

The Legs Matter campaign: the need to change culture not dressings



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Many services across the UK are delivering excellent leg ulcer and lower limb management. That might well be you and if so, we want to thank you and remind you to be proud! Lower limb and leg ulcer management is rising up the national agenda, but very slowly. Variation in access, care and outcomes for our fellow humans varies greatly across the UK and even within NHS trusts. It remains a lottery. We know this to be true (Hopkins, 2020). You will hear it from patients and you hear it from colleagues. The official term is 'unwarranted variation in care' and it is not acceptable, care must be individual to the patient, but factors such as access and quality of care should be equal.

Many senior nurses appear affronted when this detriment is named, citing the hard work of their teams and the difficulties they are up against especially when the patients are non-compliant and thwarting the nurses work. It's important to acknowledge that nurses are working hard, we do not doubt this, but nursing care must be more than about being willing, it must be effective. We were reminded of this in the recent review of the tragic death of a young man with sickle cell disease. The Coroner found that while care had been provided, it was the 'wrong care'. There was a failure to recognise the significance of symptoms due to lack of knowledge. So, while staff were no doubt hard working and caring, they were missing the point; the Trust said care could have been better and this resonates for us in lower limb management.

Much gets missed. In fact, the experiences of many is so common that nurses are sometimes oblivious to the seriousness of the situation or its avoidability. Academics would describe this as "normalisation": the process through which ideas and behaviours that may fall outside of social norms come to be regarded as "normal". We see and hear this in leg ulcer management; it may be worth reflecting on your own practice here, have you become desensitised to sub therapeutic treatments? If you have, don't feel bad, but recognise the need for your own individual change, remember that cultural change begins with you.

Patients are frequently described as non-compliant despite us knowing full well that inconsistent care is frequent and detrimental to tolerance. Patients are managed with dripping legs that are avoidable and should not have to suffer the indignity of requiring a bag over their legs to protect their bed or carpet; yet the conversation is often about trying to find the next best absorbent dressing instead of finding their therapeutic level of compression. We have known for 30 years that the sooner compression is applied, the quicker the wounds will heal. Yet fear of compression continues; nurses have had it drilled into them that compression can present a dangerous situation to the limb, creating a risk aversion that has ignored the harm caused by inaction. The system delays create havoc; a small wound can swiftly deteriorate making the compression difficult to tolerate. To make this worse the nurses do not have the time to explain how this precious therapy works, or to make shared decisions with patients about how issues can be managed, so it becomes a take it or leave it approach. The focus then becomes the dressing, what can absorb more, what will prevent excoriation and so on. Leg ulcers are described as chronic wounds, contributing to the view that non-healing can be inevitable.

There are many lessons we can draw from the way pressure ulcers are now managed and prevented. Yet it was not that long ago that similar to leg ulcers, they were viewed as inevitable. Since we gave them the 'status' of avoidable harm we have seen a significant decrease in occurrence and deterioration; how much can change when you see a wound through different eyes. Can we change the culture for leg ulcers too?

For Legs Matter, the campaign is focussed on empowering our citizens to know more about their lower leg conditions so that they can both help themselves and also challenge the healthcare system and the care they receive. As clinicians we must acknowledge that the care given could be better. It is not that people do not care. But we have to confront the acceptance that all that can be done is being done.



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And this needs bravery too, questioning ourselves and colleagues about the approach taken so far, confronting the acceptance of blatantly ineffectual therapy or the excessive use of sub-optimal (mild) compression. If we do not challenge kindly, we also condone. Fundamentally we need to believe that change is possible and that it does not have to be this way. A recent review of healing rates within our community services found venous ulcer healing rates at 98% at 24 weeks with 95% in therapeutic compression (Dhoonmoon, 2020). This demonstrates that change is possible and this knowledge of what is possible should drive us to be bold in changing the culture.

Legs Matter is changing the language used in lower

limb management, it's the first step in changing the culture. We are promoting phrases such as dosage, therapeutic, tolerance, sub-optimal to nudge us in the right direction, to develop a positive and hopeful culture in which leg ulcer management is more than dressing changes and a place where change is swiftly created in people's lives. We all need to be part of this cultural shift. **WUK**

REFERENCES

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