom and flexibility (self-care is integrated into daily activities, which is especially useful for patients with multiple family, work and social responsibilities)
- Patients save time and money on transport to and from the clinic
- Patients gain autonomy and more control, which can improve their self-worth
- Patient privacy (no need for a new nurse to enter their home and examine them at each appointment)
- Patients may experience less pain than if they received professional care, as they are aware of their own tolerance and preferences.

engage in clinical decision-making and participate in their care (Anderson, 2012). Patient adherence can be influenced by motivation, health beliefs, social and economic factors, previous experience with self-care and attitudes of friends, family members and healthcare staff around them. To help encourage adherence and improve patient engagement through self-care, clinicians should recognise the importance of strengthening their communication skills to improve their conversations around self-care. A checklist has been created for clinicians to follow when considering and overseeing self-care solutions for patients [Box 4].

#### **When self-care is unsuitable**

Not all patients are able to self-care and evaluating capacity and capability is essential. This includes assessment of psychological/mental health and physical capacities and checking for learning difficulties, impairments of sight and issues with hearing and manual dexterity that could impact patient self-care (Box 5). Clinicians need to bear in mind that capacity can change and may deteriorate over time. However, an individual's capacity to self-care may also improve, as the patient becomes more comfortable with their wound and gains trust in their clinician. Therefore, capability should be reassessed regularly (Wounds UK, 2019). Some patients may not want to self-care and may rely on the support gained from regular clinician visits/appointments. Moreover, self-care may be unsuitable in situations where there are safeguarding concerns that carers may not undertake self-care activities in the best interests of patients. It is important to remember that self-care can be taken to the extreme and

become a limiting experience for patients, and it is through conversations with the patient that the clinician can determine whether the patient has the capacity and capability to self-care or not.

It is critical that patients are not labelled or seen as 'difficult'. Challenging behaviour from patients can make it hard for clinicians to deliver good care safely; however, these actions are often a sign of fear, anxiety or distress and can represent an unmet need (e.g. being unwell or in pain, misuse of alcohol and/or drugs, communication or language difficulties and previous poor experiences with healthcare; WUWHS, 2020). These patients may not intend to be uncooperative, aggressive or even dangerous, and remaining calm and providing good communication, compassion and trust will help clinicians to navigate more challenging situations (WUWHS, 2020).

Additionally, clinicians should move away from using terms such as 'non-concordant' and 'non-compliant' to describe patients. These are unhelpful labels that have been criticised for suggesting unequal, unsympathetic and paternalistic relationships between clinicians and their patients (Rae, 2021). If a treatment does not work or the patient is unable or reluctant to engage with their treatment, there needs to be a joint discussion between the clinician and the patient to explore alternative approaches. Through meaningful discussions, the clinician should explore why the patient isn't engaging, to establish what self-care the patient is already undertaking and has the willingness and physical and mental capacity to undertake (Wounds UK, 2018).

Clinicians can identify the right level of patient involvement by communicating with the patient to understand their condition, identify fears and areas of concern, establish what is important to them and assess their willingness to be involved in supported self-care.

#### **Best Practice Statement**

#### **Psychosocial aspects to self-care**

Clinicians need to remember social responsibility and realise that some patients might benefit more from community care than self-care. Unlike community care, self-care puts the onus of health promotion on a single individual; however, the reality is that collective wellbeing depends on both individual action and support from communities. It is also important for the

**Box 4. Checklist for consideration and management of patients for self-care solutions (Wounds UK, 2016; WSCCG Medicines Management Team, 2020)**

- Self-care should be encouraged but not forced
- Patients must be willing and able to be involved, depending on skill level, mobility, dexterity and mental/physical capacity
- Family and carer involvement should be considered
- Patients should be prescribed a compression system that fits their clinical, physical and personal needs, and this should be reviewed regularly as different levels of compression may be required
- Care plans should be discussed in detail with patients/carers so that they better understand what is required of them
- Patients/carers should be provided with the tools to enable them to describe and monitor the condition of the patient's wound
- Patients/carers should have a safe environment to facilitate self-care at home, and be given the necessary equipment and dressings available for the length of time required
- Dressing change frequency should be determined by clinical judgment and communicated with the patient
- Patients/carers should be provided with written information (e.g. leaflets), and passports to support communication across primary and secondary care
- Patients/carers should be educated on the importance of self-hygiene and skin-care and be supported to engage with a self-hygiene and skin care routine
- If appropriate, patients/carers should be educated on the importance of movement and be supported to engage with an exercise plan
- Patients/carers should be provided with a wound care diary to document the self-care performed and monitor any changes
- Telemedicine options (online video calling, apps and smartphone support) should be used if considered appropriate
- Patients/carers should be made aware of possible concerns and red flags (including signs and symptoms of wound infection, and deterioration, with the correct steps to take), how to seek help and who to contact
- Follow-up appointments must be arranged in agreement with patients/carers to review the wound, prescribe further stock and ensure patients/carers have the capacity to continue to engage in self-care
- Care plans should be re-evaluated, and additional support offered if patients' conditions deteriorate, or patients/carers are no longer able to perform self-care.

**Box 5. Situations where self-care is unsuitable**

- The patient is assessed as not having the capacity/capability to self-care through assessment of physical and mental health
- There are safeguarding concerns that carers or family members may not undertake self-care activities in the best interests of the patient
- The patient has symptoms, or is presenting with red flags, that suggest their condition cannot be managed with self-care
- Any other situation where the clinician believes that circumstances exist that warrant deviation from self-care.

clinician to make sure the patient has enough support, and to promote public health awareness through initiatives that encourage people to embrace self-care and involve patients and carers in shaping and restructuring services.

Furthermore, some individuals may be reluctant to talk about their circumstances due to worries (e.g. fears that they will be judged, or practical and financial concerns

such as losing their benefits). Conversations around benefits and/or money and personal circumstances can be difficult, but clinicians can be ideally placed to have these discussions, and help their patients to understand what help they are eligible to receive and how it can be used. However, patients can be referred to individual members of the MDT who, with their unique perspectives and expertise, may be better placed to have these discussions with patients.

Benefits including attendance allowance, which helps with extra costs of long-term illness or disability, and personal independence payment are not means-tested and can be used by patients to pay towards the cost of care. Other help and support that is free and available to everyone

**REFLECT AND BE BOLD**

Assessing patients for capacity and capability to self-care includes effective communication and an assessment of medical history, physical health, function, nutrition status, medication and a cognitive/psychological evaluation.

**MYTH**

Self-care is hard work for patients and clinicians.

**TRUTH**

It takes time to teach patients how to care for their wound, and to build new habits. However, clinicians should remind patients that caring for themselves can quickly become second nature and a normal part of their everyday routine.

### Box 6. Benefits of social prescribing (Office for Health Improvement and Disparities, 2022)

- Increases people's control over their health, wellbeing and lives
- Improves people's sense of belonging when they get involved in community groups
- Targets the causes of health inequalities and is an essential component of community-centred practice
- Often meets different types of non-clinical needs (e.g. tackles loneliness and delivers support and advice to those experiencing debt, unemployment, housing or mobility issues)
- Reduces pressure on the NHS by directing people to more relevant services and community groups
- Addresses barriers to engagement and allows people to play an active role in their care.

includes some equipment and home adaptations, support after coming home from hospital (also known as intermediate care or reablement), NHS continuing care (for people with serious disabilities or illnesses) and NHS-funded nursing care (NHS England, 2022a).

### Social prescribing

Social prescribing is a key component of universalising personalised care. These initiatives connect people to a link worker who utilises a holistic approach to health and wellbeing by connecting patients to an activity, group or service in their community and taking time to understand what matters to individuals. Social prescribing measures have already been shown to work for diverse groups of people, including people who have one or more long-term conditions, require mental health support, are lonely and/or socially isolated or have complex needs that affect their wellbeing (NHS England, 2022b).

The NHS Long Term Plan anticipates that every GP practice in England will have access to a social prescribing link worker, and that 900,000 people will be referred to social prescribing by 2023/2024 (NHS England, 2019). To facilitate national roll-out of social prescribing, especially in the context of acute and chronic wounds, further insights are needed into how link workers can be embedded within a MDT to support patients, and how partnerships can develop between the NHS and the voluntary and community sector (The King's Fund, 2017).

The Lindsay Leg Club Model is an example of a cost-effective social prescribing approach to lower limb management, providing a unique solution to the evidence that cites a correlation between social isolation and disengaged patients (Lindsay, 2017). The model is an approach in which patients/members are stakeholders in their care and are empowered, with the support of peers and healthcare staff, to make informed decisions regarding their treatment. Collaborative working is the foundation of each leg club, with members and nurses working in unison in an open environment where interactive learning is encouraged. Patients/members attend

to have their wounds looked at, undergo treatment and have open discussions with healthcare staff about issues relating to their care and treatment. In addition, leg clubs treat socially isolated people collectively, by providing a venue for interaction and connecting individuals to peer support and positive role models.

As is the case with the Lindsay Leg Club Model, social prescribing initiatives can free up nursing resources, eliminate home visits, limit travel costs, reduce the need for duplication of equipment and simplify planning and administration processes. Leg clubs have been successful in preventing recurrence and increasing wound healing rates with significant QOL gains (Lindsay, 2018). Additional benefits of social prescribing measures are listed in [Box 6](#).

### Health coaching

Health coaching is a supported self-care term that takes a goal-orientated and client-centred approach, fostering collaboration rather than confrontation, to guide and encourage people to change their behaviour and make healthcare decisions based on what matters most to them (Baxter et al, 2014; NHS England, 2020c). Although self-care and supported self-management are often used interchangeably, [Box 7](#) highlights the differences between the two terms.

Health coaching is a subset of self-care that is defined as the process of 'helping people gain and use the knowledge, skills and confidence to become active participants in their care, so that they can reach their self-identified health and wellbeing goals'.

While wound healing is often viewed as the primary goal of clinicians, patients are often more concerned about the impact of the wound on their social wellbeing. By connecting patients with community-based support, initiatives such as social prescribing can provide people with practical and emotional support in the community, helping to improve their confidence and reduce social isolation.

### Best Practice Statement

**Box 7. What is the difference between self-care and supported self-management?**

Self-care is an all-encompassing umbrella term referring to any activity an individual takes to care for their mental, emotional and physical health. Self-management is a subcategory of self-care that is usually used in relation to long-term, chronic health conditions and managing the symptoms, treatment, physical

and psychosocial consequences of these. While self-care is based on individual choice and includes acts we do to keep ourselves healthy, self-management – especially supported self-management – involves activities that are often guided by the support of family, community and healthcare professionals.

The clinician, when appropriate, should use a trainer and teacher model rather than a paternalistic approach, which can limit a person's involvement, liberty and autonomy.

Health and wellbeing coaches predominantly use health coaching skills to coach, motivate and empower people through multiple sessions, identifying their needs, setting individualised and attainable goals and helping them implement their personalised care plan (NHS England, 2022c). The intent of health coaching is to reduce health risks, improve self-management of chronic conditions and increase QOL for patients.

Scenario-based teaching and motivational interviewing are further approaches that can be used and integrated as part of a comprehensive health coaching approach (Simmons and Wolever, 2013). Motivational interviewing is a communication technique and interpersonal style aimed at helping people make a commitment to change. In addition to standard wound care, motivational interviewing has been shown to significantly improve the wellbeing of people with chronic wounds (Baxter et al, 2014).

# The Dialogue Tool

## MYTH

Self-care is all-or-nothing.

## TRUTH

Self-care looks different for everyone. It is not an all-or-nothing endeavor. For patients, self-care could be as simple as making a treatment choice. At the other end of the spectrum, more willing and capable individuals can be supported to change their own dressings and apply different compression systems safely. Starting small may be the best approach to avoid overwhelming patients.

Tools are available to enable effective communication to support self-care and facilitate better conversations with patients. The Dialogue Tool, developed by Lohmann & Rauscher (L&R), aims to support clinicians to have more meaningful discussions with patients (L&R Medical UK, 2022; See Appendix 1 for the Self Care Delivery Model).

Good communication is the foundation of the Dialogue Tool [Figure 3]. It is critical to set the right tone when engaging in conversations with patients about their health and wellbeing. Two-way communication helps patients feel welcomed, valued, supported and encouraged to be open with clinicians about how they are feeling. Clinicians need to be mindful of the verbal and non-verbal language they use, and recognise that some words, phrases and descriptions are potentially problematic. By setting the right tone from the outset, clinicians will help

Try to avoid jargon and language that infers prejudice or attributes blame and make an effort to use person-centred language that is collaborative and engaging.

## Best Practice Statement

patients feel more positive about the outlook of their condition, which could motivate them to make changes to their behaviour and lifestyle to help manage their condition more effectively.

Self-care can be a daunting concept to some patients, so clinicians need to frame conversations in a way that prevents patients from feeling overwhelmed. Clinicians should keep conversations about self-care positive and helpful, and be careful not to unintentionally imply that the patient has been 'lazy' with taking care of themselves [Figure 4]. By asking open-ended questions,

<b>Avoid...</b>	<b>Try instead...</b>
<p><b>Using judgemental or negative language</b></p> <p>Ensure that you don't use language which assigns judgement to the patient. It's also important not to 'threaten' them with negative consequences to actions or inactions.</p>	<p><b>Speaking empathetically</b></p> <p>Try to see the patient's point of view of their condition, and develop an empathetic language style. This will help them feel that you understand them, and that their thoughts and opinions are valid.</p>
<p><b>Attributing blame or responsibility</b></p> <p>Try not to attribute blame to a person for the development or worsening of their condition.</p>	<p><b>Remaining 'person-centred'</b></p> <p>Separate the person from their condition, and avoid labelling patients as 'suffering from' their condition - for example, 'living with' is a more positive alternative.</p>
<p><b>Inferring generalisations, stereotypes or prejudices</b></p> <p>Don't use language which attributes any generalisations or stereotypes to your patient or their background.</p>	<p><b>Optimising your non-verbal communication</b></p> <p>People can communicate information in numerous ways, so pay attention to eye contact and facial expressions, and be considerate of personal space.</p>

— | SQUEEZE IN | —

LEADING THE  
SELF-CARE REVOLUTION

**L&R** Lohmann & Rauscher

Figure 3. Dialogue Tool: Principles of good communication (L&R Medical UK, 2022)



the clinician can find out what the patient already knows about self-care, giving the patient an opportunity to raise concerns, ask advice and have any misconceptions corrected by the clinician. Open-ended questions enable the patient to pause, think and reflect before responding, and answers are more likely to include personal feelings, opinions and ideas. Clinicians need to emphasise to patients that self-care is a collaboration between the patient, the clinician and other members of the wider MDT, and that the patient will not be left to cope on their own or be made to feel like a 'burden'. Discussions around self-care should be kept optimistic and clinicians need to acknowledge when positive actions have been taken by the patient, allowing them to work in cooperation to make plans and set goals for what to do next.

Clinicians need to use more inclusive and values-based verbal, written and non-verbal language (Box 8), and move away from using terms such as 'hard-to-heal' and referring to people as 'chronic wound patients' [Figure 5; NHS England, 2018b].

Use positive communication and open-ended questions to facilitate conversation and help the patient.

### Best Practice Statement

Inclusive and person-first language should be used to avoid labelling individuals.

### Best Practice Statement

## REFLECT <sup>AND</sup> BE BOLD

When the patient has finished talking, ask an open-ended question that refers, or is related, to what they have said. This keeps the conversation flowing in a focused, open and engaging way.

### Box 8. Verbal, written and non-verbal language

- Verbal: pitch, tone, speed and content
- Written: factual, clear, precise and easy to understand
- Non-verbal: facial expressions, posture, gestures and physical touch, and eye contact.

## Be positive.

Try and focus your conversation on what your patient has achieved already in tackling their condition, e.g.

***"well done for coming to see me so quickly when you noticed the discolouration on your ankle, that was the right thing to do!"***

and on the potential for improvement in their condition moving forwards.

## Be understanding.

Your patients may have felt misunderstood when talking about their condition to those around them, or to other clinicians before. People will have different experiences with their conditions, so try to see things from their point of view and avoid 'shutting them down' or invalidating what they are telling you.



— | **SQUEEZE IN** | —

LEADING THE  
SELF-CARE REVOLUTION

**L&R** Lohmann & Rauscher

Figure 4. Dialogue Tool: Keeping conversations open and positive (L&R Medical UK, 2022)

Figure 5. Reframing conversations with patients (adapted from L&R Medical UK, 2022)



**Box 9. Principles for good practice for interaction between clinicians and patients (NHS England, 2018b)**

- Be mindful that language, both verbal and non-verbal (body language) can have positive or negative consequences
- Recognise that some words, phrases and descriptions are potentially problematic
- Use language that is free from judgement and prejudice and is inclusive, values-based, person-centred and collaborative
- Avoid language which attributes blame or shame
- Avoid language that infers generalisations or stereotypes
- To ensure a collaborative approach, remember to speak with carers and family members of the patient.

Adopting person-first language avoids labelling individuals as their disease and, instead, talking about an 'individual with a wound' rather than 'a venous leg ulcer patient'. Clinicians should also make sure to describe a patient as 'living with a wound' rather than 'suffering with a wound'. **Box 9** summarises some important considerations for clinicians to bear in mind when having conversations with patients.

Personalised care involves asking patients 'what matters to you?' alongside 'what's the matter with you?'. This approach is about listening and understanding what matters to a patient within the larger context of their life and overall wellbeing. Alternative ways of asking 'what matters to you?' include 'what's important to you?', 'what makes a good day for you?' and 'is there anything you would like to talk to me about?'. At times, it can be as simple as saying to a patient 'talk to me about how you are feeling today'. By allowing patients to reveal how

Think about the names you use in your service wherever possible. For example, 'health hub' sounds more positive and inclusive than 'complex foot clinic'.

**Best Practice Statement**

they are doing, clinicians can facilitate an open channel of communication built on trust and transparency.

The 'Hello, My Name Is...' campaign was initiated to revitalise person-centred, compassionate care and encourage clinicians to introduce themselves, especially when a patient is being treated by multiple professionals from different specialities. Clinicians need to go back to basics and make vital human connections with patients by – at the very least – introducing themselves to patients and giving them their names (NHS England, 2015).

### Active listening

It is important to listen to the patient's perspective and remember that they are the expert on their own health and body. Clinicians need to 'listen to understand' as opposed to 'listen to reply', which might otherwise cause them to have preconceived ideas or make assumptions about the patient. Issues such as odour, pain and exudate can make it difficult to live with a wound, and it may be a struggle for patients to open up and talk about these issues. Clinicians can foster better therapeutic relationships by providing patients with a safe space to be able to talk and by cultivating good communication and asking patients open-ended and direct questions, such as 'are any parts of your skin sore?' or 'have you noticed any changes to your skin?', which can help to obtain information that might otherwise have been missed (Wounds UK, 2021b). Listening to the patient's perspective will aid accurate assessment and help the clinician to understand the patient's choices, needs and preferences related to their care.

### Shared decision-making

Shared decision-making is a collaborative process that supports implementation of self-care and relies on effective clinician-patient relationships and information-sharing, so that patients feel supported to express their preferences and views; however, a lack of guidance exists on how to accomplish shared decision-making in routine clinical practice. Elwyn et al (2012) proposed a model on how to achieve shared decision-making based on three steps (Box 10):

- Introducing choice
- Describing options
- Helping patients explore preferences and make decisions.

In the model proposed by Elwyn et al (2012), the initial '**choice**' step involves making sure that patients are aware of appropriate treatment options that are available. The second '**options**' step encourages clinicians to provide patients

Listen to understand: don't deliver token patient engagement or transactional wound care.

## Best Practice Statement

### Box 10. Shared decision-making model proposed by Elwyn et al (2012)

#### Choice talk

- Step back
- Offer choice
- Justify choice
- Check the patient's reaction
- Address concerns and defer closure.

#### Option talk

- Check the patient's knowledge
- List options
- Describe options and explore preferences
- Describe harms and benefits
- Integrate use of patient decision support tools
- Summarise and assess the patient's understanding.

#### Decision talk

- Focus on preferences
- Elicit preferences
- Make or defer a decision
- Remind the patient that treatment can be reviewed.

with more detailed information about treatment options, and the final '**decision**' stage refers to the importance of focusing on patient preferences and moving towards a decision. In this way, shared decision-making is a powerful component of patient empowerment, supporting patients to be actively involved in their own care by providing high-quality information and helping patients make informed choices, as opposed to making decisions on behalf of patients.

## MYTH

All patients want clinicians to make the decisions for them.

## TRUTH

No two individuals are the same and patients do vary in their attitudes towards self-care. Even if patients do not wish to make the final decision, most appreciate being involved and want clinicians to understand their preferences.

# Focus on venous leg ulcers

## MYTH

Compression therapy is optional.

## TRUTH

Compression is the most important element for VLU healing and prevention.

Self-care is an important part of VLU management, where patients may require long-term treatment such as compression therapy. Exploring opportunities for people to be involved in their VLU management can transform care delivery, and improve outcomes and patient satisfaction (Dowsett, 2021).

VLU are the most common type of chronic lower limb wound that present frequently, are costly to manage and may persist for months or years. VLU recurrence is common, with twelve-month recurrence rates ranging from 26% to 69% and many patients develop at least 3 or more VLUs during their lifetime (Nelson and Bell-Syer, 2014; Harding et al, 2015). Additionally, leg ulceration has significant emotional and psychological consequences for patients, including shame, embarrassment, social isolation, depression and anxiety (Hughes and Balduyck, 2022). While opportunities

exist to engage patients with VLUs in a self-care approach, there may be additional patient-, limb- and wound-related factors to consider when assessing patient suitability for self-care (Table 1; Wounds UK, 2019).

### Patient-related factors

Patients need to undergo a full, comprehensive assessment to distinguish their VLU from other kinds of lower limb ulcerations, and to determine their past medical history, current mobility, pain levels and nutrition, home and work environments, family/carer involvement and patient concerns (Wounds International, 2016). As well as patient-related factors, including physical factors (such as age, comorbidities and medications) and psychosocial factors (such as loneliness, economic status and pain experience), clinicians need to consider both limb and wound-related factors in order to conduct a truly holistic review (Wounds UK, 2019). Since patient-, limb- and wound-

**Table 1. Checklist for general assessment (Wounds UK 2016; 2019; Atkin and Tickle, 2016; Wounds UK, 2022)**

Patient-related factors	Limb-related factors	Wound-related factors
<ul style="list-style-type: none"> <li>• Family/carer support</li> <li>• Tolerance for compression/pain levels</li> <li>• Comorbidities and overall health</li> <li>• Medical, surgical and family health history</li> <li>• Previous treatment and outcomes</li> <li>• Medication</li> <li>• Nutrition and hydration status</li> <li>• Presenting symptoms and pain</li> <li>• Lifestyle factors (e.g. occupation, quality of life, social activity, sleep health, support network and weight/body mass index)</li> <li>• Personal preference and expectations of treatment</li> <li>• Patient knowledge and understanding.</li> </ul>	<ul style="list-style-type: none"> <li>• Limb length, size, shape and muscle tone</li> <li>• Surrounding skin (e.g. hydration, changes, folds, allergies and/or sensitivities, ulceration and scar tissue)</li> <li>• Ankle-brachial pressure index (ABPI)</li> <li>• Mobility, dexterity and/or ankle movement</li> <li>• Presence or history of oedema: below and/or above the knee</li> <li>• Limb temperature</li> <li>• Overall hygiene and skin care, presence of hyperkeratosis and fungal infection.</li> </ul>	<ul style="list-style-type: none"> <li>• Exudate</li> <li>• Odour</li> <li>• Infection risk</li> <li>• Duration/senescence</li> <li>• Size (area and depth)</li> <li>• Wound bed condition</li> <li>• Ischaemia</li> <li>• Inflammation/infection</li> <li>• Anatomical site</li> <li>• Treatment response</li> <li>• Biofilm.</li> </ul>

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related factors can contribute to sub-optimal use of compression therapy with negative impacts on wound healing progression, clinicians must consider the complexity of the patient's leg ulcer and their individual circumstances when exploring appropriate and individualised self-care options.

### Limb-related factors

Patients can be supported to self-care if they have VLUs without significant oedema in their legs, minimal limb distortion and moderate to low exudate levels. Where these patients are willing to engage in self-care and have the capacity and dexterity to apply their compression themselves, clinicians can support patients to self-care with silicone foam dressings and compression hosiery, hosiery kits and compression wrap systems (Dowsett, 2021). Other activities to aid wound healing and minimise VLU recurrence that are appropriate in this patient population include leg elevation, ankle exercises and moderate physical activity e.g. walking or foot and leg exercises.

Factors such as ankle-brachial pressure index (ABPI) and presence of oedema can influence the decision to enable patients to self-care. Assessing urgency is vital, as patients cannot self-care if – for example – rapid reduction of oedema is required. ABPI provides assessment of the patient's peripheral arterial system and is often considered a first-line test in limb vascular assessment. Where ABPI is less than 0.5, no compression treatment should be initiated and urgent referral to a vascular centre is needed (Wounds UK, 2019).

Clinicians must also be mindful of infection risk and need to be able to identify the signs and symptoms of infection, biofilm and bioburden [Box 11]. While causing pain and discomfort for patients, infection also delays wound healing, increasing treatment costs and the number of interventions used to treat the wound (Hughes and Balduyck, 2022). Poorly managed exudate, which can arise from the use of suboptimal compression bandages (e.g. reduced compression where high dosage is required) or elastic compression bandages, contributes

Complexity in VLU management has a direct impact on healing progression and includes patient-, wound- and limb-related factors that should be considered by clinicians when exploring most appropriate self-care options with patients.

### Best Practice Statement

to periwound maceration and is associated with infection, oedema and lymphoedema (Sandy-Hodgetts et al, 2020). Alongside infection and bioburden, clinicians also need to be mindful of common skin complexities that can create challenges when considering patient suitability to self-care (e.g. lymphorrhoea, cellulitis and 'red legs').

Clinicians should support and educate patients on the importance of skin hygiene and a skin care regimen. This should form part of the patient's daily care plan, emphasising the importance of washing and cleansing the skin. Patients can benefit from emollients, both as a leave-on skin treatment and as a soap substitute, helping to maintain their overall skin integrity (Wounds UK, 2022).

### Wound-related factors

Changes to the wound size and wound bed condition are indicators of healing progression. Wound complexity can be influenced by the presence of infection or biofilm, and a prolonged inflammatory response can negatively impact wound healing. The location of the wound also has significance as it may impact on the ability to apply effective compression (Wounds UK, 2019).

### REFLECT AND BE BOLD

Compression therapy can be perceived as painful, so clinicians often avoid using it in patients with painful ulceration. Treatment with compression therapy is anti-inflammatory and results in reduced pro-inflammatory cytokine levels; therefore, any initial pain that does arise will eventually subside.

### Box 11. Clinical signs of local wound infection (adapted from Hughes and Balduyck, 2022; IWII, 2022)

- New, increased or altered pain and tenderness
- Delayed healing beyond expectations
- Abscess formation
- Redness (erythema)
- Localised warmth/heat
- Periwound oedema and swelling
- Bleeding or friable granulation tissue
- Hypergranulation
- Malodour or change in odour
- Wound bed discolouration
- Wound breakdown and enlargement
- Increased or altered purulent exudate
- Epithelial pocketing and bridging in granulation tissue.

**Box 12. Red flags that require immediate and necessary care (NWCSP, 2020)**

- Acute infection of the leg or foot (e.g. increasing unilateral redness, swelling, pain, pus and heat)
- Symptoms of sepsis
- Acute or chronic limb-threatening ischemia
- Suspected acute deep vein thrombosis
- Suspected skin cancer.

Wound bed preparation is a well-established concept and the Tissue, Infection, Moisture and Edge of wound (TIME) framework has been developed as a practical tool based on identifying the barriers to healing and implementing a plan of care to remove these barriers and promote wound healing (Schultz et al, 2003).

If the patient has an active VLU, clinicians should focus on managing exudate levels, including making sure that the size/choice of dressings is appropriate for the amount of exudate, and caring for the surrounding skin, by maintaining the skin's health and hygiene with skin care management techniques (e.g. debridement, a skin barrier and emollient use).

**Tolerance of compression**

Compression therapy (consisting of compression hosiery, leg ulcer hosiery kits, compression wrap systems and bandages) is considered the gold-standard treatment for lower limb ulcers, and there is strong evidence to support use of compression therapy as a first-line intervention to promote healing of VLUs, as well as optimising and titrating analgesia in this initial period (Ousey et al, 2021; O'Meara et al, 2012).

While there is an under-usage of compression therapy for VLUs, compression is a key element of self-care as there are now self-care options for patients who can then be supported to manage their own care. Importantly, compression levels will vary depending on whether the patient is undergoing immediate care or active treatment following diagnosis of a VLU.

An evidence-based lower limb wound pathway was developed in 2016 to guide clinicians on VLU management with the aim of promoting early referral and access to specialist services for patients where non-healing is apparent (Atkin and Tickle, 2016; Wounds UK, 2016; Figure 6).

Implementing immediate and necessary care [Box 12], prior to a full assessment including ABPI, ensures patients are placed on mild

It is recommended that all people presenting with a lower limb wound are put into a  $\leq 20$ mmHg dosage of compression as soon as possible, with the exception of those with red flags, with the aim for a full lower limb assessment and strong compression of at least 40mmHg.

**Best Practice Statement**

Help patients to understand venous disease and explain to them that self-care is not a 'quick fix'. Self-care will involve lifelong management of their condition, but it will have rewarding benefits for them and their wound.

**Best Practice Statement**

Ensure that the patient as a whole and their comorbidities or health conditions are considered within the dialogue.

**Best Practice Statement**

compression ( $\leq 20$ mmHg, e.g British Class 1 Hosiery) earlier, and will give them the best start to a pathway that is led by self-care. As recommended by the National Wound Care Strategy Programme (NWCSP; 2020), this is an easy option to apply in place of bandaging, meaning that when the patient presents with a VLU, treatment can begin immediately.

Compression therapy is critical in VLUs and, unless specific red flags are present, the benefits of first-line mild compression outweigh the risks, and clinicians should

**REFLECT AND BE BOLD**

It is crucial that clinicians explain to patients that compression is the gold standard in VLU treatment. Patients need to understand that compression may be painful at first, but it will help and is regarded as a highly effective treatment option.

**MYTH**

A patient can only be prescribed a self-care garment (e.g. a wrap or leg ulcer hosiery kit) if they are independent, can self-care and the wound is healed.

**TRUTH**

Hosiery kits and compression wraps can be applied by the patient, carer or healthcare professional. In each of these scenarios, using a hosiery kit or compression wrap facilitates time-efficient care delivery as well as potential quality of life improvements.

# Lower Limb Wound Pathway

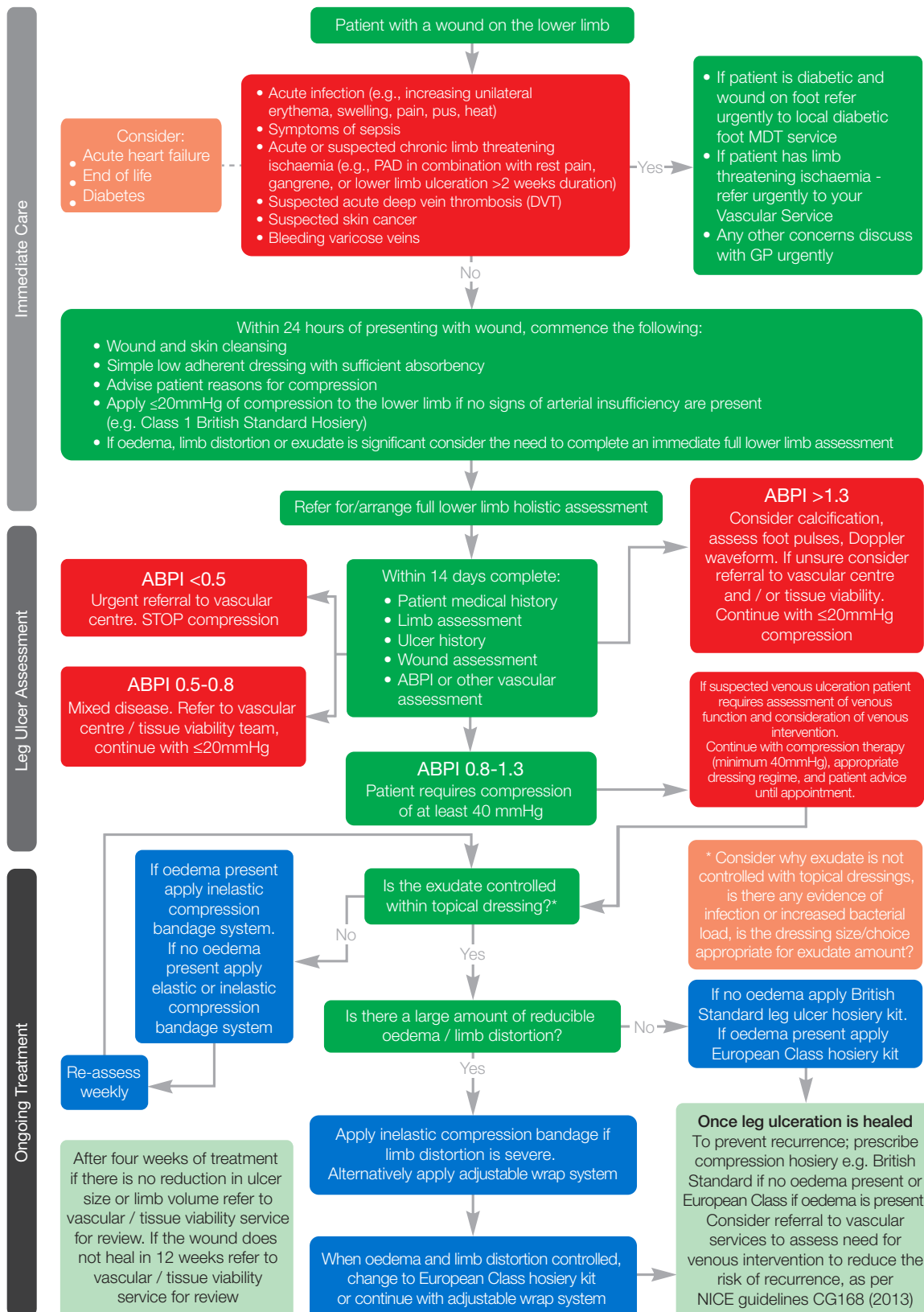


Figure 6. Lower limb wound pathway (adapted from Atkin and Tickle, 2016; Wounds UK, 2016).

Scan the QR code below to access **Legs Matter Resources**:



Scan the QR code below to access **Club Squeeze Resources**:



Scan the QR code below to access **Self Care Forum Factsheets**:



make sure that patients receive compression therapy as soon as possible (NWCSP, 2020). Where red flags are present, clinicians need to treat the infection, escalate care and seek guidance from specialists, especially in the case of people in the last few weeks of life. An MDT approach is needed to ensure compression therapy is provided in a timely manner and, while patients need to be educated about the benefits of compression, if they have capacity, it is their decision to make (Ousey et al, 2021).

Moreover, some clinicians apply compression at the wrong dose – strong compression (of at least 40mmHg) is required for healing. The risks of not treating VLU with compression therapy, or an inadequate level of compression, include delayed healing, increased pain and discomfort, and elevated costs; therefore, if a patient is unable to tolerate compression therapy, they will need support, which may include pain relief as needed alongside working in collaboration with the patient to increase their tolerance/acceptance [Box 13].

If a wound fails to heal within a 2-week period, a full holistic assessment, including a vascular assessment (ABPI), needs to be carried out with the view of treating appropriate patients with strong compression ( $\geq 40\text{mmHg}$ ) immediately to reduce the risk of chronicity and promote healing (Wounds UK, 2016).

### Follow-up and support

Robust escalation processes need to be in place before self-care can be initiated, and all patients who self-care will need to be informed on when, how and who to ask for help and support. Effective follow-up of patients self-caring for their VLUs includes (Self Care Forum, 2013):

- Reviewing care plans with patients, addressing previous goals and setting new objectives
- Proactive follow-up on achievements and milestones in patients' self-care journeys
- Supporting patients to monitor their symptoms and educating them on when to take appropriate action

There needs to be a meaningful review of care, at a minimum of 2 weeks and a maximum of 6 weeks, which assesses usefulness of the shared decision-making tools used and reviews the patient's expectations, desires and engagement.

### Best Practice Statement

Patients should be provided with resources to support them with their individual issues and needs, in a format that they prefer and can understand.

### Best Practice Statement

#### Box 13. Understanding pain and discomfort caused by compression therapy (Wounds UK, 2022)

- Within 14 days, wound pain should dissipate
- The pain level experienced by a patient should be monitored and documented regularly
- Keeping a patient diary can help identify what type of pain is experienced at certain times of the day
- Clinicians need to ensure that pain is not exacerbated by poor compression application techniques or ineffective dosage of compression
- Motivating patients using targeted approaches and structured support (e.g. health coaching, motivational interviewing and scenario-based teaching)
- Promoting healthy lifestyle choices and positive behavioural changes
- Educating patients on their condition and how to self-manage.

It is recommended that patients are seen, at a minimum of 2 weeks and a maximum of 6 weeks, to check their compression/treatment plan is working for them, with the option of contacting their clinician as necessary in between. Within the normal parameters of wound healing, it is accepted that re-epithelialisation should be reached within 4 weeks (Vowden and Vowden, 2016), or the wound reduces in size by 40% after 4 weeks



of optimal therapy (Gwilym et al, 2022). Therefore, it is recommended that patients and their VLUs are reviewed every 2–6 weeks, which can be done by any clinician who understands compression/VLUs, and can assess for reduction in wound size, skin condition and pain/discomfort alongside documented wound photography. If there is no reduction in ulcer size after 4 weeks of treatment, referral to a vascular/tissue viability service will be required (Atkin and Tickle, 2016; 2018; Wounds UK, 2016).

Maintaining knowledge of local and up-to-date resources will help clinicians to signpost people with VLUs, to support in the community and resources that they can access, while strengthening local connections and integration of services and communities. The Legs Matter coalition offers a wealth of resources to both the patient and clinician around health advice, information and knowledge to increase awareness around lower limb issues. Club Squeeze In is another valuable resource which aims to provide people living with lower limb conditions with the motivation, knowledge and guidance to improve their leg health. Clinicians can signpost patients to the Legs Matter patient resources and Club Squeeze In, which provide invaluable information to patients on the importance of looking after their legs, concerning signs and symptoms to look out for, healthier lifestyle changes and patient-friendly education on compression therapy.

The Self Care Forum also provides a factsheet on venous disease aimed at helping health professionals have a ‘self-care aware’ conversation with people. Importantly, information should be given to patients in whatever format they prefer and understand most. Clinicians can also signpost people to support for non-medical matters, such as loneliness and financial issues.

### Monitoring VLUs

If the patient can't come to the clinic and would like the clinician to see their wound visually (as opposed to a phone call), patients can send photographs of the wound to their clinician to see if they need an appointment.

However, clinicians should follow local guidelines and assess suitability for remote patient monitoring. Photographing wounds is useful for recording and monitoring wound progression but should not be used for diagnostic purposes, as colours can be inaccurate. Therefore, a calibrated colour chart should be used (Wounds UK, 2021b). Key tips for patients photographing their own wounds are listed in [Box 14](#).

Some departments use health passports, which can include the patient's care plan and clinician's details, be personalised to the patient and used to monitor the wound. To encourage self-care, clinicians can also encourage patients to keep a wound journal/diary between appointments to document their symptoms, when they change their dressing(s) and how they are doing. When monitoring patients undergoing self-care, the clinician should focus on the impact self-care is having on the patient's health, wellbeing and QOL. Clinicians can monitor the patient's progress towards achievement of personal goals – their experience of self-caring for their wound, and their self-efficacy and patient activation – as well as their levels of confidence, self-esteem, resilience and motivation.

Self-care for VLU management is more than just blue-sky thinking; it is a solution that has already been applied in practice with success. In Barnsley in South Yorkshire, clinicians implemented an advanced self-care delivery model for leg ulcer management to measure its effect on clinical outcomes, with the intention of limiting face-to-face contact between clinicians and patients to one appointment every 6 weeks (Hallas-Hoyes et al, 2021). The clinicians found that in 84 out of 95 patients selected, the VLUs had healed by week 24 and a further 10 patients' wounds had healed by week 42. These findings demonstrate that self-care is both possible and clinically effective in patients with VLUs. Further to this, there was no recorded increase in infection rate and additional benefits included a reduction in nursing time, prescription costs and carbon dioxide emissions.

#### Box 14. Tips for patients photographing their own wounds (Wounds UK, 2021b)

- Most mobile phone and tablets should be capable of taking a good photograph
- Use a calibrated colour indicator when taking photographs of wounds
- It may help to get someone else to take the photograph, particularly if you can't see your wound clearly
- It may be easier to use a mirror if you have difficulty with focusing on the wound site, but make sure that flash is turned off
- Do not get the device too close to avoid blurriness, as most cameras and phones can only focus to about half a metre
- Take the photo in a bright area with natural lighting, or make sure you turn the lights on, and the light falls on the wound
- Ask your clinician to provide you with a paper ruler or use a tape measure placed close to the edges of your wound, as it helps your clinician to assess the wound size
- Try to take the picture from the same angle each time you take a photo.

Figure 7. The T-GROW model



### Treatment goals

Setting goals and creating an action plan are beneficial strategies to help facilitate conversations about what is important to the patient and what they would most like to improve in their care. It is important to be realistic and honest by clearly setting expectations, but also trying to get it right the first time and being open with patients about what isn't working.

The strengths-based T-Grow model is one of the most widely used coaching methods that provides a simple framework and creates a structure for a conversation, to get to the heart of what is really bothering someone and then identifying a way forward that is meaningful for the individual (Figure 7; Whitmore, 2004). The T-Grow model is based on the principle that the person being coached already has everything within them that they need to be able to navigate a route through a problem and find a solution that is most relevant to them (Health Education

England, 2022). It is a solution-focused and flexible technique, helping someone think through a range of options, encouraging their commitment to actions and timescales, and facilitating positive change by guiding people through the following considerations:

1. **Topic** – for discussion
2. **Goal** – for the conversation itself and overall
3. **Reality** – exploring the current situation
4. **Options** – exploring available options
5. **Way forward/when/will/who** – pinning down next steps.

A further approach for clinicians to aid communication and involve patients in their treatment is to use a start/stop/continue/change framework. This is a simple tool for surfacing problems and exploring opportunities, to identify what the patient would like to start, stop and continue doing and what they would prefer to change, to improve their health, wellbeing and overall QOL.

## Conclusion

In order to meet the increasing complexity of people's needs, expectations and preferences, healthcare services need to move away from a 'one-size-fits-all' approach and personalise health, by engaging patients in their care and embracing self-care solutions. The drive towards self-care continues to be fuelled by ever-growing pressures within the NHS and elevated demand for evidence-based wound care. Self-care is not a 'quick fix' and relies on clinicians moving away from existing ritualistic, paternalistic and traditional ideas of healthcare. Moreover, not all patients have the capability, capacity or willingness to self-care, and their preferences are of utmost importance. However, adoption of self-care measures has huge potential in helping support people to become active agents in their own care and integrating communities and services, to provide a truly seamless experience for patients.

It is important to recognise that although not all patients may be suitable for self-care from their initial assessment, this can change throughout the patient journey. Some patients may temporarily move away from self-care when certain situations arise, while others may prefer to engage in self-care at a later stage. Highlighting the obstacles, challenges and needs can help shape the way clinicians support patients in working towards shared care goals. The key to effective and efficient patient centric care is to regularly assess these objectives, challenges and priorities with a self-care vision throughout the patient journey.

Common, recurrent and chronic VLU's impact adversely on the physical and mental health of patients; therefore, self-care has

numerous QOL gains, helping patients to feel more positive, empowered and enthusiastic, and giving them the freedom to care for themselves and improve their independence. Clinicians need to make sure that patients are aware that self-care does not mean leaving them to cope on their own, and opportunities to self-care need to be individualised, discussed with the patient and incorporated into their treatment plans. Carefully chosen language can have a positive effect on patient engagement with self-care, and clinicians need to make the effort to communicate with patients in an understanding and compassionate way, which may increase patients' likelihood of adopting healthy lifestyle choices and engaging in treatment.

As healthcare providers recover from the impact and pressures of the COVID-19 pandemic and look to the future of wound care services, there will be a greater emphasis on patient self-care and a shift from provider-centric models to patient-centred approaches that could provide better quality at a reduced cost.

Ultimately, adoption of self-care solutions requires a fundamental shift in power dynamics, and clinicians should remind themselves of the importance of two-way communication with patients. While some clinicians may be reluctant to hand over the reins, they can proactively promote self-care and sustainable clinical care by encouraging engagement in decision-making, providing patient education, motivating individuals to make healthy lifestyle or behaviour changes and ensuring that patients know when and how to seek help from professionals.

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# Appendix 1

## L&R Self Care Delivery Model



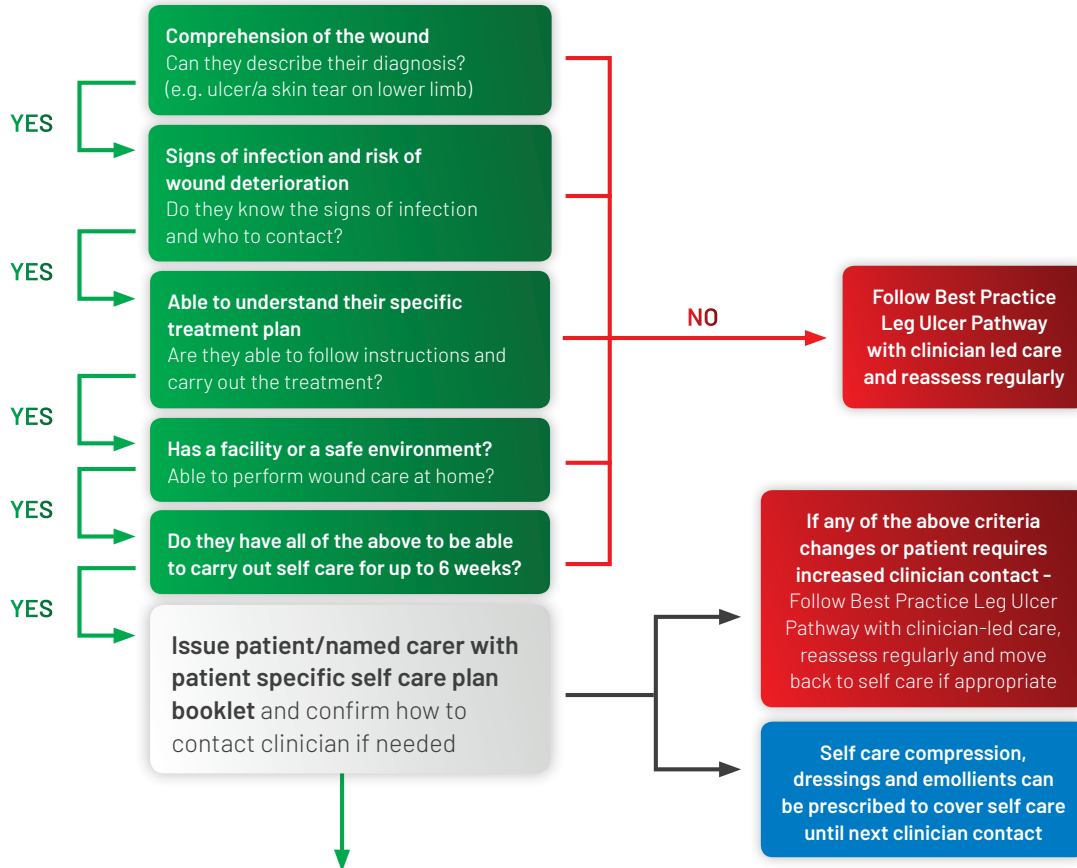
**Is the patient or carer clinically and functionally able to self care in compression?**  
 Are they able to manage their condition, e.g. Leg Ulcer Hosiery Kit/Readywrap® (based on Best Practice Leg Ulcer Pathway)

NO

Follow Best Practice Leg Ulcer Pathway with clinician led care

YES

Does the patient or named assistant have the ability to understand the following:



Once healed, follow guidance in the self care plan book. Inform patient they will need to replace their compression therapy according to company recommendations (i.e. 6 months) and book an annual Doppler assessment to prevent recurrence. **Patient is then reliant on GP, and patient to follow this up.**



LEADING THE SELF-CARE REVOLUTION



## Self-Care Support Plan

	Not willing	Needs support	Fully understand	Provide patient with further information:
<b>Clinical</b>				
Understands how to identify signs of infection and the risks of wound deterioration, as well as how to report back to HCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide HCP contact details & red flags card, ensure patient has a record of nursing visits/appointments
Willing to engage with a Healthcare Professional (HCP) in managing their comorbidities & actively wants to improve their health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide educational Squeeze In leaflet that gives the patient information on their condition
<b>Functional</b>				
The patient or family/carer is willing to undertake self-care management themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide patient/family/carer with a healthy living booklet
The patient or family/carer is able and willing to apply compression and wound care products themselves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide information and videos on application and caring for wound, as well as the relevant application aids. HCA support if required
Understands the importance of self-hygiene and is engaging with a self-hygiene routine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide information on self-hygiene. HCA support if required
Patient understands the importance of movement and is engaged with a movement plan with HCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide healthy living booklet and further information on the importance of movement
Patient has an understanding of and has created a facility or a safe environment for performing wound care at home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide healthy living booklet and further information on the importance of a skin care routine
Patient understands the importance of skin care and is engaged with a skin care routine with their HCP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide healthy living booklet and further information on the importance of a skin care routine
<b>Social</b>				
The patient is/or willing to accept family/carer support to aid self-care management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Look at social prescribing opportunities to ensure patient maintains social contact
The patient understands the importance of maintaining social contact with friends/family, be that virtual or in person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recommend attending well leg groups/Leg Club/ group exercise classes (walking groups etc)
<b>Understanding</b>				
Patient has an understanding of their diagnosis & wants to achieve healing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provide patient/family/carer with a healthy living booklet, as well as links to Legs Matter & Irselfcare for further information on their condition
Patient has an understanding of their patient specific treatment plan & how to carry it out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Patient has an understanding of how to follow instructions and carry out the treatment, solely or with help from family/carers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Further questions</b>				
Patient does not have high risk wounds and/or infection	<input type="checkbox"/>			
There are no safeguarding concerns in relation to the patient or relevant carers	<input type="checkbox"/>			
There is agreement from the health care team that it is appropriate for the patient and/or family/carer to undertake self-care	<input type="checkbox"/>			
The patient family/carer is receiving the necessary training and is considered competent by a healthcare professional	<input type="checkbox"/>			

**All patients should be provided with:**

- Leg Ulcer Passport
- Access to squeeze in, it's benefits and how patients, family members and carers can gain access to this
- Record of nursing visits/appointments
- Is aware that they can purchase extra pairs of compression garments to support with adherence to treatment

Wounds<sub>UK</sub>