AS PART OF

LEGS

MATTER!

LEGS

MATTER

WEEK

LEG ULCER PREVENTION AND **MANAGEMENT; PERSPECTIVES ON SELF CARE FROM THE LEGS** MATTER COALITION

15 7:30 PM













Leg ulcer prevention and management: perspectives on self-care from the Legs Matter Coalition

GET READY TO GET LOUD FOR LEGSGETLOUD #LEGSGETLOUD

Leg and foot problems might have gone quiet but they haven't gone away. This October, we're getting loud for legs and feet. Are you in?



Legs always matter!



Reflections on the opportunity for self-care in a post-Covid era Sarah Gardner Independent Tissue viability consultant Trustee,Tissue Viability Society

L E G S

MATTER

ole.Health.Care.



Venous leg ulceration in the UK











730,000 patients affected, which is 1.5% of the adult population

42 – 47% of leg ulcers healing at 1 year Annual NHS cost of managing leg ulcers is estimated to be £1.94 billion Healed VLU: £2,981 per year Active VLU: £13,455 per year

> Guest et al. 2015 Guest et al. 2017





Venous leg ulceration in the UK



- Effective prevention and management is critical Betty's story illustrates this
- 67–80% of leg ulcer patients are treated at home or in a clinic by a nurse (Nazarako, 2016)
- Increasing real-world evidence emerging to support implementation of self-care for venous leg ulceration (VLU)





Covid-19



- Suspension or significant interruption to services
- At-risk population shielding
- Repeat prescribing impacted increased risk of recurrence and deterioration due to maintenance compression therapy not being renewed







What was the impact on leg ulcer services?



- Some LU services were suspended
- LU assessments not carried out
- Lack of holistic care
- Patients discharged from caseloads
- Re-modelling of services
- Integration of specialists





L E G S

What was the impact on patients?

- Stories of limb and ulcer deterioration
- Deterioration of mental health
- Positive impact based on new ways of working
- Improved healing rates
- Self-care models introduced





What did we learn during Covid-19?

- NHS can't do it all!
- We need to encourage independence NOT dependence on health services
- We need to be more creative with our treatment options
- Self/shared care should be first-line management for uncomplicated VLUs using hosiery kits



L E G S

MATTER

Self-care

- Self-care became the first-line approach for VLU in many areas accelerated implementation
- Empowering patients to take control of their condition and leg health
- Releasing time to care to enable triage of patients that require hands on care





Considerations



- Full assessment is vital to determine who can be supported to self-care
- One size does not fit all plan needs to be tailored to the patient's physical and psychosocial needs
- Patients need ongoing support, education and review to be successful self carers
- We need to embrace change as professionals and consider our role as educator and coach, as well as delivering hands on care





So what now? Is there a risk of going back to the way it was?



- The time is right for improving leg ulcer care
- Change can be difficult
- Reflect on the positive
- Gather data to support the case for change





CCG11: Assessment, diagnosis and treatment of lower leg wounds



Scope

Services: Community Nursing



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 <u>Future</u> <u>Collaboration Network for Wound</u> <u>Care</u>. For access please email the contact above.

L E G S MATTER!



www.nhs.uk

People.Health.Care.

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:

- Documentation of a full leg wound assessment that meets the minimum requirements described in <u>Lower Limb Assessment Essential Criteria</u>.
- 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.
- 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).



Finally....



'Change will not come if we wait for some other person or some other time.

- We are the ones we've been waiting for.
- We are the change that we seek.'

Barack Obama







GET READY TO GET LOUD FOR LEGSGETLOUD #LEGSGETLOUD

Leg and foot problems might have gone quiet but they haven't gone away. This October, we're getting loud for legs and feet. Are you in?



Self-care solutions

Selecting the best solution for your VLU patients

Kate Williams

Wound Clinical Nurse Specialist and TVS Trustee





Assessment is key!



- Assess the patient and their personal circumstances, not just the limb
- Are they physically able to care for their own limb, or can a family member support?
- Where is the wound?
- Consider what structure you put in place for support
- Think about logistics!
- We must be able to demonstrate improvements clinically





Clinical considerations

GET READY TO GET LOUD FOR LEGS & FEET #LEGSGETLOUD







Self-care/shared care solutions

- Hosiery kits and adjustable wrap systems
- Following full assessment to determine suitable treatment, these can be applied by patients, carers or clinicians
- Hosiery kits are ideal for those with low-moderate exudate volume and minimal limb distortion









Self-care/shared care solutions

- Adjustable wrap systems are suitable for those with low-moderate exudate volume and some limb distortion
- Those with a higher volume of exudate or limb distortion are more suited to inelastic bandaging



















Prevention of recurrence

- Ongoing compression to prevent recurrence is a key consideration
- We need to be having these conversations early
- People need to want and see the benefit of wearing lifelong compression
- Patients need choice so the compression can fit into their lives, not the other way round
- Offer vascular referral for venous intervention





Recurrence rates of VLU are reported at

Nelson and Bell-Sver 2014

National statistics of recurrence for leg ulcers

Summary

- Encourage self-care at every opportunity
- Support must be 'meaningful support'
- We must demonstrate sustained improvement
- Signpost patients to the Legs Matter website









Legs Matter Lounge

Join us for an exciting online programme of FREE events on everything from footwear to meditation, hosted by experts from the worlds of healthcare, wellbeing and yoga. #legsgetloud



Friday 16th October

Friday 16th October 2020 14:00 - 14:30

Experiencing homelessness and living with a leg ulcer – a day in the life of "David"

Dr Jemell Geraghty and "David"

Read more





GET READY TO GET LOUD FOR LEGSGETLOUD #LEGSGETLOUD

Leg and foot problems might have gone quiet but they haven't gone away. This October, we're getting loud for legs and feet. Are you in?



Best foot forward

The podiatrist's view on self-care Dr Paul Chadwick

National Clinical Director at the College of Podiatry, Visiting Professor at Birmingham City University













Patient activation DFU

- People must be at the centre of a more sustainable health system, with services shaped around their needs and preferences
- Patient activation describes the knowledge, skills and confidence a person has in managing their own health and care
- Evidence shows that when people are supported to become more activated, they benefit from better health outcomes



Primary Analth Care Assaunt & Development page 1 of 10 avails. NY VICINESS22004001 INT

Personalized care planning for diabetes: policy lessons from systematic reviews of consultation and self-management interventions

usetten Goffy', Stoon Eston', Jackie Start' ni Paul Chulweck' General Practice and Prinner Gan Research Unit, University of Centralitys, Centerlangs, UK Kinchesten Neuropean Vellis Trait, Kinstein General Happen, North Scienter, UK Warvist Mediat Echani, University of Neuropean, Coverny, UK Yoshany and Social Hauth, Haja Happen, Sankhot, UK

> Rives To descening whether a process of uses planning for people with data ntiving a patient-centred approach by proditioners with measures to promote en emperant by petients, reprice health subcomes, Beckground: Paulth price, it entries, seeks to angage people with tang-term conditions. In protecting th outh. This review was paidupted by rearritors of a working group established by th est of Health and Onderine, UK to consider the potential for pr rying in UK distance services. Hethodic flowing of systematic moleces. The Codinan rate and Database of Reviews of Dilactiverman were seen molecular unce identified as potentially relevant and 32 inducted. Patient such as pre-contaitation prompts, entraticed the role res Personalized approaches using failored information williamout head imperient intercoved the process of decision-melonic. Although effe otherst. Focusing ashe's on changing practitioner beha response, there was good soldering that the processes involved i control care characters which manager patients more effectively in managing the the robust research on the impact on health subserves of doing so. Const. and. The amount review interviews affective interventions that are available for distance consultations, but angeging patients suprime more than th sizers to share information and decision-inding, soul further development as d on practitional behaviour appear less effective than whole system approache ad one adaption offers a mechanism to integrate patient-permet medicine as

Ney words: care planning: diabetes: pablen-carmed medicles; set-management shared declates-making: speterratic review

waired: 24 September 2000; accepted: 20 March 2009

Introduction

Instein: Grout Parkin and Parkin Chronen, University and Parkin Rome, Chrone Marking, Chrone Marking, Chrome Marking, Chromes, and Cartering Davance Results and Parking Chromes, Press.





Patient activation DFU



- Patient activation is of particular importance to the 15 million people living with long-term conditions
- The pandemic accelerated this process, as healthcare services reduced almost overnight. During the pandemic, the use of virtual consultations increased, as well as rapid development of teaching aids for patients
- The culture of clinician control of health care has been reset rapidly due to the crisis and we should not be reverting back





The special ones...



















The diabetic foot



Distal symmetrical polyneuropathy

Small and large nerve fibres People.Health.Care.

L E G S MATTER!

Bilateral

'Glove and stocking' distribution


























Education is the most powerful weapon we can use to change the world

.....

Nelson Mandela















People.Health.Care.









Stock footwear: increased width and depth accommodates minimal deformity



To prevent a recurrent plantar foot ulcer in an at-risk patient with diabetes, prescribe therapeutic footwear that has a demonstrated plantar pressure-relieving effect during walking (i.e. 30% relief compared to plantar pressure in standard of care therapeutic footwear), and encourage the patient to wear this footwear.





LEGS



PROVEN CLINICAL EFFICACY FOR TCC – 7 RCTs (N=371)

TCC has a healing rate of about 90% within 6-8 weeks*



*References

Amstrong DG, et al. Off-loading the diabetic foot wound. Diabetes Care 24:1019-1022, 2001. Mueller NJ, et al. Effect of Achilles tendon lengthening on neuropathic plantar ulcers. Journal of Bone and Joint Surgery 85-A:8; 1436-1445, 2003. Katz IA, et al. A randomized trial of two irremovable off-loading devices in the management of plantar neuropathic diabetic foot ulcers. Diabetes Care 28:555-559, 2005. Piaggesi A, et al. An off-the-shelf instant contact casting devices or the management of diabetic foot ulcers. Diabetes Care 28:555-559, 2005. Mueller NJ, et al. Total contact casting in treatment of diabetic plantar ulcers; Controlled clinical trial. Diabetes Care 10:586-590, 2007. Mueller NJ, et al. Evaluation of removable and irremovable cast walkers in the healing of diabetic foot wounds. Diabetes Care 28:551-554, 2005. Lavery AL, et al. Randomised clinical trial to compare total contact casts, healing sandals and a shear-reducing removable boot to heal diabetic foot ulcers. Int Wound J 2014.





Uptake and use of TCC is poor and estimated at less than 3% — why?



- Concerns about abrasions
- Concerns about use in patients with PAD
- Concerns about use in patients with bone infection
- Concerns about diffuse soft tissue infection
- Access
- Patient acceptance





L E G S



www.footindiabetes.org.uk

paul.chadwick@cop.org.uk

Any questions??





GET READY TO GET LOUD FOR LEGSGETLOUD #LEGSGETLOUD

Leg and foot problems might have gone quiet but they haven't gone away. This October, we're getting loud for legs and feet. Are you in?



Supported self-care





Supported self-care

- Part of the *NHS Long Term Plan* to make selfmanagement *business as usual*
- Must be planned for from the start, e.g. discharge plan from admission, not introduced as a concept at a later date
- Individualised clear management plan to support patients 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





NHS







How can we make this work to prevent and manage VLU?





L E G S

Key approaches



- Peer support promotion of peer support to empower patients and help people feel connected — Lindsay Leg Club and local support groups, e.g. SLIMBS
- Facilitate 'expert patients'
- Rescue pack or 'tool kit' seen in other conditions, e.g. chronic obstructive pulmonary disease (COPD). May include, for example, steroid ointment





Key approaches



- A 'How to' to access further products to support self-care, e.g. new hosiery, more emollient. Breaks down barriers to management
- What to do/escalation plan when/if things do not go so well, e.g. skin breakdown, hosiery no longer fitting
- Supported self-care needs to manage expectations of chronic conditions, e.g. VLU/lymphoedema are for life and an exacerbation cannot always be prevented, but it can be planned for!





What resources do we have?

Visit: <u>www.legsmatter.org.uk</u>

Squeeze leg health in



Wednesday 14 October 14:00 - 14:30

Rebecca Elwell, Anna Rich, Lorraine Brown & Margaret Sneddon

Swelling: the one symptom you should never ignore





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



We know that your legs and feet probably haven't been top of your list recently, but it's time to give them some attention. Even the smallest change to the way they look or feel can be a sign of something more serious.

THREE POINT

02. SHAPE

at your GP surgery.

03. FEEL

GP surgery.

Swollen legs or feet are your body's way of saying that something isn't

right. This might be because of an

veins or lymphatic system aren't

injury or it could be a sign that your

working as well as they should. If your

legs or feet are uncomfortably swollen,

they need to be seen by a nurse or

podiatrist. Make an appointment

It's normal to feel occasional

cramp in your legs when walking but

if it happens a lot, it could be a sign

that your body's circulatory system

Tired, throbbing and painful legs can

also be a sign that something's not right - ask your pharmacist for advice

or make an appointment at your

isn't working as well as it should.

That's why we're asking everyone to check their legs and feet and to speak up if things aren't looking or feeling right.



Check the skin on your leas and feet for any change in colour or texture, including dry, scaly or red skin, or skin that's hot to touch. A cut, blister or insect bite that hasn't healed after two weeks is not normal and needs to be seen by a nurse or podiatrist. Make an appointment at your GP surgery.





TOP TIPS

KEEP HEALTHY

YOU MATTER



"Lymphoedema doesn't stop me doing leg flexes while watching the football"



#EveryBodyCan





Supported by Johnny Vegas

www.squeezein.life

Sign up today to receive exclusive access to ongoing support to manage your leg health

> LEADING THE SELF-CARE REVOLUTION



Supported by

MATTER!

SI EFAL

LEGS

References

- Atkin J, Tickle J (2018) Best practice statement leg ulceration pathway: revision required to reflect new evidence. Wounds UK 14(4): 58-62
- CCG11: Assessment, diagnosis and treatment of lower leg wounds
- Graffy J, Eaton S, Sturt J, Chadwick P (2009) Personalized care planning for diabetes: Policy lessons from systematic reviews of consultation and selfmanagement interventions. *Primary Health Care Research & Development* **10(03)**: 210 – 22
- Guest JF, Ayoub N, McIlwraith T, et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. BMJ Open 5: e009283
- Guest JF, Ayoub N, McIlwraith T, et al (2016) Health economic burden that different wound types impose on the UK's National Health Service. Int Wound J 14(2): 322–30
- Guest JF, Vowden K, Vowden P (2017) The health economic burden that acute and chronic wounds impose on an average clinical commissioning group/health board in the UK. J Wound Care 26(6): 292–303
- Guest JF, Fuller GW, Vowden P (2018) Diabetic foot ulcer management in clinical practice in the UK: costs and outcomes. Int Wound J 15(1): 43–52
- Guest JF, Fuller GW, Vowden P (2018) Venous leg ulcer management in clinical practice in the UK: costs and outcomes. Int Wound J 15(1): 29–37
- NHS Long Term Plan https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf
- NHS RightCare scenario: The variation between sub-optimal and optimal pathways
- Nazarko L (2016) Venous leg ulcers: appropriate diagnosis and evidence based treatment. Br J Community Nurs 21(Sup12): S8-14
- <u>www.legsmatter.co.uk</u>
- <u>www.squeezein.life</u>







LEGSMATTERWEEK

TO ACCESS YOUR CERTIFICATE VISIT:



www.jcn-live.co.uk/certificate