



Lower Limb Wound Pathway Improvement Project

The 2 Week Wait

Nottingham West PCN wished to explore challenges and solutions of wound care in the primary care setting due to the increasing numbers of patient's needing to be seen.



The forum consisted of primary and community nurses. Results highlighted a need to improve the initial pathway for patients with lower limb wounds.



A task and finish group consisting of practice and community nurses and general practitioners focused on:



- 1) Highlighting the need for a leg ulcer clinic referral at 14 days from initiation of wound as per local and national guidelines.
- 2) Equipping general practice nurses with the tools to promote healing and encourage patient partnership of care.

Why?



Feedback was sought from clinicians via surveys, interviews, and a forum of participants from the CARE leadership nursing Programme.



To reduce delays in healing and therefore a better outcome for patients, carers, and services.

Lower Limb Template

The F12 platform was utilised to include a bespoke lower limb template, directed towards early referrals, pathways, services and interventions for healing.



Service Provision

Service provision for leg ulcer clinics shared with primary care along with a pathway to other timely secondary care interventions linked on e-healthscope and post healing advice.



Shared the Benefits

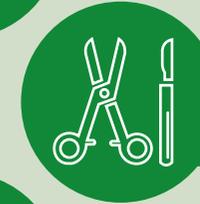
Although this had started as a Nottingham West Project the group were sensitive of other areas across the ICS.



What We Did



Enhanced Referral Form
A referral form on the South Single Point Access (SPA) to encourage relevant information, will sit under 'letters' for community services to access. Still send electronic referral 'blank box' to direct the attached community nurse group delivering leg ulcer clinic to the enhanced referral.



Secondary Care Referrals
Liaising with secondary care to come up with a solution to reduce steps in referral pathway for surgical interventions.

Other Benefits

- This project highlighted several important take home messages.
- Different backgrounds and expertise within the group led to finding solutions across the pathway.
- Transparency over referrals which considers different platforms to make them effective, can be replicated for other pathways.
- Nurses involved commented they felt listened to and their expertise valued.
- Importantly to change the conversation from which dressing to personalisation and ownership of health for patients.

People and Groups Engaged with

From all over Nottinghamshire to gain insight and ideas.

- Primary Care Nursing Team
- Community Nurses and leaders
- General Practitioners
- Other community services such as PICS leaders, matrons
- Tissue Viability Nurses
- Volunteer Service Leader
- Vascular Surgeons
- National Lower Limb Lead
- Primary Care Development Managers
- Patient voices
- F12 Team
- Nottinghamshire Alliance Training Hub
- Discussed at Transformation and Delivery Board
- Discussed at Practice Nurse Leads Midlands Regional Group