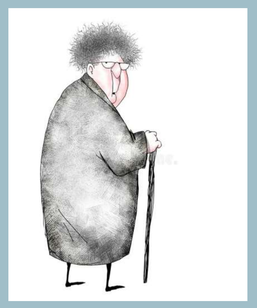
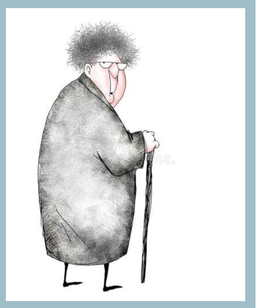


Prevention of Lower Limb Ulceration and Improving Wound Care at East Bridgford Surgery

By Zoe Blackett

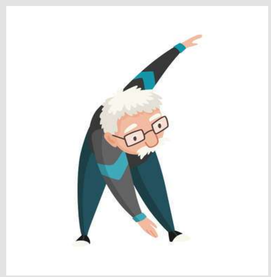


The Burden of Wound Care

- Total cost of wound care per annum to NHS is 8.3 billion
- 81% of the cost occurred in primary and community care settings
- 5.6 billion spent on unhealed wounds alone
- Annually 18.6 million practice nurse visits
- Nottingham City/Nottinghamshire ranks amongst the worst for lymphoedema and leg ulcer admissions in the UK

Supporting Lower Limb Health and Identifying Risk Factors

- High BMI
- Frailty
- Varicose Veins
- Oedema
- Increasing age
- Previous/ DVT/Injury



The Causes of Slow to Heal Wounds

- Venous Disease-accounts for 65% of slow to heal lower limb wounds
- PAD present 1 in 5 people in UK over 60
- Diabetes 7,000 amputations per year due to diabetic foot complications

YET MORE AMPUTATIONS OCCUR IN THOSE WITHOUT DIABETES DUE TO INEQUIABLE SERVICE PATHWAYS

Project Aims

- **REDUCE** the burden of wound care by providing clear structure and sufficient capacity
- **IMPLEMENT** best practice guidelines, including the use of class one compression hosiery for all lower limb wounds
- **ENSURE** every patient is offered shared supported wound care as standard with systems in place that ensure time bound reviews.

Using the Evidence from The National Wound Care Strategy Programme

Recommendations

Early, holistic wound assessment and accurate diagnosis
A strong emphasis on prevention and self-care
Use of evidence-based treatments and appropriate product selection
Standardised care pathways for key wound types
Improved multidisciplinary working and community-based care

Early Adopters/Measured Impact

- Healing Rates improved by 12-24%
- Infection rates reduced by 15-30%
- Hospital admissions reduced by 10-18%
- Cost per patient reduced by £200-£600/year
- Increased workforce confidence due to structured pathways

Changes to Wound Care Provision

- **Reserved Appointment Capacity**
- **Lower Limb Patient Education**
- **Staff Education**
- **Class One Hosiery as Immediate and Necessary Care**
- **Robust Recall System.**
- **Supported Shared Care as Standard Practice**

Louise's Journey

- Fell on Escalator causing wound to lower limb
- Walked into surgery at 5.30pm too scared to go to ED.
- Reviewed by On call GP, dressed by HCA (intervention took 15 minutes)
- Booked for full wound review in reserved slot the following day with practice nurse
- 40-minute appointment allowed for full wound assessment and Louise was placed in Class One hosiery. Shared care agreement completed. Care plan completed. Lower limb health PIL given.
- At two weeks Louise attended. Wound assessment completed. Care plan updated. Consent to refer to Leg Ulcer Clinic and Vascular. Referrals made.

Louise was seen at 2 weekly intervals until she was picked up by LUC at 8 weeks, ABPI completed and placed into strong compression.

Over 8 weeks Louise care consisted of 160 minutes.

Patient and Staff Feedback

"I used my care plan to assess my wound and loved not having to attend the surgery "

"I haven't paid into the NHS all these years to do the work myself "

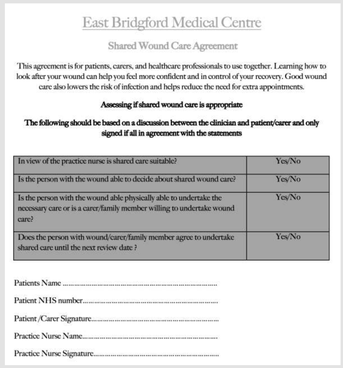
" I do my leg exercises every day, use my creams and understand why my compression stockings are so important"

"Any spare appointment is a win"

ICS Wound Care Programme Overview

Standardised Immediate & Necessary Care pathway

- Standardised use of compression liners (20mmHg)
- Clear guidance on wound hygiene
- What products to use when
- Clear signposting to support and guidance



East Bridgford Medical Centre

Shared Wound Care Agreement

This agreement is for patients, carers, and healthcare professionals to use together. Learning how to look after your wound can help you feel more confident and in control of your recovery. Good wound care also lowers the risk of infection and helps reduce the need for extra appointments.

Assessing if shared wound care is appropriate

The following should be based on a discussion between the clinician and patient/carer and only signed if all in agreement with the statements

In view of the practice nurse is shared care suitable?	Yes/No
Is the person with the wound able to decide about shared wound care?	Yes/No
Is the person with the wound able physically able to undertake the necessary care or is a carer/family member willing to undertake wound care?	Yes/No
Does the person with wound/carer/family member agree to undertake shared care until the next review date ?	Yes/No

Patients Name .....

Patient NHS number.....

Patient /Carer Signature.....

Practice Nurse Name.....

Practice Nurse Signature.....