



OCTOPUS study Optimising Compression Therapy fOr inPatients with venous Ulcers

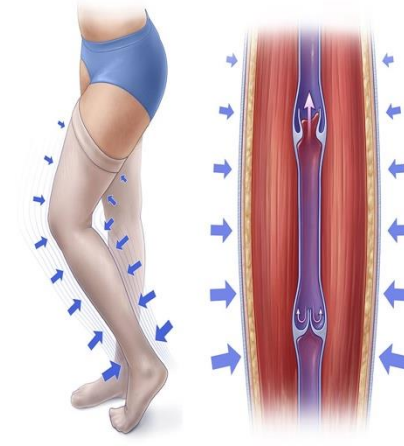
Preliminary interview findings with hospital clinicians

Lian, Y.^{a,b}; Birt, L.^a, Poland, F.^c, Naughton, F.^c, Wright, D.^a

PRESENTER:

Yaping Lian

yaping.lian7@nhs.net



Preliminary themes

- Passion to apply compression therapy and improve venous ulcer care
 - ❖ Trying to do their best
 - ❖ Love wound care
- Compression therapy provision is restricted by:
 - ❖ Senior management
 - ❖ Busy hospital environment
 - ❖ Short of staff resources
 - ❖ Available equipment and correct bandages
 - ❖ Finance resources
 - ❖ Training opportunities
- Effective and influential leadership
 - ❖ Senior managers play key roles in service provision
 - ❖ Providing evidence-based care

“Yeah. We try. Yeah, we do it [compression therapy] regardless. Like I say, even if we're running around and I'm not saying we do the best job, but we do the best that we can do with the resources that we've got.”

P06_03 Vascular Practitioner_04 Teaching Hospital

“As far as our organisation, I am the Clinical Lead and so, as the Clinical Lead, I see this as a priority. And I'm happy to stand by my decision that this is what it needs to be.”

P08_03 TVN_06 Teaching Hospital

Background

- 730,000 people in the UK had leg ulcers¹
- Cost NHS around £2 million every year²
- Painful and distressing²
- Compression therapy is the mainstay treatment
- Only **1/3** of respondents apply compression therapy in hospitals³

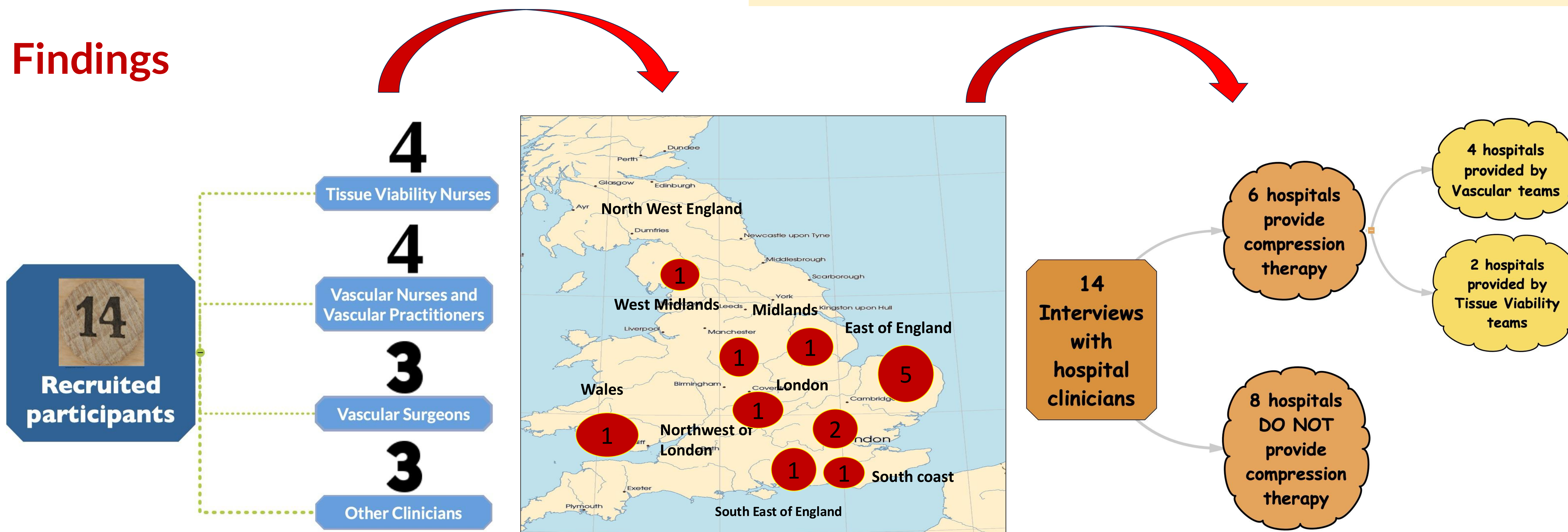
Aim

To explore diverse hospital clinicians' views and experiences of using compression therapy across UK

Methods

Semi-structured interviews

Findings



Conclusion

Healthcare professionals are **passionate** to apply compression therapy and improve venous leg ulcer care in hospitals.

However, multiple levels of **restrictions** hinder compression therapy provision.

To steer this change, it requires **effective and influential leadership** to provide evidence-based care.

References

1. Guest J, Ayoub N, McIlwraith T, et al. Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 2015; 5: 1-8. DOI: 10.1136/bmjopen-2015-009283.
2. Guest JF, Fuller GW and Vowden P. Venous leg ulcer management in clinical practice in the UK: costs and outcomes. *International Wound Journal* 2018; 15: 29-37. DOI: 10.1111/iwj.12814.
3. Lian Y, Anderson I and Stather P. Leg ulcer service provision in NHS hospitals. *British Journal of Nursing* 2022; 31: S16-S20. DOI: 10.12968/bjon.2022.31.4.S16.

a) School of Healthcare, University of Leicester
 b) Cambridge University Hospitals (CUH)
 c) University of East Anglia

Yaping Lian was funded by a National Institute for Health and Care Research (NIHR) Pre-doctoral Clinical Academic Fellowship (PCAF) and Doctoral Clinical and Practitioner Academic Fellowship (DCAF).

NIHR Disclaimer
 This study is funded by the NIHR PCAF fellowship (301886). The views expressed are those of the authors and not necessarily those of the NIHR or the Department of Health and Social Care.