



Ellie Lindsay OBE FQNI (top), life president, Lindsay Leg Club Foundation; Julian Tyndale-Biscoe, senior partner, FINN Partners

Enough is enough... ensuring equity of access to wound care

'Limited allocation of time and resources, a lack of consistency in care, and a lack of planning and provision for wound care during overall treatment are all obstacles that, in the authors' opinion, individuals with leg ulcers face.'

Leg ulceration has been referred to as a 'hidden epidemic' (MacLellan, 1994; Lindsay, 2017). This phrase has a double meaning. The scale of the problem is hidden because we still only have estimates to rely on; the number of cases that healthcare professionals see and treat are likely to be far fewer than the actual number of leg ulcers. At the same time, the authors of this viewpoint have met several patients both in the community and through our Leg Club network who had hitherto been virtually hidden away, isolated, depressed and attempting unsuccessfully to self-care.

This epidemic has been exacerbated by an ever-ageing population with more comorbidities and extended periods of ulceration (Lindsay et al, 2017). The impact on their lives cannot be underestimated. Indeed, leg ulceration can lead to prolonged ill-health; the average ulcer duration is 12 months, with an average recurrence rate of 70% (Kumar et al, 2020). The work of co-author, Lindsay, espouse that patients with leg ulceration experience poor psychological

health and a greater risk of depression, less perceived social support and greater social isolation.

Often, a persistent skin lesion is an indication of a wider systemic illness that is already being treated and is dismissed until a severe wound condition has occurred. It has been stated 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), suggesting that the system in place has not been able to identify the likely reason for the wound. Without being able to understand the underlying cause, decisions cannot be made on the best course of treatment for patients. This, in turn, means that optimal care is not being provided.

Limited allocation of time and resources, a lack of consistency in care, and a lack of planning and provision for wound care during overall treatment are all obstacles that, in the authors' opinion, individuals with leg ulcers face. This is compounded by the fact that patient information on wound care is at best inconsistent and at worst non-existent. We all have considerable first-hand experience of patients who do not know what they are going to face when they have a chronic wound, who they should contact and how.

Since wound care is integrative and multifactorial, a range of health workers and services might be involved in a patient's treatment course, which can mean that information gets lost in translation — for example, healthcare practitioners may use contrasting online platforms to record notes.

Wound management places a major demand on healthcare resources, which will continue to escalate with the increasing age and associated diseases of patients. But, that is no reason for inconsistent treatment, or treatment where the concerns and priorities of patients are not being addressed.

Of course, prevention and education need to be a priority, along with evidence-based wound treatments and research into developing existing pathways. However, patients also have rights and expectations that need to be considered. In our view, it is here where we have fallen down and where we continue to do so.

This has to stop. While we may not understand the extent of this hidden problem, there are measures that can be taken to alleviate pressure on healthcare services and improve outcomes for individuals with leg ulcers.

In the authors' opinion, here are just some examples of policies that can be put in place:

- ▶ From the outset, staff should ensure that an appropriately tailored discussion with the patient (and their family) has taken place, so that the patient can be involved in their care decisions. This should cover the wound itself, the possible treatment options, the risks and the possible wound progression. If patients know what to expect during wound progression and treatment, making them better prepared at the start of their treatment journey, they will find the process less traumatic. Patients have the right to know the benefits, risks and side-effects of their wound treatments and to participate in the development of a treatment plan with their wound team
- ▶ Patients should be given access to their own medical records, including laboratory/pathology findings to encourage transparency, and for nurses to explain issues that they are unsure about. Family members should be able to get

involved in care where suitable and feel that there is space to discuss healing choices and risks

- ▶ Technology is a solution that can strengthen the relationship between patient and staff because efficient communication reduces confusion. Using a smartphone or an app improves patient access to data, reducing the need for regular clinic visits. Healthcare providers need to ensure that staff have sufficient time allocated and consider modern technology to assist clinicians in offering adequate and timely appointments
- ▶ Consistency of care should be provided across the nation, to make sure that patients have access right across the full range of options, from centres of innovation to social hubs where they can share their experiences with others.

Of course, that is not to say that there is not fantastic work being done by dedicated professionals all over the country. We just want to make it consistent. And fair.

Enough is enough. We all need to act now and shine a light on this hidden epidemic, and we are going to start by talking to our Members of Parliament. Members of Parliament, together with the FINN Partners Health Team and Ellie Lindsay OBE will hold a parliamentary reception

More information

To find out more, please email: julian.tyndale-biscoe@finnpartners.com

in April to raise awareness about leg ulcers among MPs. A comprehensive manifesto calling for action will be launched at this event. **JCN**

REFERENCES

- Guest J, Ayoub N, McIlwraith T, et al (2015) Health economic burden that wounds impose in the National Health Service in the UK. *BMJ Open* 5: e009283
- Kumar N, Huda F, Mani R, Singla T, Kundal A, Sharma J, Gajula B (2020) Role of hospital anxiety and depression on the healing of chronic leg ulcers: a prospective study. *Int Wound J* 17: 1941–47
- Lindsay E (2017) Advocacy in wound management: myth or reality? *Wounds UK* 13(4): 150
- Lindsay E, Renyi R, Wilkie P, Valle F, White W, Maida V, et al (2017) Patient-centred care: a call to action for wound management. *J Wound Care* 26(11): 662–77
- MacLellan D (1994) Chronic leg ulceration— the hidden epidemic. *Med J Aust* 161(10): 619–21

JOURNAL OF COMMUNITY NURSING

JCN

JOURNAL OF GENERAL PRACTICE NURSING

GPN

The free
educational event
in your area

Attend your local JCN/GPN study day and:

Listen to experts present on areas relevant to day-to-day clinical practice

Learn about new products and technologies

Gain CPD points that
contribute to your revalidation portfolio

For further information and to register, go to: www.jcn.co.uk/events