JCN LIVE 2020

Journal of Community Nursing JCN

SESSION FIVE: DRIVING THE SELF-CARE MODEL DURING COVID-19

PRESENTED BY: Dr Leanne Atkin

This session is brought to you by: People.Health.Care.

Driving the self-care model during Covid-19

Dr Leanne Atkin

Vascular Nurse Consultant, Mid Yorkshire NHS Trust/University of Huddersfield

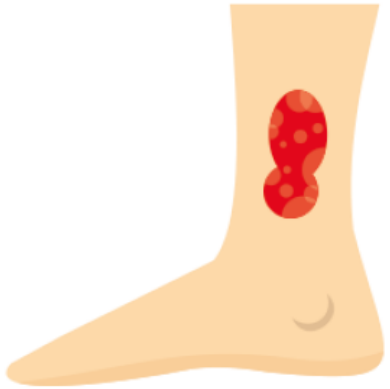
Covid-19: the impact

- Lockdowns in the UK
- Thousands of appointments cancelled
- Patients shielding
- Access to patients in the community greatly affected
- Self and shared-care solutions first line
- Increased need for education for patients.

Leg ulcers: the reality

730,000 patients affected

1.5% of the adult population



16% of cases received an ABPI

26-69% recurrence rate

The NHS needs a solution!

Patients deserve better!

(Guest et al. 2015)

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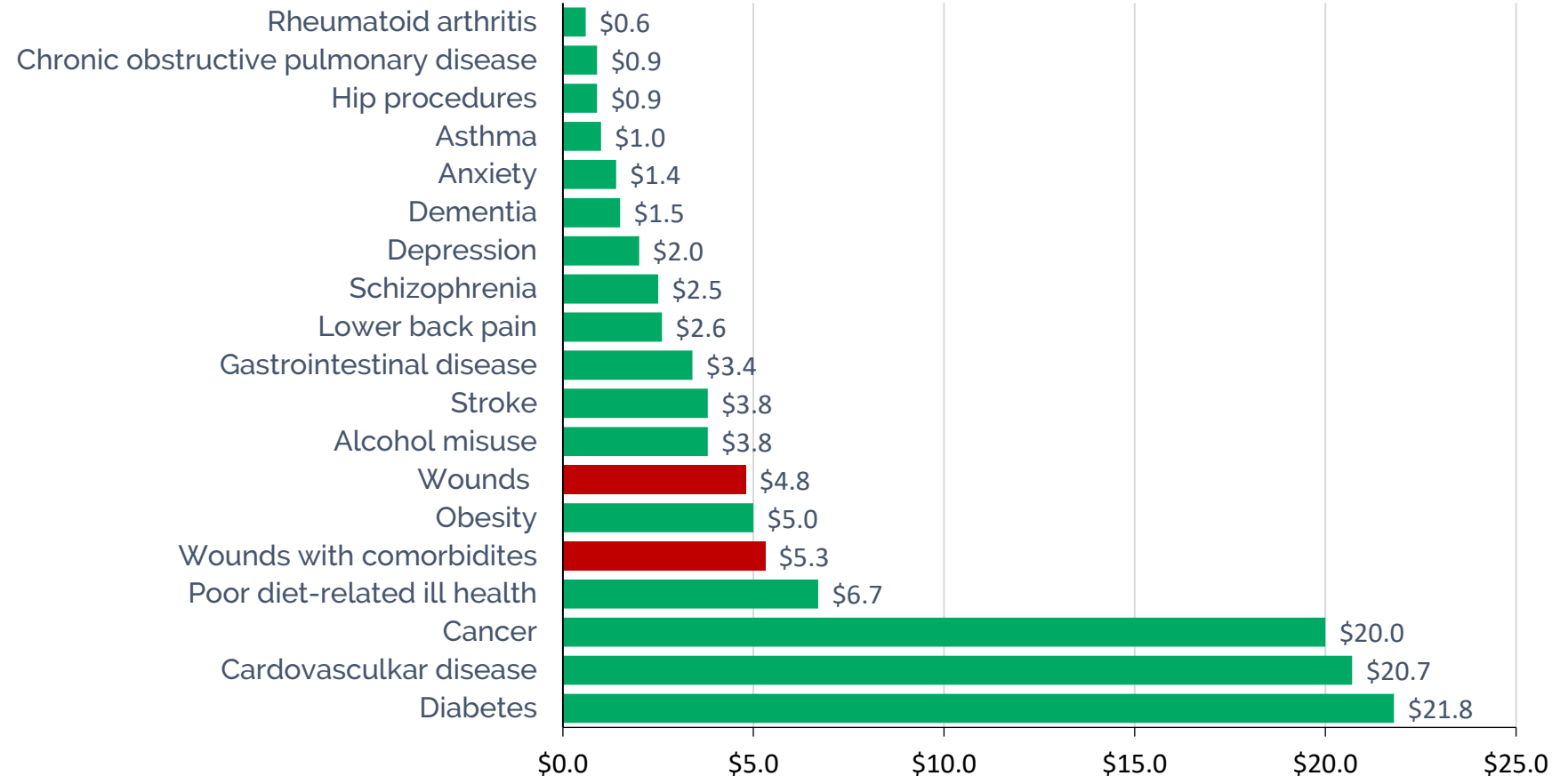
Burden of illness league table



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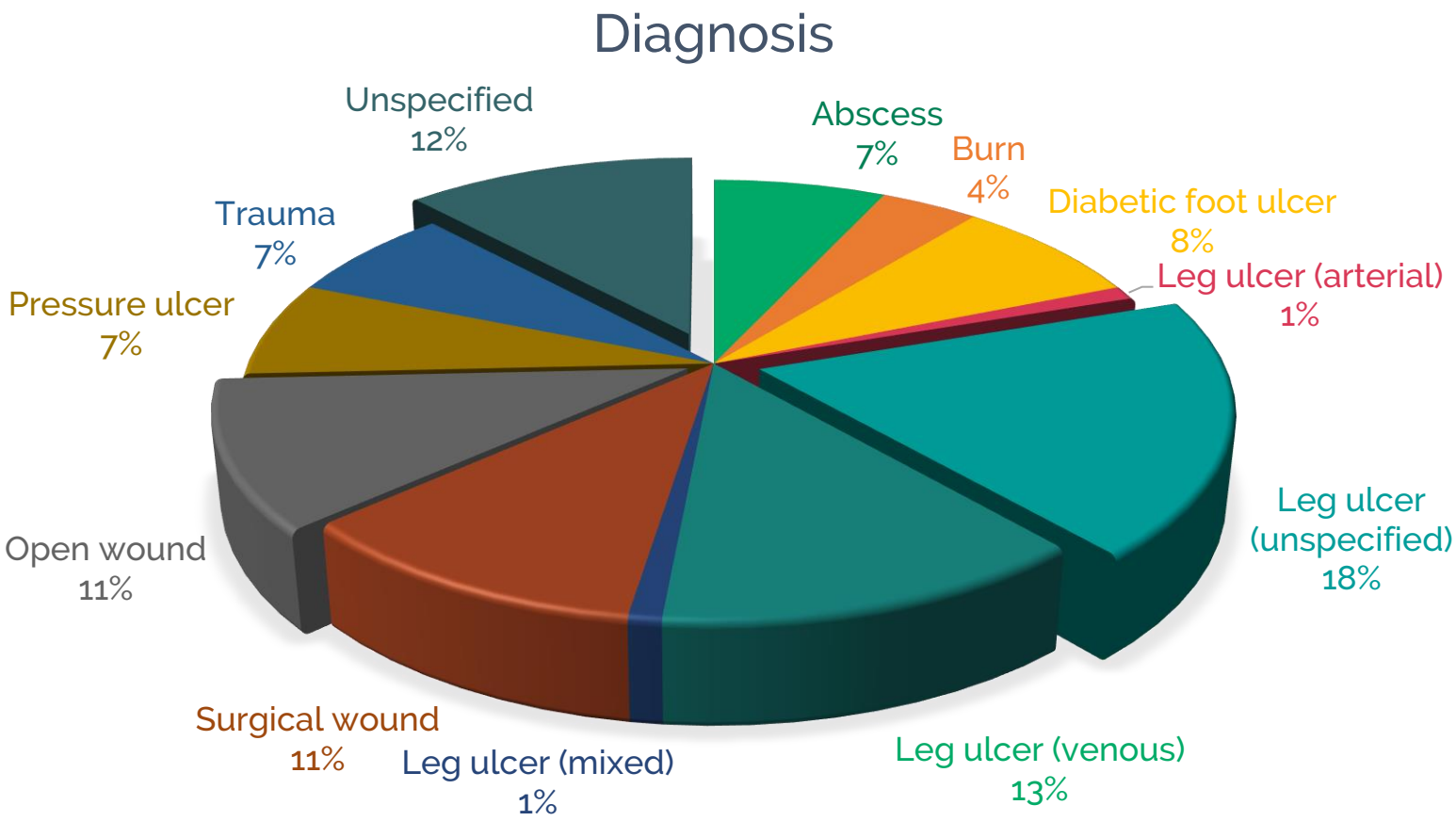
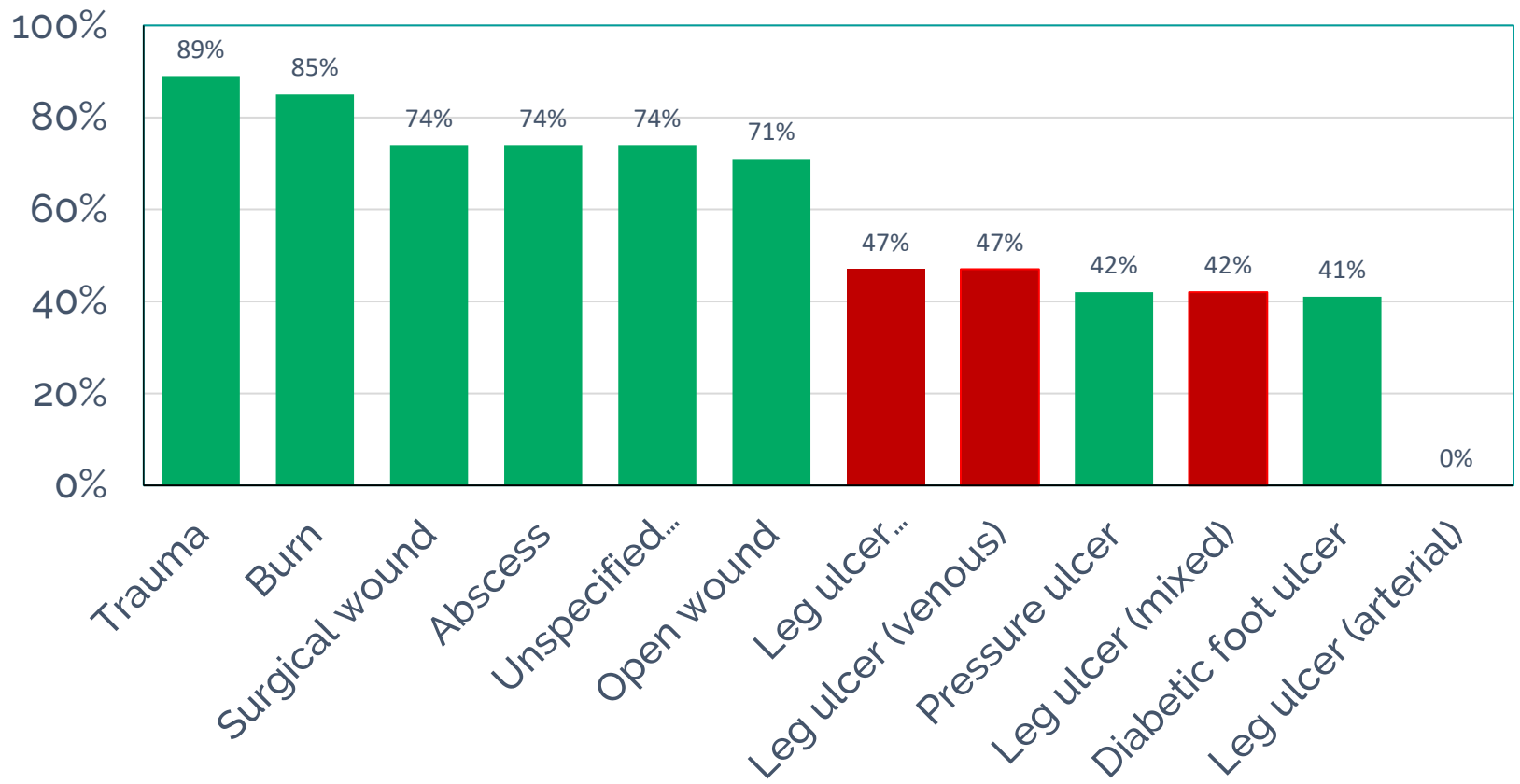
Distribution of wounds



(Guest et al, 2015)

Healing at one year



(Guest et al, 2015)

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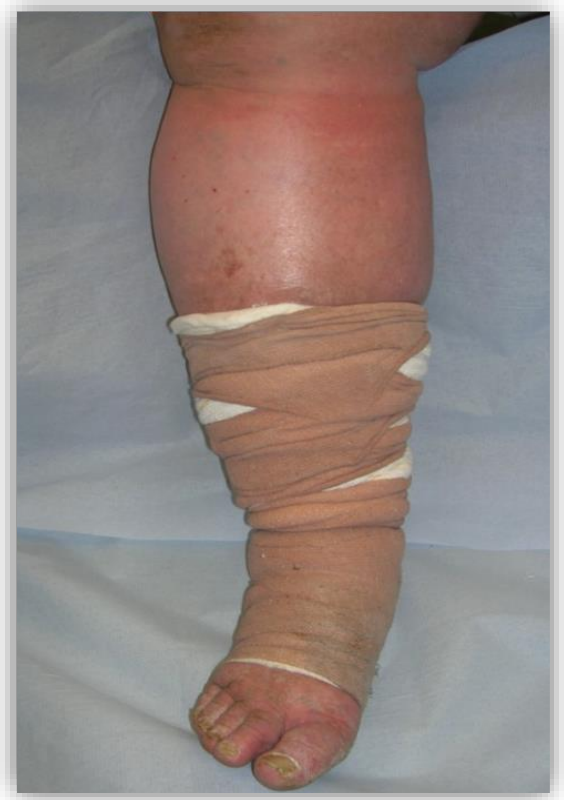
Leg ulcers: the reality

£1.94 Billion

This is how much it costs the NHS to manage leg ulcers each year, impacting overall healthcare budgets and society as a whole (Guest et al, 2017).

Main challenges



- Poor assessment and diagnosis
- Underuse of evidence-based practice
  - Doppler assessment of ankle brachial pressure index (ABPI)
  - Compression therapy
  - Venous intervention
- Overuse of ineffective interventions
  - Compression less than 40mmHg
- Policy restrictions
- Time lag in patients being seen.

A letter from Johnny

Dear Dad,

I've signed up to help promote this new initiative regarding healthcare, specifically lower limb circulatory issues. I know it's not something you were ever really comfy talking about. But I've said I'll help because there was more both of us could've done and might be able to do in the future, seeing as I've inherited your 'egg in the nest' hairline, gift of the gab and desire to ignore symptoms in favour of frivolity.

You were never vain; I mean you insisted on wearing socks with sandals in Spain – now that is proper leg shame.

Dad you recovered from an aneurysm, beat cancer and made everyone who looked after you laugh all the way through. Mum told you off for flirting. And we all got funny looks for calling you Frankenstein before your head scars healed from the brain op.

So why, when your legs got bad, as had those of your siblings, did you shut down about it? Why did it stop being something we all got through together?

I know you didn't like bothering your GP, even though you claimed he gave you a prescription for dark rum. Who knew you were a master forger? I know you were the type to just do your best to 'walk it off', but you can't deny that you treated this differently. It wasn't the way you walked, it was the way you looked, proper ashamed, as if your legs had done wrong by you, and in turn us. It was never completely irreversible, but more could've been done by all of us.

Let's call a spade a spade. I've a theory. I know you'd rather not hear it but here goes, because one day I'll have to try and practice what I preach. This wasn't internal, we could all see, but none of us were judging you for, only you did that. Your legs looked different, but it was hardly a scene from Hammer House of Laurence. Yes, there was swelling and skin that needed daily application of cream. Mum applied it and ordinarily that would've counted as foreplay for you, so why did you choose to act like this was a curse, the lowering of Tutankhamen's circulatory bandages?

So now we've got this COVID-19 crisis and many folk are isolating – much like you did with your legs at the start. The big difference is that they have to isolate. They are having to ask for help and are doing what they can with preventative self-care; exercises, keeping on top of their diet and skin care.

They can't allow pride, fear or unnecessary shame to come before a fall and that's why I'm involved with this Squeeze In booklet. You prove that even the bravest of people can still do with a 'safe distanced' nudge in the right direction.

I hope you don't mind me sharing something so personal with those most in need right now, but knowing how caring and compassionate a person you were I'd dare to say that if you were still with us, you'd be in the bay window, wearing a kilt and writing this yourself, if you thought it'd help.

Johnny

Supported by

LEGS MATTER!

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Is it time to challenge practice?

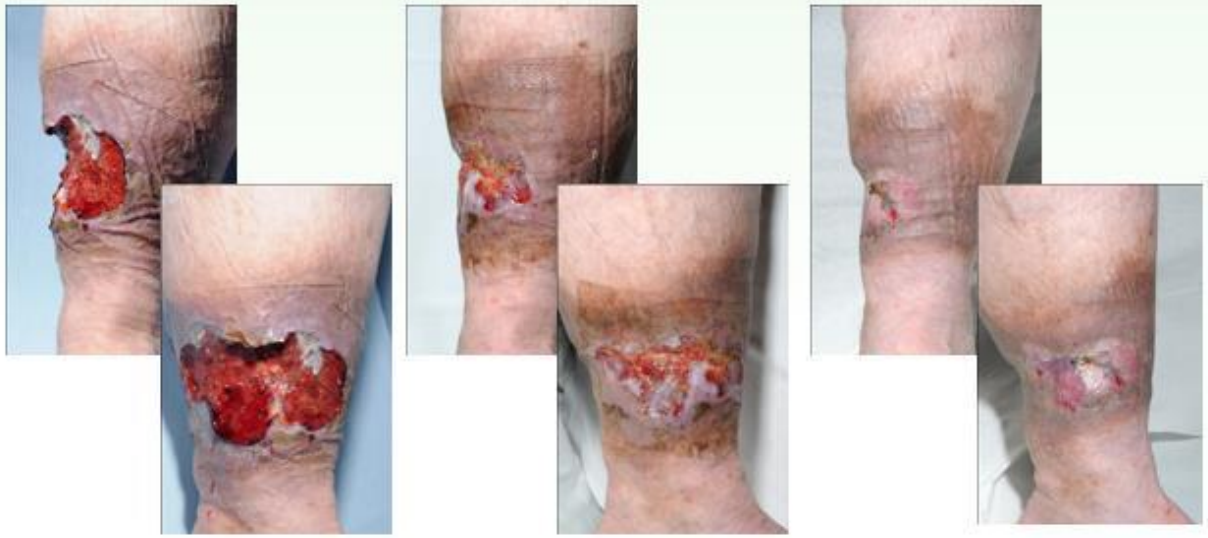
The evidence exists!

Compression for venous leg ulcers (Review)

O'Meara S, Cullum N, Nelson EA, Dumville JC

THE COCHRANE COLLABORATION®

Power of Compression



Presentation 27/7/09 **Review 13/8/09** **Healed 15/9/09**

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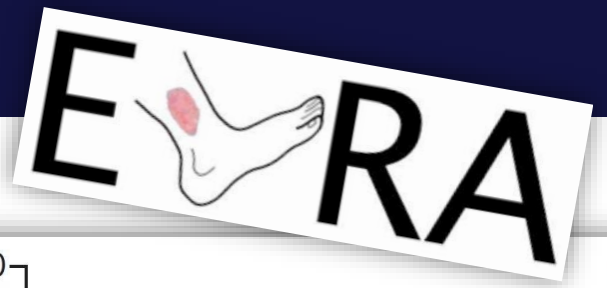
Evidence to support self-care

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

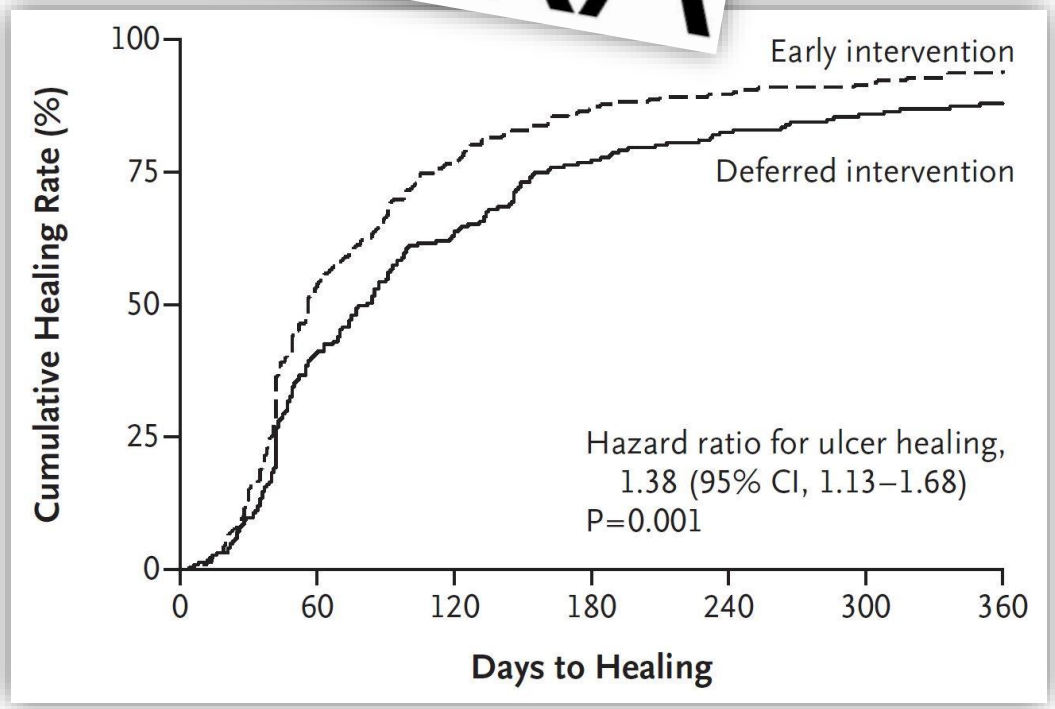
'Increased use is likely to result in a substantial saving for the NHS with improved quality of life for people with venous ulcers.'

Evidence to support early intervention



EVRA results:

- Early venous intervention aids healing
- Healing times reduced from 82 days in control group (compression) to 56 days (compression and venous intervention) (P=0.001)
- Rate of healing at 24 weeks was 85.6%.



(Gohel et al, 2018)

Key drivers of this approach

CCG11: Assessment, diagnosis and treatment of lower leg wounds (NHS England, 2020).

Scope
Services: Community Nursing

Period: Q1 Q2 Q3 Q4

Payment basis
Minimum: 25%
Maximum: 50%
Calculation: Quarterly average %

Accessing support
Policy lead
Una Adderley
National Wound Care Strategy Programme
una.adderley@yhahsn.com

Supporting documents
NICE Clinical Guideline CG147

NICE Clinical Guideline CG168

SIGN Guideline 120

Additional supporting documents will be available via the Future Collaboration Network for Wound Care. For access please email the contact above.

Data reporting & performance
Quarterly submission via National CQUIN collection – see section 4 for details about auditing as well as data collection and reporting. Data will be made available approximately 6 weeks after each quarter.

Performance basis: Quarterly. See section 3 for details about the basis for performance and payment.

Description
Achieving 50% of patients with lower leg wounds receiving appropriate assessment diagnosis and treatment in line with NICE Guidelines.

Numerator
Of the denominator, the number where the following audit criteria for diagnosis and treatment are met within 28 days of referral to service or, for a patient already receiving care from that service, within 28 days of a non-healing leg wound being identified and recorded:

1. Documentation of a full leg wound assessment that meets the minimum requirements described in *Lower Limb Assessment Essential Criteria*.
2. Patients with a leg wound with an adequate arterial supply (ABPI ≥ 0.8-1.3) and where no other condition that contra-indicates compression therapy is suspected, treated with a minimum of 40mmHg compression therapy.
3. Patients diagnosed with a leg ulcer documented as having been referred (or a request being made for referral) to vascular services for assessment for surgical interventions.

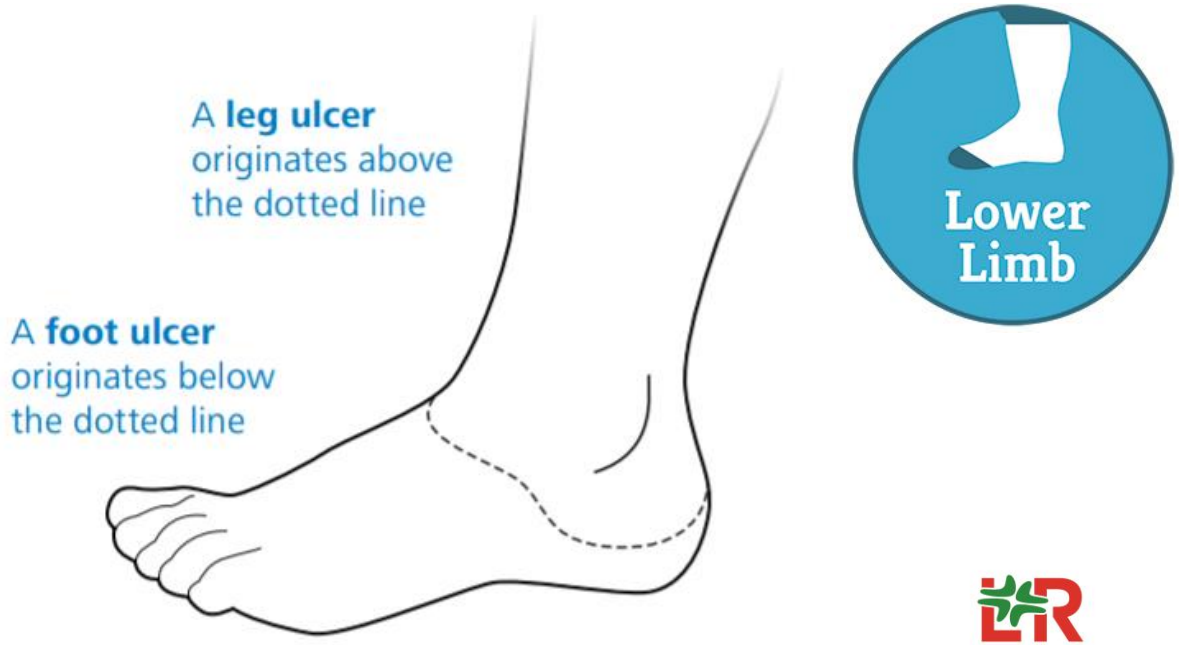
Denominator
Total number of patients treated in the community nursing service with a wound on their lower leg (originating between the knee and the malleolus).

www.nhs.uk 30

Lower limb recommendations

National Wound Care Strategy Programme
Excellence. Every Patient. Every Time.

The guidance applies to people who have one or more wounds below the knee (National Wound Care Strategy Programme [NWCSP], 2020).



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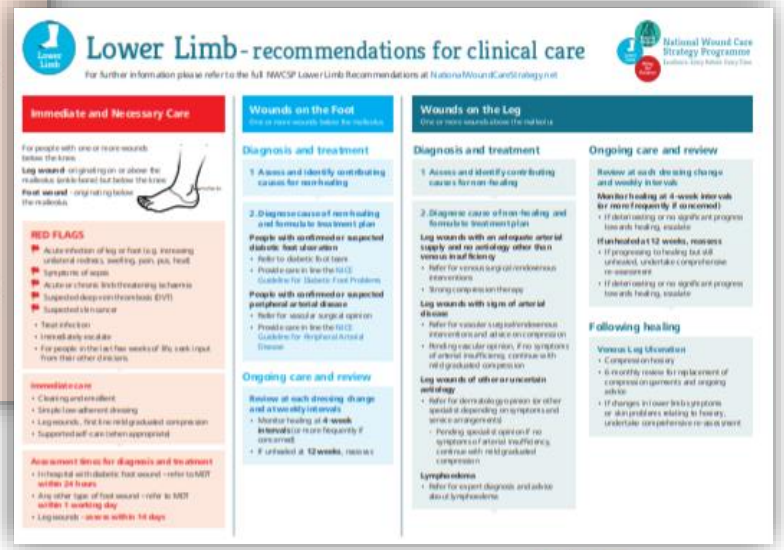
Red flags, immediate and necessary care

RED FLAGS

- Acute infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat)
- Symptoms of sepsis [14]
- Acute or chronic limb threatening ischaemia [15 16]
- Suspected deep vein thrombosis (DVT)
- Suspected skin cancer

- Wound bed, peri-wound and limb skin cleaning and emollient, as required [18]
- Simple low-adherent dressing with sufficient absorbency [18]
- For leg wounds, first line mild graduated compression (see explanatory notes) [19]
- When appropriate, people with leg and foot wounds should be supported to self-care.

Lower Limb - Recommendations for Clinical Care



(NWCSP, 2020)

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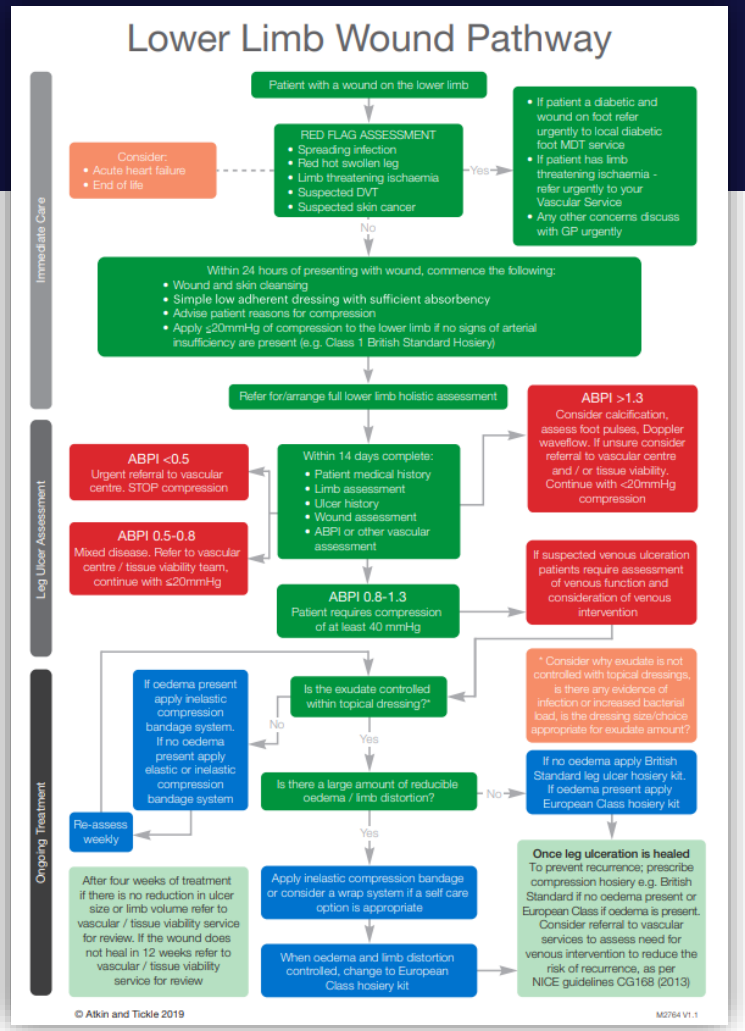
The solution

- Places emphasis on early diagnosis
- Supports optimum use of compression
- Embeds evidence into practice
- Uses self-care solutions first line
- Encourages prevention to prevent recurrence
- In line with NWCSP recommendations.

(Atkin and Tickle, 2019)



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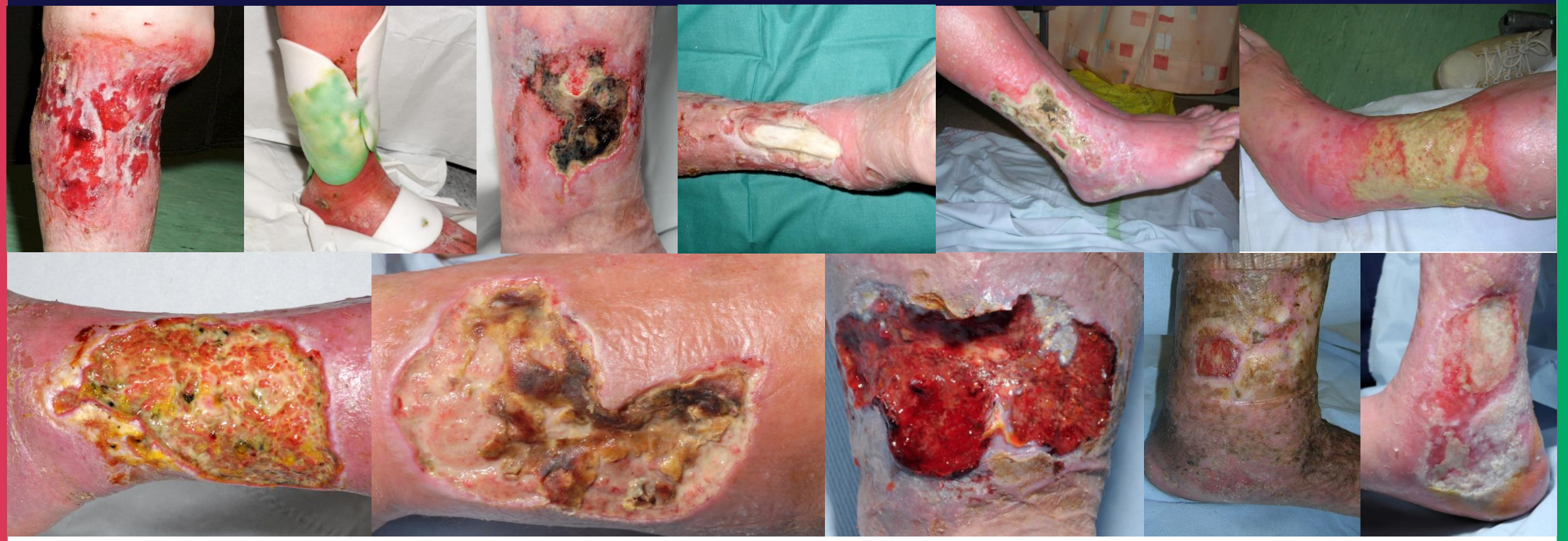
Chronic ulcers all started as simple small wounds!



How does this feel? The patient perspective

'I am upset about the life I could have had, the career I should have had and for the person that I should have been. I always thought I would be somebody and achieve something in life but I feel like I have had that opportunity stolen away. I hate feeling self-conscious, disabled and unattractive and I hate that this leg ulcer has taken away my self-confidence.'

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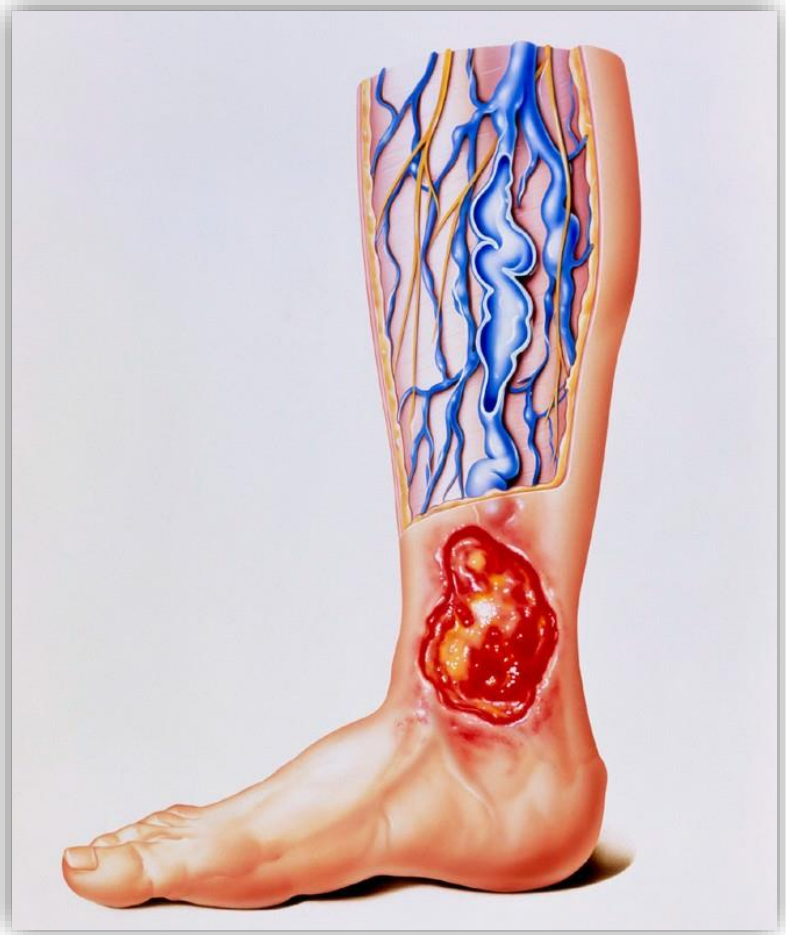
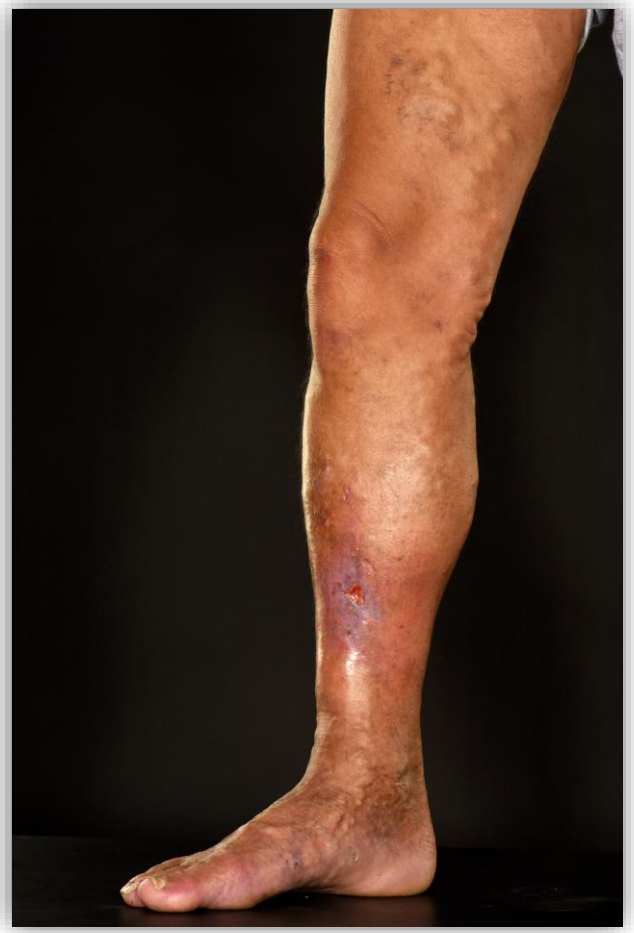
Leg ulcer — ‘a weed’

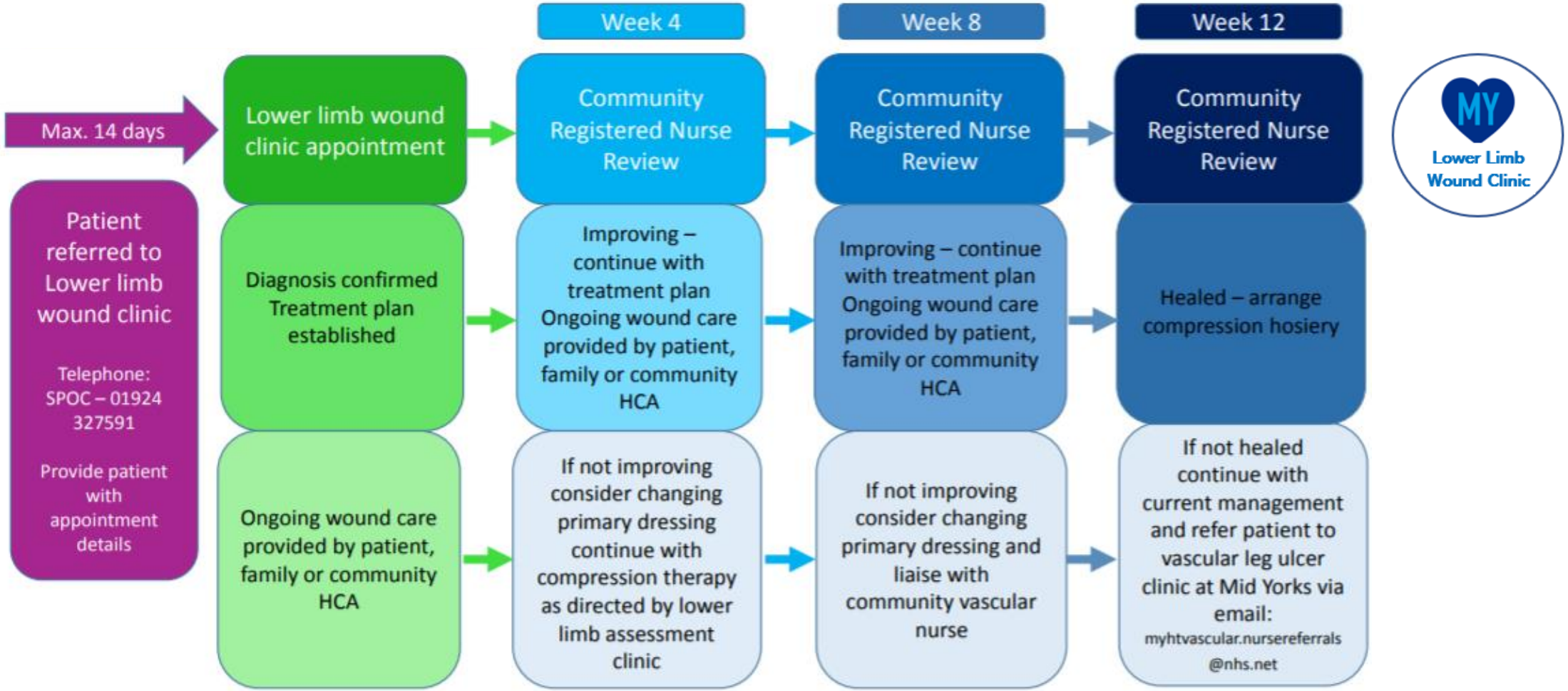




Lower limb wound clinic

- One-stop, once-only assessment clinic
- Staffed by vascular nurse specialist and community staff
- Complete vascular assessment (ABPI and beyond)
- Assess for need of venous intervention
- Diagnosis
- Set treatment plan
- Start compression
- Promote/enable supported self-management
- Provide supplies to patient
- Ability to onward refer.

Lower limb wound clinic pathway



New service

Immediate care	• All
Assessment	• Lower limb clinic
Care providers	• HCA/Self/family
Care reviewer	• Registered Professional
Specialist Clinic	• Specialist/consultant

MY Lower Limb Wound Clinic

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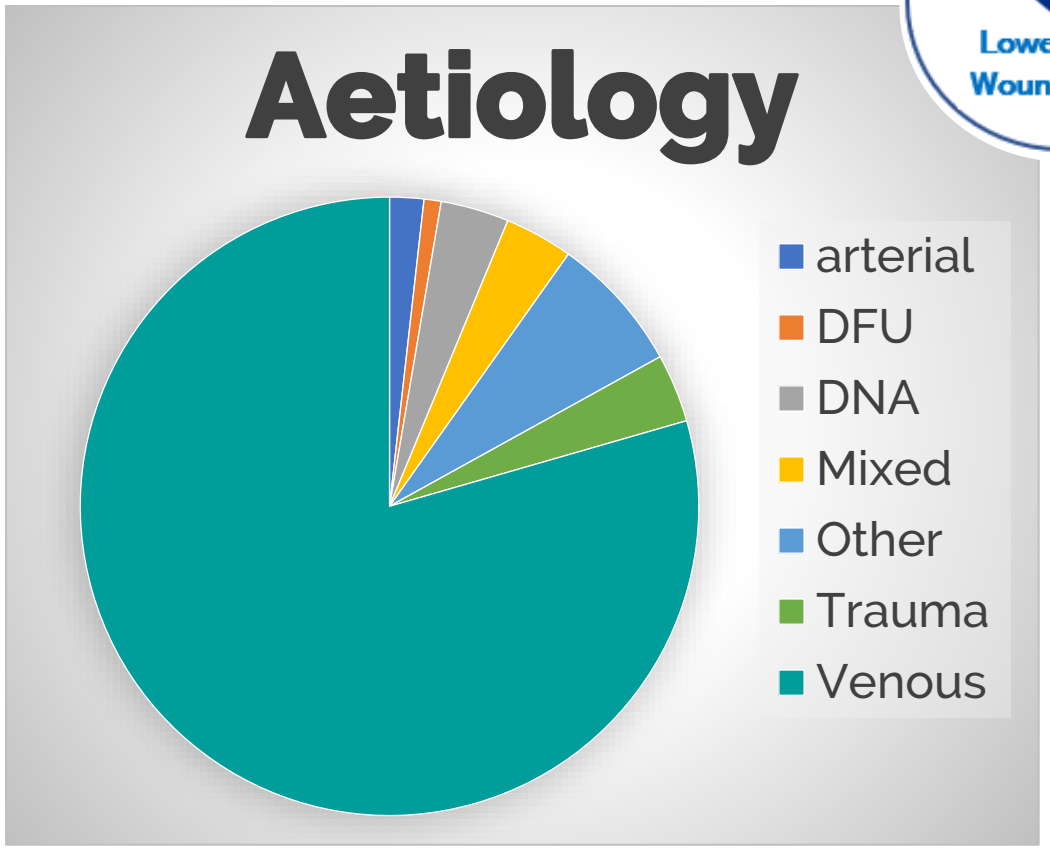
Lower limb wound clinic

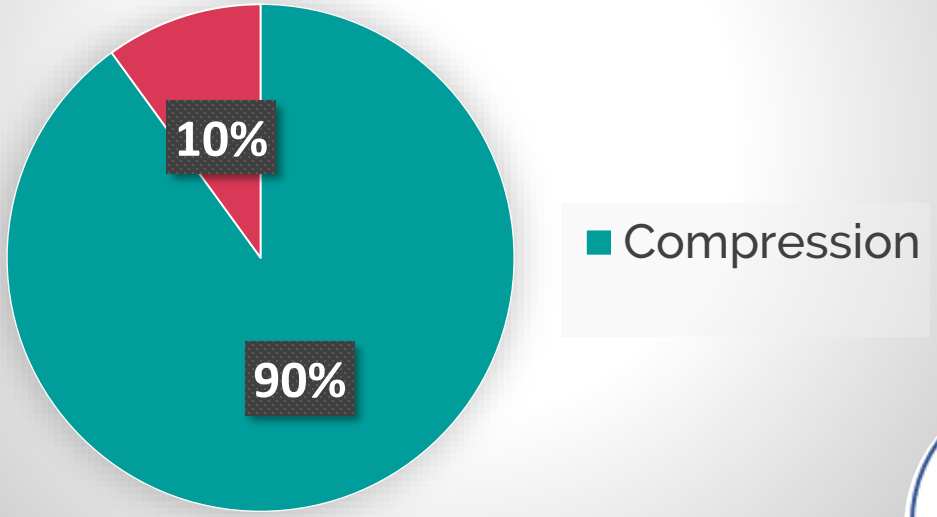
- Commenced 2nd June, 2020
- In three months — 116 patients
- Four patients did not attend
- Average time from referral to being seen:

4.3 days (range: 0–12).

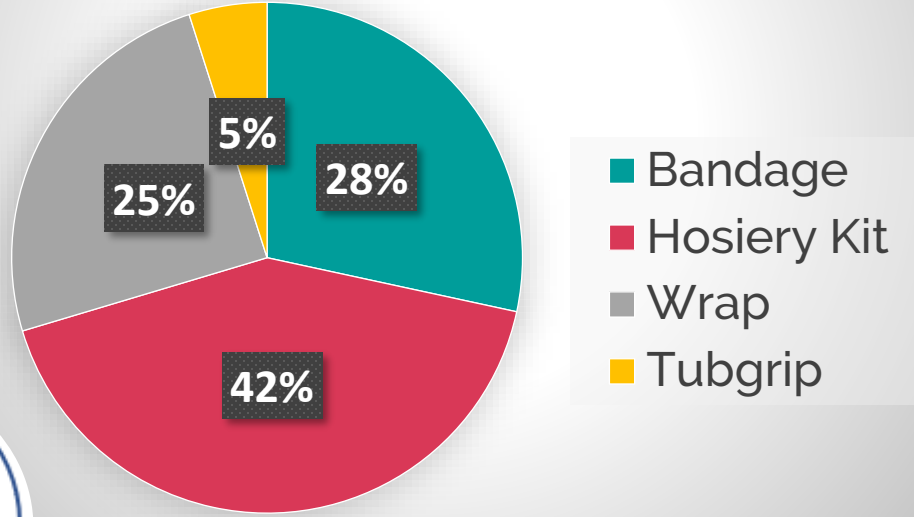


Lower limb wound clinic

Patients with venous ulceration.



Compression type.



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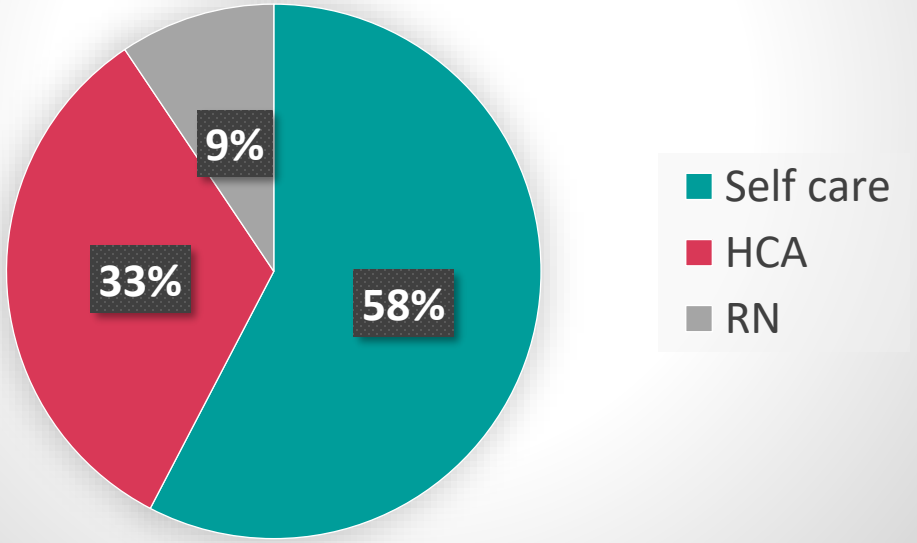
Lower limb wound clinic

Venous ulceration outcomes.



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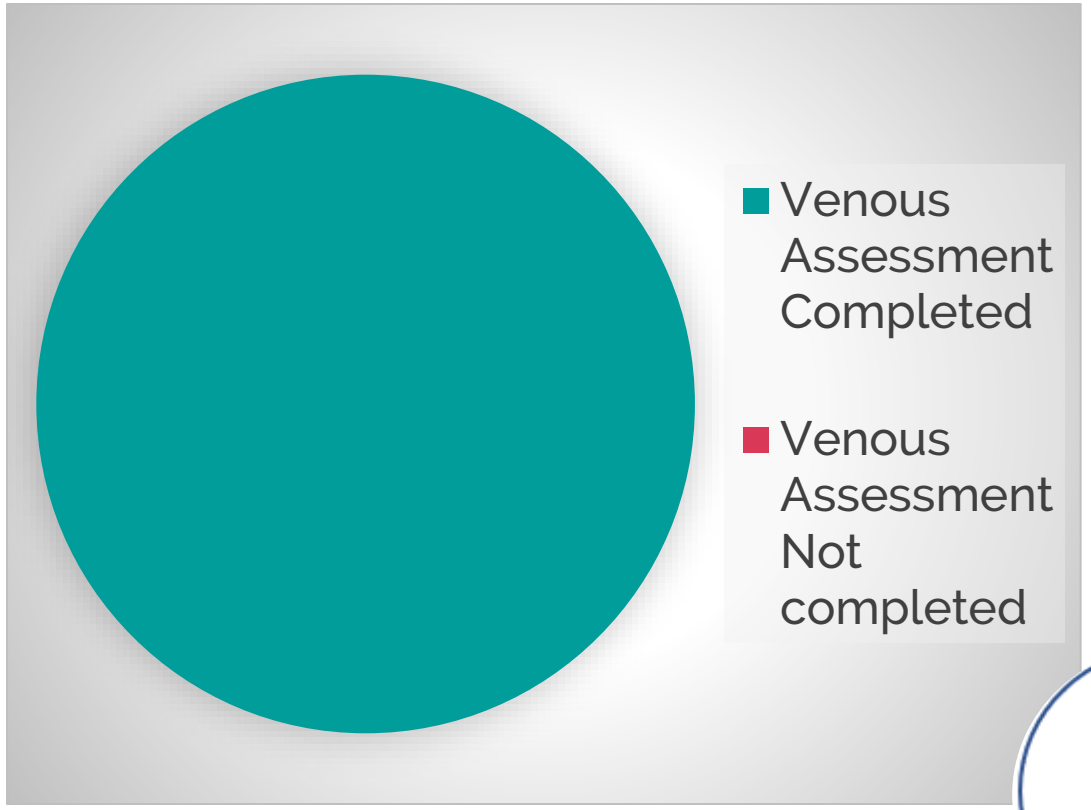
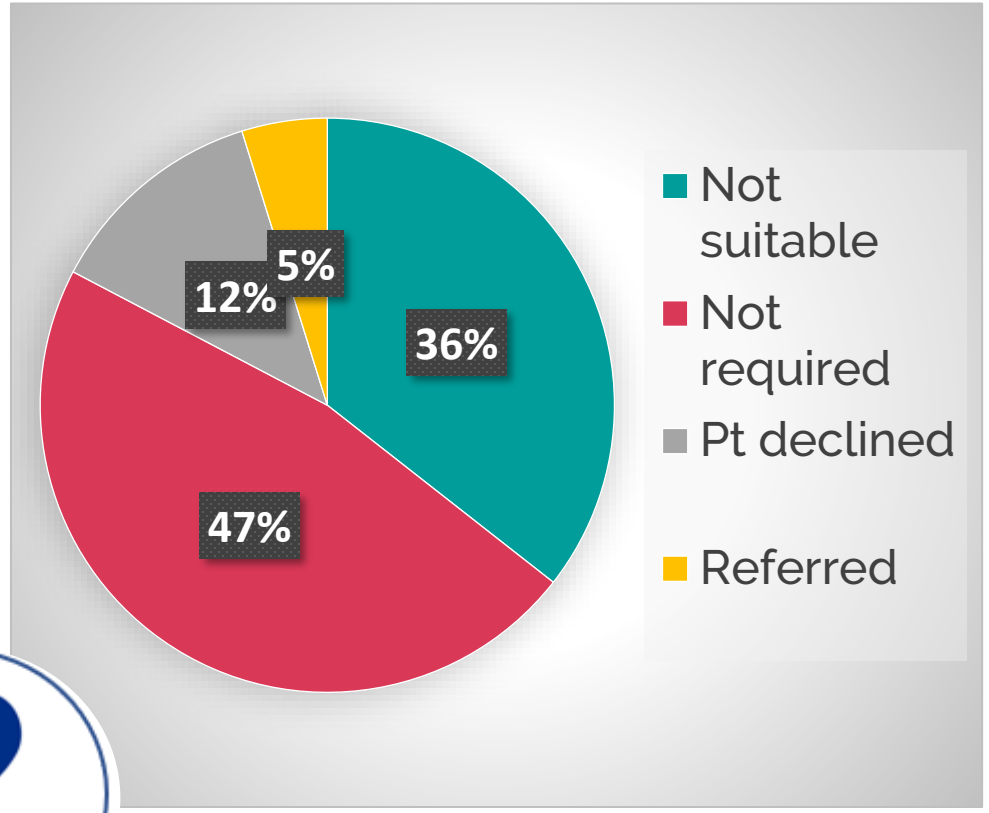
Venous intervention





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Impact

- 87 patients a week, weekly visits mostly by a registered nurse
- Reduction of 49 visits a week as patients self-caring
- Sustained model so no input needed for 4 weeks (reduction of 196 visits every month)
- Where clinician support is needed:
  - Mostly healthcare assistant (HCA) support — 28 patients
  - 8 patients requiring registered nurse (RN).

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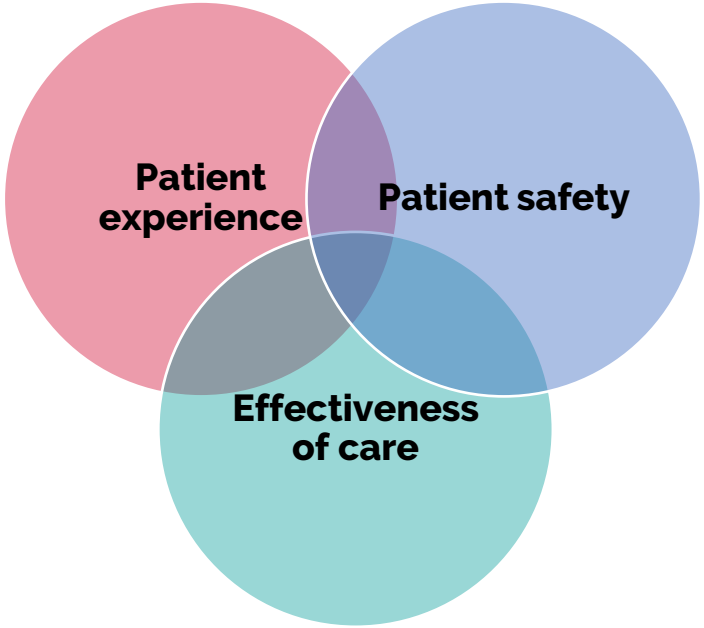
Patient safety

- One patient critical limb ischaemia – underwent next day scanning, then within 4 days consultant review, revascularisation within 10 days
- One patient with severe diabetic foot infection — referred to clinic via GP — admitted same day
- One patient necrotic toe — referred to vascular surgeons – seen next days and toe amputated
- Two patients had arterial disease — referred to vascular – seen within 7 days
- Patient with acute wound (under 2 weeks) — referred urgently to plastic consultant — underwent evacuation of haematoma
- Three patients with acute wound (under 2 weeks) — skin tear and haematoma — referred urgently to plastic consultant.

MY Lower Limb Wound Clinic

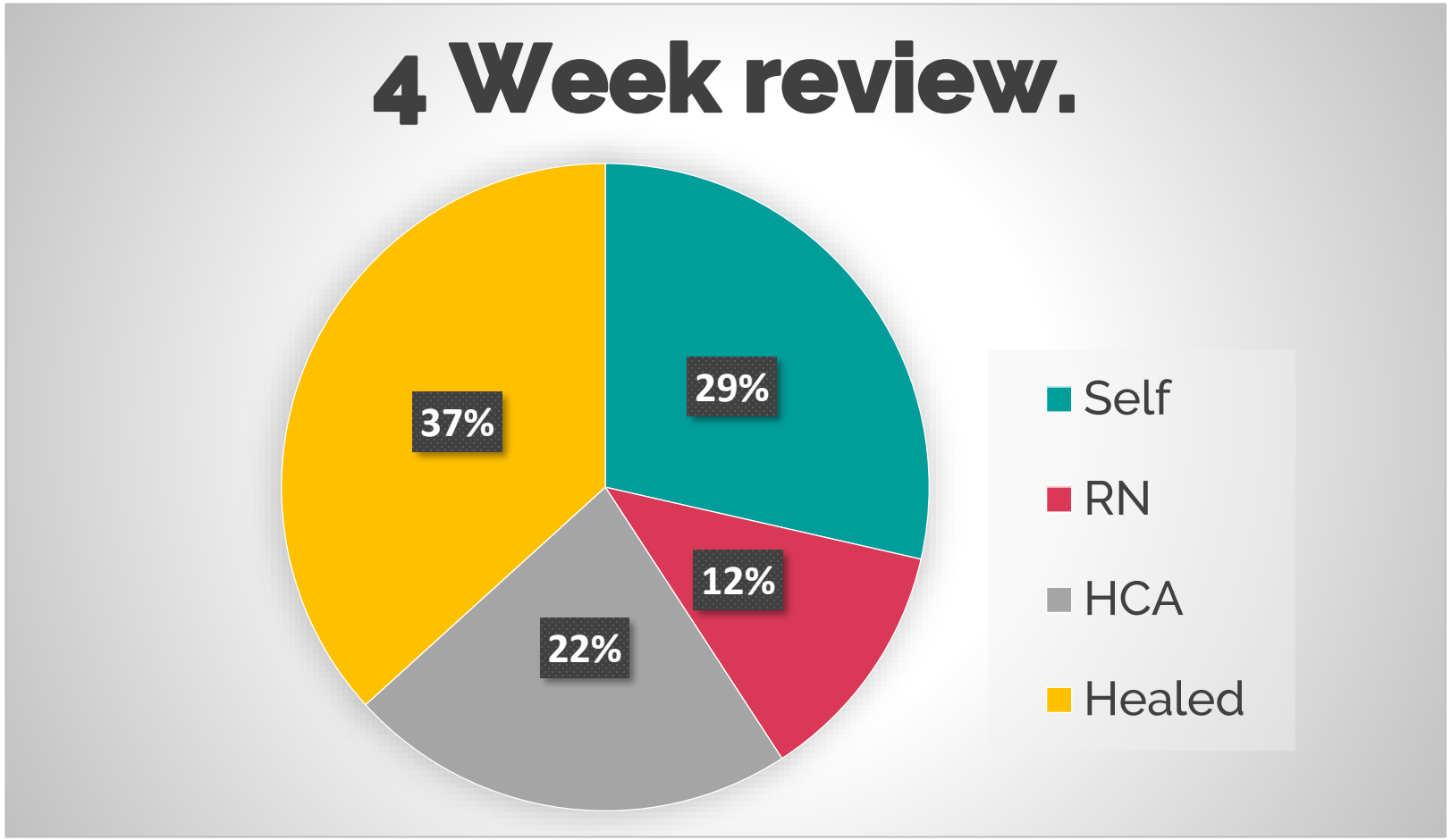


Comments

Excellent
Caring and helpful
Lovely clinic — great service
They know what they are doing
Quick and efficient
Clear explanations
Reassuring

87% extremely likely to recommend service.
No responses expressing negative opinion.

Lower limb wound clinic review



Lower Limb Wound Clinic

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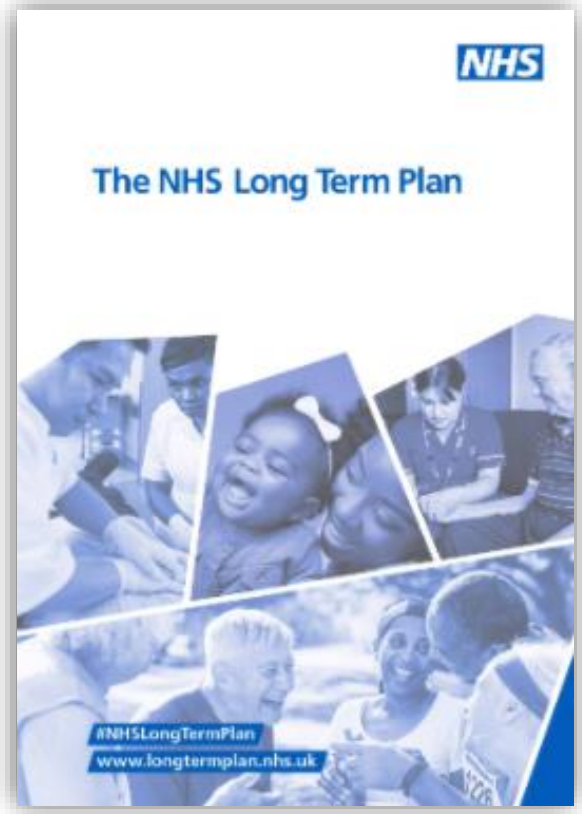
Supported self-care



- Part of *The NHS Long Term Plan* (NHS, 2019) — to make self-management business as usual
- As well as the right products and treatment plan, patients need to be supported to have the confidence and knowledge to successfully self-care
- Approaches to supported self-care are well embedded in other therapy areas, such as diabetes and respiratory.

Patient engagement is key

- Education and coaching
- Increasing patients' knowledge and confidence to manage their condition
- Promotion of peer support to empower patients and help people feel connected.

Benefits

- Getting it right first time
- High quality care
- Timely assessment
- Focus on correct care of new ulcer
- District-wide approach
- Elimination of waste/passing over admin tasks
- Maximises workforce impact
- Improved healing rates
- Reduction in nursing time — releasing time to care
- Improved quality of life for patients.

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Give them the resources!

Signpost your patients to:

www.legsmatter.co.uk

www.squeezein.life

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Sign up today to receive exclusive access to ongoing support.

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