National Wound Care Strategy Programme

NHS

Case study: piloting nurse-led vascular diagnostic clinics in the community.

Background

Livewell Southwest is a National Wound Care Strategy Programme (NWCSP) First Tranche Implementation Site (FImpS) for improving lower limb care. It is a provider of integrated Health and Social Care services operating across South Hams, West Devon, and Plymouth, with additional responsibilities for delivering specialist services to people living in certain parts of Cornwall and Devon. Livewell Community Interest Company is integrating into the Devon Integrated Care System and serves a practice population of 330,000 with seven Primary Care Networks.

University Hospitals Plymouth (UHP), the local acute Trust, was selected as a site for the EVRA trial[1]. The randomised controlled trial found that early endovenous ablation improved healing rates and reduced recurrence rates for people with venous leg ulcers. Participation in the trial and the results led to more referrals from the community-based Leg Ulcer Service to the Vascular Service.

The Need

It was recognised that the volume of referrals to the vascular service had increased and wait times for assessment were up to one year. Further analysis showed that the number of people receiving endovenous intervention was much less than the number being referred, indicating that not all referrals were appropriate. There was a need to work collaboratively with the vascular team to improve referrals and ensure patients were referred appropriately.

Solution

Discussions commenced regarding trialling a diagnostic clinic in the community jointly led by the Community Leg Ulcer Service and UHP Vascular Service. The clinic was sited at the Outpatients department of a local community hospital once per month. It was agreed that a Leg Ulcer Nurse Specialist and the Vascular Nurse Specialist would be present for each clinic, with rotation of the community Leg Ulcer Nurse Specialists to develop relationships, skills and knowledge. A comprehensive assessment and a colour duplex ultrasound scan would take place within the clinic by the Vascular Nurse, with recommendations for treatment. Any follow up appointments following subsequent arterial or venous intervention by the acute based vascular team, if required, could also take place in the clinic setting.

It was agreed with stakeholders that a review of the pilot clinic would take place after three months.

Challenges and considerations

There was some initial resistance to the concept of a nurse led vascular diagnostic clinic.

Finding a suitable location was one of the biggest challenges for this pilot. It was decided to hold the clinic at Livewell's local outpatients department as patients preferred to be seen in a clinic setting. As the clinic space in the outpatients department was used by multiple services, some negotiation and compromise was required on finding a day that would be suitable for all parties.

Another challenge was regarding documentation, as the Community Leg Ulcer Service used the Electronic Patient Record and the Vascular Service used paper-based records. Therefore, it was important to ensure that the paper records could be transferred from UHP to the clinic setting. This was easily overcome, as the outpatients department had an existing process in place. The community service continued to record via the EPR for purposes of record keeping, continuity of care and operational service use.

The sourcing and funding of equipment necessary for diagnostics and dressings was also an area which needed some consideration. A portable diagnostic device was purchased by the UHP for the clinic, whilst the provision of dressings was absorbed by community services.

At the three-month review of the clinic pilot, it was agreed that the process overall was working well. However, it was found that by the time patients were seen in the clinic, many of them had already healed because of a long waiting list. This provided an

opportunity to refine the current process. Referral criteria and routes were amended to ensure patients with active ulceration were seen in the community diagnostic clinic to expediate their assessment and those with healed ulceration would be seen as a routine appointment at the pre-existing outpatients vascular clinic at UHP.

Lessons

- Having a strong evidence base from the EVRA trial and national recommendations from the National Wound Care Strategy Programme (NWCSP, 2020) assisted conversations.
- Building relationships between the two services has been fundamental - ensuring all are aligned to the desired outcome.
- Having a good relationship with key stakeholders ensures good communication and understanding.

Next steps

- Evaluate the pilot in a further three months.
- Review the data and information which is being captured (e.g., referral rates, endovenous ablation rates, patient feedback, etc.).
- If successful, consider providing vascular interventions/treatments within the community clinic setting.

References

1. Link to EVRA trial; https://www.nejm.org/doi/full/10.1056/nejmoa1801214

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