

# **MAKING LEGS MATTER IN A GLOBAL PANDEMIC**

**THE IMPACT OF THE COVID-19 CRISIS AND  
LOCKDOWN ON LEG AND FOOT HEALTH**



**LEGS  
MATTER!**

**COVID-19 has changed everything,** but what has been the impact of this global pandemic on another silent yet growing health crisis – leg and foot conditions? Experts from the Legs Matter coalition share their thoughts on what changed and what needs to happen now to make sure that legs and feet are not forgotten.



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**"Now more than ever we need to continue to raise awareness of leg and foot conditions"**



**Leanne Atkin, RGN, MHSc, PhD**

Chair of Legs Matter | Vascular Nurse Consultant Mid Yorks NHS Trust / University of Huddersfield

This has not been a year anyone could have planned for or even imagined could ever be possible. The impact of COVID-19 has been felt across the world. It's taken so much from so many, with the loss of loved ones being the cruelest of impacts. It has changed life for all of us – no holidays, limited socialising with friends, and many events cancelled. This included the cancellation of our own annual Legs Matter awareness week in June – a vital event in helping raise awareness of lower limb conditions.

Despite COVID-19, we cannot afford to wait any longer to tackle leg and foot problems. The longer that foot and leg issues go untreated, the more costly they become and the greater the harm caused. That's why the Legs Matter coalition took the decision to make Legs Matter Week happen and to completely reimagine it as entirely online event. The virtual Legs Matter runs 12th – 16th October and is all about empowering patients not to be silent and to remind healthcare practitioners that leg and foot patients may have gone quiet but they have not gone away.

## "Imagination and a mission can serve us well"

**Alison Hopkins MBE, RN, DN, MSc**

Chief Executive – Accelerate CIC

March was an incredibly stressful for the health services as we tried to work out what to do in the face of this terrible threat. Many places were forced to close their doors and ensure staff were deployed elsewhere. The good thing about being an independent provider was that the Accelerate team was able to take control and keep focused on our community, our 'north star'. Decisions then become easy.

We kept to our mission to improve lives and prevent harm. It was obvious that stopping any care meant a risk to that patient of deterioration and the need to access another part of the system; I heard terrible stories that reflected this madness. But our doors were kept open for those mobile enough to visit our centre, others were started on a supported self-care regime and for many, they were seen at home with probably more consistent care than in recent months. We are proud of the work we were able to deliver during these critical months, that no-one deteriorated under our watch.

We have learnt a great deal especially around the provision of virtual care. It certainly has its limitations but to be honest I have been surprised at how much is doable, certainly if balanced alongside some intermittent face to face care. These are the bits we are keeping; we have sped up our development of virtual consultations, our patient portal and developed videos to support better discussions. I believe we were hindered by a lack of imagination before COVID-19. Now it the time to be creative!



## "It's time to grasp the nettle of virtual healthcare"

**Margaret Sneddon, RN, RCNT, MSc (Research) PGCHE**

British Lymphology Society Vice Chair

There was anxiety at the start of lockdown about potential for harm to lymphoedema patients – delayed diagnosis, exacerbation, complications such as cellulitis. Management of lymphoedema is very 'hands-on' with many clinical decisions being made through skilled physical examination. However, lockdown demonstrated potential for greater use of technology including video or telephone consultations, text messaging for appointments, virtual case conferences involving various disciplines or family members in different locations. For patients without internet access, telephone consultations enabled triage, prioritising of need, medication review, addressing education needs and allaying anxiety.

Virtual consultations will undoubtedly continue, with some caveats. Used effectively, it will enhance patient experience, patient-professional partnerships and self-management. The development of clinical guidance for clinicians and education resources for patients will be essential support tools. Going virtual should be a patient choice if clinically appropriate. Practitioners must grasp the nettle, developing skill and confidence in the technical aspects, communicating from a distance, preparing and engaging patients, if they are to ensure it is a positive and individualised experience.



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## "The foot selfie might just be the future"

**Debbie Sharman, MSc, FCPodM, FFPM RCPS (Glasg)**

Consultant Podiatrist | Foot in Diabetes UK

Successful management of diabetes related foot complications relies on early referral to specialist diabetes foot multidisciplinary teams (DF MDTs) for active foot problems. Since lockdown, there have been significant regional variations in DF MDT provision, partly dependent on availability of clinics, staff redeployment, and levels of staff shielding and sickness absence.

It will take some time for data relating to diabetic foot outcomes during COVID-19 to become available; but anecdotal reports suggest that many areas are not reporting significant increases in hospital admissions and amputations. Whilst there is some evidence of late presentation of diabetes related complications (predominantly male; ischaemic), there is also evidence of increased healing rates due to reduced activity levels.

Services have been using digital technology to monitor feet and offer remote advice and support. This seems to have been popular with both clinicians and patients, and will be an aspect of 'new' management that will continue– some areas encouraging patients to send foot 'selfies'. Many people with diabetes have managed to effectively self-care e.g. changing dressings, supported by video / telephone consultations and written information and video clips. Used appropriately, this may help to relieve pressure on podiatry and nursing service.



## "Events are on hold – for now"

**Mark Collier, BA (Hons), RN**

Chair of the Leg Ulcer Forum (England and Wales)

COVID-19 and all of the accompanying restrictions that have been imposed since March of this year have severely affected the normal functioning and educational activities of the Leg Ulcer Forum (LUF). Although we have been able to continue to respond to members queries and professional questions through our Administrator, the first major casualties of the lockdown were the planning meeting for and the planned Annual Conference and AGM. Meeting with both our members and representatives of our sponsors at the conference helps the LUF Executive shape our website and future activities to reflect our members needs and also enables us to further promote the aim of the forum and remind all that we can reach that legs matter.

Subsequently LUF involvement with other national and international educational events / conferences has been curtailed and discussion regarding collaborative educational initiatives with other organisations have had to be 'put on hold'. With professionals being under so much pressure at work due to enforced absences and subsequent COVID-19 related absences, copy for the journal this year has been hard to come by, but we are still determined to 'go to publication' (our final paper version) with this very soon. COVID-19 has created a 'new norm', one which the LUF Executive will ensure that the activities of the LUF continue through new ways of working!





## "Has COVID-19 enhanced communication and person centred practice?"

**Ellie Lindsay OBE, BSc (Hons) RN, DN, CPT, Dip HE, FQNI**

Life President - Lindsay Leg Club Foundation

Many Leg Clubs were suspended due to Government regulations imposed on public venues, whilst those remained operational had to change their Club policy adhering to NHS directives during the COVID-19 crisis. Various Leg Club teams radically adapted operationally care delivery, and with digital technology and telecommunications such as access to smart phones and internet communication it provided a new smarter, innovative way towards remote consultations for wound management delivery.

Since March our interconnected digital usage has increased, and technology became an important feature within healthcare. Leg Club members became digitally minded enabling many to actively participate in a supported shared care pathway. This enabled members with productive ways of staying independent whilst undertaking their lower limb management through virtual consultations replacing physical interaction effectively from their own home.

A cultural change has been undertaken within the world of healthcare and the use of medical and communications technology and experience of receiving healthcare during the pandemic has been tremendously successful. With challenges and uncertainty, NHS service delivery has changed. Supported shared care, telehealth and remote monitoring has provided us with a great opportunity to embrace innovation and new ways of working, delivering a quality healthcare service that people expect and deserve!



## "We may yet see a tsunami of major foot complications"

**Paul Chadwick, MSc, PhD**

National Clinical Director College of Podiatry

The COVID-19 pandemic has had a huge effect on footcare services, from a patient and clinician perspective. Following lockdown, many footcare services were significantly reduced and some were stopped. Clinics treating foot ulcers were considered a priority in the initial NHS response and were kept open. While this was a vital step, many patients who were being seen for "foot protection" had their appointments cancelled or switched to virtual checks.

Many of these services are trying to restart but are hampered by issues such as lack of space in the clinical and waiting areas, a reduction in capacity due to new infection prevention processes and patient reluctance to attend health care facilities. Consequently there is a real fear that we may see an tsunami of major foot complications and a resultant increase in amputations.

In an attempt to prevent patients attending hospitals, many multidisciplinary footcare service moved to a hybrid of community and domiciliary settings and virtual MDTs. These on the whole have been successful and may be used as a model for future provision. Podiatrists across the UK rose to the challenge and used their many transferable skills to support other teams including community nursing services, A&E and intensive care teams.



## "COVID-19 revealed the positive power of genuinely 'joined-up' working"

**Sarah Gardener, RN, DN Cert, BA, MSc**

Independent Clinical Consultant | Tissue Viability Society (TVS) – Trustee

When COVID-19 hit, healthcare providers were forced to look at alternative models of working in preparation for the 'worst case scenario'. For many in the community, this included the redeployment of specialist services such as tissue viability into community nursing teams.

From a tissue viability perspective, working within the community nursing teams was a positive experience and actually led to an improvement in lower limb care. We found that by being physically present in the team, lower limb problems were discussed with us sooner, resulting in either advice being given or the scheduling of a visit to assess the patient. This early intervention of advanced assessment and diagnostic skills and the application of clinical skills such as sharp debridement and therapeutic compression led to improved healing, particularly for those patients with long standing ulceration. In addition, we identified, challenged and helped address variation in the standards of care across the teams and were able to improve clinical competence by working alongside staff or by delivering bespoke education based on need.

We can't return to working in isolation of our community nursing colleagues. 40 – 50% of a community nurses' caseload is wound care with the majority being lower limb wounds. If healing outcomes are to improve, tissue viability or specialist vascular nurses need to be an integral part of the community nursing team so that patients can access specialist advice and support without delay. This will lead to improved outcomes for both the patient and the NHS community services.



## "Every day is lockdown for people with leg ulcers"

**Tracy Goodwin**

Legs Matter Patient Partner

Lockdown has been a time of reflection for me. It has reminded me of how bad things were when my leg ulcer was at its worst, of a time when I honestly thought my life would never improve.

I have read many reports of an increase in mental health struggles since the covid -19 pandemic started and that some of the reasons for this are because people cannot see their friends and loved ones, they cannot work or continue with their recreational activities and they may have been less active or gained weight. This has had a negative effect on their self-worth and self-image.

For some, lockdown has been a complete life change but for others, including many of the million leg ulcer patients across the country, there has been no difference. They do not socialise because they are conscious of the smell and look of their legs or because they are drained from the sleepless nights and constant pain. They cannot work because of the impact that having a chronic leg ulcer has on their lives. Lockdown is real everyday life for so many.



# WE NEED TO PUT LEGS AND FEET BACK ON THE TABLE

Leg and foot problems might have gone quiet but they haven't gone away. And if people don't get treated quickly, the problem only gets bigger. Join us in helping make sure that legs and feet aren't forgotten.

Get the lowdown at [legsmatter.org](https://legsmatter.org)



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