

## Case Study

# Conducting a patient survey to inform the co-design of a leg ulcer service

Manchester University NHS Foundation Trust (MFT) is a National Wound Care Strategy Programme (NWCSP) First Tranche Implementation Site (FImpS) for improving lower limb wound care.

In MFT, adult community services are divided into four localities: North, Central, and South Manchester, and Trafford with different leg ulcer service delivery models in each locality. It was unclear to what extent these services met the needs of those who used the service. The MFT FImpS programme is seeking to reduce unwarranted variation in the provision of lower limb wound care so wanted to develop services that best met patients' needs.

To gain insight into patients' views on aspects of leg ulcer services a patient survey was co-designed, piloted and implemented. The survey achieved a high response rate and has generated useful insights that are being used to inform the development of:

- Changes to be made to the existing services in Manchester and Trafford.
- A referral, assessment, and treatment algorithm focusing on rapid diagnosis
- A leg ulcer service model to implement in central Manchester
- A business case to create a Specialist Leg Ulcer Service in central Manchester which currently has no Leg Ulcer Specialist Nurses



**Manchester University**  
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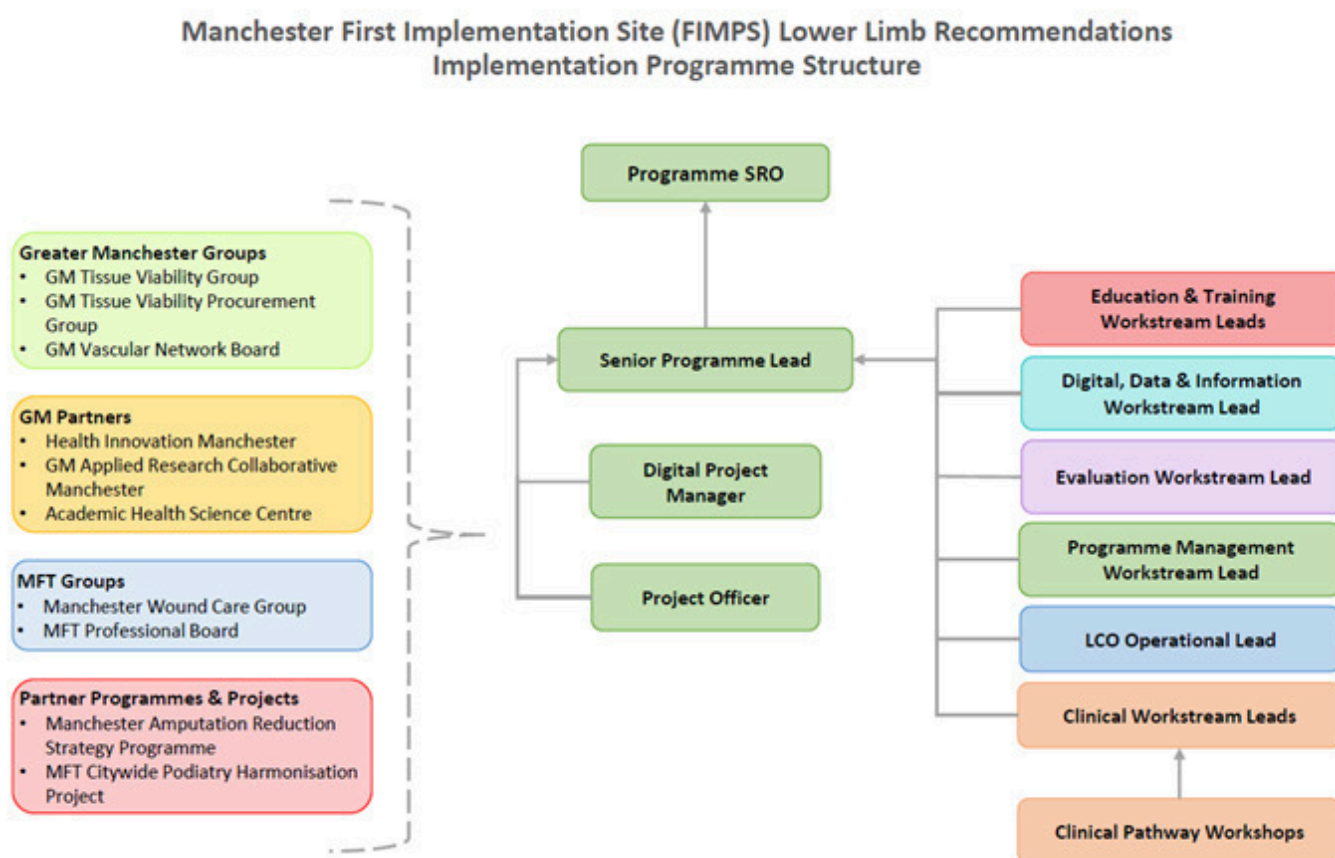
## Background

Manchester Foundation Trust (MFT) has been formed from the merger of three hospital trusts and now operates 10 hospitals and provides integrated community-based care through partnership in Manchester Local Care Organisation and Trafford Local Care Organisation. With approximately 22,000 employees, the Trust serves a population of 750,000 people in Manchester and Trafford.

The complex nature of the formation of MFT over the past five years and historical commissioning has resulted in a community footprint with four distinct localities: North Manchester, Central Manchester, South Manchester, and Trafford. This had resulted in different leg ulcer wound care provision and service models between these localities. For example, some areas have multiple clinic locations and others have a single service base.

The MFT FImpS Programme is seeking to reduce unwarranted variation in the provision of lower limb wound care so wanted to develop services that best met patients' needs. To achieve this the FImpS Programme is working with partner Organisations and projects to include existing expertise, knowledge, and research.

Figure 1-organisational structure of the implementation programme



## The need

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There are differing population health needs across areas of Manchester and Trafford and the MFT FlmpS team is aiming to reduce unwarranted variation and remove inequalities whilst ensuring that local services are designed in a way that meets their populations' needs.

Previous work developing a patient information leaflet had shown that clinicians' perspectives of patient priorities can differ from what patients report themselves as their priorities. This knowledge, combined with anecdotal patient feedback and feedback from the Friends and Family Test, supported MFT's wish to involve patients in the redesign of the MFT service model to ensure that the service would meet patients' needs.

*"This is prevailing wisdom to design services based on an understanding your local population needs". **Programme Lead.***

*"We knew we were going to have to make changes to our current service provision to be able to implement the NWCSP LLRs and that the patient voice needed to be at the heart of decisions made to ensure we are meeting the 'must haves' from a patient's perspective" **Programme Lead.***

## The solution

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## Planning and Preparation

To gain insight into patients' views on aspects of leg ulcer services and understand what was most important for our patients we decided to design a patient survey.

A working group was formed of key stakeholders. This group consisted of:

- Leg Ulcer Service Leads
- Community Matrons
- District Nurses
- Specialist Leg Ulcer Nurses
- Tissue Viability Specialist Nurses

This group was responsible for delivering leg ulcer care across Manchester and Trafford who were able to describe the different types of current services in each area, interpret national recommendations and guidance, and had knowledge about other aspects of wound care which needed to be considered.

## Initial Survey Design

The group developed a draft survey which was then shared with a group of frontline clinicians delivering wound care, to ensure that the content was clinically appropriate and to nurture clinical engagement which would be important in administering the survey. Input was also sought from an academic expert with extensive wound care research experience to inform the design and methods of data collection and analysis.

## Piloting the Draft Survey

The draft survey was piloted with two clinical teams during July 2022 over a two-week period, with patients selected who were being seen by Leg Ulcer Nurses and District Nurses for leg ulcer care in both clinic and place of residence settings.

The surveys were distributed to patients in paper format, as many did not have access to the hardware required for an electronic version. If needed, clinicians supported patients to complete the survey.

The pilot identified several issues. For example, a question which required respondents to rate multiple choices in order of priority had been answered as though a Likert scale response (1-6) had been requested. These issues were addressed by redesigning the response format of problematic question.

## The Survey

The final survey (see 'Resources' for the full survey) included a mix of closed questions with Likert

scale responses and open questions for more qualitative and descriptive feedback. The main body of the survey was in five parts:

1. *Introduction*

This briefly described the purpose of the survey and instructions on how to return it with the aim of encouraging participation.

2. *Where do you receive most of your leg ulcer care?*

This section gave information about current service provision which would be important when analysing feedback.

3. *Please rate how important the service features below are to you*

This section collected essential data about patients' priorities for how they would like a service to be.

4. *Please rate how strongly you agree or disagree with the following statements*

This section collected data about patients' experience of the current pathways and service models.

5. *Open questions*

Two open questions provided an opportunity for patients to raise issues or problems that had not been covered in the previous questions.

The inclusion of a locality label and some demographic questions allowed the analysis of data by locality and patient demographics.

## **Survey Distribution**

The distribution and collection of the completed survey forms was co-ordinated by the survey working group. The paper survey forms were distributed across the clinical teams providing leg ulcer care in all the MFT localities. The clinical teams distributed the survey forms to patients receiving care at leg ulcer specialist clinics, treatment rooms, and home visits.

The survey launch was promoted through the Manchester and Trafford Local Care Organisations (LCOs) staff newsletter. The LCOs are the providers of NHS community health services and adult social care services in MFT footprint.

## **Analysing the Survey Results**

104 survey responses were received which was a response rate of 99% over a period of 6 weeks.

The survey data was manually analysed by the FImpS Programme Lead who reported the results

at the September 2022 Leg Ulcer Clinical Pathway Workshop meeting.

The survey successfully identified the service aspects most important to patients and has been used to inform the development of the implementation business case for a leg ulcer service in Central Manchester and an expansion of existing services in North and South Manchester. A locality report has been provided to each area for use in local improvement projects and business cases. A summary of the patient survey results will be shared with the wider Trust audience through the quarterly FIMPS Programme update in the LCO newsletter.



## Costs

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This survey was designed and administered by the dedicated FImpS team which was funded by the NWCSP to undertake such implementation work. Additional work by the clinical teams was minimal and absorbed within existing resources.

## Challenges

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### Survey Design

Disagreements about what should be included in the survey were resolved through facilitated discussion and the inclusion of some open questions to enable patients to provide further information if they chose.

### Achieving an adequate response to the survey

Achieving an adequate response rate to surveys is often a challenge.

- Electronically administered surveys are faster to administer and analyse. However, the respondents for this survey were less likely to have access to the hardware necessary for electronic administration and may lack confidence in using survey software. Therefore, response rate was prioritised over ease of data analysis and the survey forms were distributed by hand in a paper format.
- The strategy of engaging with the clinical teams from the beginning to co-design the survey encouraged ownership of the survey and led to an excellent response rate from patients.
- Responsibility for collection of the completed survey forms was assigned to a key person in each locality. Where possible, completed forms were scanned and electronically forwarded but some required manual collection. A deadline for submission was agreed.

## Impact

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The survey results showed that the most important service model elements were:

1. Patients are seen quickly, and treatment is started as soon as possible
2. Patients are assessed by a Leg Ulcer Specialist Nurse
3. Patients are seen by the same team of nurses

The survey results have informed understanding of what was important to patients and are informing discussions as to how our services can be designed to better meet patient expectations. The results of the survey are informing the development of:

- Changes to be made to the existing services in Manchester and Trafford.
- A referral, assessment, and treatment algorithm that focuses on rapid diagnosis, enabling fast access to appropriate therapeutic interventions with swift escalation of treatment or service provision for patients requiring more complex care
- A leg ulcer service model to implement in central Manchester
- A business case to create a Specialist Leg Ulcer Service in central Manchester which currently has no Leg Ulcer Specialist Nurses.

*“The patient survey has provided invaluable insight and understanding into what is important to patients receiving leg ulcer care, the information we collected has influenced service modelling for community leg ulcer clinics.”* **Programme Clinical Lead**

## Lessons

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The key elements of the project that enabled success were:

- Piloting a draft to test assumptions about how patients would understand and complete the survey
- Collaborating on the survey design to capture different viewpoints and consider various approaches
- Identifying the important questions and having clarity about the patient information needed so the survey could be concise and focused
- Planning how the survey was to be analysed from the start to ensure the data received would be useful
- Using distribution methods and formats that work best for those collecting and completing the survey

## Next steps, sustainability and scaling

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The survey has been designed in a way that could be repeated to gather patient views to inform decisions about service changes or innovations in any service or setting. This approach in setting purposeful questions in the design of future services may be useful in gaining the patient perspective in ongoing reviews of the leg ulcer services or in other areas of service development.

The plan is for this survey is to be redeployed at regular intervals to support ongoing evaluation of the service redesign and consideration of whether the expected benefits of the service model choices are being realised.

## Find out more

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To find out more about the Programme please visit the National Wound Care Strategy Programme website:

<https://www.nationalwoundcarestrategy.net/lower-limb/>

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## Resources

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Type	Name	Last Modified
Document	<a href="#">MCR FIMPS- Leg Ulcer Delivery Model Patient Survey</a>	13 Jan 2023



The **digital version of this document** is available on FutureNHS, the national sharing platform for the health and social care community.  
**<https://future.nhs.uk>**