Enough is enough—a manifesto for change in wound and leg care announced at the Houses of Parliament

Roland Renyi
Leg Club Foundation Chair, 2014–2017

On 26 April, a reception was held at the Terrace in the Houses of Parliament, intended to highlight the disparity in care that exists around the country in the treatment of leg ulcers and chronic wounds. Hosted by Derek Thomas MP, the event was personally sponsored by Ellie Lindsay OBE, Founder and Life President of the Lindsay Leg Foundation (*Figure 1*).

'I have been wanting to highlight the importance of consistent chronic wound and leg care to MPs for more than 8 years', says Ellie Lindsay OBE. 'We're currently facing a huge problem and we should make sure that MPs are aware of what is actually happening today.'

'This is a hidden epidemic because despite the number of people who suffer from chronic wounds, the interest in, and support for those patients, is sadly lacking', says Professor Keith Harding CBE. 'We need a form of structured delivery service, where patients are seen, assessed, diagnosed and cared for in a timely manner.'

The talks at the event, given by some of the most prominent figures in wound care and venous disease, provided an overview of where the practice is today, why there are challenges facing both clinicians and the NHS as a whole, and how and why this must be improved.

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Figure 1. Ellie Lindsay OBE and Derek Thomas MP at the Reception.

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Figure 2. Roland Renyi introducing the event to a crowd of MPs and clinicians, who had gathered at the reception at the House of Parliament.

After a brief introduction from Roland Renyi (Leg Club Foundation Chair, 2014–2017) (*Figure 2*), Keith Harding began with a summary of how wound care has developed over the last 30 years, while suggesting the main factors necessary for its consistent practice. He was followed by Professor Alun Davies and Dr Lukla Biasi, who between them, highlighted the prevalence of venous disease, which will at some point affect one in three people in this country. Poor venous disease management leads inevitably to poor leg health, suggested Professor Davies, which contributes towards the crisis that we have today.

Mike Steele from Smith & Nephew explained how the unique Leg Club Industry partnership continues to provide practical, patient-focussed support to individual Leg Clubs, as well as to the Leg Club Foundation.

Trudie Clark and Jacqui Fletcher, both with a lifetime of experience in the practice and teaching of advanced wound care, pointed out the current challenges for both nurses and for the NHS when it comes to leg and wound care.

Dr Anna Galazka from the University of Cardiff, who has done extensive research into the patient experience, highlighted just what a difference it makes when a patient is fully involved in their wound care journey. We finally heard a personal story from somebody whose own experience matches the whole theme of disparity of care, a patient who, after receiving excellent surgical

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care for a very serious condition, had absolutely no follow-up, to the extent that she felt obliged to treat her own wound once it got infected.

To close the meeting, a Manifesto for Change was presented. Manifestos can be very general, but this one contains practical, useful steps that need to be put in place to ensure that everyone has an equal opportunity:

- To establish an NHS lower limb and leg ulcer related conditions strategy
- To create a lower limb and leg ulcer related conditions task force
- To establish a lower limb and leg ulcer related conditions registry
- To work smarter in the community and with telemedicine
- To increase public awareness and education
- To increase research and innovation.

'Suffering from a wound is bad enough' concludes Ellie Lindsay. 'We owe it to our patients to provide them with consistent, advanced care that addresses their concerns and puts them at the centre of their therapeutic journey.'

Please visit the leg club website at www.legclub.org and join the campaign—it is simple. Just scan the QR code in the image below or on the website and sign the petition for consistent, patient-centred care. CWC

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 111 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.**

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