

THE **BIG** **SQUEEZE**

Reducing the burden of wounds through workforce optimisation

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The National Picture



**1 million
patients**

Which equates to 2% of the UK
adult population affected with a
Leg Ulcer ¹

£3.1 b

Annual estimated healthcare
cost associated with Leg
Ulcers ¹

**Up to
69%**

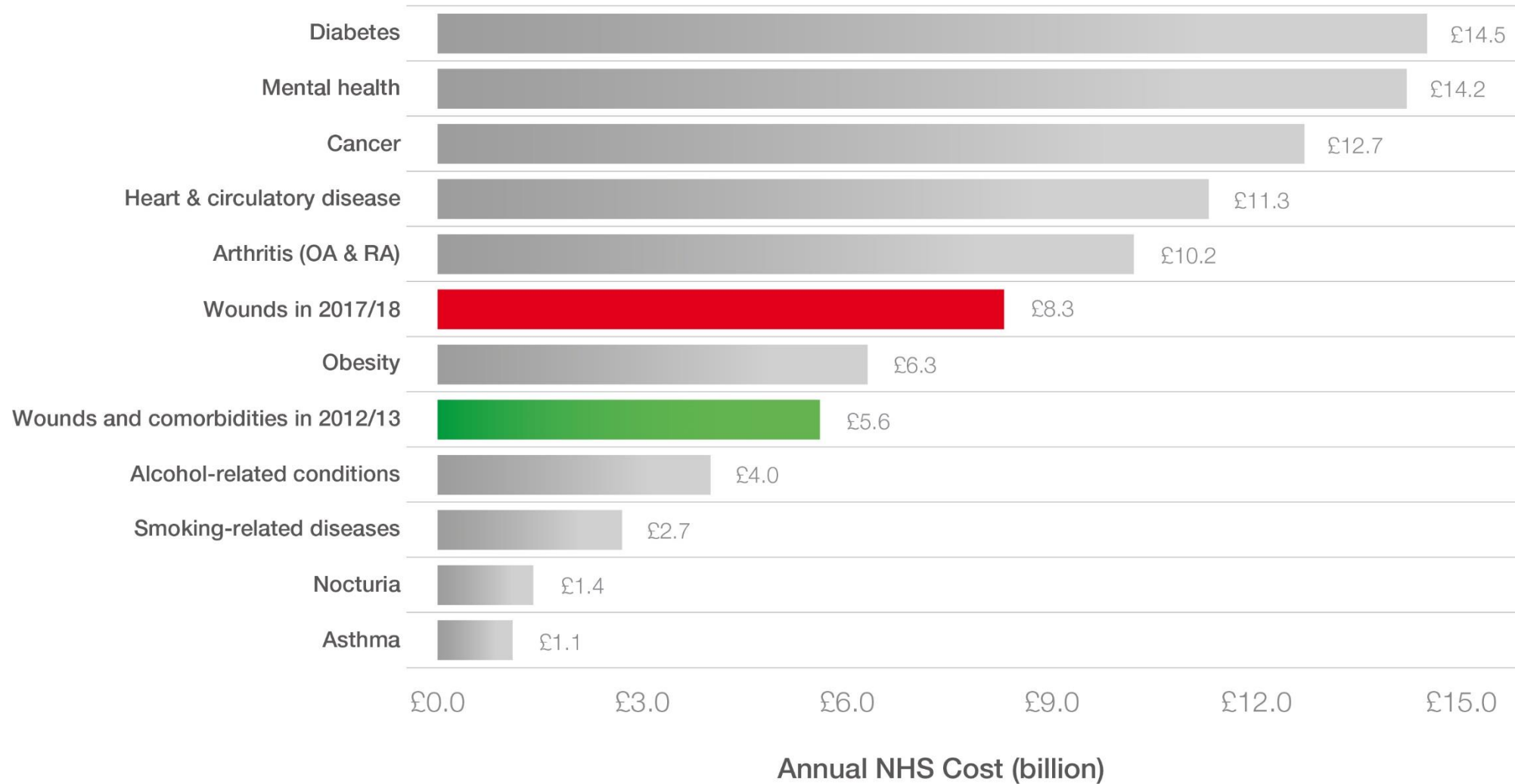
Leg Ulcers reoccur once
healed annually ²

Figure 1

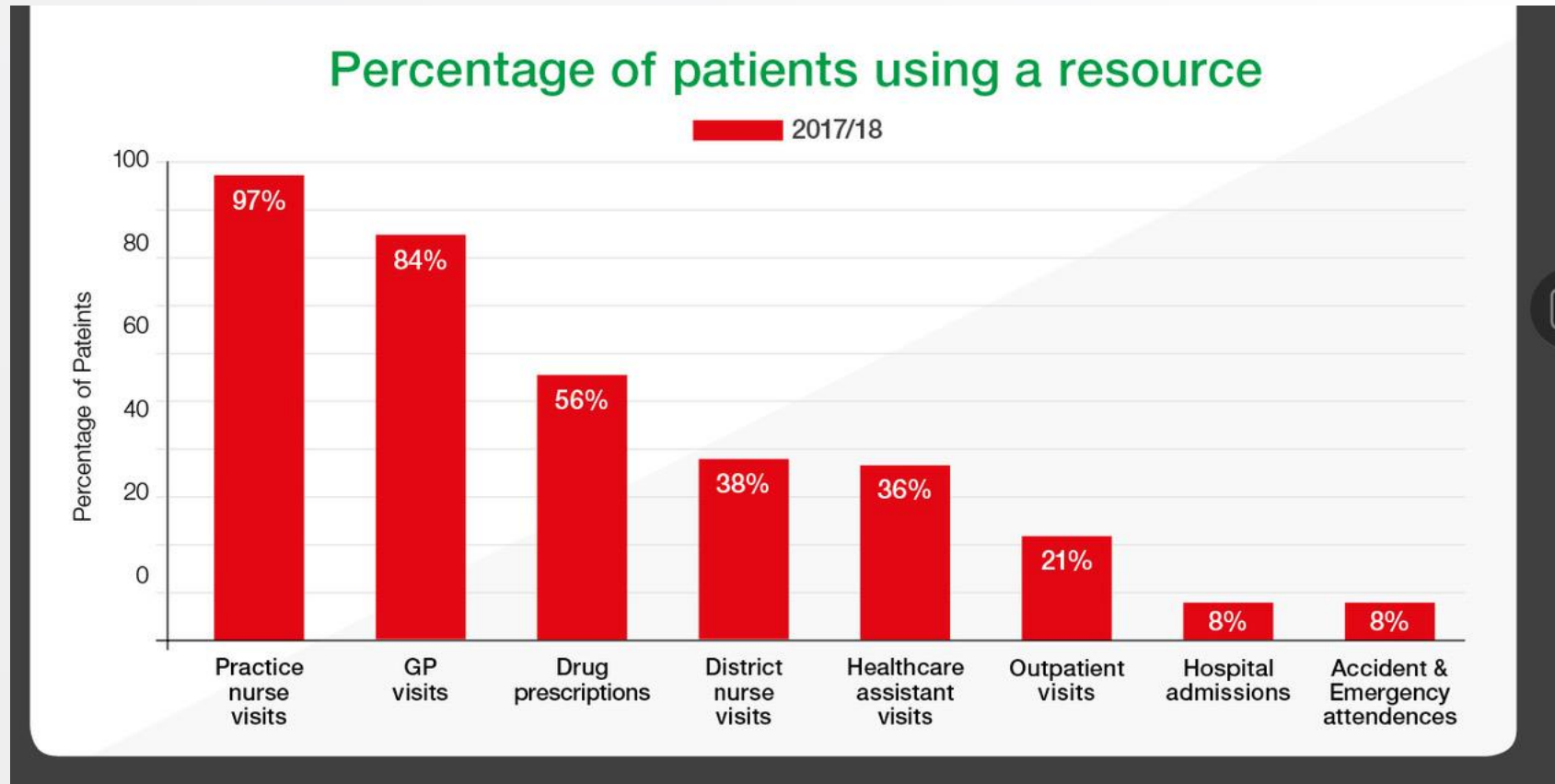
Burden of illness league table (2015) updated to 2017/18 prices (ref3)



South West
Yorkshire Partnership
NHS Foundation Trust



Percentage of patients using a resource



Workforce challenges¹

Minimum staffing requirements aren't being met within my team

My wellbeing is suffering and I don't have support

My experienced colleagues are leaving and not being replaced - this impacts on my patients



1. RCN District and Community Nursing Forum from 492 nurses surveyed between November and December 2020



The real impact

“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”

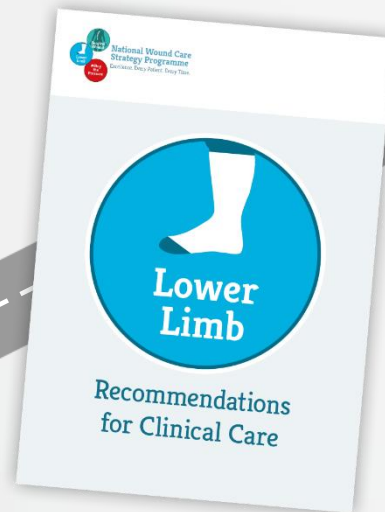


“I am so frustrated that we do not have enough time to care for the patients as needed.

I often feel we cut corners like not washing the limb”

The need to optimise the patient pathway is critical:

1. *National Wound Care Strategy Programme (NWCSP) Lower Limb recommendations for clinical care*

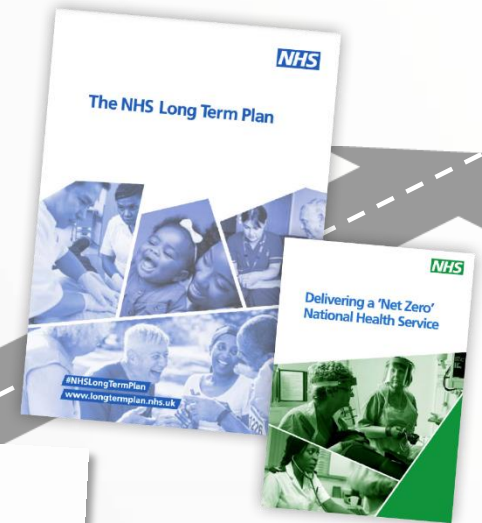


2. *NHS White Paper: Integration and Innovation*

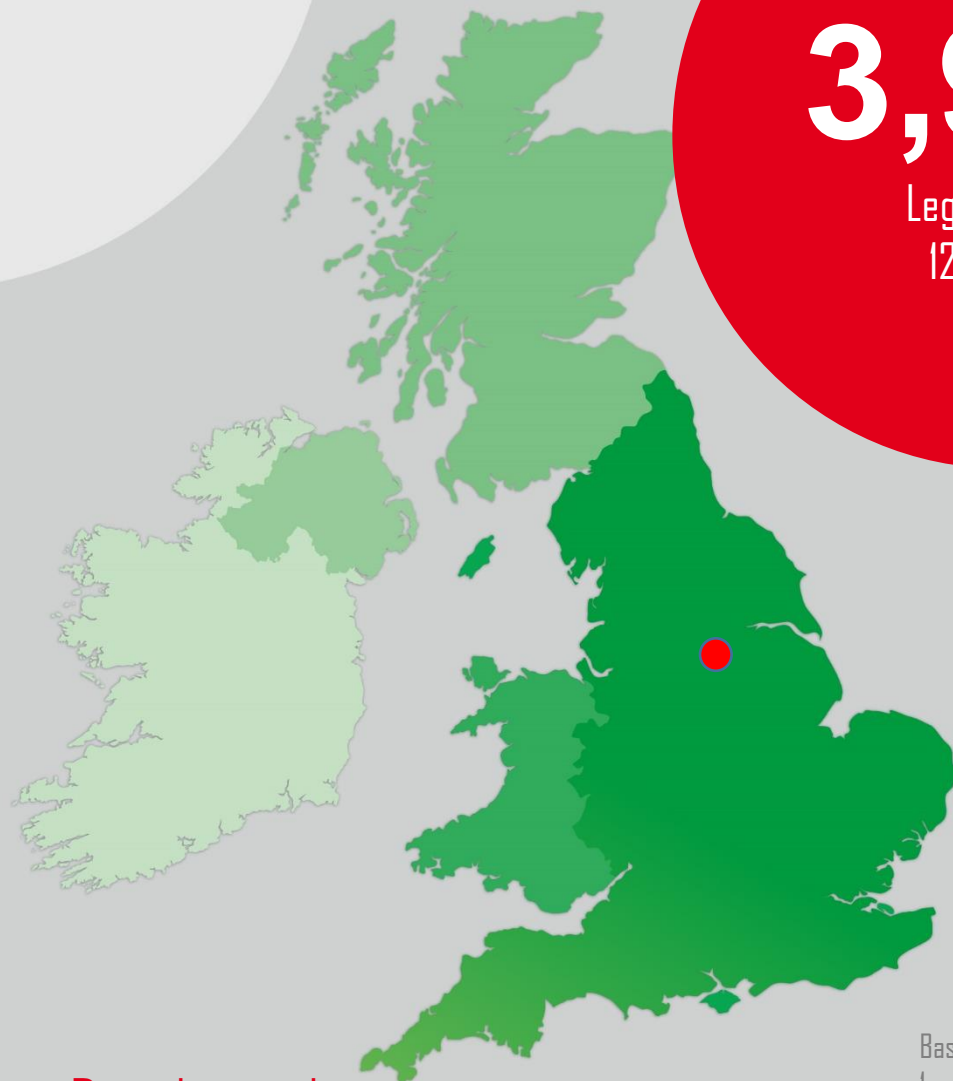


3. *NHS Long Term Plan*

The roadmap for the redesign of patient care in the NHS.



Barnsley



3,916

Leg Ulcers in
12 months

£11

million

Annual estimated cost

up to

2,506

Leg Ulcers could
reoccur annually

The vision

THE **BIG** **SQUEEZE**

Delivering transformative outcomes for Venous Leg Ulcers to achieve a big squeeze on financial burden and unwarranted variation:

- Improving clinical outcomes including healing rates
- Significantly reducing nursing hours and associated cost of care
- Reducing CO2 emissions and treatment associated waste
- Improving patient and workforce wellbeing



This was achieved by *a 3-Step approach*



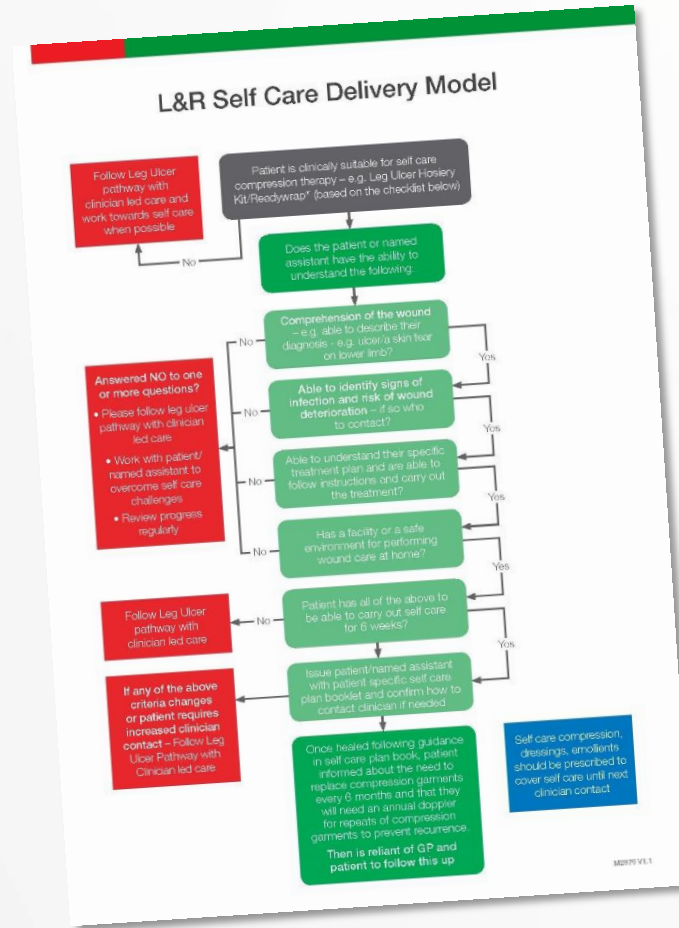
Introduction of a Best Practice Leg Ulcer Pathway to ensure the right treatment for the right patient at the right time



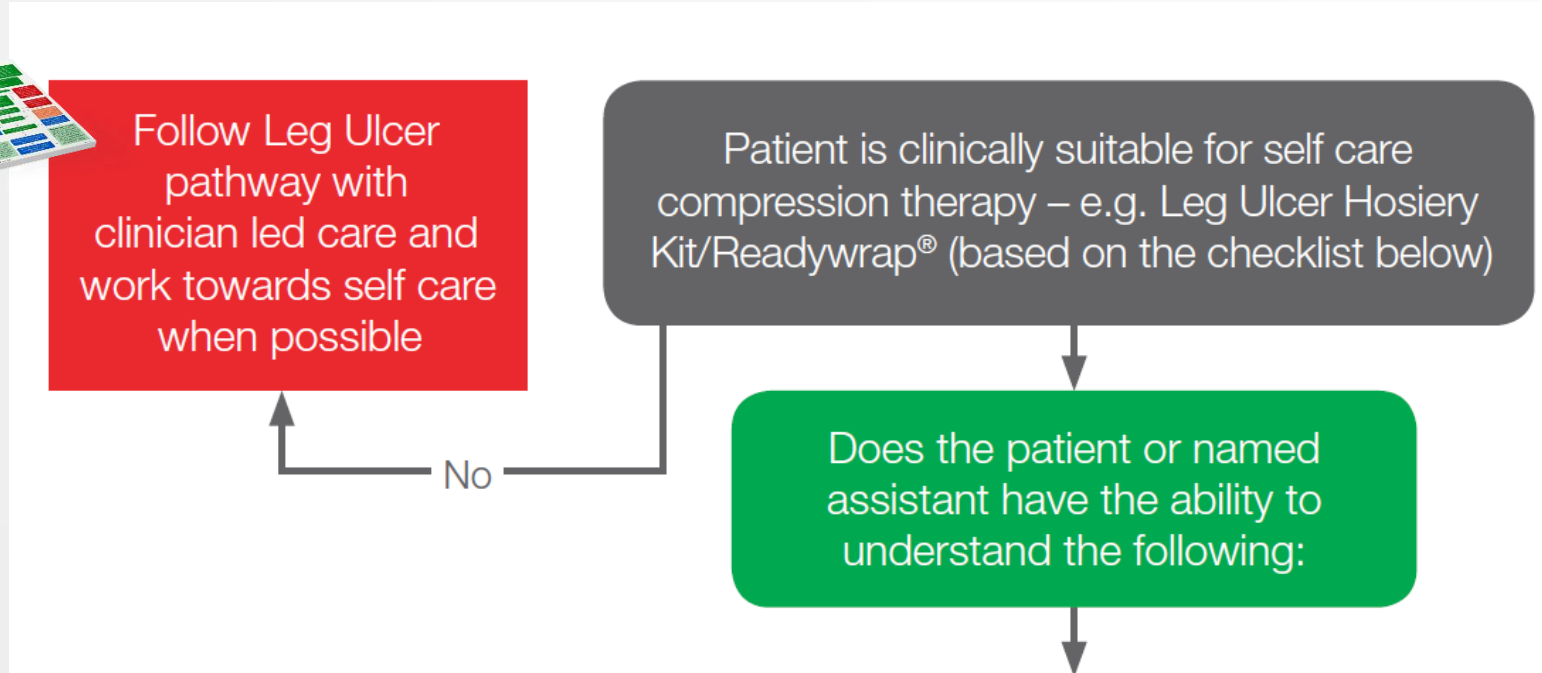
This was achieved by a 3-Step approach



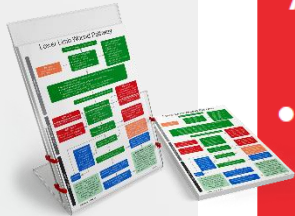
Driving clinical and health economic outcomes through adoption of the **Self-Care Delivery Model**, to empower patients and clinicians to embrace self care



Self Care Delivery Model

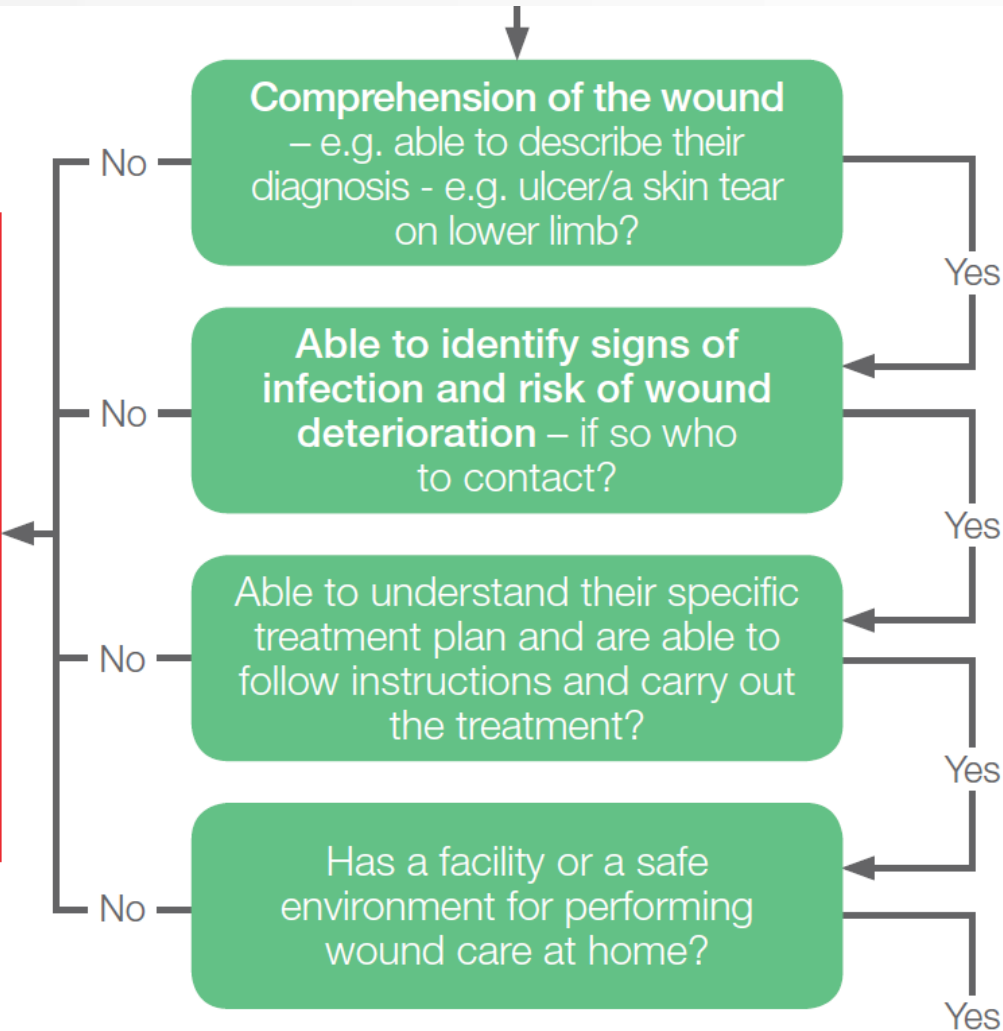


Self Care Delivery Model

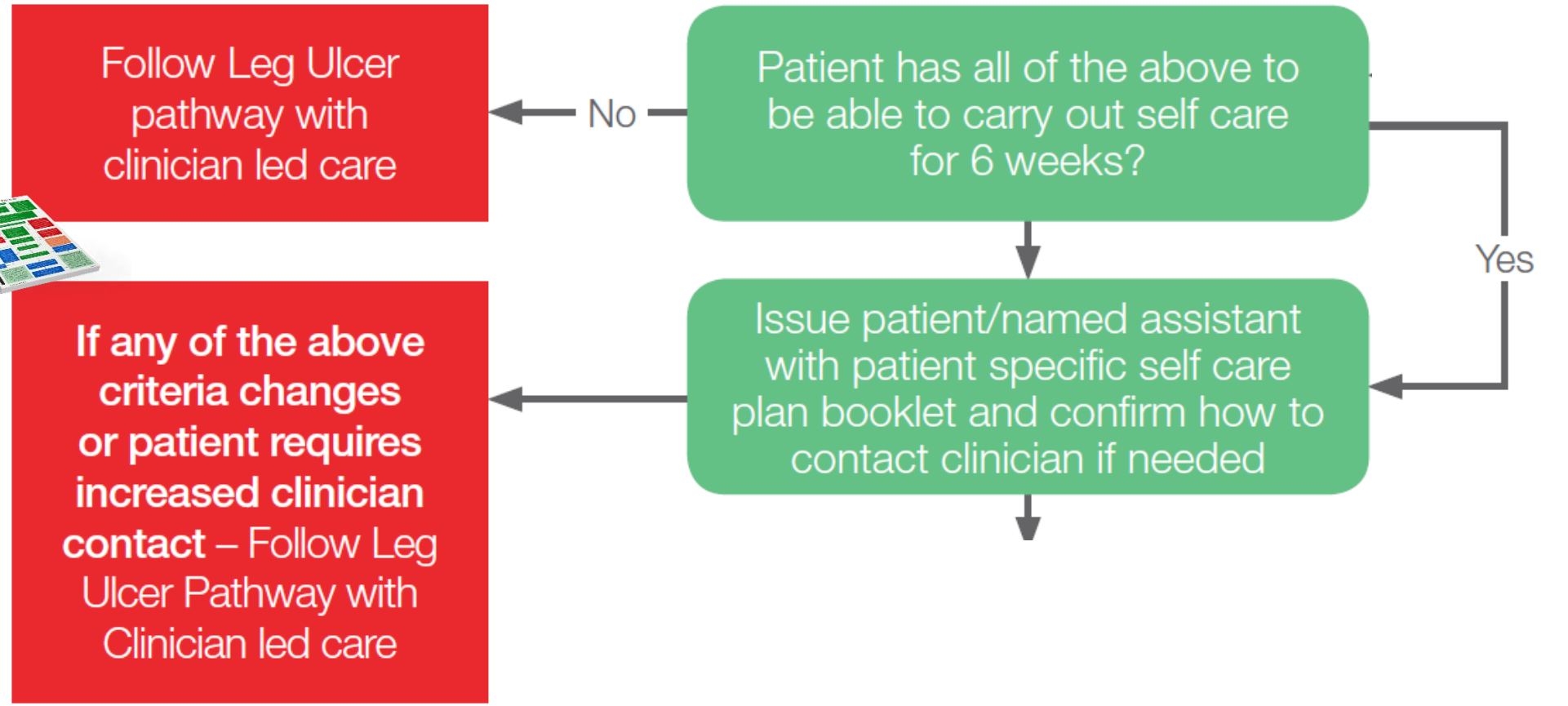


Answered NO to one or more questions?

- Please follow leg ulcer pathway with clinician led care
- Work with patient/named assistant to overcome self care challenges
- Review progress regularly



Self Care Delivery Model



Self Care Delivery Model

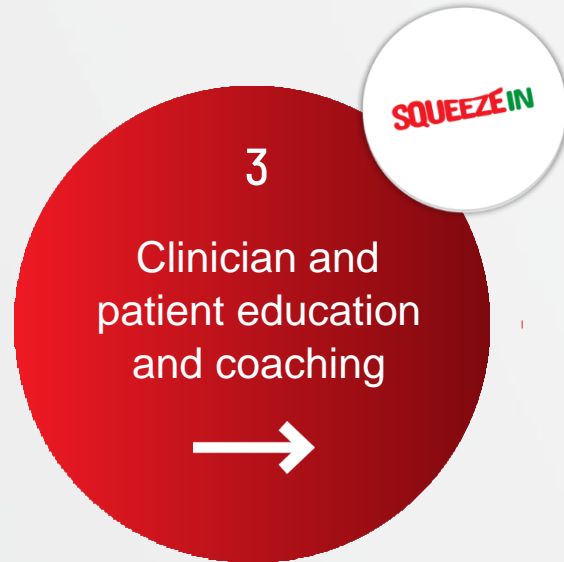
Once healed following guidance in self care plan book, patient informed about the need to replace compression garments every 6 months and that they will need an annual doppler for repeats of compression garments to prevent recurrence.

Then is reliant of GP and patient to follow this up

Self care compression, dressings, emollients should be prescribed to cover self care until next clinician contact



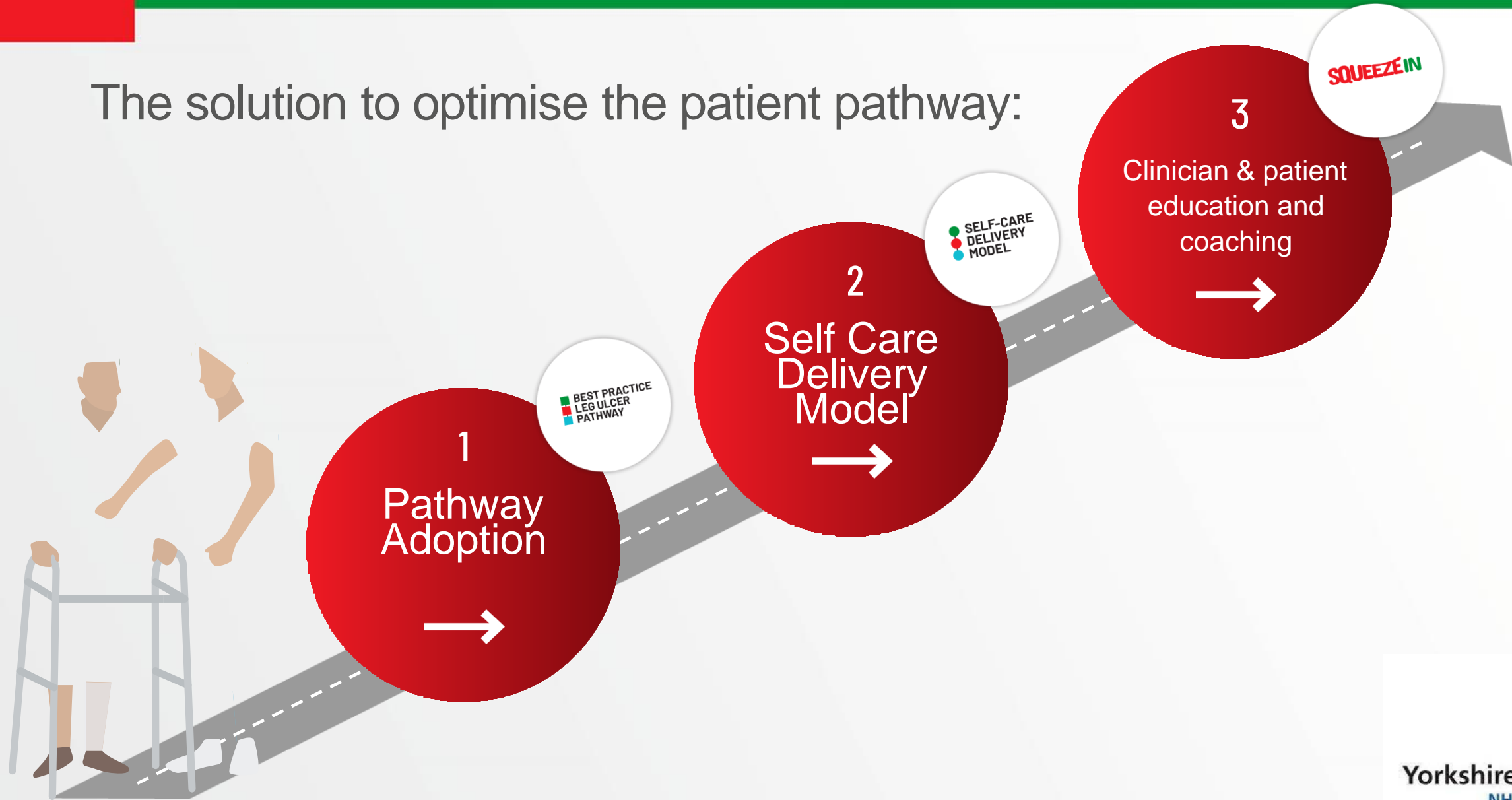
This was achieved by a 3-Step approach



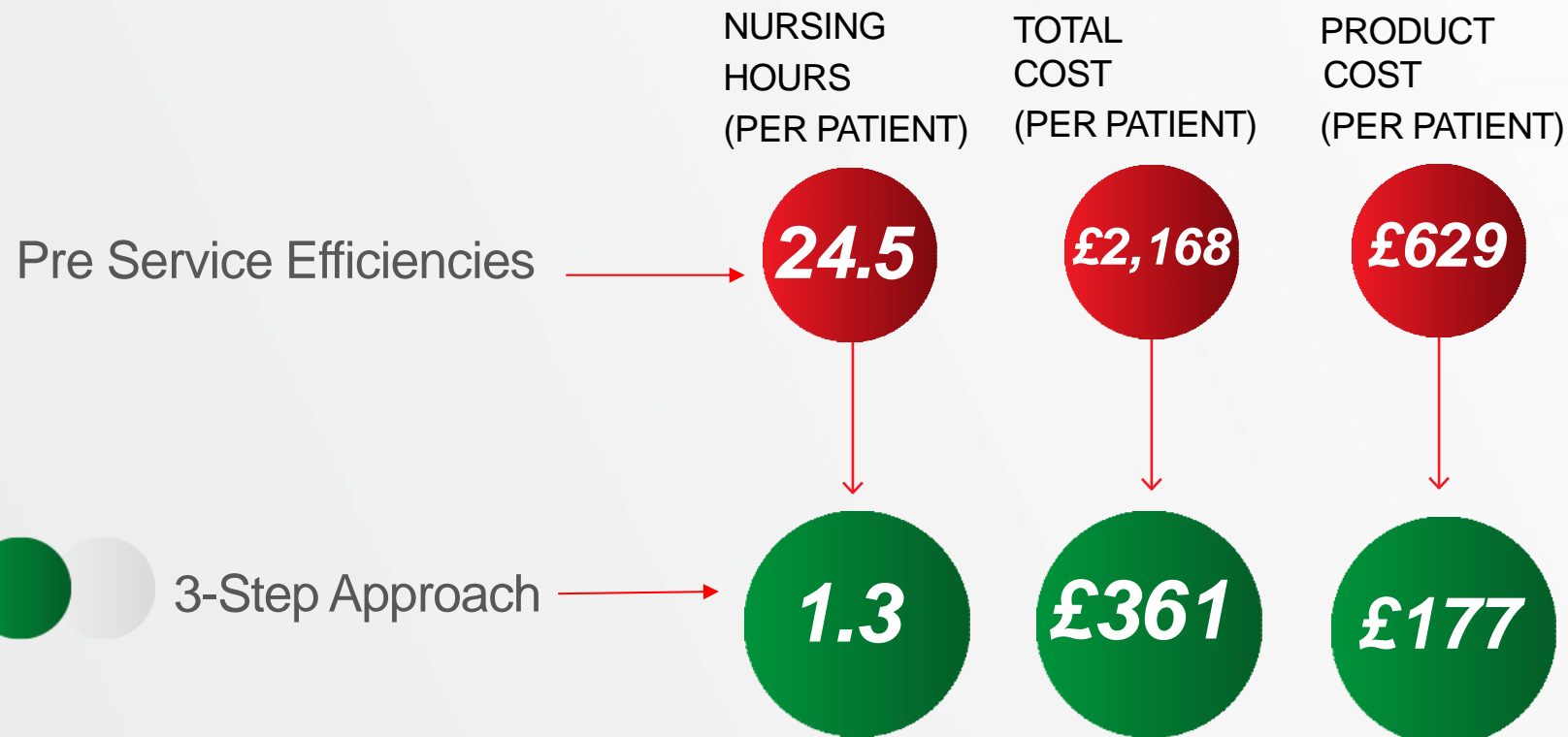
For patients and the clinical workforce, supported by L&R on a coaching and education programme.



The solution to optimise the patient pathway:




THE **BIG** SQUEEZE

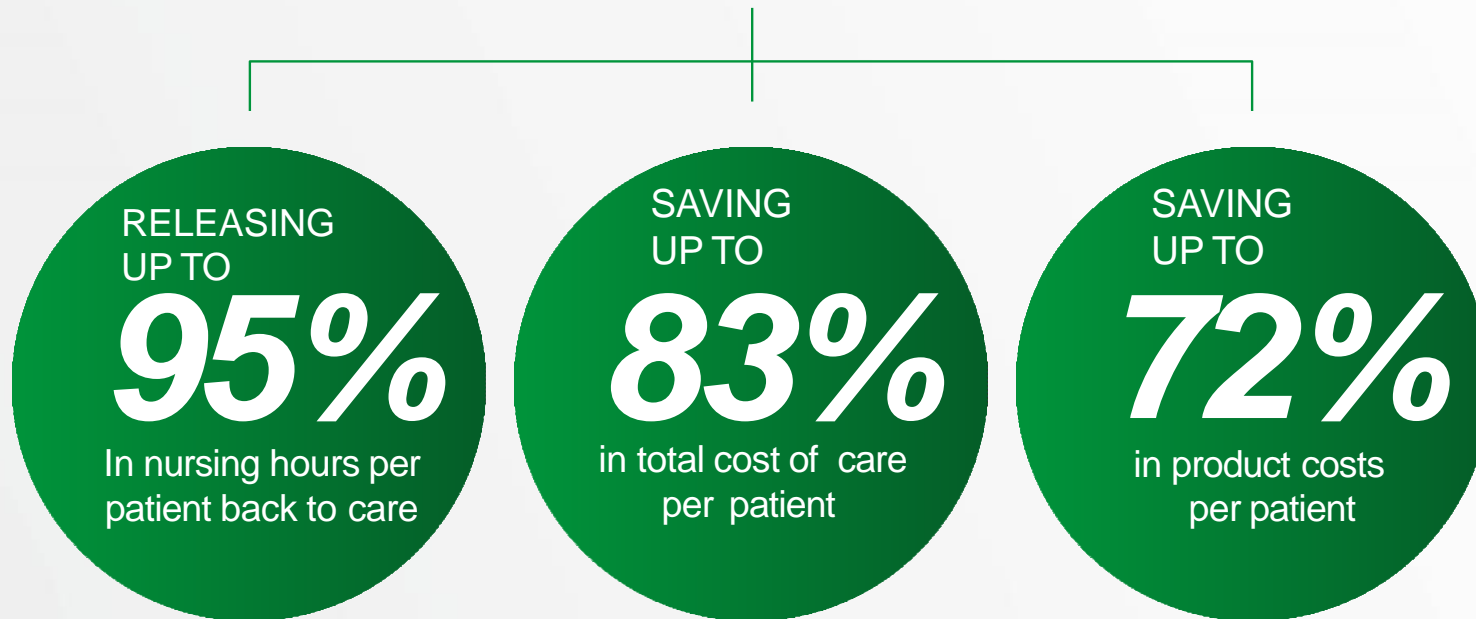


1. Hallas-Hoyes et al. (2021). An advanced self-care delivery model for leg ulcer management: a service evaluation. JWC

Achieved along with 72% healing at 18 weeks and 99% healing at 42 weeks

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 **L&R's 3-Step approach** - To deliver workforce transformation



Hallas-Hoyes et al. (2021). An advanced self-care delivery model for leg ulcer management: a service evaluation. JWC



1,471 kg*

saving in
CO₂ per 100
patients

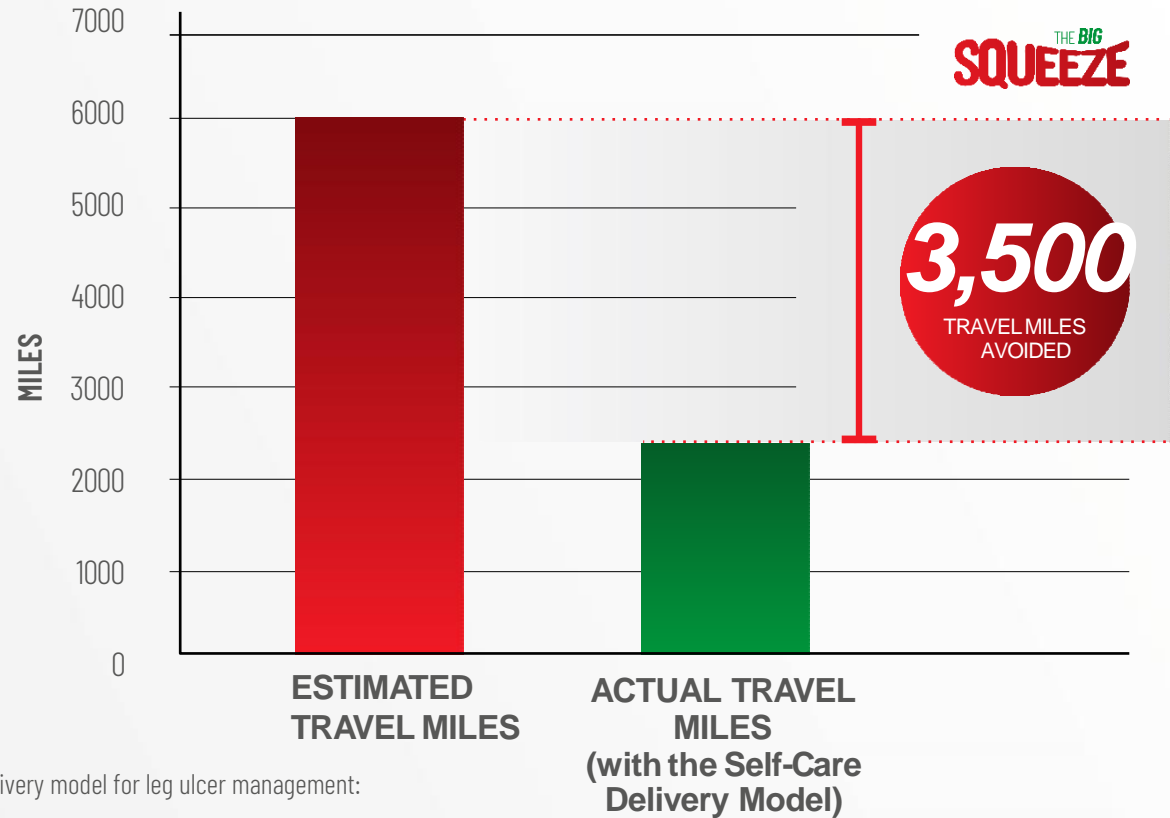


60%

reduction in miles driven
(where patients are
treated on the Self -
Care Delivery Model)

£535

saving in fuel costs per
100 patients

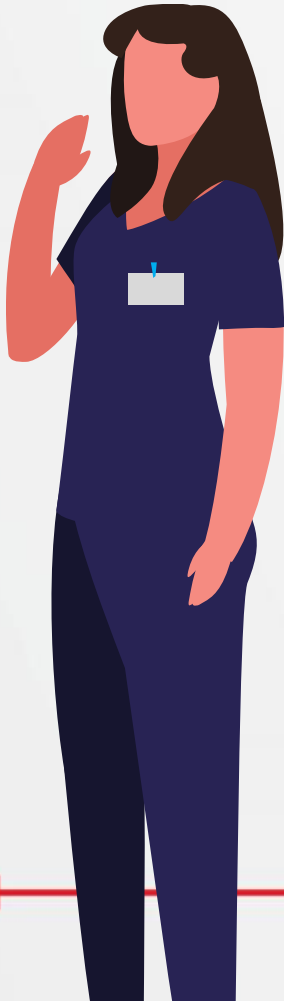


Hallas-Hoyes et al. (2021). An advanced self-care delivery model for leg ulcer management: a service evaluation. JWC

*Approximately the weight of a Ford Focus

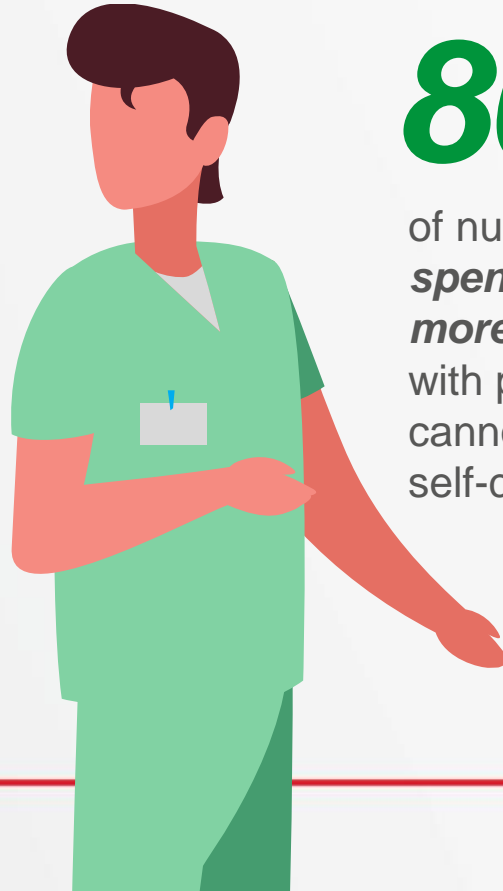
100%

reported an *increased level of motivation* to support patients to self-care



80%

of nurses could *spend more quality time* with patients who cannot self-care



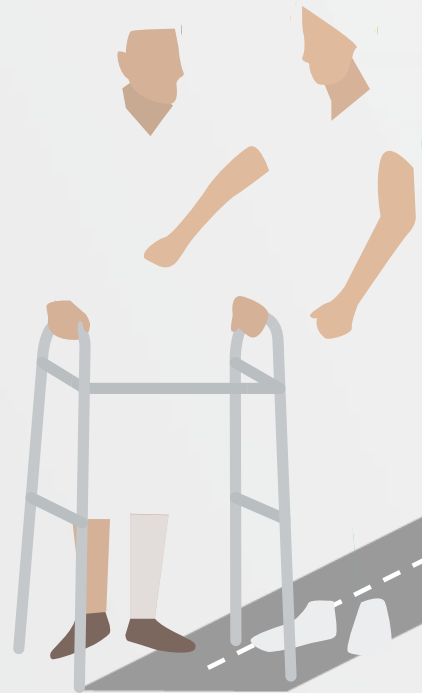
2/3

believe it has *reduced daily stress levels*



1. Hallas-Hoyes et al. (2021). An advanced self-care delivery model for leg ulcer management: a service evaluation. JWC

THE **BIG** **SQUEEZE**



RELEASING
UP TO
95%
In nursing hours per
patient back to care

SAVING
UP TO
83%
in total cost of care
per patient

SAVING
UP TO
72%
in product costs
per patient

| **SQUEEZE IN** |

NHS
South West
Yorkshire Partnership
NHS Foundation Trust

LEADING THE
SELF-CARE REVOLUTION

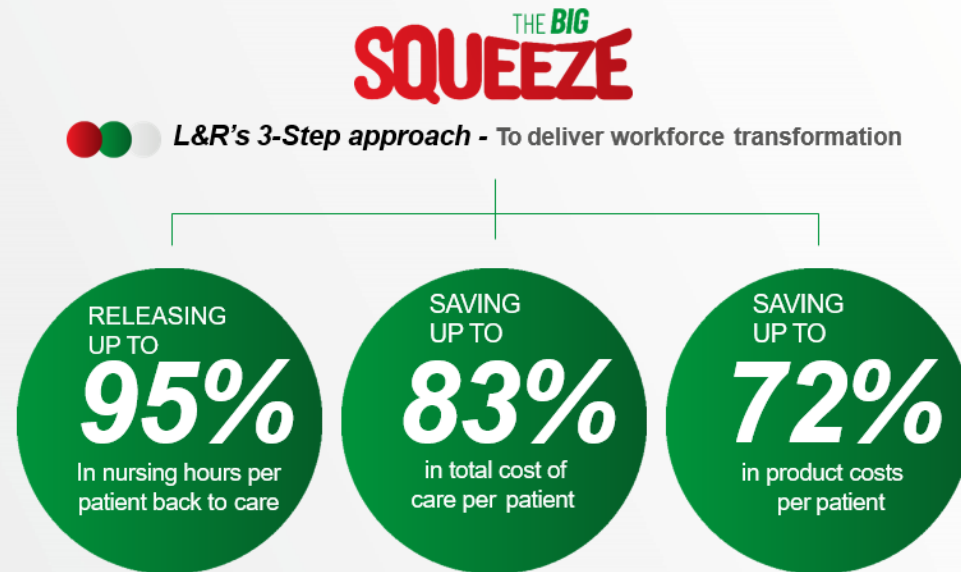


Summary

The burden of wounds is growing, placing a significant impact on the patient population and the NHS

This is compounded by the workforce challenge that is more prevalent than ever before

The Big Squeeze can support workforce transformation, releasing time to care, reducing associated cost and deliver wider benefits for both patients and the clinical team.



Hallas-Hoyes et al. (2021). An advanced self-care delivery model for leg ulcer management: a service evaluation. JWC

Immediate and Necessary Care

Immediate Care

- Cleaning and emollient.
- Simple low-adherent dressing.
- Leg wounds, **first line mild graduated compression** ($\leq 20\text{mmHg}$)
- Supported self-care (when appropriate).

The National Wound Care Strategy Programme recommend the use of **mild compression** as a component of immediate and necessary care for wounds on the leg, providing 'red flag symptoms' (such as symptoms of arterial insufficiency) are excluded¹.

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.**

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 500,000 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

VLUs had healed by week 24 on the pathway, a further 10 patients' VLUs had healed by week 42 and only one remaining patient reached 42 weeks without healing. **Conclusion:** These results support the hypothesis that patients with VLUs 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 (SWYT) 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.⁵ 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

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