

Challenging the status quo to improve lower limb wound management for patients in an acute trust

Kim Whitlock
Tissue Viability Matron, North Bristol NHS Trust

Polly Cox
Clinical Specialist, Urgo Medical

Introduction

Historically acute hospitals have had a limited role in diagnosing and treating leg ulcers, and predominantly primary care settings have delivered this care. Upon hospital admission it has been standard practice to remove compression therapy and not continue until the patient is discharged back to primary care. Rarely are investigations into the aetiology of leg ulcers undertaken for inpatients leading to inconsistent management of leg ulcers, which can potentially delay healing.

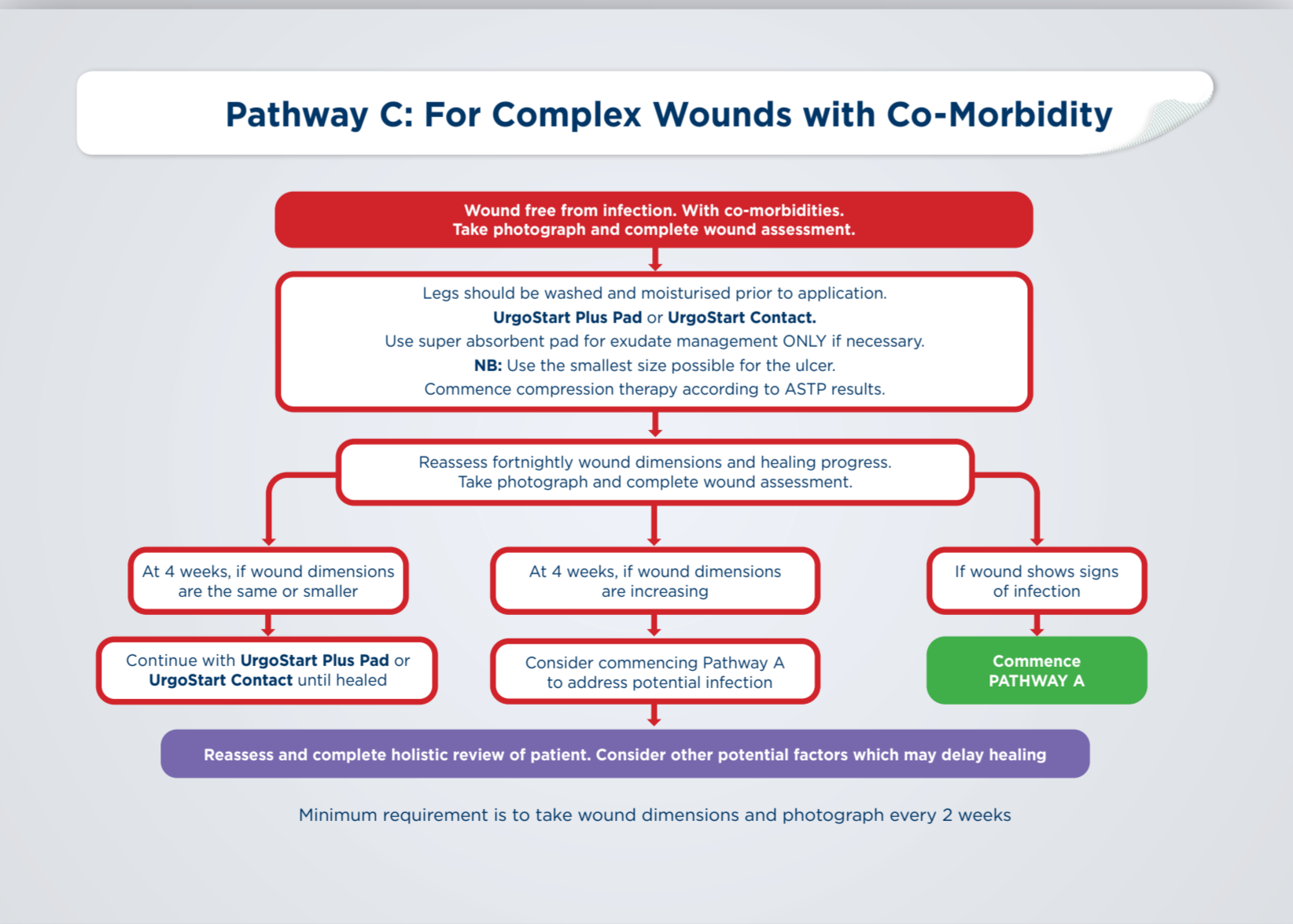
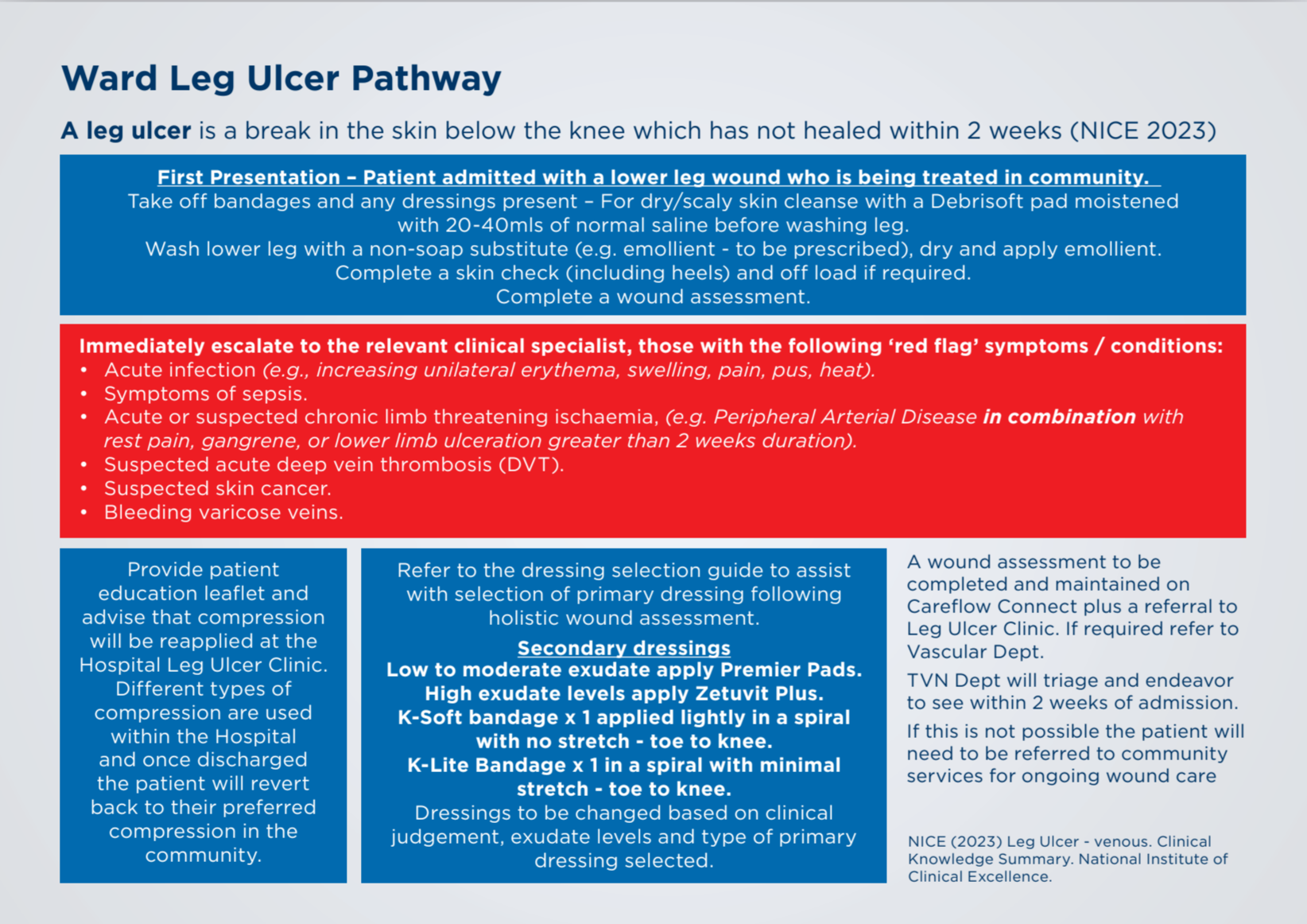
Method

Driven by the national agenda of the National Wound Care Strategy Programme (2024)¹ and Legs Matter campaign (2023)² to change the approach to leg ulcer care, the North Bristol NHS Trust tissue viability (NBT TV) team were frustrated with the inequality of leg ulcer care across the whole health system. Their service lead questioned why leg ulcer care was discontinued within their acute trust and sort to rectify this gap in care. Assessing the impact of the issue and the number of patients admitted with leg ulcers was challenging due to limited hospital data. The data available estimated that approximately 180 patients per month attended hospital with an unspecified leg wound.

In collaboration with industry partners, the vascular team, community services and the Integrated Care Board (ICB), the NBT TV team established an acute care leg ulcer pathway ensuring continuity of care for patients admitted to hospital. The TV team created a virtual leg ulcer clinic for inpatients with a leg ulcer in which they reviewed referred patients and delivered their care. A lower limb wound assessment proforma was developed with the trust's digital team to aid quick and clear documentation.

Acute care pathways were developed to standardise care in collaboration with the vascular team, community services and hospital colleagues. Aligned to the community services pathway a TV team pathway was developed for the care they were delivering. The first choice for compression therapy was **UrgoKTwo** and the **UrgoStart Plus Treatment range** for those with complex leg ulcers. Separate pathways were created for admission areas and hospital wards to standardise leg ulcer care prior to acceptance by the virtual clinic. Through partnership working with Urgo Medical and the community TV team the NBT TV team were provided with education and clinical skills training to develop their knowledge and skills. An honorary contract was agreed with an Urgo Medical clinical specialist to develop their clinical practice.

References:
1 National Wound Care Strategy Programme (2024) Recommendations for leg ulcers. Available from <https://www.nationalwoundcarestrategy.net/wp-content/uploads/2024/07/NWCSP-Leg-Ulcer-Recommendations-final-version-15.07.2024.pdf>
2 Legs Matter (2023) Legs Matter's ten-point plan to tackle harm. Available from <https://legsmatter.org/resources/legs-matters-ten-point-plan-to-tackle-harm/>



Results

The leg ulcer virtual clinic opened for referrals in April 2024. In the first four months 77 patients were reviewed by the service; 38% of these patients had not had an ankle brachial pressure index completed in the community and 21 patients that could have been in compression were not. Awareness of the importance of continuity in leg ulcer provision was raised with the ICB and at a primary and acute care wound conference with the primary focus being leg ulcer care.

A positive response has been received from patients who have had their compression therapy continued whilst in hospital. One patient's hip replacement surgery had been postponed until her leg ulcer healed. Her painful hip caused a fall at home leading to a hospital admission, on which she declined removal of her compression bandaging as she didn't want to further delay the surgery. She was very pleased when she was informed by the TV team that her compression could continue during her hospital stay and saw the ulcer progressing towards healing. The tissue viability team have enjoyed learning and developing their knowledge and skills which has enabled them to provide seamless leg ulcer care for patients. The introduction of clinical pathways within the admission and ward areas have given the nurses within these departments confidence in the treatment and management of patients with leg ulcers.

Discussion

Initiating the service has had its challenges. Securing project funding in the current NHS climate has been difficult. Ward clinicians were concerned about the potential increase in pressure damage to heels concealed with bandages, so robust management plans were provided to these areas. Managing care for patients in bed has also presented difficulties with bandage application and manual handling. Maintaining compression therapy for patient's discharged on the rehabilitation pathway through private providers, such as care homes, was also problematic.

The project has initiated a health system wide drive to improve lower limb care for patients, which has motivated other local acute trusts to consider service change for patients. Collaborative working with the ICB has led to the development of a lower limb assessment and referral pathway across primary and acute care. This includes a vascular intervention referral process, and Health Innovation Southwest are creating a digital wound care solution for lower limb wounds, including diabetic foot wounds, which will produce robust data and track patients across primary and acute care.

Conclusion

Challenging the status quo of patient care delivery requires drive, determination, and courage. The NBT TV team identified that the lack of consistent leg ulcer care within acute care was impacting patients, and that there were system wide inconsistencies. By working collaboratively with a range of stakeholders they have commenced a journey to improve leg ulcer care further across the ICB's area.

“My confidence in assessing and managing leg ulceration has improved since we embarked on the leg ulcer project.”

“It has been really exciting learning a new skill that will benefit our patients.”