

DEMONSTRATING A SERVICE NEED: THE DEVELOPMENT OF A SERVICE WITHIN ONE NHS PRIMARY CARE TRUST

AUTHOR

Alison Thompson,
Locality Tissue Viability
Lead Nurse,
Leicester County & Rutland
Primary Care Trust

INTRODUCTION:

Leg ulceration is a common problem, affecting 1 in 100 people and the RCN (2006) state that 'assessment and clinical investigation of leg ulcer patients should be undertaken by health care professionals trained in leg ulcer management'. This simple case study highlights that this may not be the reality for many due to inadequate service provision, a lack of knowledge amongst healthcare professionals and the public, insufficient holistic patient assessment leading to inappropriate patient management. The Trust acknowledged these concerns and developed a service for the benefit of positive patient outcomes and meeting of their organisational goals.

CASE STUDY:

The patient first developed her leg ulcer in November 2007, 8 months prior to the involvement of the author. Initially a small injury which deteriorated into circumferential skin loss from just above the ankle to mid calf. The exudate was so heavy that the bandages were being changed daily, in addition between visits the patient would apply extra padding to contain the exudate. A referral had been made to the Vascular

team, with a subsequent recommendation of skin grafting as the management plan. In addition the patient was also referred to the Dermatology team, the patient did not want a skin graft and was seeking another opinion.

At the time there was no locality lead for Tissue Viability which meant that the management of patients with complex needs was not coordinated. This had implications for the patient, Trust and budget.

Whilst waiting for the dermatology OPA the patient was seen at a nurse led leg ulcer clinic on 11/06/08, where a holistic patient and limb assessment and Doppler Ultra Sound were completed. These confirmed the ulceration as venous in origin. Following this the patient was commenced on an appropriate compression system, **K Two** and her care was supervised in the weekly clinic. After the initial week of care the exudate level was subsiding and the ulcer was beginning to show signs of healing. The ulcer was healed by week four and the patient remains healed with class 2 compression hosiery for maintenance.

SERVICE DEVELOPMENT:

The Trust has recognised the need for a more robust Tissue Viability service. The following actions have been identified within the new service plan and are currently being actioned.

- Implementation of a Tissue Viability lead for each locality and continued development of the role.
- Development of multidisciplinary tissue viability and leg ulcer policies, guidelines, audit and competencies alongside a training programme throughout the trust
- Mandatory annual training for compression bandage technique and pressure monitoring.

FINANCIAL IMPACT:

INITIAL MANAGEMENT =

daily short stretch bandaging + estimated cost of £40 per district nurse visit

Total weekly costs = £318.01.

Total 7 month costs = £ 8904.28 + 2 secondary care referral costs

NEW MANAGEMENT =

Weekly K Two = £6.37 for the kit

Healed at week four

Total cost = £185.48

CASE STUDY:



Initial clinic visit
11.06.08



25.6.08 after two weeks
appropriate consistent
management



Healed 09/07/08

CONCLUSION

This case demonstrates the clinical, operational and financial importance of a structured approach to patient assessment, appropriate management, product selection and use and how these can lead to a successful outcome for the patient, clinicians and Trust.