

Case study:

Creating Lower Leg Ulcer Nurse Specialist (LUNS) roles from unfilled community nursing vacancies to improve Leg Ulcer Service provision within Wye Valley

Background

Wye Valley NHS Trust (MFT) is a National Wound Care Strategy Programme (NWCSP) First Tranche Implementation Site (FImpS) for improving lower limb wound care. It is the healthcare provider for Herefordshire and a small part of Powys, covering a population of around 225,000 people. It provides both acute and community care services, working closely with primary and adult social care, as part of the One Herefordshire Partnership. It is part of the NHS Herefordshire and Worcestershire Integrated Care System (ICS).

The Need

Wye Valley sought to reduce unwarranted variation and remove inequalities relating to leg ulcer care. Previous work to understand local problems had included an audit which highlighted that:

- Many people with leg wounds had not had an initial vascular assessment.
- Some people had not had a reassessment for many years.
- Less than 10% of eligible patients were in strong compression therapy.

A multidisciplinary Lower Limb group was therefore formed, with the commitment to improve leg ulcer care. The group consisted of:

- Vascular Services
- Community Matrons
- Tissue Viability Nurses
- Head for the Integrated Care Division

Solution

It was recognised that a change in service delivery was required. A proposal was made to do this via dedicated Lower Leg Ulcer Nurse Specialist roles,

spanning both the ambulatory and housebound population. Exploring how resourcing became a key discussion point within the Lower Limb Group, requiring conversations regarding the financial allocation of services. Maintaining focus on the aims played a key part in keeping the discussions open. These were:

- Improving staff experience across community and primary care.
- Tackling the growing burden of wound care.
- Improving the quality of life for people with chronic lower limb wounds.
- Securing better value from existing local healthcare resources.

Following agreement within the Lower Limb Group, the proposal was taken to the Senior Leadership Community Nursing team. Agreement was sought to utilise some of the community nurse vacancy money from two localities to fund two dedicated Lower Leg Ulcer Nurse Specialist roles for those areas.

Following success of the roles there was an aspiration to expand the service across all four localities.

Challenges

Challenges in the process of redirecting funding for Leg Ulcer Nurse Specialists roles included:

- An initial reluctance for community nurse funding to be transferred.
- A fear that community nurses would become de-skilled in leg ulcer care due to increased specialist input.
- Conflicting organisational pressures
- A lack of strategic drive on expanding the Lower Leg Ulcer Nurse Specialist roles to cover all four localities, prior to applying or becoming a NWCSP FImpS

Impact

The leg ulcer service provided by the Lower Leg Ulcer Nurse Specialists has been growing to serve the population, with new referrals for first assessments steadily increasing. The service has been well received by patients, community nursing and primary care networks.

Key benefits include have been increased access to specialist advice and the nursing time released.

Similarly, where clinics are located within general practice, opportunities have arisen to offer flu vaccinations at the same time, further reducing the need for additional nursing visits/appointments.

- An unexpected outcome has been that where patients are offered an initial 90-minute clinic appointment in a dedicated leg ulcer service, they are willing to travel to be seen by a specialist. This has been found to be the case for both ambulatory patients and those with reduced mobility that would have otherwise been seen at home. This has reduced the waiting list for initial assessments (including Doppler), therefore resulting in timely management plans being put in place.

Lessons

Key lessons have been:

- The importance of identifying and involving key stakeholders from the start. The discussions on budget reallocation may be challenging, however, demonstrating data and presenting the benefits of change including cost, nursing time and better patient outcomes may help with gaining buy in from stakeholders.
- Having nurse specialists visible in the community and primary care bases of their localities has helped to build relationships, leading to timely referrals into the leg ulcer service and more effective shared care
- Providing data to show the system-wide benefits has been a powerful motivator

for change and in continuing to demonstrate better outcomes for patients.

- Many patients are prepared to travel to a clinic setting to see a specialist nurse. This also allowed for opportunities for the input of other multi-disciplinary teams, such as vaccination programmes, or wellbeing and Age UK volunteers being on site.

Next steps, sustainability and scaling

Next steps include;

- There will be continued work to promote and embed the leg ulcer service.
- A business case is in development for continuation of one LUNS post, following the completion of the NWCSP funding.
- There is a plan to explore the addition of a Band 2 Junior Health Care Support Worker role to assist with patient education and skin care. This is to address the issue of ulcer reoccurrence, which is often caused by patients' inability to apply and remove their own hosiery. In addition, there are plans to introduce hosiery aids into the community loan store to address this.
- Work continues, in collaboration with the NWCSP, to improve the capture of data and information relating to lower limb wound care
- Advice and support are being provided to neighbouring organisations who are keen to replicate WVT Leg Ulcer Service

Case Study

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[Wye Valley Case Study](#)



Wye Valley
NHS Trust



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