

LIVE

WEDNESDAY 11TH OCTOBER, 7:30PM

A personalised approach to shared self-care for people with venous leg ulcers

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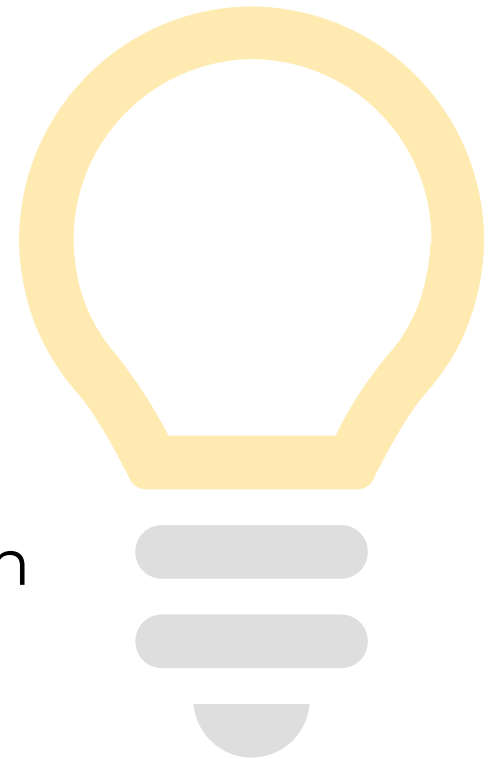
LIVE Q&A

*SEND IN YOUR QUESTIONS BY COMMENTING
ON THE VIDEO*

LEARNING OBJECTIVES

At the end of this session, you will understand:

- Why personalised shared-care is so important
- How a venous leg ulcer develops and the importance of timely treatment
- The benefits personalised shared-care gives to patients and clinicians
- The benefits of strong compression and compression solutions available
- The call to action to do things differently.



WHY: 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).

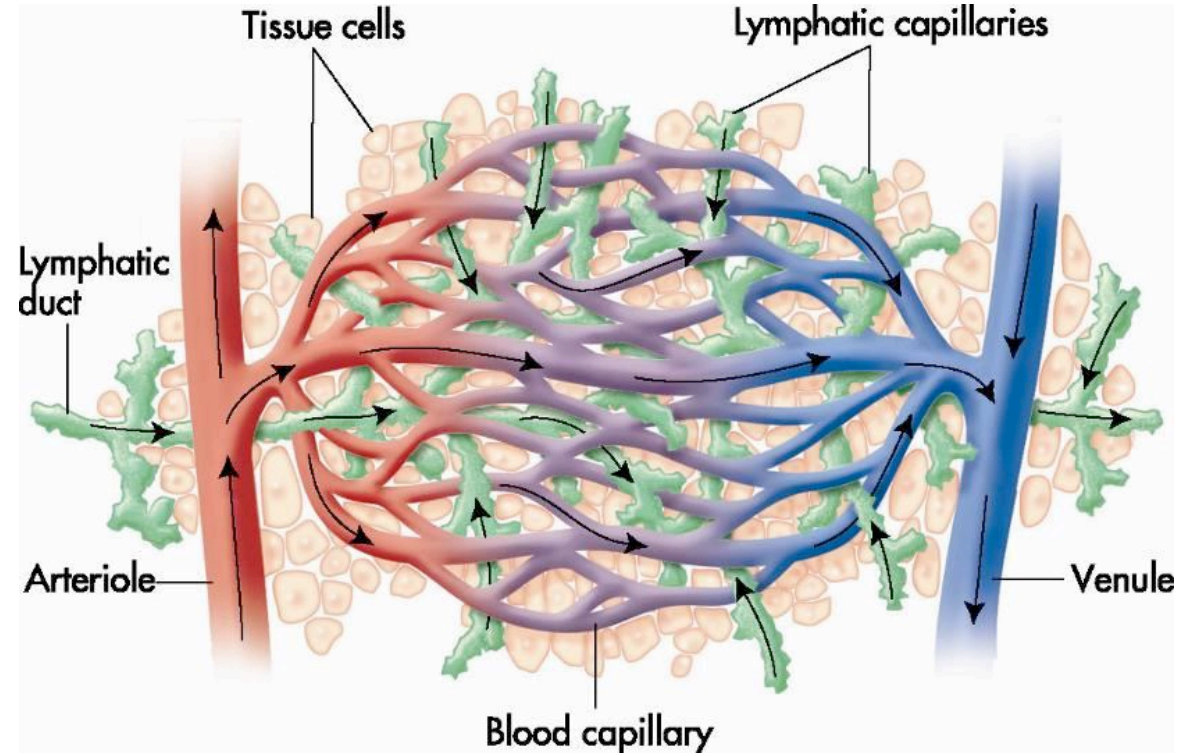
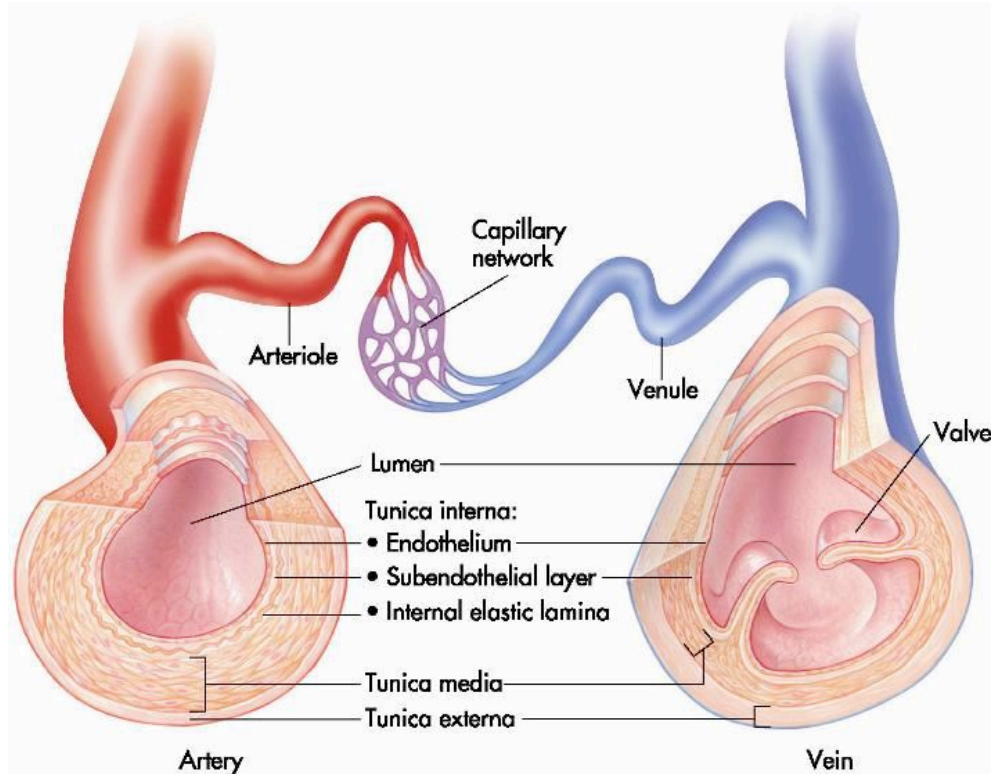
£3.1B
annual estimated
healthcare cost
associated with
leg ulcers
(Guest et al, 2020).

50%
of community
nursing time is
taken up on
wound care
(NWCSP, 2020).

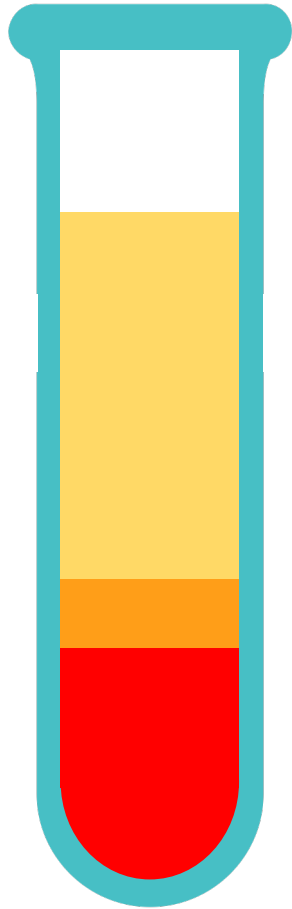
LEG ULCER: 'A WEED'



VEINS AND LYMPHATICS



BLOOD PRODUCTS IN SKIN



- White blood cells
- Platelet-rich plasma
- Red blood cells.



LOWER LIMB CARE: UNWARRANTED VARIATION

- Poor assessment and diagnosis
- Pathway delays
- Underuse of evidence-based practice
 - **Compression therapy**
 - **Venous intervention**
- Overuse of ineffective interventions
 - **Compression less than 40 mmHg**
- Policy restrictions
- Variations in approach to self-care.



EVIDENCE-BASED PRACTICE

Reality

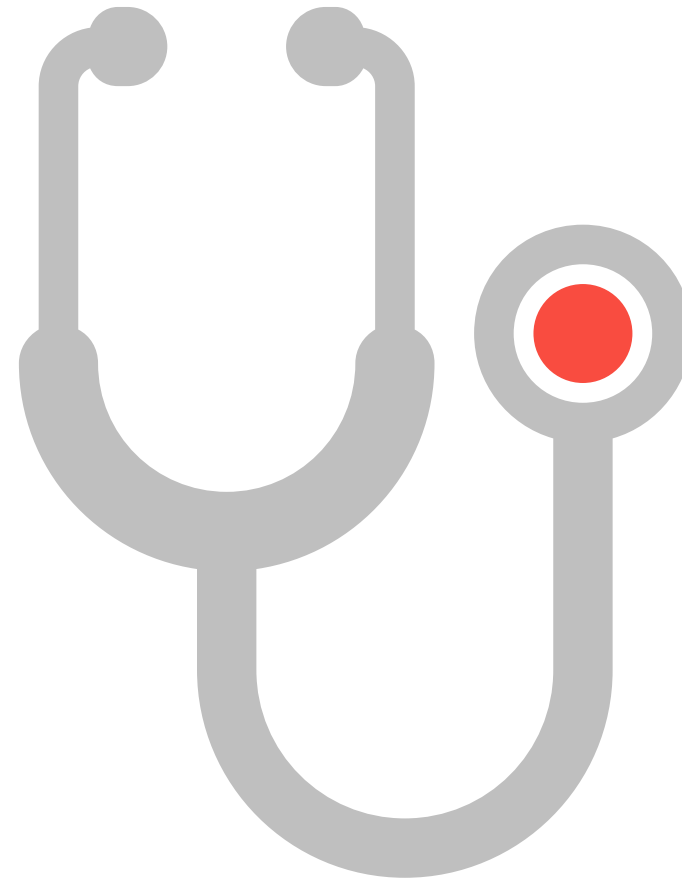
37% at 12 months

Standardised practice

86% at 24 weeks

DIFFERENT THINKING

Different thinking is needed to improve healing rates and reduce the burden to the NHS and sufferers.



THE CASE FOR CHANGE

Potential benefits include:

- **Time and cost savings** - £903,500 reduction in treatment costs and 11,600 nursing hours released to care (equivalent to six whole time equivalents [WTE]; based on a 100,000-patient population) (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** - £771 savings in fuel costs per 100 patients (Hallas-Hoyes et al, 2021)
- **Patient empowerment** so patients have greater control in their treatment.

An advanced self-care delivery model for leg ulcer management: a service evaluation

Background: Lower limb ulceration is a common cause of suffering in patients and its management poses a significant burden on the NHS, with venous leg ulcers (VLU) being the most common hard-to-heal wound in the UK. It is estimated that over one million patients in the UK have lower limb ulceration, of which 550,000 were categorised as VLUs, with a cost burden of over £3 billion each year.

Objective: The aim of this service evaluation was to assess the effects of implementing a self-care delivery model on clinical outcomes with the intention of limiting face-to-face health professional contact to one appointment every 6 weeks.

Method: A suitability assessment was conducted and a cohort of patients were moved to a self-care delivery model. Patient data were collected, anonymised and independently analysed, comparing time to healing against data on file from a previous report.

Results: This highlighted that, in 84 of the 95 patients selected, the VLU had healed by week 24 on the pathway, a further 10 patients' VLU had healed by week 42 and only one remaining patient reached 42 weeks without healing.

Conclusions: These results support the hypothesis that patients with VLU can self-care and deliver clinical effectiveness. It is recommended that all services explore the possibility of introducing a self-care model for VLU care.

Declaration of Interest: This study was made possible with funding from L&R Medical UK, who supported the initiation of the service evaluation, as well as training and education of key staff. An external data analyst consultancy (Niche Health and Social Care Consulting, UK) collected, anonymised and analysed the data to ensure the audit was robust, accurate and without influence or bias. Editorial and writing support was provided by the MA Healthcare projects team. This paper was prepared by the JWC projects team.

care pathway • delivery model • dressing • hard-to-heal wounds • infection • self-care • service evaluation • ulcer • venous leg ulcer • wound

In 2018, South West Yorkshire Partnership Trust (SWYPT) tissue viability (TV) leg ulcer service conducted a review of its existing lower limb management pathway. It was a traditional pathway, consisting of multiple patient contacts per week by healthcare staff.

The results of this review indicated improvements could be made, and subsequently the TV team introduced the best practice leg ulcer pathway, which was adapted from Atkin and Tickle, 2016. Key elements of the adapted pathway are outlined in Box 1.¹ The main differences between the two pathways were improved clarity on process (this was supported by education and training if required), improved pathway hand-off points to each team and less frequent patient contact. This resulted in improved wound healing times and reduced costs (driven by less healthcare time being used on patient visits).

In recent years, there has been growing national recognition of the need to improve healing outcomes for the lower limb and thus reduce costs. In 2015, Guest et al. published a study, commonly referred to as the 'burden of wounds to the UK NHS in 2012/13', which highlighted the scale of the challenge of caring for patients with wounds.² It sparked a long overdue parliamentary debate in the House of Lords, which highlighted the need for a national strategy to improve the standards and delivery of wound care in the NHS.³ This led to NHS England and NHS Improvement

forming a group known as the National Wound Care Strategy Programme (NWCSP) in 2018 (NHS England, National Wound Care Strategy Programme).⁴ Guest et al.³ repeated their earlier study in 2017/18, with concerning outcomes: their results indicated that the number of patients with a wound managed by the NHS had increased from 2.2 million in 2012/13 to 3.8 million in 2017/18, resulting in a 71% increase in the annual prevalence of wounds since 2012/2013. The annual cost of wound management had increased from £5.3 billion to £8.3 billion⁵—more than the annual cost incurred by obesity and the combined cost for managing alcohol and smoking-related diseases.

During the roll-out of the best practice leg ulcer pathway in 2018 (Box 1), the TV service hypothesised that it would be possible to introduce a self-care delivery model (Fig. 1). This would focus on patient self-care or supported self-care, thereby further reducing the burden on health professionals, with little or no reduction in patient healing outcomes. Overall costs per patient were

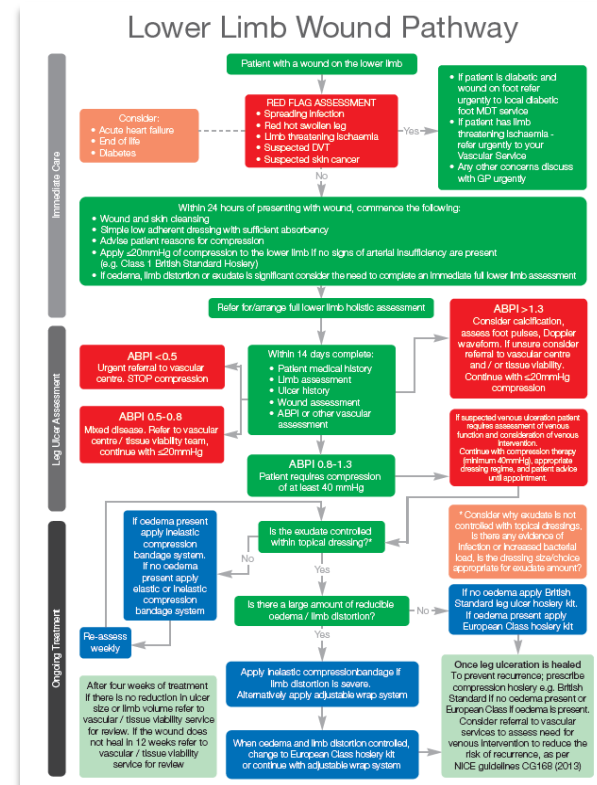
Laura Hallas-Hoyes,¹ Senior Investigator, Lead Tissue Viability Nurse Specialist; Stephana Williamson,¹ Tissue Viability Nurse; Andrew Kerr,² Director, Lower Limb Consultancy Services Ltd, UK; Honorary Tissue Viability Clinical Nurse Specialist; Trevor Andrews,³ Independent Advisor; Leonie Calladine,⁴ Omni-Channel Communications Manager

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FIRST STEPS TO IMPLEMENTING A SELF-CARE APPROACH

Standardise evidence-based practice.



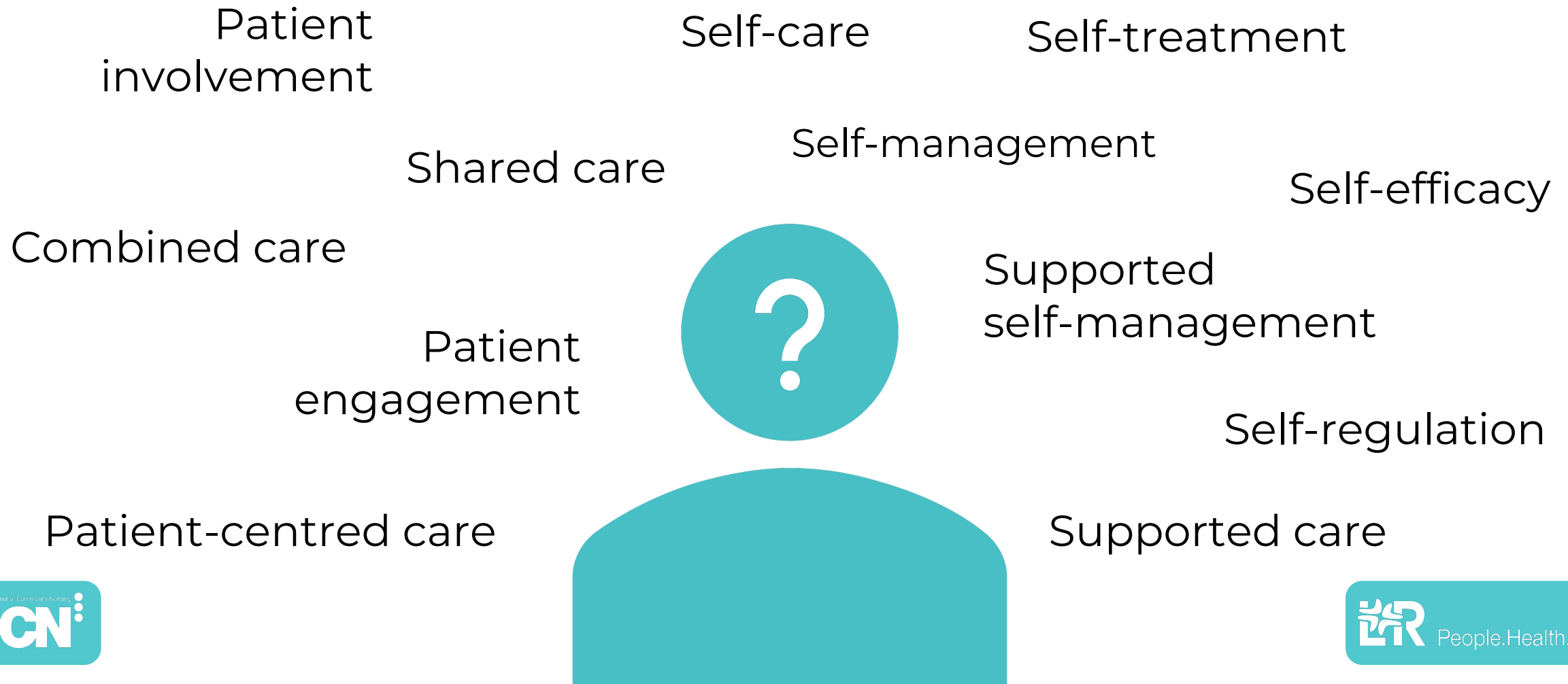
NEW BEST PRACTICE STATEMENT

Personalised self-care for people with venous leg ulcers: a toolkit for change.

- What does 'self-care' mean?
- Why self-care matters
- Spectrum of self-care
- The Dialogue Tool
- Focus on venous leg ulcers (Wounds UK, 2023).



WHAT IS SELF-CARE?



WHAT IS SELF-CARE?

‘Supported self-management means increasing the knowledge, skills and confidence a person has in managing their own health and care by putting in place interventions such as:

- Peer support
- Self-management education
- Health coaching.’ (NHS England)



PATIENT EMPOWERMENT BENEFITS

- Patients do better when they are involved in developing and delivering their own care
- Increased choice and control
- Personalisation
- Greater satisfaction.



CLINICIAN BENEFITS

- Better **planned, coordinated** and **convenient** care
- **Reduced cost burden** with fewer visits and dressing changes
- Clinicians can focus on patients with **more complex needs and wounds**, who are unable to self-care
- Reduces stress, improves wellbeing and replenishes clinicians' capacity to **deliver compassion and empathy**.

MYTH

Encouraging patients to self-care will make clinicians look and feel redundant, less important and uncaring.

TRUTH

Self-care is not about leaving people to cope on their own. Clinicians have an essential role to play in empowering individuals to take control of their treatment and helping patients to nurture positive attitudes towards self-care.

CLINICIAN BENEFITS

- Encourages and promotes a **more sustainable practice**
- Clinicians and the patients have a shared goal, resulting in **a stronger relationship**
- **Improved reporting**, as the patient understands their wound better and can give more accurate updates to the clinician.

MYTH

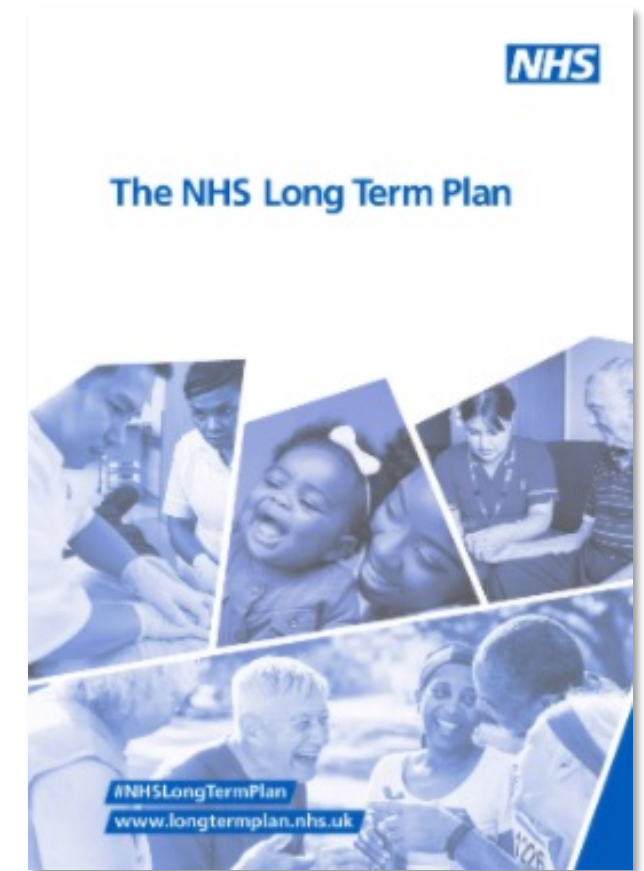
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SELF-CARE: PART OF THE NHS LONG TERM PLAN

- Part of the *NHS Long Term Plan* is to make self-management business as usual (NHS England, 2019)
- 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.



THE SELF-CARE CONTINUUM

Pure self-care

Individual responsibility

Pure medical care

Professional responsibility

Healthy living

Minor ailments

Long-term conditions

In-hospital care

Daily
choices

Lifestyle

Self-managed
ailments

Minor
ailments

Long-term
conditions

Acute
conditions

Compulsory
psychiatric
care

Major
trauma

PATIENT ACTIVATION



Patient activation: The patient's knowledge, skills and confidence in self-managing health conditions



Behavioural concept at the heart of patient empowerment



Recognise that individuals are at different stages in their journeys towards adoption of self-care strategies.

MYTH

A patient can only self-care if they are fully independent.

TRUTH

Anyone can self-care if they have been assessed as being both capable and willing to be involved. Clinicians and patients should be honest and open with each other about what level of engagement in self-care is appropriate, and to be mindful that this can change over time.

NEW BEST PRACTICE STATEMENT

REFLECT ^{AND} _{BE} BOLD

Clinicians need to move away from the mindset of 'ritualistic' practice (i.e. doing things because 'this is how we have always done them'). By relaxing control and trusting patients to complete tasks related to their health and wellbeing for themselves, clinicians can support patients to optimise their outcomes while remaining a vital contact for the patient in case they need additional support.

MYTH

Self-care means that the patient will never see the clinical team again.

TRUTH

Self-care means that the clinician and patient work in partnership to manage the leg ulcer. Self-care is an approach to encourage patients to engage in their own care with support from the multidisciplinary team, and help to promote a continuity of care between services.

Personalised self-care for people with venous leg ulcers: a toolkit for change.

START THE JOURNEY OF SELF-CARE AT FIRST ASSESSMENT

Immediate and Necessary Care

For people with one or more wounds below the knee.

Leg wound- originating on or above the malleolus (ankle bone) but below the knee.

Foot wound - originating below the malleolus.



RED FLAGS

- 🚩 Acute infection of leg or foot (e.g. increasing unilateral redness, swelling, pain, pus, heat).
- 🚩 Symptoms of sepsis.
- 🚩 Acute or chronic limb threatening ischaemia.
- 🚩 Suspected deep vein thrombosis (DVT).
- 🚩 Suspected skin cancer.
- Treat infection.
- Immediately escalate.
- For people in the last few weeks of life, seek input from their other clinicians.

Immediate care

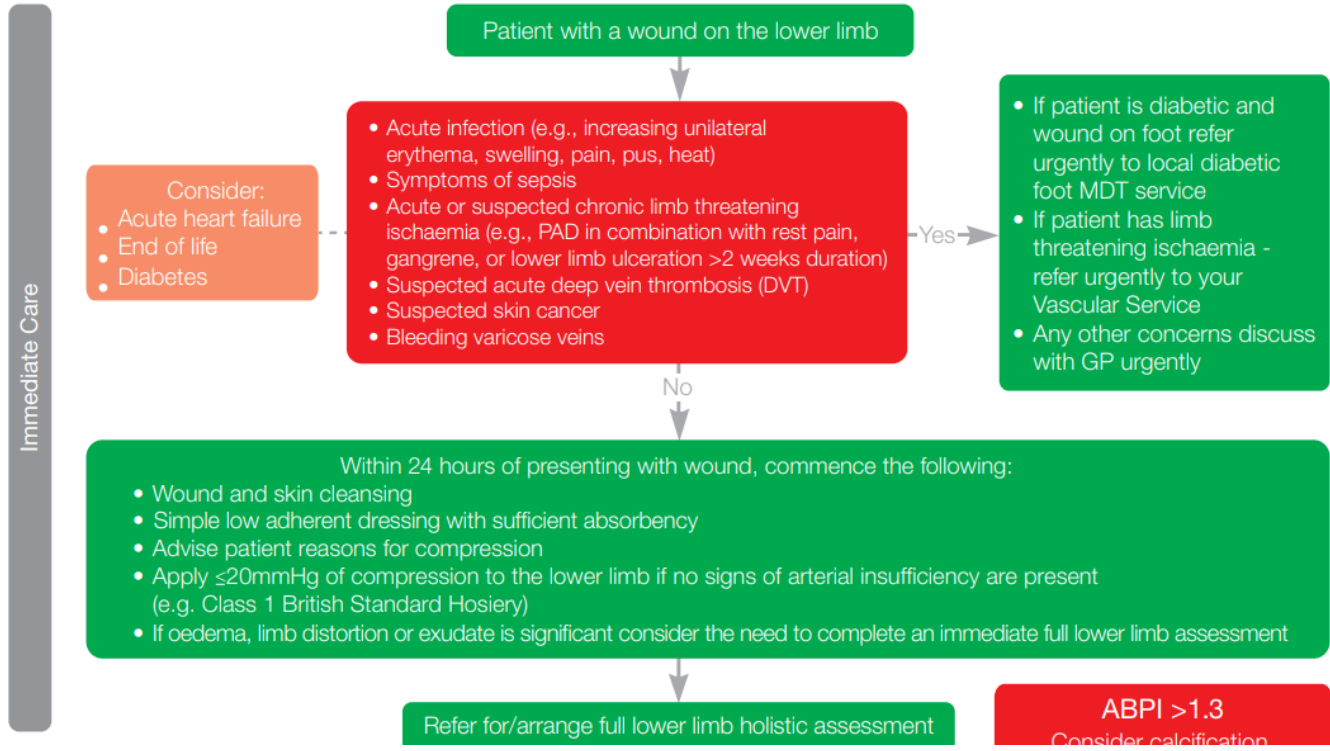
- Cleaning and emollient.
- Simple low-adherent dressing.
- Leg wounds, first line mild graduated compression.
- Supported self-care (when appropriate).

Assessment times for diagnosis and treatment

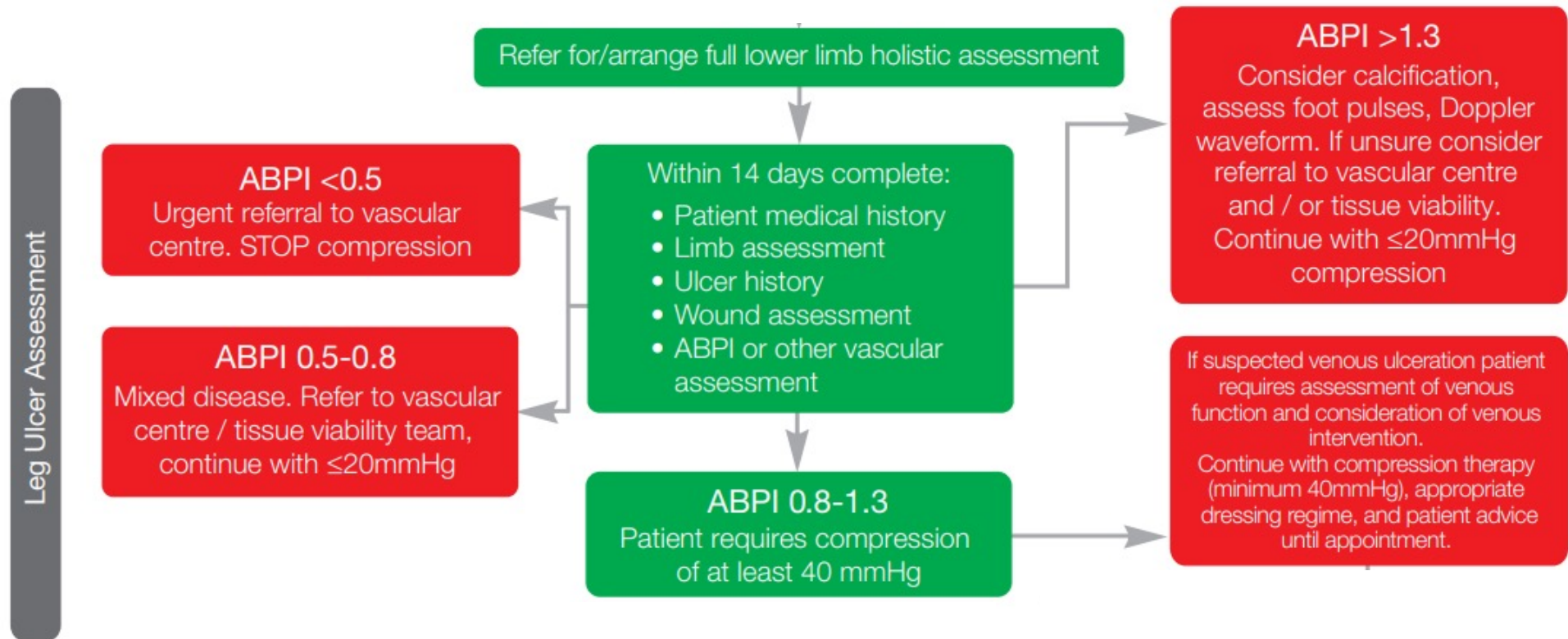
- In hospital with diabetic foot wound - refer to MDT **within 24 hours**.
- Any other type of foot wound - refer to MDT **within 1 working day**.
- Leg wounds - **assess within 14 days**.



Lower Limb Wound Pathway



URGENCY OF ASSESSMENT



FULL THERAPEUTIC COMPRESSION

Once assessment confirms there is adequate arterial supply, **strong** compression (at least 40mmHg) and an appropriate wound care regimen is required (Wounds UK, 2016).

This is vital.

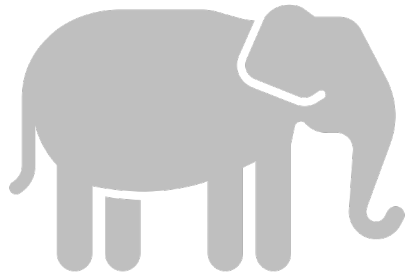
MYTH

Reduced compression is therapeutic for VLUs.

TRUTH

While some compression is better than none, clinicians should always aim to use full compression systems when the vascular assessment deems it appropriate to do so, in order to prevent delays in healing through use of sub-therapeutic compression.

THE ELEPHANT IN THE ROOM



Based on data (Guest et al, 2020), an estimated 85% of those with a leg ulcer suitable for compression have an ulcer that is venous in origin, yet 26% of all compression bandages sold are reduced systems (GPrX).

Positively promote the use of **FULL** compression to your patients: education, appropriate language.

Address pain: Effective compression reduces inflammation and therefore can relieve pain. Use analgesia if necessary.

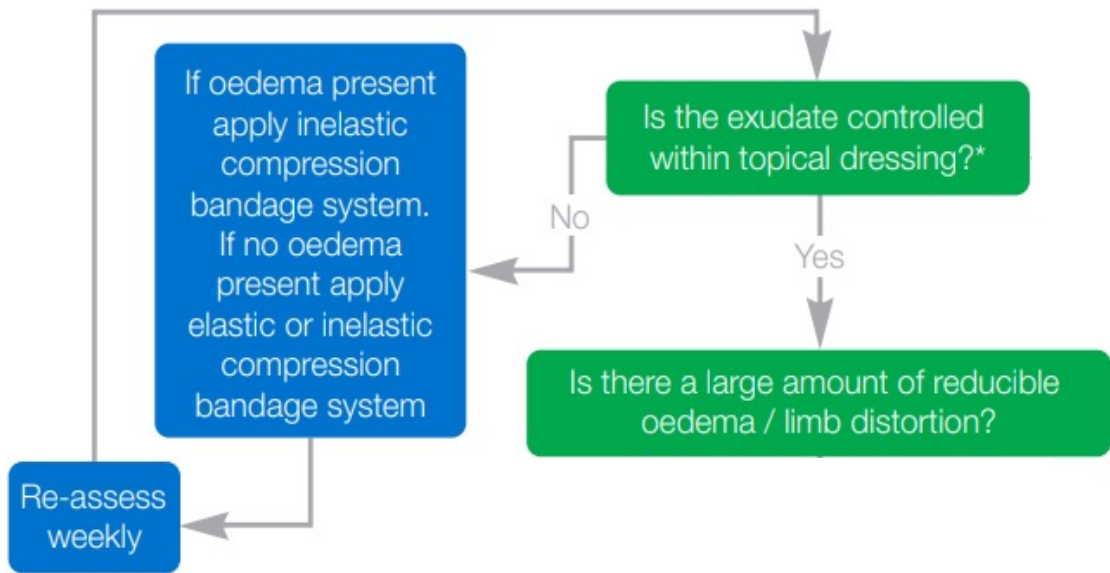
Remove the fear for clinicians of doing harm: Allowing chronicity does more harm. Choose a system you are confident cannot be overstretched.

COMPRESSION THERAPY

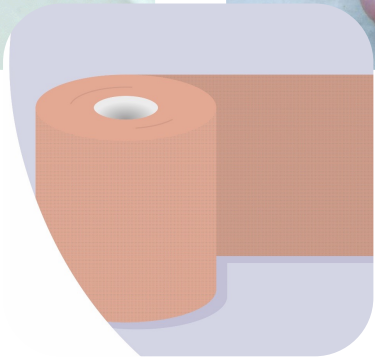
- High level evidence
- Potent anti-inflammatory therapy
- Breaks the cycle of oedema/inflammation
- Wide variety of options
- Many aids to help application
- Proven to improve patient's symptoms and quality of life (Reich-Schupke et al, 2009; Demczyszak et al, 2016).



WHEN SELF-CARE SOLUTIONS ARE NOT YET SUITABLE



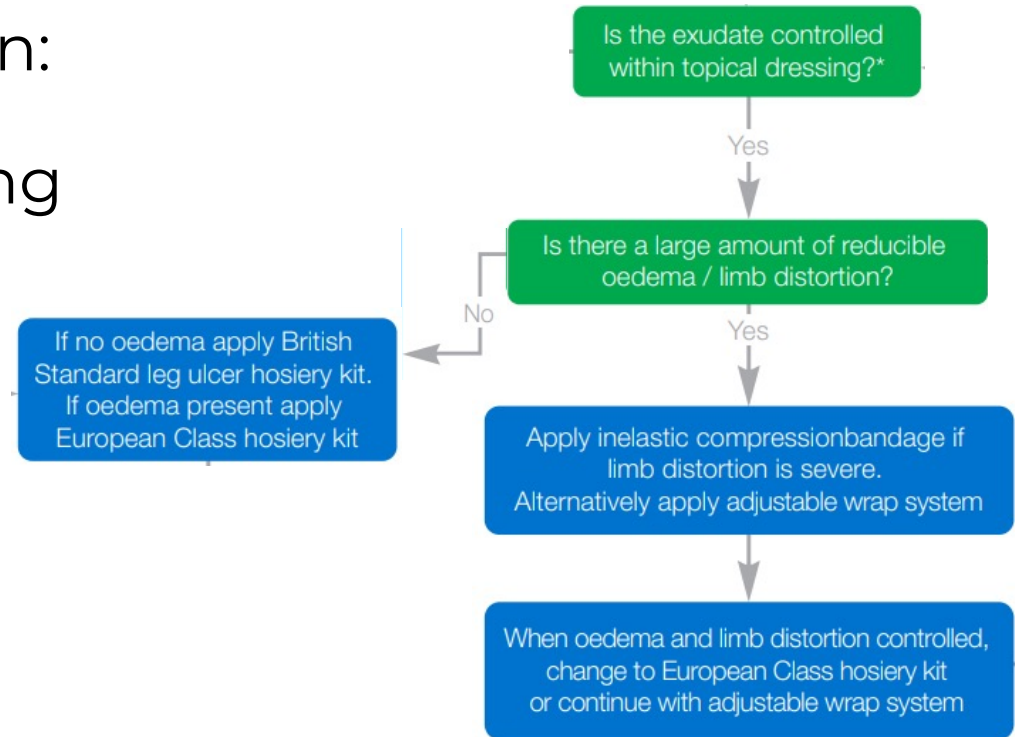
High exudate levels and/or large amount of reducible oedema/limb distortion



WHEN ARE SELF-CARE SOLUTIONS APPROPRIATE?

Self-care solutions can be applied by the patient, carer or health professional when:

- Exudate is controlled within the dressing
- There is little reducible oedema/limb distortion.



SELF-CARE COMPRESSION SOLUTIONS

A range of options appropriate to the differing needs of patients to support the best outcomes.

Hosiery kits:

- Low profile
- Prepares for maintenance hosiery
- Silky liner secures dressings and is combined with a second compression layer
- For limbs with oedema (**ActiLymph**) and without oedema (**Activa**).



Compression wrap, e.g. ReadyWrap

- Delivers strong compression (40 - 60mmHg)
- Short stretch properties and high static stiffness index (Muldoon and Hampton, 2017)
- Colour-coded VELCRO® fasteners
- 8 garment options, including toe pieces and extender straps.

TOTAL SELF-CARE SOLUTIONS COST PER BRAND UP TO 24 WEEKS

Product cost	Total cost at 4 weeks	Total cost at 8 weeks	Total cost at 16 weeks	Total cost at 24 weeks
Compression wrap* (below knee set)	£131.12	£131.12	£131.12	£131.12
EU Leg ulcer hosiery kit**	£64.74	£64.74	£64.74	£64.74
Two-layer compression bandage kit*** (two bandage changes per week)	£73.04	£146.08	£292.16	£438.24

Calculations based on Drug Tariff prices as of September 2023:

*Based on ReadyWrap (Calf and foot) = £131.12

**Based on ActiLymph Leg Ulcer Hosiery Kit (one to wash and one to wear) = £32.37

***Two-layer compression bandage kit = market leading kit 10cm (18-25cm ankle circumference). Calculations based on two bandage changes per week.

COMPRESSION SELECTION

Appropriate compression options depending on the clinical scenario.

Scenario	Hosiery kits	Adjustable wraps	Bandages
Normal leg shape	✓	✓	✓
Low to moderate exudate	✓	✓	✓
Self-caring	✓	✓	✗
Carer involvement	✓	✓	✗
Oedematous	✗	✓	✓
High exudate	✗	✗	✓
Deep skin folds/distortion	✗	✗	✓

HOW CAN I DELIVER SELF-CARE?



Planning: think about dialogue, get comfortable with conversation/approach



Activities: can they do some or all tasks?



Resources: back up your conversations and provide reminder information.

PLANNING

The person being coached already has everything within them that they need to be able to navigate a route through a problem and find a solution that is most relevant to them (Health Education England, 2022).

STARTING SELF-CARE CONVERSATIONS AT FIRST ASSESSMENT

Remember to:

- Be positive
- Be understanding
- Be collaborative
- Be helpful
- Create a positive environment
- Ask them *'what are your personal goals?'*



COMMUNICATION IS KEY

- Set the tone for **two-way communication**
- Encourage openness so that patients feel **welcomed**, **valued** and **supported**
- Be mindful that language, **both verbal and body language** can have positive or negative consequences
- Self-care can be daunting so **don't overwhelm.**
- Use **open questions**
- Use language that is **free from judgement and prejudice** and is **inclusive** and **person-centred**
- Encourage **shared decision making** and a collaborative approach, speak with carers and family members.



WHAT ASPECTS OF SELF-CARE CAN PATIENTS ENGAGE IN?



LEADING THE
SELF-CARE REVOLUTION



ACTIVITIES

- Wound cleansing or debridement
- Wound inspection
- Taking a photo
- Applying/removing dressings
- Applying/removing compression
- Skin care
- Movement
- Healthy eating
- General health and wellbeing.



Start small – encourage your patients to ease into their self-care routine by starting with small changes and building these up over time.

ENSURE YOU PROVIDE THE BEST CARE POSSIBLE

- Understand the urgency
- Focus on early diagnosis
- Embed evidence into practice
- Use self-care solutions
- Activate your patients
- Provide the right care at the right time
- Consider how you standardise practice across your healthcare setting.



LOWER LIMB CARE: STOP MANAGING AND START HEALING

**STOP THE
COMPLICIT
FAILURE**

**BE THE CHANGE
YOU WANT
TO SEE**



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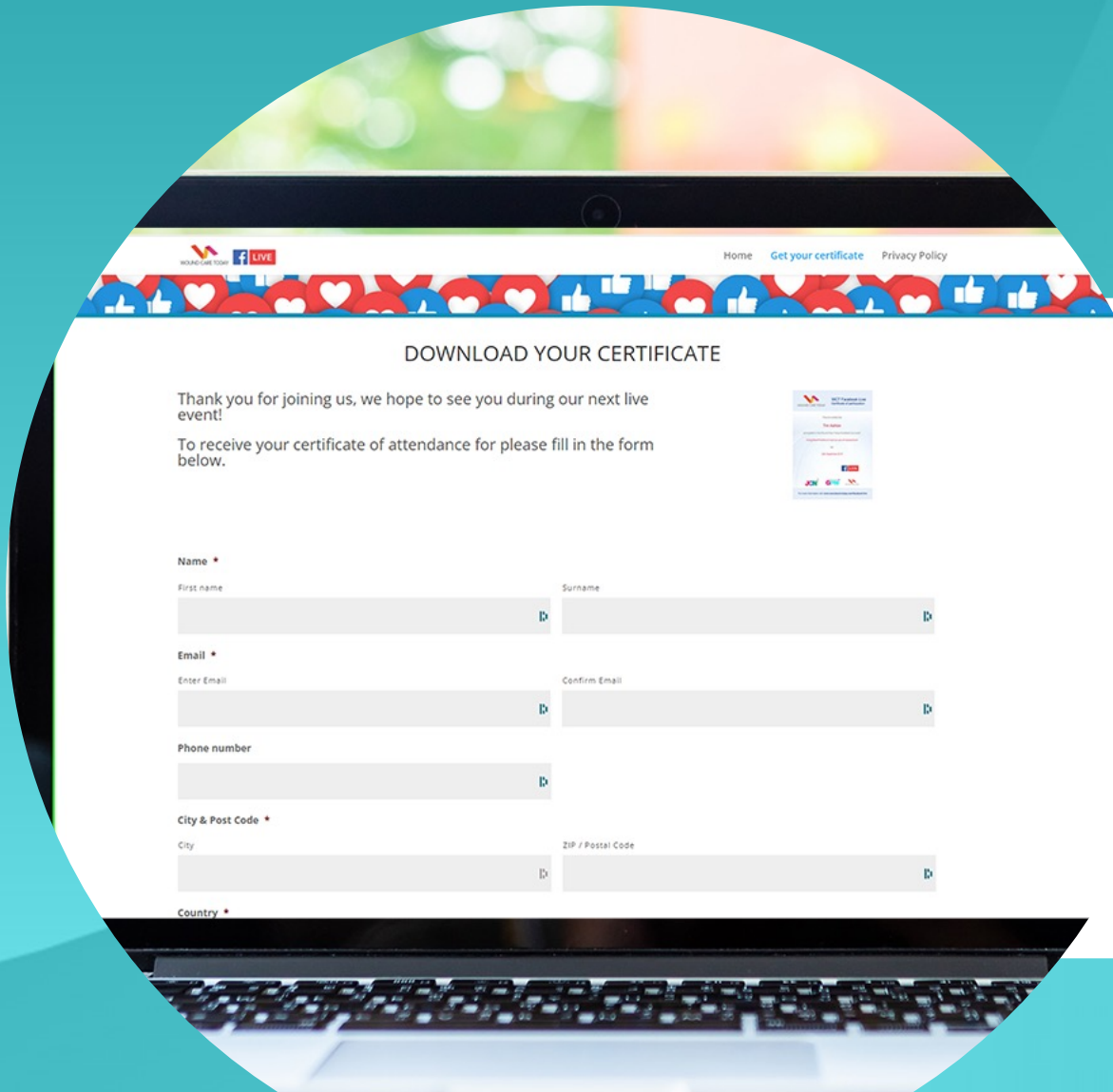
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SELF-CARE RESOURCE CENTRE

- Access the NEW Best Practice Statement – *Personalised self-care for people with venous leg ulcers: a toolkit for change*
- Access the dialogue tool to support having comfortable conversations with your patients
- Learning mini-series on self-care.





DOWNLOAD YOUR CERTIFICATE