

**LIVE**

**TUESDAY 11TH OCTOBER, 7.30PM**

# Part 3 - Leg Ulcer Series: **Embracing supported self-care**

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JOURNAL OF COMMUNITY NURSING  
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# LIVE Q&A

*SEND IN YOUR QUESTIONS BY COMMENTING  
ON THE VIDEO*

# WELCOME AND RECAP

## Part 1

- Immediate and necessary care

Red flags, immediate use of  $<20\text{mmHg}$ , timelines for assessment and referral, end to end management — prevention is key and on-going support post healing.

## Part 2

- Interim care: progressing towards self-care

Best practice and recommendations for patients who are not yet suitable for self-care solutions, the difference between elastic and inelastic bandages.

# LEARNING OBJECTIVES



To understand the rationale, requirement and evidence for self-care in venous leg ulcers (VLU)



To consider the case for immediate implementation due to Winter pressures



To understand how self-care can be effectively implemented into everyday practice to improve outcomes for the service, the patient and for you.

# SELF-CARE



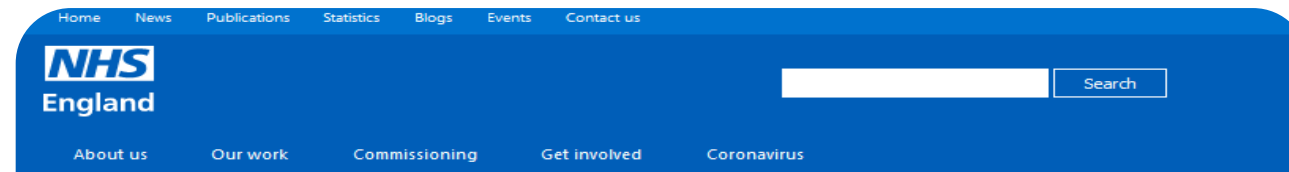
self-care

*/self'ke:/ noun*

The practice of taking action to preserve or improve one's own health.  
“autonomy in self-care and insulin administration”

- Supported self-care
- Supported self-management
- Shared care.

# SUPPORTED BY NHS ENGLAND



## Supported self-management

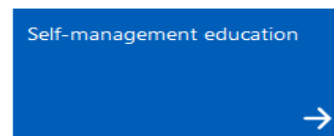
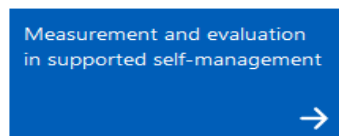
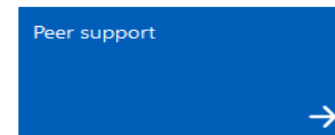
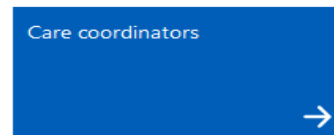
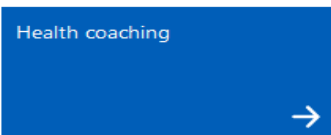
[Home](#) > [Personalised care](#) > [Supported self-management](#)

Supported self-management is part of the [NHS Long Term Plan's](#) commitment to make personalised care the norm.

We use the term 'supported self-management' to mean the ways that health and care services encourage, support and empower people to manage their ongoing physical and mental health conditions themselves.

Our vision is for everyone in England living with an ongoing health condition or conditions to be empowered to live well with their conditions.

You can contact the team at: [england.supportedselfmanagement@nhs.net](mailto:england.supportedselfmanagement@nhs.net)





# THE CASE FOR CHANGE

Potential benefits include:

- **Time and cost savings** up to 95% time released to care / 83% reduction in cost to care (Hallas-Hoyes et al, 2021)
- **Ability to utilise wider skill mix** (Atkin and Critchley, 2017)
- **Reduced recurrence** (Ashby et al, 2014)
- **Improvements in sustainability outcomes** 3,500 travel miles avoided, reduced carbon dioxide emissions and fuel spend (Hallas-Hoyes et al, 2021).

# SELF-CARE: BENEFITS TO PATIENTS



Convenience: no appointment/dressing changes when they want them!



Personal hygiene



Privacy



Empowerment



Ownership.



# THE ESCALATING BURDEN OF WOUNDS



**71%**

increase in wounds since 2012/13 (Guest et al, 2020).

**1 million patients**

which equates to 2% of the UK adult population affected with a leg ulcer (Guest et al, 2020).

Up to **69%**

leg ulcers recur once healed annually (Harding et al, 2015).

**£3.1b**

annual estimated healthcare cost associated with leg ulcers (Guest et al, 2020).

**50%**

of community nursing time is taken up on wound care (NWCSP, 2020).

# IMPACT ON THE PATIENT

*'It feels like there's **little tiny people inside your leg with knives stabbing you** or **hot acid** is being poured down your shin'*

*'**After five years**, this was the first time I'd been told that what I had was a leg ulcer. I didn't know what a leg ulcer was or what it looked like. I'd spent months being told it was an infection and being given antibiotics rather than compression'*



*'The thing I found hardest was how difficult it was to get around. Especially when my doctors were insisting on having my dressings changed **three times a week**'*

*'I have dealt with the same problems since I was 20 years old. I'm now 43 and **I am about to give up**. This battle has been horrendous **it's taken everything from me**'*

*'The last one was the most severe and I think the results from that and everything else that occurred as a result of it, **has terrified me**'*

# HOW DOES THIS FEEL?



*'I am so frustrated that we do not have enough time to care for the patients as needed.'*

*'I often feel we cut corners, like not washing the limb'*

*'Sometimes I feel like we are wasting our time with some patients as they never seem to improve'*

*'There are only a handful of our team left who can apply compression'*

# WINTER CRISIS

## Impact of Winter pressures on NHS will be exacerbated by:

- Fuel crisis
- Existing treatment backlogs
- Covid incidence
- Cost of living crisis
- Workforce deficit.



**DIFFERENT THINKING IS NEEDED  
TO IMPROVE HEALING RATES  
AND REDUCE THE BURDEN TO  
THE NHS AND SUFFERERS**

**WHAT IS THE  
SOLUTION?**

# NATIONAL WOUND CARE STRATEGY PROGRAMME (NWCSP)



Recommendations  
for Clinical Care

The unwarranted variation in UK wound care services offers major opportunities to improve healing rates and thus reduce patient suffering, spend on inappropriate and ineffective treatments and the amount of clinical time spent on wound care (NWCSP, 2020).

Evidence-based recommendations for lower limb care address three areas to support best practice implementation (NWCSP, 2020):

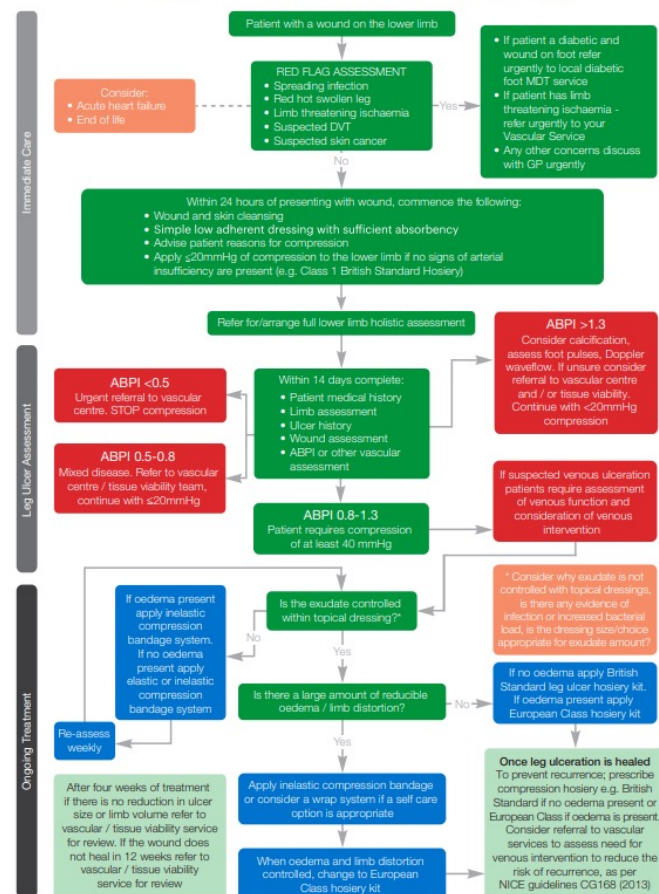
- Immediate and necessary care
- Diagnosis and treatment
- Ongoing maintenance.



# LOWER LIMB WOUND PATHWAY

- Embeds evidence into practice
- Places emphasis on early diagnosis
- Supports optimum use of compression and reduces risk of inappropriate use of reduced compression
- Encourages prevention of recurrence
- **Uses self-care solutions first line.**

Lower Limb Wound Pathway

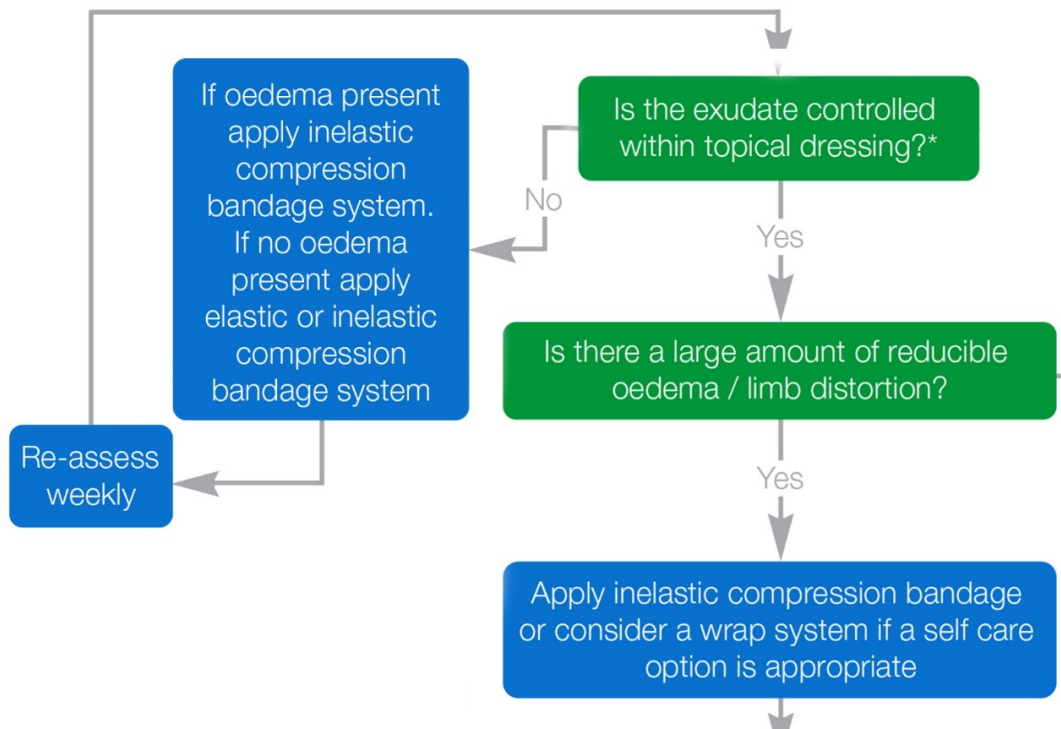


© Atkin and Tickle 2019

M0764 V1 \*

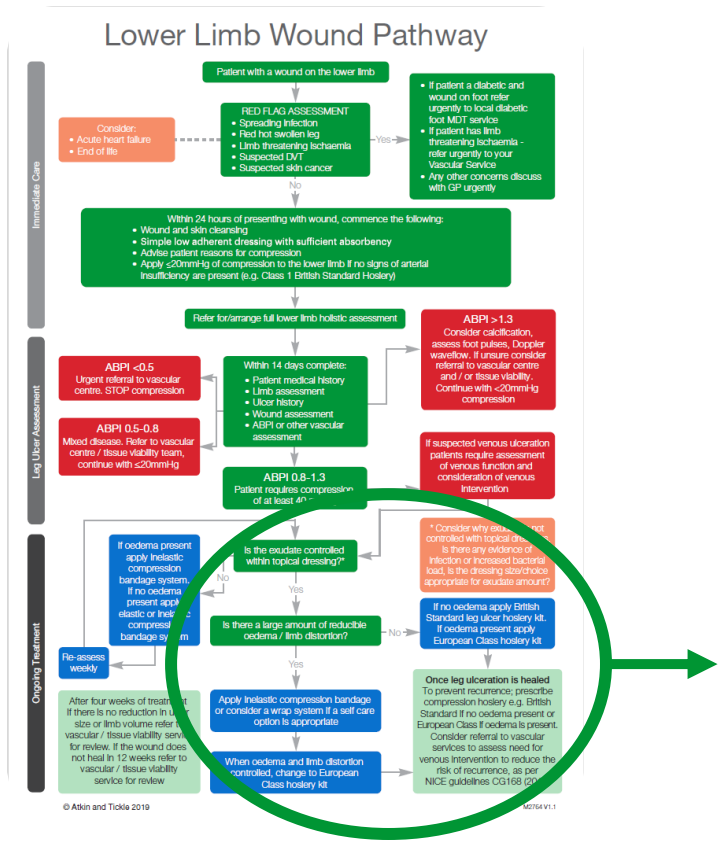
(Atkin and Tickle, 2016)

# WHEN ARE SELF-CARE SOLUTIONS NOT YET SUITABLE?

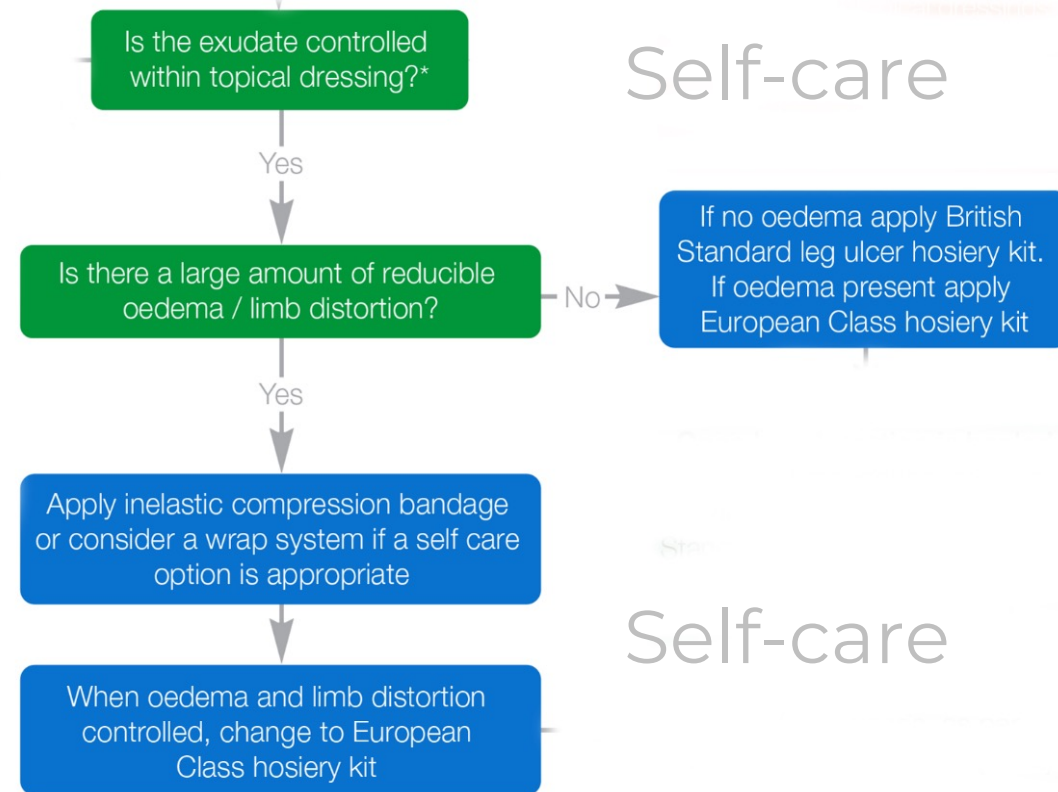


High exudate levels and/or large amount of reducible oedema/limb distortion.  
**Plan to reduce these symptoms and enable self-care.**

# WHEN ARE SELF-CARE SOLUTIONS APPROPRIATE?



(Atkin and Tickle, 2016)



# WHEN ARE SELF-CARE SOLUTIONS APPROPRIATE?

Self-care solutions **can** be applied by the patient or a carer (or healthcare professional) when:



Exudate is controlled within the dressing



There is little reducible oedema/limb distortion.



# WHEN ARE SELF-CARE SOLUTIONS APPROPRIATE?

Exudate controlled.  
Minimal oedema  
and/or limb  
distortion.



# COMPRESSION SYSTEMS



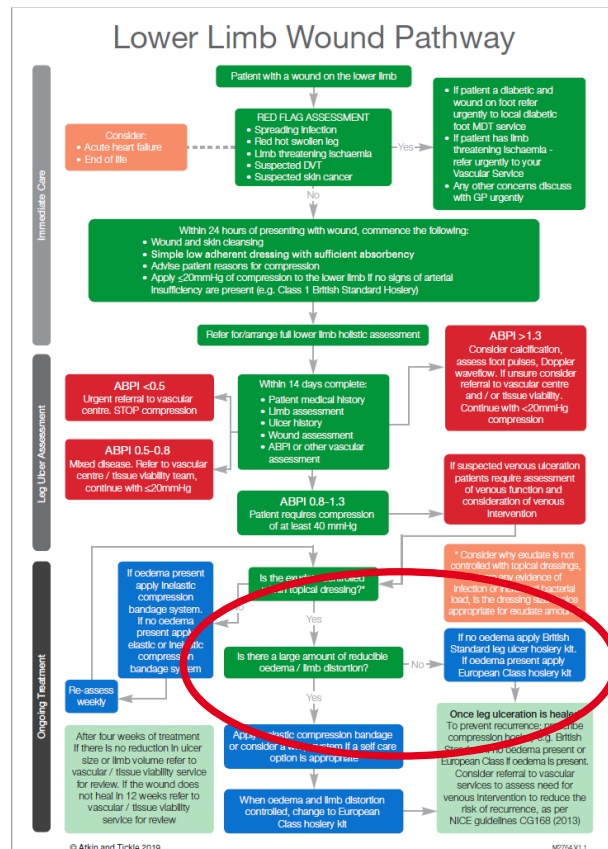
# LEG ULCER HOSIERY KITS

- Ideal first-line approach for VLU management
- A silky, easy to put on 10mmHg liner goes on first
- The liner holds dressings in place and helps the second layer to go on easily
- A second compression layer is added over the liner to achieve a consistent therapeutic ~40mmHg pressure, optimised for VLU healing
- For legs without oedema, use British Standard Activa<sup>®</sup> leg ulcer hosiery kit
- For legs with oedema, use European Class ActiLymph<sup>®</sup> hosiery kit.





# LOWER LIMB WOUND PATHWAY – HOSIERY KITS



Is there a large amount of reducible oedema / limb distortion?

No →

If no oedema apply British Standard leg ulcer hosiery kit.  
If oedema present apply European Class hosiery kit

# THE VENUS IV TRIAL

## The VenUS IV trial (Ashby et al, 2014)

	4-layer bandage	2-layer hosiery kit
Median time to healing	98 days	99 days
Ulcers healing	70.4%	70.9%
Ulcers recurring	23%	14%
Mean annual cost	£1,795	£1,494

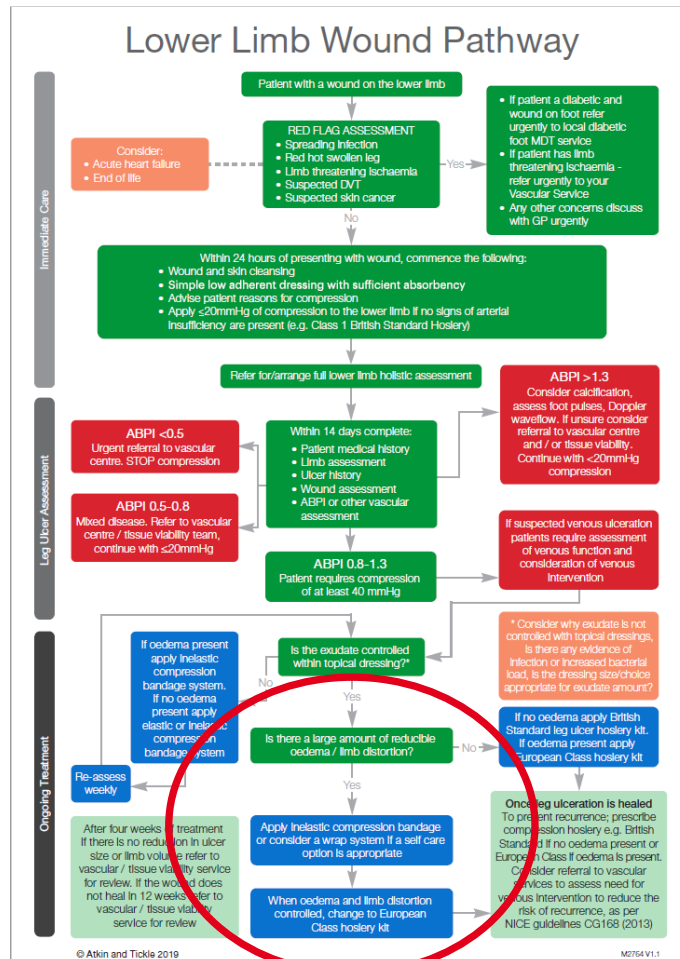
*'Increased use is likely to result in a substantial saving for the NHS, with improved quality of life for people with venous ulcers.'*

# WHAT IS A COMPRESSION WRAP SYSTEM?



- Adjustable compression wraps are modular compression garments
- They deliver full, therapeutic compression for the treatment of leg ulcers and chronic oedema
- ReadyWrap<sup>®</sup> is easy to use, apply and adjust
- ReadyWrap<sup>®</sup> helps empower patients to self-care.

# LOWER LIMB WOUND PATHWAY – COMPRESSION WRAP SYSTEMS



(Atkin and Tickle, 2016)

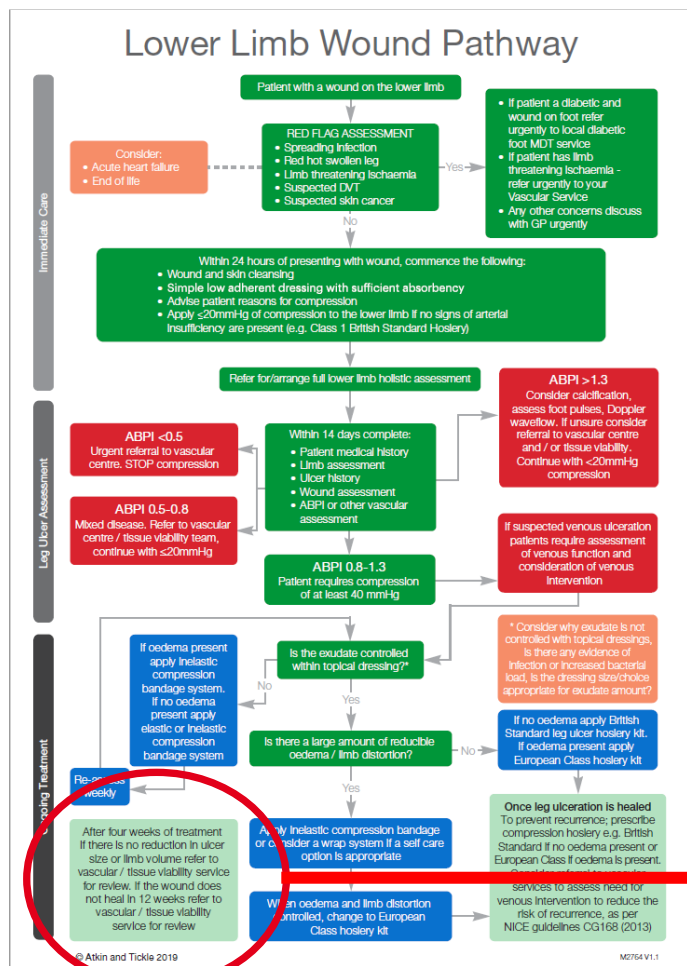
Is there a large amount of reducible oedema / limb distortion?

Yes

Apply inelastic compression bandage or consider a wrap system if a self care option is appropriate

When oedema and limb distortion controlled, change to European Class hosiery kit

# PREVENTION AND MAINTENANCE



- Venous disease requires long-term compression therapy, even when the leg ulcer heals
- Unfortunately repeated episodes of ulceration are common for many patients, with recurrence rates as high as 69% (Harding et al, 2015).

Once leg ulceration is healed To prevent recurrence; prescribe compression hosiery e.g. British Standard if no oedema present or European Class if oedema is present. Consider referral to vascular services to assess need for venous intervention to reduce the risk of recurrence, as per NICE guidelines CG168 (2013)

# WHAT IS THE IMPACT?



# LOCAL SITUATION

- Mid Yorkshire NHS Trust: 600,000 patient population
- Provides both acute and community services
- All community lower limb wound care commissioned via community nurses.





# EMBEDDED PATHWAY

Average 51 new lower limb wounds within community per month:

**28 housebound patients**  
**22 ambulatory patients**

Districtwide approach to self-care.



# LOWER LIMB CARE

Immediate care

- All

Assessment

- Leg ulcer champions

Care providers

- HCA/Self/family

Care reviewer

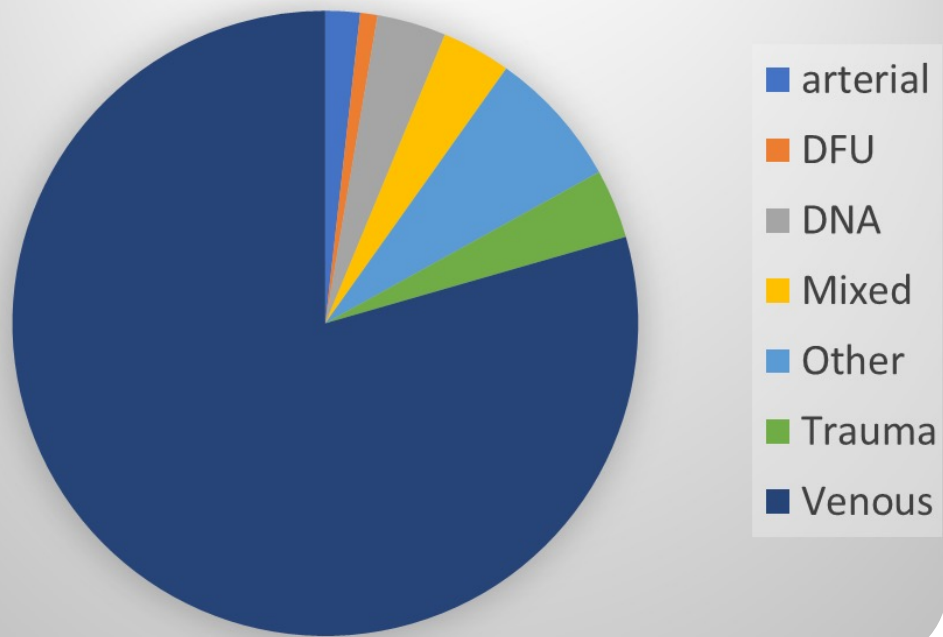
- Registered Professional

Specialist Clinic

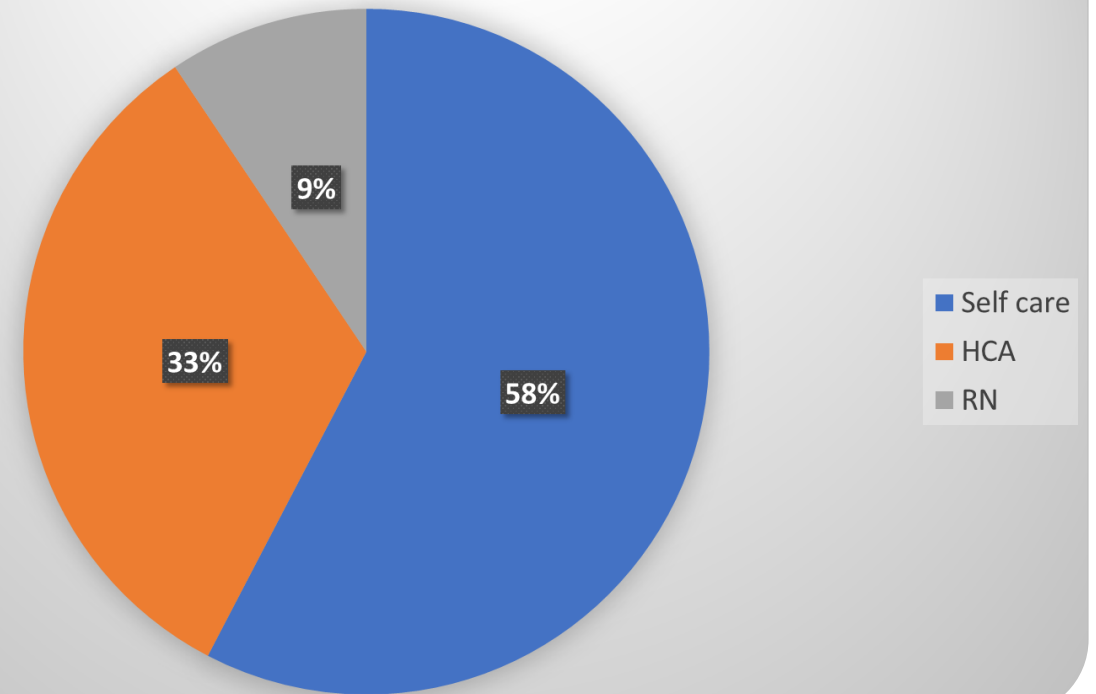
- Specialist/consultant

# PATIENT PROFILE

## Aetiology



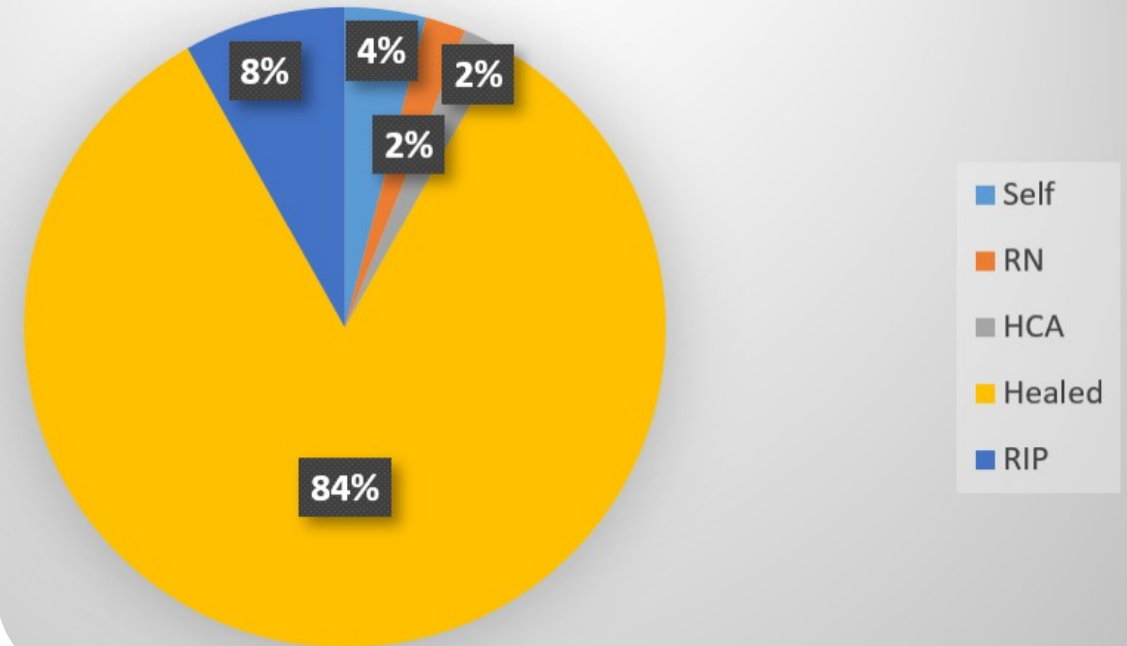
## Venous Ulceration Outcomes



# RESOURCE IMPACT

- On average reduction of 51 visits per week across networks directly due to self-caring
- Where transaction dressing changes needed, HCA provided this care
- Allow registered staff to concentrate on where their skills needed
- Reduction in overall costs due to increased healing rates: 84% at 12 weeks.

**Outcome: Week 12**



# HOW DOES IT FEEL NOW?

*'I now understand the importance of venous assessment'*

*'Really changed the way I view self-care. I thought self caring patients still needed to be seen weekly, just in case'*

*'I love leg ulcers but I am not a registered nurse, but now I feel a valuable part of the solution'*

*'This is so simple!'*



# WINTER PRESSURES ARE COMING



Is your service sustainable during the Winter period?



Will current ways of working deliver the best possible outcome?



Is there a better way for you and your patients?



# TO SUPPORT YOUR PATIENTS

Signpost your patients to:

[www.legsmatter.co.uk](http://www.legsmatter.co.uk)

[www.squeezein.life](http://www.squeezein.life)

**WHAT ARE YOUR LEGS AND FEET TRYING TO TELL YOU?**  
#LEGSGETLOUD

Don't ignore even the smallest change to the skin, shape or feel of your legs and feet.

Get to know what's normal and what's not at [legsmatter.org](http://legsmatter.org)

**KNEES TO TOES: WHAT YOU NEED TO KNOW**

**THE LITTLE THINGS TO LOOK OUT FOR**

**LEGSMATTER!**

## TOP TIPS

There are lots of little things we can do to keep our legs and feet healthy. Here are a few ideas to get you started.

### THINK SKIN

Your skin's a good indicator of your leg and foot health. Keeping your skin in good condition can also help soothe or prevent some leg conditions.

- Moisturise your legs with an unperfumed moisturiser every day.
- Check your skin for breaks, cracks and swelling.

- If broken areas are not healing or you notice any changes in the colour or texture of your skin, visit your local health services for advice.

### GET MOVING

Move your legs and feet regularly in any way that feels good for you - it's great for circulation and reducing swelling.

- Try to walk for about 30 minutes at least three times a week.
- If walking is difficult, just move your feet around in circles, then up and down - you can do this sitting down.
- Avoid standing for a long time.

### KEEP HEALTHY

There are two big things we can do, not just for our leg and foot health but for our overall health and wellbeing too.

- **Maintain a healthy weight** - carrying extra weight increases the chances of developing problems in your legs and feet and makes swelling worse. Aim to eat a well-balanced diet and get enough exercise.

- **Stop smoking** - smoking decreases the blood flow to the legs and feet and makes healing more difficult. Stopping will help to keep your legs healthy.

### CONSIDER COMPRESSION

If you're prone to swelling in your legs and feet or you have problems with your veins, then compression may be helpful.

- Compression socks or tights are usually worn daily but your healthcare professional will advise you on what's best for you.
- They might feel a little tight or uncomfortable at first but they shouldn't hurt. If they do, ask your healthcare professional for a different option of compression or just a different style.

## YOU MATTER

Take charge of your own leg and foot health by -

- Paying attention to your legs and feet
- Going to your local health services if things aren't looking right
- Demanding better or different care if your leg or foot isn't getting better
- Knowing that you are not alone - there is support that exists to help you.

Find out more about the campaign and how you can get involved [legsmatter.org](http://legsmatter.org)





# TO SUPPORT YOU



  
**LeaRn** on Demand  
Winter Pressures learning module

NEW Winter Pressures Learning Module

Sign up today >

The banner features a lightbulb icon with a plus sign inside, symbolizing an idea or learning. Below it, the text 'LeaRn on Demand Winter Pressures learning module' is displayed. A smaller version of the banner is shown in the background, featuring a winter scene with a person sledding and a sign that says 'NEW Winter Pressures Learning Module'. A green button with the text 'Sign up today >' is positioned at the bottom.

[www.squeezein.life](http://www.squeezein.life)



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