

# ENOUGH IS ENOUGH!

## A manifesto for the lower limb

Lower limb and leg ulcer related conditions are a major health problem and cause significant suffering. These conditions are often neglected in the primary care setting, with inadequate resources available to manage them.

### IT IS A HIDDEN EPIDEMIC

Last year the NHS managed an estimated **2.2 million** patients with a wound, equivalent to **4.5%** of the adult population and the annual cost to the NHS attributable to wound management and associated comorbidities was estimated at **£5.3 billion**. Community nurse visits were the primary cost driver and accounted for **78% of the cost** of patient management.

We also know that **420,000** of the **730,000** leg ulcers treated by the NHS in the UK each year were classified as 'unspecified' (Guest et al, 2015). Without being able to understand the underlying cause, decisions cannot be made on the best course of treatment for patients. This in turn means the NHS is not providing optimal care.

**Enough is enough** - there is no reason for inconsistent treatment, or treatment where the concerns and priorities of our patients are not being addressed, and the time has come for us to act.

### WE ARE CALLING FOR A FEW SIMPLE AND ACHIEVABLE STEPS:

- 1 To establish an NHS lower limb and leg ulcer related conditions strategy:** This should include an evidence-based approach to assessment, diagnosis, treatment and monitoring of lower limb and leg ulcer related conditions.
- 2 To create a lower limb and leg ulcer related conditions task force:** The task force should be made up of experts from a range of disciplines, including clinical practice, public health, nursing, research, and industry. It should be responsible for developing and implementing a national strategy for leg ulcer and lower limb conditions.
- 3 To establish a lower limb and leg ulcer related conditions registry:** A registry should be established to collect data on lower limb and leg ulcer related conditions, including epidemiology, diagnosis, treatment, patient outcomes and cost-effectiveness.

**4 To work smarter in the community and with telemedicine:** Community nurses should be given extra resources and training to provide quality care for lower limb and leg ulcer related conditions in the community. Telemedicine should also be used to help with rapid diagnosis and treatment, as well as to provide long-term monitoring of patients.

**5 To increase public awareness and education:** Public awareness campaigns should be launched by the NHS to raise awareness of lower limb and leg ulcer related conditions and encourage early diagnosis and treatment. Education should also be provided to health professionals to increase their knowledge and understanding of the condition.

**6 To increase research and innovation:** More research is needed to understand the causes of lower limb and leg ulcer related conditions and to develop new treatments, technologies, and approaches to managing these conditions.

### DISPARITY IN LOWER LIMB CARE - THE LIVED EXPERIENCE

*"As a family member or carer, it's extremely distressing to witness someone, who, before the onset of the leg ulcers, was independent, sociable and active, suddenly deteriorate into someone who is frail and no longer safe to live alone."*

*"The reality is that you are faced with a number of different health care professionals from GPs and the III service, to community and district nurses, working independently of one another and not picking up on a rapidly deteriorating condition."*

**SUB-OPTIMAL TREATMENT HAS GOT TO STOP. WITH YOUR HELP IT CAN.**

If you would like to support us and join hundreds of others who feel the same way, **please add your name to our petition.**

