

Case Study

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

Wye Valley NHS Trust (WVT) is a National Wound Care Strategy Programme (NWCSP) First Tranche Implementation Site (FImpS) for improving lower limb wound care.

In WVT adult community nursing services are divided into four localities. Like many community services, a longstanding challenge within WVT has been the ability to provide high quality leg ulcer care due to increasing service pressures, limited capacity, and a high number of unfilled nursing vacancies.

As a result, a proposal was made to convert part of the community nursing vacancy budget to create two Leg Ulcer Nurse Specialists (LUNS) posts. The objective was to address the variation in leg ulcer care, providing an opportunity to:

- Improve staff experience across community and primary care.
- Tackle the growing burden of wound care¹.
- Improve the quality of life for people with chronic lower limb wounds.
- Secure better value from existing local healthcare resources.

Following the success of this approach, the LUNS role was extended to ensure equitable service provision across all four localities.



Wye Valley
NHS Trust

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Background

Wye Valley NHS Trust 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 shared vision, values, and priorities are to:

- Do more to prevent illness (and encouraging people to live healthier lives)
- Encourage people to self-care or self-manage more of the routine aspects of their conditions
- Improve community services which care for people at home
- Make acute and specialist services more sustainable

Like many community services, a longstanding challenge within WVT has been the ability to provide high quality leg ulcer care due to increasing service pressures, limited capacity and a high number of unfilled nursing vacancies.

The need

Wye Valley sought to reduce unwarranted variation and remove inequalities relating to leg ulcer care. Previous work to understand the local problem 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.

This is consistent with more recent evidence regarding the increasing burden of wound care¹.

“We knew the number of patients needing strong compression would be high, but we didn’t realise it was that bad as it was until we saw the results of the audit. We were aware that this would continue to be an issue, as the need for patients’ full assessments including dopplers would often be pushed to the bottom of the waiting lists, as community nursing services

continue to be stretched” - Clinical Project Lead

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

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

Further exploratory work of the group identified several contributing factors that were hindering the provision of quality leg ulcer care. These included:

- Reports of staff being demoralised, due to the ongoing demand of chronic wounds.
- Staff feedback regarding the inability to attend wound care training due to service pressures.
- Staff feedback regarding having insufficient time to undertake vascular assessments due to capacity.
- A large number of community nursing vacancies.
- An increase in referrals for ambulatory patients from primary care, who had similarly stretched capacity and resources.
- Feedback from the Community Nursing Crisis Hub regarding the high number of calls from patients for leg ulcer care, which were often for daily dressing of ‘wet legs’.

This highlighted that people with leg ulcers were not receiving access to services staffed by clinicians with sufficient knowledge, skills, or time to provide the appropriate care.

The solution

It was recognised that a change in service delivery was required. A proposal was made to do this via dedicated LUNS roles, spanning both the ambulatory and housebound population. Exploring how this would be resourced became a key discussion point within the Lower Limb Group, requiring some challenging 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 care¹.
- Improving the quality of life for people with chronic lower limb wounds.

- Securing better value from existing local healthcare resources.

*“We were concerned how the proposal for reallocating community nurse vacancy budgets would be received. However, once we presented the audit findings on the percentage of caseload which made up of lower limb wounds without the required vascular assessments, the benefits of a dedicated lower limb clinic were better received” - **Clinical Project Lead.***

Following agreement within the Lower Limb Group, the proposal was taken to the Senior Leadership Community Nursing team, consisting of the:

- District Nursing Service Leads
- Locality Manager for the City team
- Operations Manager
- Finance lead for the Integrated Care Division.

Previous audit results, in addition to the findings of the Lower Limb Group, were presented. Agreement was sought to utilise some of the community nurse vacancy money from two localities to fund two dedicated LUNS for those areas. The dedicated leg service would offer both ambulatory and housebound patients an initial 90-minute appointment for assessment (either at home or in a clinic setting), with any follow up care shared with the person, and community or practice nurses as required.

*“We would be taking part of the community nursing budget; however, it was recognised we would also be taking these patients, by offering a full initial assessment and providing management plans including compression. The required number of visits for the housebound patients would lessen and also the ambulatory patients could begin attending clinics” - **Clinical Project Lead.***

Following success of the LUNS roles there was an aspiration to expand the service across all four localities. Discussions commenced regarding a more streamlined and equitable leg ulcer service across the population by extending the LUNS roles. A service review was completed as part of the application process to become a FImpS to implement the NWCSP Lower Limb Recommendations^{2,3}. The review led to an additional LUNS post through further reallocation of community nurse vacancy money. A final LUNS was recruited via the NWCSP funding awarded on becoming a FImpS.

By becoming a NWCSP FImpS for improving lower limb wound care, and having clinical and programme management support, the organisation could drive forward the aspiration for equitable leg ulcer service provision across WVT. This was also aided by alignment of the FImpS project with the newly formed ICS shared vision.

Costs

A total of three full time Agenda for Change (AfC) Band 6 Leg Ulcer Nurse Specialists (LUNS) were funded via unfilled community nursing vacancies.

An additional full time LUNS was recruited via funding from NWCSP. As this funding is non-recurrent, this is now going through business planning for continued sustainability - demonstrating the cost, staff and health outcome benefits.

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 LUNS roles to cover all four localities, prior to applying or becoming a NWCSP FImpS.

Impact

The leg ulcer service provided by the LUNS has been growing to serve the population, with new referrals for first assessments steadily increasing from 98 (April –June 2022) to 115 (July –September 2022). The service has been well received by patients, community nursing and primary care networks.

Key benefits include:

- Increased access to specialist advice and the nursing time released

“The leg ulcer nurse specialist has had a significant and beneficial impact on the District Nursing Team. The service has enabled us to access specialist advice and treatment for our patients with lower limb wounds. It has enabled us to progress patients to a stage of healing, or allow quick and timely access to vascular services, if warranted. It has offered a more enhanced level of care for patients that have acute and chronic leg ulceration within our locality” **District Nurse.**

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.

*“Some patients which had long standing leg wounds and were receiving care at home have travelled to be seen in clinic and have since healed” **Clinical Project Lead.***

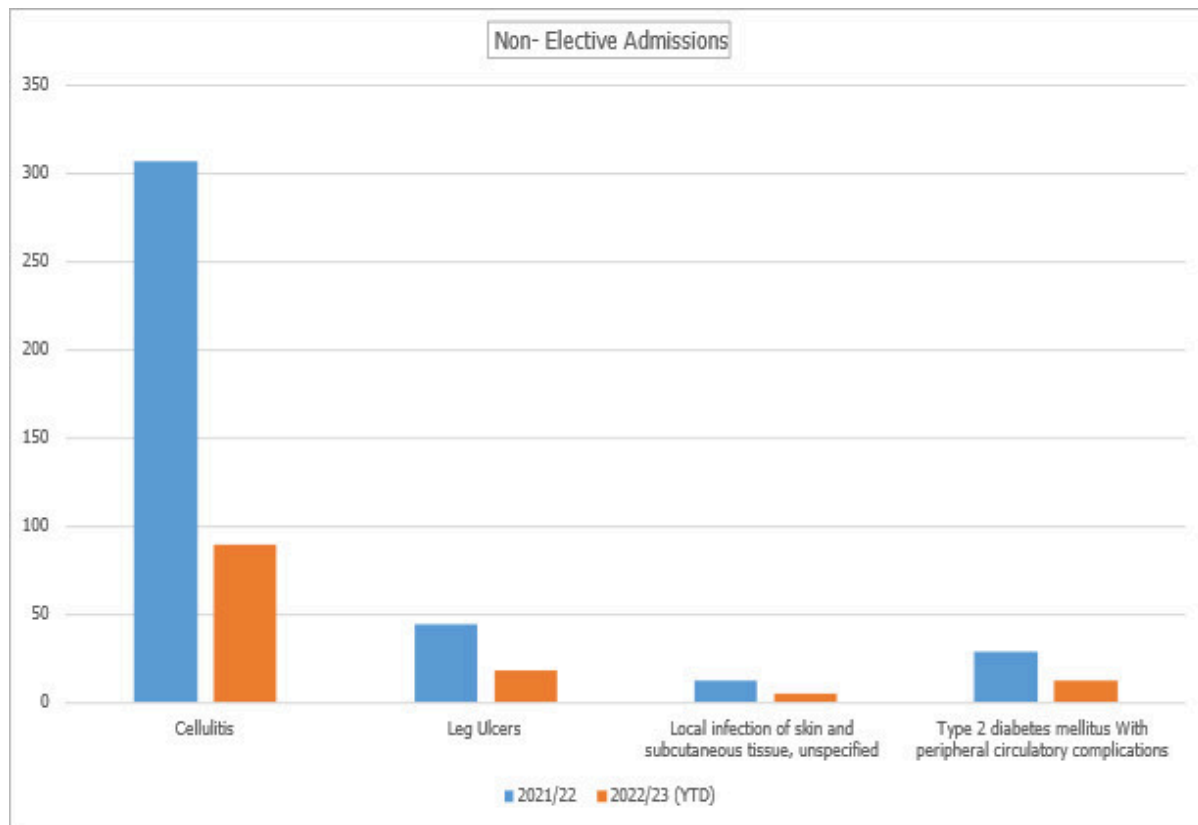
- The impact of the clinic environment has also been noted by patients. Feedback taken from patient, friends and family surveys found that the social interaction of coming to the clinic had positively impacted on health and well-being. This is especially pertinent post Covid, where many of these patients became isolated with reduced service input.

*“I really enjoy coming to clinic because it gets me out as i live in a residential home you know. I enjoy the trip in the car and talking to different people in the waiting room and, of course seeing you! I feel reassured coming to clinic that my leg gets the best care” – **service user.***

- Having a dedicated leg ulcer service has also allowed work to improve the capture of data and information relating to wound care:

*“The impact of having a dedicated lower limb service within a clinic offers the opportunity to improve patient care whilst also capture wound data going forward, which will allow us both to benchmark our service and provide outcomes to demonstrate improved patient health outcomes, cost benefits and ongoing sustainability of the service” - **Clinical Project Lead.***

Since the expansion of the LUNS roles, Hospital Episode Statistic (HES) data to date indicates that there has been a significant reduction in hospital admissions for leg ulcers, wound infection and cellulitis (Graph 1). This data requires further analysis, such as to understand how many episodes of cellulitis were specifically related to lower leg infection, as an example. However, initial findings are promising, and this is likely to have had a significant impact on patient experience and associated treatment costs.



Graph 1

Lessons

Key lessons were:

- 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 LUNS 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
- Being able to provide 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 were 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

- 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 is being provided to neighbouring organisations who are keen to replicate WVT Leg Ulcer Service.

Find out more

- WVT Lower Limb Pathways can be shared on request
- To find out more about the programme please visit the National Wound Care Strategy Programme website: <https://www.nationalwoundcarestrategy.net/lower-limb/>

References

1. Guest, J. F., Fuller, G. W., & Vowden, P. 2020. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. *BMJ open*, 10(12), e045253. [Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013 | BMJ Open](#)
2. National Wound Care Strategy Programme. 2020. Lower Limb Recommendations. www.nationalwoundcarestrategy.net
3. National Wound Care Strategy Programme. (2020). Preventing and Improving Care of Chronic Lower Limb Wounds Implementation Case. [NWCSP-Implementing-the-Lower-Limb-Recommendations-15.12.20-1.pdf \(nationalwoundcarestrategy.net\)](#)



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