Case Study

Establishing 'First Assessment Clinics' to improve lower limb wound care

City Health Care Partnership (CHCP), in partnership with HUTH, is a National Wound Care Strategy Programme (NWCSP) First Tranche Implementation Site (FImpS) for improving lower limb wound care.

Within the area, care of lower limb wounds takes place across a variety of different services including primary care, community nursing, podiatry services and established ‘treatment rooms’. The lack of established pathways for leg and foot wounds, including referral into dedicated services, has resulted in differences in the quality of lower limb care provision.

The Hull FImpS programme is seeking to reduce unwarranted variation in the provision of lower limb wound care so sought to review the way in which lower limb care was delivered. A project team was established to develop streamlined lower limb pathways and redesign existing services in place. Launch of the First Assessment Clinics ensured that all people with lower limb wounds (leg and foot) had access to services staffed by practitioners with the appropriate knowledge, skills and time to provide quality care.

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Last updated Rebecca Brooks 6 Mar 2023

Background

CHCP, a Community Interest Company, provides a range of community health services. It works alongside Hull University Teaching Hospital (HUTH). CHCP is part of the Humber, Coast and Vale Integrated Care System, incorporating two CCG’s and twelve Primary Care Networks. Hull covers 28 square miles and East Riding covers 930 square miles, with a collective population of

around 600,000 patients.

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The Hull FImpS programme is seeking to reduce unwarranted variation in the provision of lower limb wound care. To achieve this a project team of clinical and non-clinical members was established, reporting into Operations Programme Board. A twelve-week planning and governance phase led to the establishment of five workstreams, each reporting into a Programme Management Oversight Group (Figure 1).

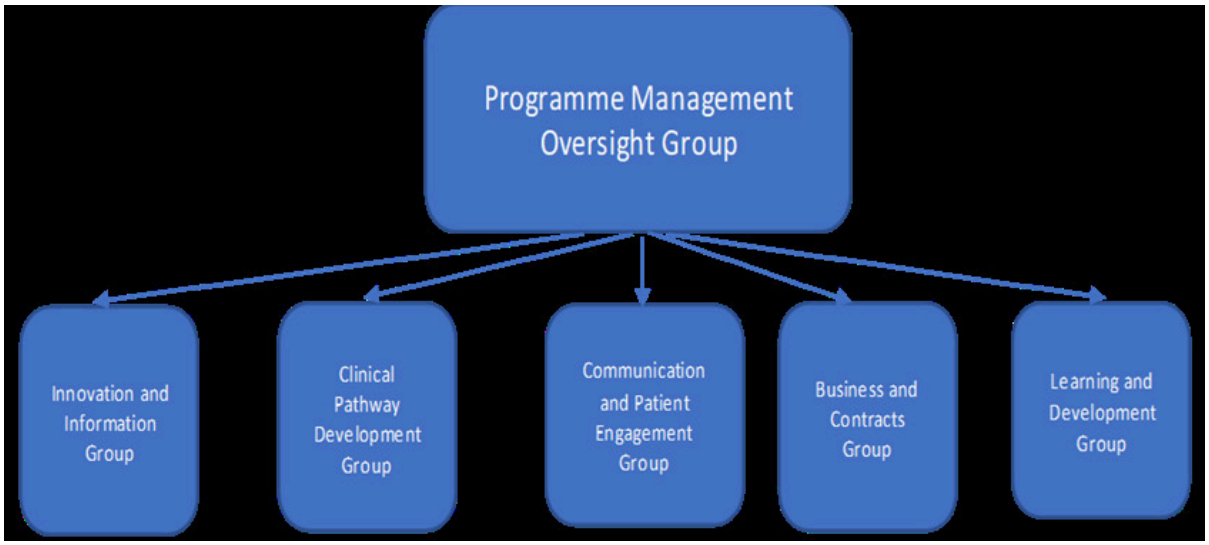

Figure 1 – Hull FImpS Programme Overview.

The need

To begin to understand the scale of the local problem, a baseline audit of leg ulcer care was completed through a manual review of community nursing caseloads (138 records). This highlighted that:

- Only 48% of people with leg wounds had a comprehensive assessment, including the assessment of arterial supply.
- Only 36% Of people with venous leg ulcers healed within 12 weeks.

‘Within community nursing demand and workloads are high and capacity is limited. Undertaking the necessary full first assessments of a leg ulcer including doppler testing, within the patient's home

was often not prioritised' – ***Clinical Project Lead.***

Whilst there were established 'treatment rooms' in Hull, delivered by community nursing services, referrals into them were variable. Both leg and foot ulcer care subsequently took place in a variety of settings (Figure 2).

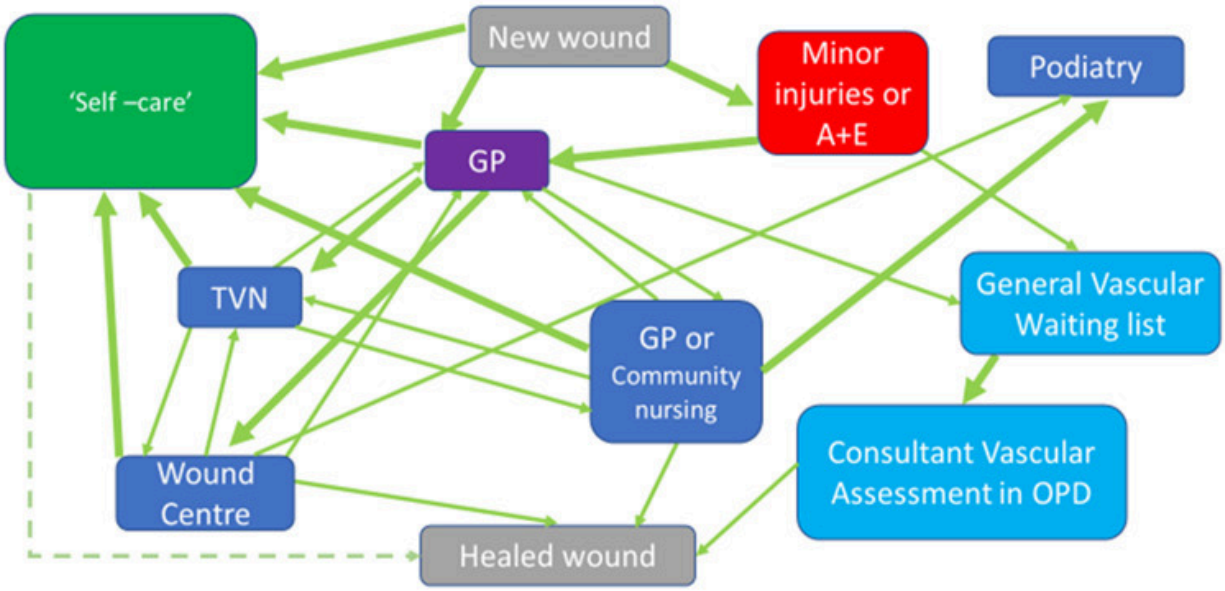

Figure 2 – Variation in pathways and services for lower limb care

Similarly, there was a well-established pathway for people with foot wounds and diabetes. A multidisciplinary team foot clinic service was offered within a diabetes centre. However, there was absence of a pathway for people with foot wounds and without diabetes. Subsequently, care for this patient group varied greatly across the different services providing care.

It was recognised that people with lower limb wounds were not receiving access to services staffed by clinicians with sufficient knowledge, skills, or time to provide the appropriate care. Local clinical pathways, practices and services needed revising to align to the NWCSP Lower Limb Recommendations1 and address the unwarranted variation in lower limb care.

The solution

Work began to review local clinical pathways and the way in which services were being delivered.

1. Programme planning

In the planning stage, meetings were held within the Clinical Pathway Development Group. A multidisciplinary focus group was established with health professionals from the existing CHCP treatment rooms including nurses, health care assistants, podiatrists and community caseload managers. The aim of this group was to develop a pathway for leg ulcers and to review the

existing foot pathway.

A cohort of ambulatory service users were also recruited, and telephone interviews were conducted to understand their priorities for accessing lower limb services.

2. Development of lower limb pathways and referral processes

A streamlined pathway was developed to ensure that all people with lower limb wounds (leg and foot) were referred into “First Assessment Clinics”. Under this new model of service delivery, people with leg ulcers would be booked an appointment with a leg ulcer nurse, and people with non-diabetic foot wounds would receive an appointment with a podiatrist. People with diabetic foot wounds would continue to receive care under the existing pathway and established MDT service.

New processes were established to ensure all referrals for lower limb wounds were received by the centralised CHCP Care Coordination Hub and then booked directly into the First Assessment Clinic, therefore bypassing community nursing services (Figure 3).

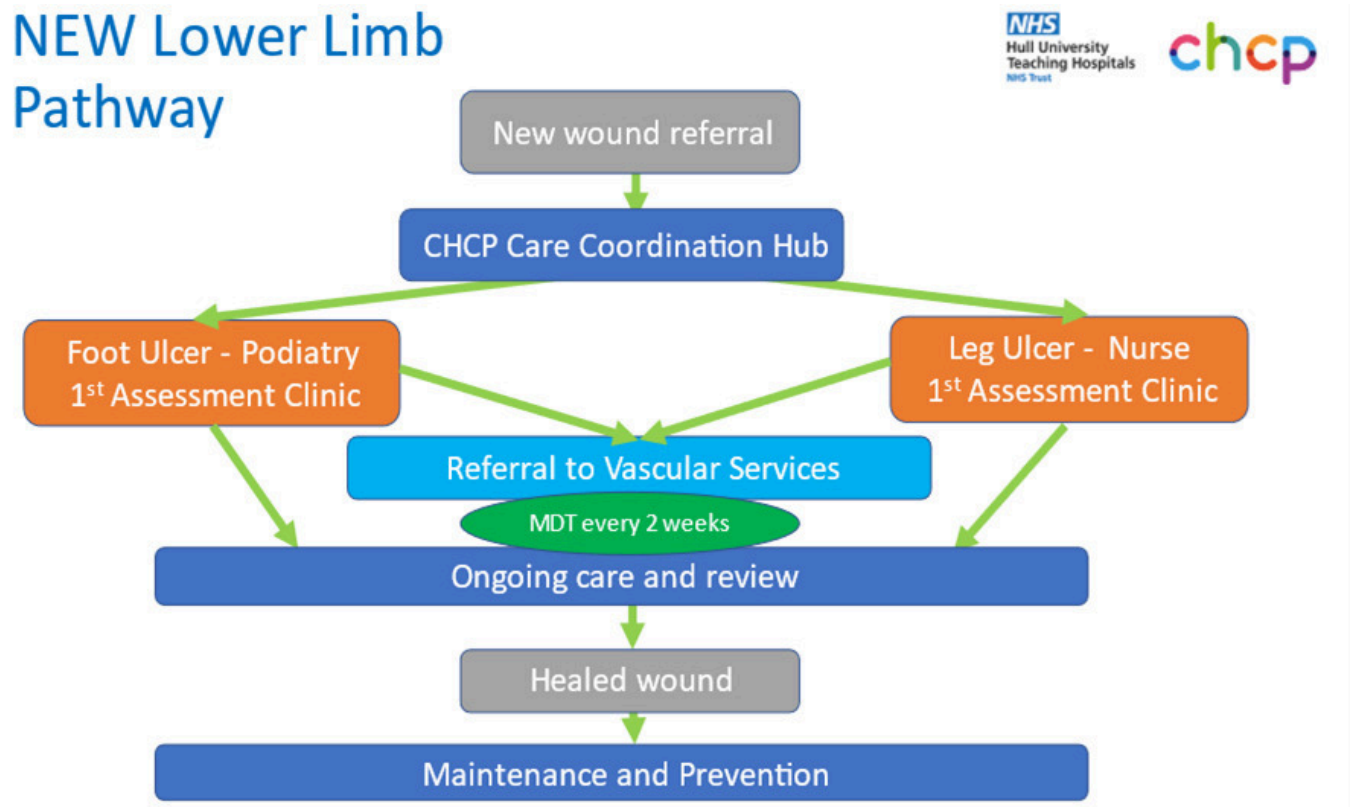

Figure 3 – Revised lower limb referral pathway process

An appointment ledger was built into the Electronic Patient Record on SystmOne to enable the CHCP Care Coordination Hub team to directly book appointments, which previously would have gone through a process of clinical triage. Hub staff were also trained on how to encourage ‘housebound’ patients to attend the clinic for their first assessment.

In addition to the referral pathway into the First Assessment Clinics, pathways were developed to support practitioners within the clinic setting to deliver evidence informed lower limb care, aligned with the NWSCP Lower Limb Recommendations. These included advice on immediate and necessary care, vascular assessment outcomes and treatment options, onward referral to specialist services and care following wound healing. To assist timely onward referral to vascular services, a template was created in the NHS eReferrals system (eRS) to allow direct referrals from the clinics, rather than having to go via the persons' GP.

In preparation for the 'go live' date of the First Assessment Clinics, staff were trained on the new Care Coordination Hub processes. A communication planning event was held with engagement from clinical directors, and the CCG sent regular updates to GPs via the 'hot topics' newsletter.

3. Launch of the First Assessment Clinics

The clinics commenced in July 2021, staffed by practitioners with the appropriate skills and knowledge to provide lower limb care. Podiatry led clinics were converted from the existing 'High Risk Clinic'. Initially, Tissue Viability Nurse Specialists (TVNs) completed the assessment of leg wounds. However, following the provision of education, including the NWCSP/Health Education England (HEE) online resources2 and local training by the Tissue Viability Team, the clinics became staffed by 'skilled up' community nurses. The clinics were also co-located to support multidisciplinary team working between nursing and podiatry colleagues.

All new assessments were allocated a 90-minute timeslot to ensure sufficient time for a comprehensive assessment, diagnosis and treatment planning to take place, including any onwards referrals (e.g. to vascular services).

Following the initial assessment, ongoing care included:

- Supported self-management, where possible.
- Home visits, practice nurse appointments or further community clinic appointments ("treatment rooms"), as appropriate, with the relevant practitioner group.

The First Assessment Clinics started with 15 appointments a week equally split across three different clinic locations (5 per location). Nine appointments each week were for people with leg wounds and six a week for people with foot wounds. However due to service demand, particularly to address the volume of people with chronic leg wounds, this was quickly increased to seven clinics across multiple sites just one month later.

4.) Establishing improved multidisciplinary team (MDT) working

Fortnightly MDT meetings were established to discuss the appropriate ongoing care and review of patients following their initial assessment and vascular investigations. The meeting attendees include both community and acute based TVNs, podiatry and vascular colleagues. A patient proforma was developed to standardise discussion, which was generated and shared prior to

every MDT meeting.

The MDT approach has been paramount, both in terms of FImpS project delivery, and in effective clinical caseload reviews. It has enabled a shared vision for local improvements in lower limb care to be driven forward, in addition to ensuring quality and continuity of care for people with lower limb wounds.

Costs

The dedicated FImpS team was partially funded by the NWCSP to provide leadership in undertaking implementation work, such as the Clinical Project Lead.

No direct funding changes were required for initial staffing of the First Assessment Clinics, as existing services were redesigned.

However, time was required from the Clinical Pathway Development Group and MDT focus group to review and develop the local lower limb pathways. Staff were mobilised to enable this and so was absorbed within existing resources.

In terms of staffing within the First Assessment Clinics, for the leg ulcer clinics:

- Four full time TVNs initially led the First Assessment Clinics.
- Four Band 5 ‘treatment room’ nurses were trained and supported by the TVNs, in order to take over staffing of the clinics, but it remained under the umbrella of the Tissue Viability Service.

For the foot ulcer clinics:

- The podiatry service was redesigned to allow all first assessments for non-diabetic foot wounds to be delivered by the Band 7 advanced podiatrist.

Challenges

This was an ambitious and large-scale project across a wide demographic area, which was launched during the Covid-19 pandemic.

‘However, with such passionate teams where clear benefits could be seen, particularly in health outcomes, cost benefits, and patient and staff satisfaction, this helped drive our agenda’ - **Clinical Project Lead.**

The biggest challenges faced were:

- A wide spread of geographical areas, therefore mapping and prioritising clinic locations took a great deal of time and negotiation.
- Shortage of rooms for additional First Assessment Clinics, which resulted in negotiations with estates and other teams.
- Difficulty in recruitment and in obtaining adequate staffing levels to cover the wide geographical locations.

Impact

Over 1000 people attended the First Assessments Clinics during the first four-month period of the service launch. Since October 2021 the First Assessment Clinics have been providing 35 clinic slots per week for leg wounds and 18 per week for foot wounds.

Key benefits of the First Assessment Clinics for lower limb wounds have included:

- Improved multidisciplinary team (MDT) working and appropriate specialist review
- Improved patient experience and outcomes
- Improved quality of referral information via the standardised referral templates.
- Timely assessments - being achieved within 1 working day for people with non-diabetic foot wounds and within 14 days for those with leg wounds, in line with NWCSP Lower Limb Recommendations.
- Appropriate onwards referral to specialist services, such as vascular services.
- The provision of evidence-informed care, such as strong compression therapy for people with venous leg ulceration.
- Improved experience and a reduction in workload for community and primary care staff relating to lower limb care.
- The ability to begin to collect and subsequently improve wound care data and information

Information gathered from service users and staff about the First Assessment Clinics has been extremely positive. Feedback from 66 Friends and Family Test submissions to date has found that 100% of service users rated the service either ‘very good’ or ‘good’.

“Very pleased with my treatment the nurse was very good and gave me a thorough examination and leg treatment” **- service user.**

“I would recommend this service and would be pleased to attend for treatment if it is needed” **– service user.**

“I totally support the new pathway, it makes so much sense, especially after what I went through with the GP, the doctors are a massive barrier and they do have a lack of specialist

experience, so this feels better" **– service user.**

Staff were equally as positive about their experiences of the new service model:

"*Wounds are healing better or are often fully healed when the patient attends the Treatment Room following their first assessment"*- **Lower Limb Nurse.**

"Having a full assessment completed prior to the patient attending the Treatment Room saves us time and ensures parts of the assessments are not overlooked due to time constraints"- **Lower Limb Nurse.**

"I would just like to pass on the thanks for booking the patient into the Lower Limb Podiatry clinic yesterday. The slot was only free for an hour, after someone had cancelled. This shows great efficient and effective working and shows the pathway into the service via direct booking by the administrator is working. The patient needed antibiotics, a vascular referral and offloading for his foot ulcer" - **Podiatrist.**

Whilst work is ongoing to refine clinical metrics and the ability to capture this data across the population, results so far are promising. Following the initial baseline audit of community nursing caseloads, a manual audit of data from the First Assessment Clinics showed that from July to October 2021, 65% of people with leg ulcer(s) assessed within the clinic had healed within 12 weeks. A 90% healing rate was being achieved for patients attending the clinic within 24 weeks (Figure 4).

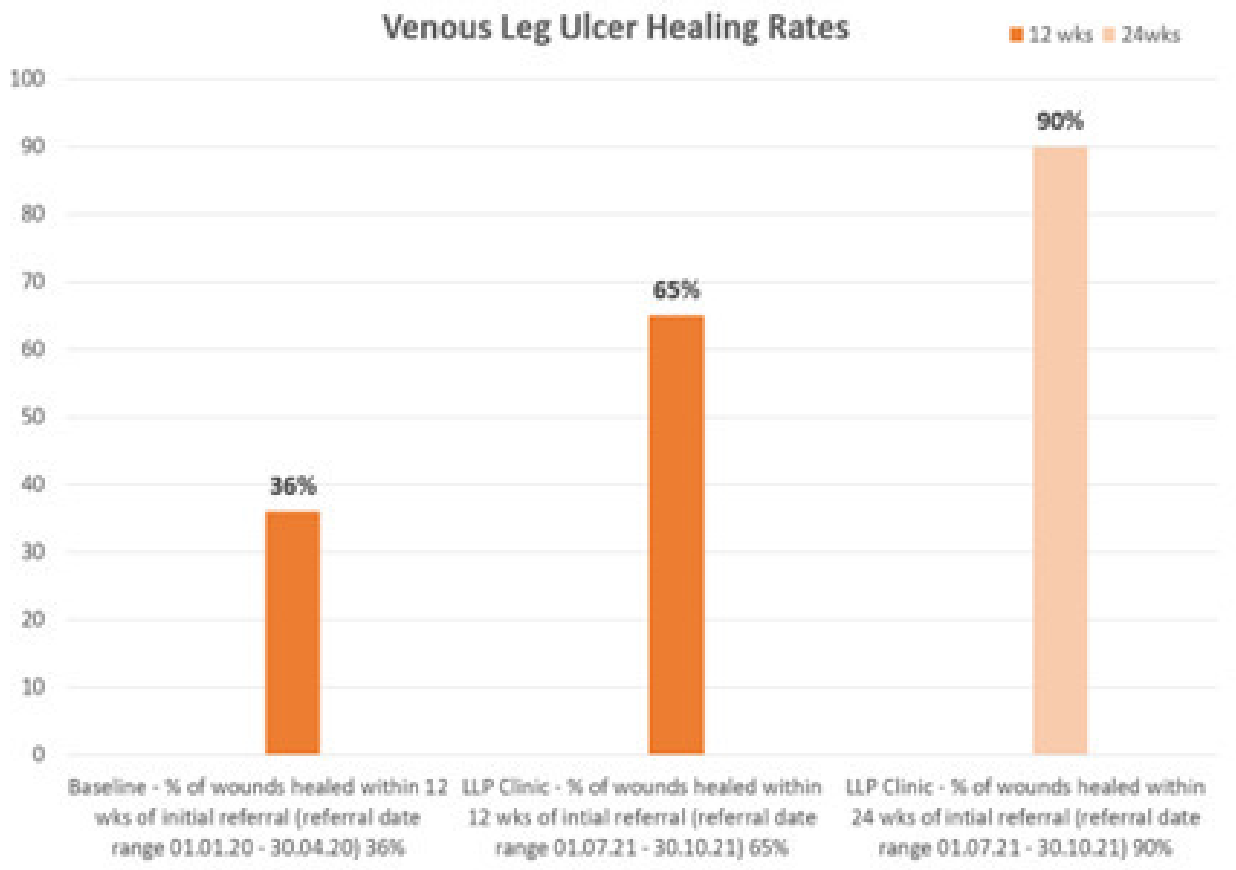

Figure 4 – Venous leg ulcer healing rates before and after introduction of the First Assessment Clinics.

Work continues, in collaboration with the NWCSP, to improve the capture and quality of data and information relating to lower limb wound care. This will inform further quality improvement and service development.

Lessons

"This programme has been both challenging and rewarding, being one of the first tranche sites to implement the NWCSP Lower Limb Recommendations has meant that we have been able to capture some key enablers and barriers to our process which we are happy to share to help inform future sites in their adoption and implementation process" **- Clinical Project Lead.**

- There will be initial high demand for such services, due to the volume of people with chronic lower limb wounds. However, as this cohort becomes more effectively managed, the service will be able to offer more availability.
- Appropriate skill mix within the clinics and specialist support has been key to building the required staff ratio and ensuring high quality care (Band 5 and 6 nursing staff, led by the Tissue Viability Service).

- Engagement with PCN networks and the use of GP practices for clinics is beneficial to maximise capacity and meet the needs of people living in more remote areas.
- Having a dedicated lower limb service has given the opportunity to continue to build wound care data and information, to demonstrate outcomes.

Next steps, sustainability and scaling

To allow for continuation and sustainability of improved lower limb care and the First Assessment Clinics, next steps include:

- Explore skill mix required to provide additional senior leadership within the First Assessment Clinics.
- Explore the service configuration of First Assessment Clinics, treatment room and tissue viability services to create a more streamlined service and avoid silo working.
- Explore skill mix of Band 5's and Band 3's across the service model
- Further enhancing the learning and development offer across services
- Developing supported self-management pathways
- A process of patient initiated follow up (PIFU), following wound healing.
- An exploratory quality improvement project relating to concordance for compression therapy
- Continuing to explore hosting treatment clinics within GP surgeries for more remote areas.
- Plans to expand the service to meet the needs of the homebound population.
- Continue work to improve the capture and quality of data and information relating to lower limb wound care, including review of documentation templates and read codes.

To find out more the contact details for the project can be found within the 'find out more' section within this case study. To discuss this work or request sharing of pathways please contact us.

Find out more

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To find out more about the programme please visit the National Wound Care Strategy Programme website: https://www.nationalwoundcarestrategy.net/lower-limb/

References

1. National Wound Care Strategy Programme. 2020. Lower Limb Recommendations. www.nationalwoundcarestrategy.net

2. NWCSP/Health Education England. Wound Care Education for the Health and Care Workforce - eLearning for healthcare: https://www.e-lfh.org.uk/programmes/wound-care-education-for-the-health-and-care-workforce/