How collaborative relationship building will help us make the most of societal changes in the wake of COVID-19

In a society which has developed a strong technological focus to help it navigate its way through a global pandemic, building collaborative relationships offers significant opportunities. This is because there is a great deal of common ground between the third sector (including charities), industry and the UK's National Health Service (NHS), and by working together solutions can be developed that improve outcomes and reduce costs.

Charities such as the Lindsay Leg Club Foundation have shown how collaborative relationships with commercial partners can benefit Leg Club members (patients) through innovation in wound care, such as dressings. This has also enabled a sharing of resources, shared educational platforms and joint projects.

This collaboration also extends to patients, who are encouraged to become more involved in their treatment through supported shared care. By bringing everyone involved in wound care together we can start to address the growing cost burden of wounds—but action is needed now.

Making the most of technology through collaboration

The COVID-19 pandemic has changed the way we live and work, and has brought technology to the fore as we rely increasingly on innovation. In healthcare, the most successful innovation occurs at the boundaries of person-centred care delivery, where the needs of users and the potential of modern, cost-effective technologies are linked together in a creative and collaborative process.

The Lindsay Leg Club Foundation's successful relationship with its partners extends to local Leg Clubs, removing traditional barriers between suppliers and health professionals, and giving nurses the opportunity to work more closely with commercial organisations—something that does not happen in the traditional general practice and district nursing environment.

Building a collaborative partnership with the healthcare industry via Leg Club Industry Partners (LCIP) has resulted in opportunities for change, helping to develop a long-term vision for health and care, and building trust among colleagues in a reciprocal process. This collaboration has integrated the LCIP members in a multisectoral approach to address health and wellbeing, which includes sharing of resources, shared educational platforms, joint projects and representation to government.

Following the success of the LCIP collaboration, the Lindsay Leg Club Foundation entered into an agreement in 2020 with the Surgical Dressing Manufacturers Association (SDMA). The SDMA represents the wound care and management industry and, inter alia, undertakes scientific research in complementary areas such as skin loss and tissue viability.

Continued working relationships between the Foundation and industry are critical for future research, and the development of new and enhanced treatments and pathways of care that will ultimately lead to improved patient outcomes. It is vital that these interactions are transparent, hence, we have created clear frameworks within which the Foundation, practitioners and the industry can work to ensure that all legal, moral and accountability issues are addressed.

The clinician, Leg Club member and industry perspective

Industry involvement with the Leg Club has proven invaluable from a clinician, member and industry perspective. Through regular involvement with the Leg Club, challenges are often identified which can lead to new product development and innovation. This involvement also helps clinicians develop more effective treatment plans, resulting in members being more concordant and achieving better outcomes.

Compression wrap systems provide a good example of where clinicians, members and industry have worked together to introduce product innovations into clinical practice. This has improved clinician treatment plans and consequently member outcomes.

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By attending Leg Clubs, industry has been able to work with both clinicians and members to discuss products, and therefore innovate and develop products further. New products and product adjustments can be discussed with members and feedback considered.

Both the NHS and Leg Clubs benefit greatly from industry support, including from the availability of time for clinicians and members to discuss the use of various products, and how they may be adjusted or developed further to improve outcomes. Benefit is also gained from the training and education that is provided by the representatives and clinical specialists from the various companies, offering invaluable support and advice.

Collaboration to address the growing cost burden of wound care

In 2012/2013, Julian Guest completed a Burden of Wounds Study which estimated that the UK NHS managed 2.2 million patients with a wound at a cost of £5.3 billion annually. An estimated 61% of all wounds in that study healed in the study year and were predominantly managed in the community.[1–3]

The results of this study were presented to the UK's House of Lords, and the UK Parliament then debated instigating a national strategy to improve the standards in wound care.[4] NHS England and NHS Improvement established the National Wound Care Strategy Programme (NWCSP)[3] at the end of 2018 which focuses on the standardisation of patient pathways, including diagnostic measures and optimal patient management.

A subsequent study by Guest et al.,[1] published in 2020, highlighted an increased spend on wound care within the NHS, taking the total spent in 2017/2018 to £8.3 billion. This was to treat 3.8 million patients with a wound, equivalent to 7% of the UK's adult population, with 67% of this £8.3 billion spent on managing unhealed wounds. The annual prevalence of wounds increased by 71% between the studies. Again, 81% of the total annual NHS cost of wound care was borne in the community setting. It was also found within the data that only 6% of the £8.3 billion was related to the cost of products, with >70% of the cost of wound care associated with healthcare practitioner (HCP) visits. NHS spending on wound care products per patient decreased by 50%, falling from £338 to £140, between 2013–2018. The same five-year period saw the overall costs of treating wounds, including HCPs' time, increase by 48%.

These two studies highlight the need for all parties involved in wound care (the third sector, industry, the NHS and patients) to work collaboratively to improve patient outcomes (i.e., optimise healing times). At the same time, this collaborative approach supports the patient to maintain or improve their normal quality of life with dignity. By optimising healing times, the cost burden is reduced by minimising nursing and care assistant time, and reducing hospital admissions and readmissions.

Industry plays an integral part in the management of wounds across the UK and is responsible for the development of innovative products to enhance wound healing, with demonstrable outcome measures though clinical trials and evaluations, while providing products to support the needs of clinicians and patients. The wide range of products available are key to providing optimal patient care when dealing with diverse aetiologies, numerous types of wounds and the wide variability of individual patient needs.

Industry takes on board the need to increase efficiency and improve the lives of patients living with a wound. For example, this could be through the development of a high-tech innovation, such as an antimicrobial dressing, to something as simple as making a dressing or compression garment easier for a patient or carer to apply. As well as being responsible for product development and innovation, industry strives to partner with the NHS to develop efficient service pathways and resource realignment to improve outcomes throughout the wound care community.

The VENUS IV study demonstrates how innovation has improved patient and operational outcomes. The study results concluded that the innovative two-layer hosiery kits are as effective for the management of venous leg ulcers as traditional four-layer compression bandage systems. In addition, the study also highlighted the benefits of innovation by an enhanced cost–benefit of approximately £300 per patient, an increase in quality adjusted life years, patients' ability to self-manage reinforced through personal preference, and an improved rate of recurrence.[5]

Education provides the building blocks for success and one of the key benefits of collaboration has been the educational support that is provided year on year. Companies have worked with academia and external specialist consultants to ensure the quality of education delivered remains pertinent and of a high standard.

A variety of teaching methods are used, from face-to-face clinical training to interactive workshops, to allow nurses to be able to have a look at and feel of the products they are using. Industry invests significant resources in developing materials that will upskill all levels of nurses, from healthcare assistants and nursing associates to newly qualified nurses involved in wound care.

Each company strives to provide education that will enhance the learner experience. This remains generic in content and only product-specific if appropriate for the learner in line with formulary guidance.

Accreditation is a key component to assisting clinicians with their revalidation regarding

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participatory learning.

Face-to-face learning is also available through a range of webinars and web-based learning modules that can be selected according to educational gaps or practical skills in assessment and dressing selection, for example. These can all be accessed when the time is right for the learner.

During the global pandemic industry was challenged to develop new ways of working to continue to provide the much-needed educational support that the NHS has been accustomed to.

Industry had to embrace the virtual world and find new ways of working. This resulted in the use of social media platforms, for example, Facebook, where industry partnered with third parties to host interactive educational events. This allowed nurses new to wound care, due to the redeployment of specialists, to be introduced to the basics, supported by the online community. Viewing figures would range from several hundred to several thousand, demonstrating the need was still very real.

Industry lightens the burden on NHS resource by providing best-in-class training and education to clinicians to drive and ensure continuous improvement of clinical best practice. In addition, industry looks for services and options to improve the wellbeing of patients, for example, by providing patient-specific educational material, patient forums, support networks and delivery platforms enabling ease of access to product.

Educational innovation via digital platforms has been another vehicle to engage clinicians in self-learning, and collaborative partners are continuously developing educational technology resources for both the clinician and public.

Use of technology to support shared care

During the first wave of the pandemic, Leg Club teams and their partners in industry radically adapted operational care delivery using digital technology and telecommunications, such as access to smartphones and Internet communication. This provided teams with new, smarter and more innovative ways of delivering remote consultations for wound management delivery. Leg Club members became digitally minded, enabling many to actively participate in a virtual supported shared care pathway.

Supported shared care is a term that has been discussed at every level during the COVID-19 pandemic and many would argue that it has been necessary to support continuity of care. Patients with wounds have been supported and encouraged to self-care for multiple reasons but mainly to maintain patient safety through minimal contact with health professionals and healthcare premises. It could be viewed as innovative practice for patients to be educated about their wound and encourage ownership of their care.

However, supported shared care is not for everyone and there are many factors that need to be considered. A patient must be assessed by an appropriate health professional to determine if they are a suitable candidate, to ensure safe and effective care. 'Is it practical for a patient to take on shared care?' is the first question that needs to be asked.

Many patients with wounds may not have the appropriate capacity mentally or physically to successfully deliver their own shared care; the individual's ability to understand written and verbal information about their wound care is a crucial factor. It also needs to be established if the person is willing and has the confidence to deliver their own treatment, as many patients may be scared or even repulsed by an open wound.

There is also the additional issue of pain to be considered, because if pain is not managed well, it could be exacerbated, causing discomfort and possibly disengagement with the process. Individuals may not be able to perform tasks safely, including cleansing and dressing their wound or observing and recognising changes in their wound symptoms. Treatment may also involve the application of compression therapy products, such as hosiery and wraps which, although designed to be applied by the patient, can often be viewed as too difficult. Health professionals cannot assume that all patients can complete these tasks by themselves.

Patients may not have access to appropriate help and support from family members or carers, particularly during periods of lockdown throughout the pandemic. They may have poor dexterity, failing eyesight or other significant comorbidities that prevent them from managing their own care in a safe and clinically effective manner. Other significant risks for consideration are the environment/living conditions of the patient and the possibility of cross-contamination from poor hygiene, pets, other people or unsanitary living conditions.

The wound may not be suitable for self-care, particularly where there are high levels of exudate, fragile skin, misshapen limbs or ongoing issues with contamination and infection, all of which are common in leg ulceration. These patients in particular need ongoing support and may deteriorate more quickly without intervention by a health professional. Anecdotal reports already identify patients whose wounds have deteriorated since the initiation of self-care.

Conclusion

There are wide-ranging benefits of collaborative relationships between the third sector (Lindsay Leg Club Foundation), companies and healthcare providers. These examples of success show working together can strengthen both clinical and patient education, and expand into new ways of working to

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address a significant healthcare issue.

As a collaborative group committed to healthcare, many new projects were embarked upon, such as a new media platform providing webinars and interactive communication to offer a variety of bespoke education, practical skills and the production of public information leaflets. As face-to-face meetings return, this repository of new methods for learning will continue to remain available. **JWC**

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