

Case study:

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

Background

City Health Care Partnership (CHCP), a Community Interest Company, provides a range of community health services. It works alongside Hull University Teaching Hospital (HUTH) as a National Wound Care Strategy Programme (NWCSP) First Tranche Implementation Site (FImpS) for improving lower limb wound care.

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.

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 for these wounds, has resulted in differences in the quality of lower limb care provision.

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. 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.**

Similarly, there was a well-established pathway for people with foot wounds and diabetes. However, there was absence of a pathway for people with foot wounds and without diabetes.

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.

Solution

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

Meetings were held by a Clinical Pathway Development Group to develop a pathway for leg ulcers and to review the existing foot pathway.

A single streamlined pathway was developed to ensure that all people with lower limb wounds (leg and foot) were referred into 'First Assessment Clinics', staffed by practitioners with the appropriate skills and knowledge to provide lower limb care.

To achieve this, Podiatry led clinics were converted from the existing 'High Risk Clinic' and initially, Tissue Viability Nurse Specialists (TVNs) completed the assessment of leg wounds. However, following the provision of education and local training by the Tissue Viability Team, the clinics soon became staffed by 'skilled up' community nurses. The leg and foot clinics were also co-located to support multidisciplinary team working between nursing and podiatry colleagues.

Fortnightly MDT meetings (attended by community and acute based TVNs, podiatry and vascular colleagues) were established to review patients following their initial assessment and vascular investigations.

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.

Challenges

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

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.

Impact

Information gathered from service users and staff has been extremely positive.

"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.

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.

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

- 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.
- A dedicated lower limb service provides the opportunity to build on wound care data and information, to demonstrate outcomes.

Next steps, sustainability and scaling

To allow for continuation and sustainability, next steps include:

- Exploring skill mix across the service model, including additional senior leadership within the First Assessment Clinics.
- Further enhancing the learning and development offer across services
- Developing supported self-management pathways

Case Study

If you work in or for health and social care, you can find further information on this case study via the FutureNHS Case Study Hub:

[CHCP Case Study](#)



National Wound Care Strategy Programme

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