



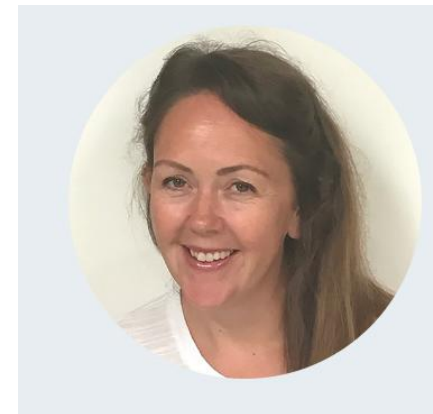
Accelerate

Transforming wound  
and lymphoedema care

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## Cardiovascular health and the lower limb

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# Signposts





International  
Consensus Document




**Leg ulceration in venous and arteriovenous insufficiency assessment and management with compression therapy**



 Scope of practice for community, primary care and general practice (Lower limb) 

Role Level Descriptor	Tier	Qualifications	Skills and Application of Knowledge and Scope of Practice Lower limb
<b>RN</b>	<b>2</b>	<p>A course in lower limb management, 3 – 10 days duration. This should be independent and objective.</p> <p>Period of peer support from RN/ANP until competent/proficient within scope of practice.</p> <p>Training may be led by specialist nurses within provider service such as TVN or equivalent.</p> <p>Frequently this will be external provider education and have a quality marker such as a University, Society, Royal College of Nursing or equivalent accreditation or endorsement.</p>	<p>Holistic patient assessment, including vascular assessment; ABPI/TBPI.</p> <p>Referral for further intervention from specialist teams as appropriate.</p> <p>Diagnosis and treatment planning using a variety of compression therapies.</p> <p>Supervising capacity for junior or new members of staff.</p> <p>Leadership of lower limb management in practice setting for audit work and policy creation.</p> <p>Optional: Independent Prescribing Advanced clinical skills Conservative sharp debridement</p>
<b>Enhanced Level (TVN/specialist)</b>	<b>3</b>	<p>Level 7 advanced lower limb management module or equivalent.</p> <p>Lower limb specific course at Level 7 or equivalent in advanced techniques or enhanced clinical practice.</p>	<p>Service development/improvement, education, research, leadership</p> <p>Introduce new techniques, lead change</p>
<b>ANP</b>	<b>3</b>	<p>Period of peer support from RN/ANP until competent/proficient within scope of practice.</p> <p>Provider of education will have a quality marker such as a University, Society, Royal College of Nursing or equivalent accreditation or endorsement.</p>	<p>Consultation skills – history taking, differential diagnosis</p> <p>Direct referrals</p>

These suggestions are not direct outputs from the NWCSP, but based on the National Wound Care Strategy Lower Limb Recommendations 2024 and the NWCSP National Wound Care Workforce Framework for England, 2023

 Scope of practice for community, primary care and general practice (Surgical wounds) 

Role Level Descriptor	Tier	Qualifications	Skills and Application of Knowledge and Scope of Practice
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# The cost of wound management

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- **£5 billion**, the annual UK cost of managing wounds is comparable to the cost of managing obesity (Guest, 2015) **So an increasing bill ...**
- **£8.3 billion** pounds per year is spent on wound management, of which £2.7 billion is associated with managing healed wounds and **£5.6 billion is associated with managing unhealed wounds** Guest et al (2020)
- In terms of practitioner time, Guest et al (2020) state that this equates to 54.4 million district or community nurse visits per year, 28.1 million practice nurse appointments and 53.6 million healthcare support worker visits
- Between 2019 and 2021 leg ulcer healing rate decreased by 42% and the time to heal increased by >85% - 1% of patients had **sepsis**, 0.2% had **gangrene** and up to 0.6% underwent an **amputation** on part of the foot or lower limb in 2021 (**of whom 50% had diabetes**) **HARM**
- Up to 20% of patients were **prescribed** dressings without any compression, compared to 5% in 2019 (Guest 2022)
- Inappropriate **antibiotic prescribing** for red legs and mismanagement of swelling with **diuretics** is a problem (BLS, 2021)

# The Accelerate Way



## Community reinvestment

**£26,786**

Rosetta Life & Patient Group

**£6,943**

Free Accelerate Academy places

**£3,940**

Mentoring and placements

**£20,824**

Diagnostic equipment

**£59,693**

Total community reinvestment

Social Impact

Prevention and LTC  
management

Public health and  
challenging  
inequalities

# The Accelerate Way; public health, inequalities



1. Who is more likely to smoke, a wealthy person or a person living in relative poverty?
2. Who is more likely to be obese, a wealthy person or a person living in relative poverty?
3. Who is more likely to be suffering from standing? Think occupation....

What do your responses tell you about the wider determinants of leg ulcers?

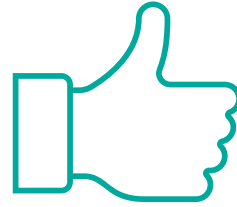
- Health inequalities have a direct link to lower limb health
- Skin is the largest organ in the body so let's think ORGAN failure
- Lower leg wounds are an epidemic, due to gravity and being bi-pedal
- Sepsis causes death so we are not talking about 'a low-level nursing task here' but an epidemic
- This complexity affects tolerance ....

(Mitchell, Ritchie and Hopkins 2024)

# Compliance and concordance – have we got it right?

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## Please stand up



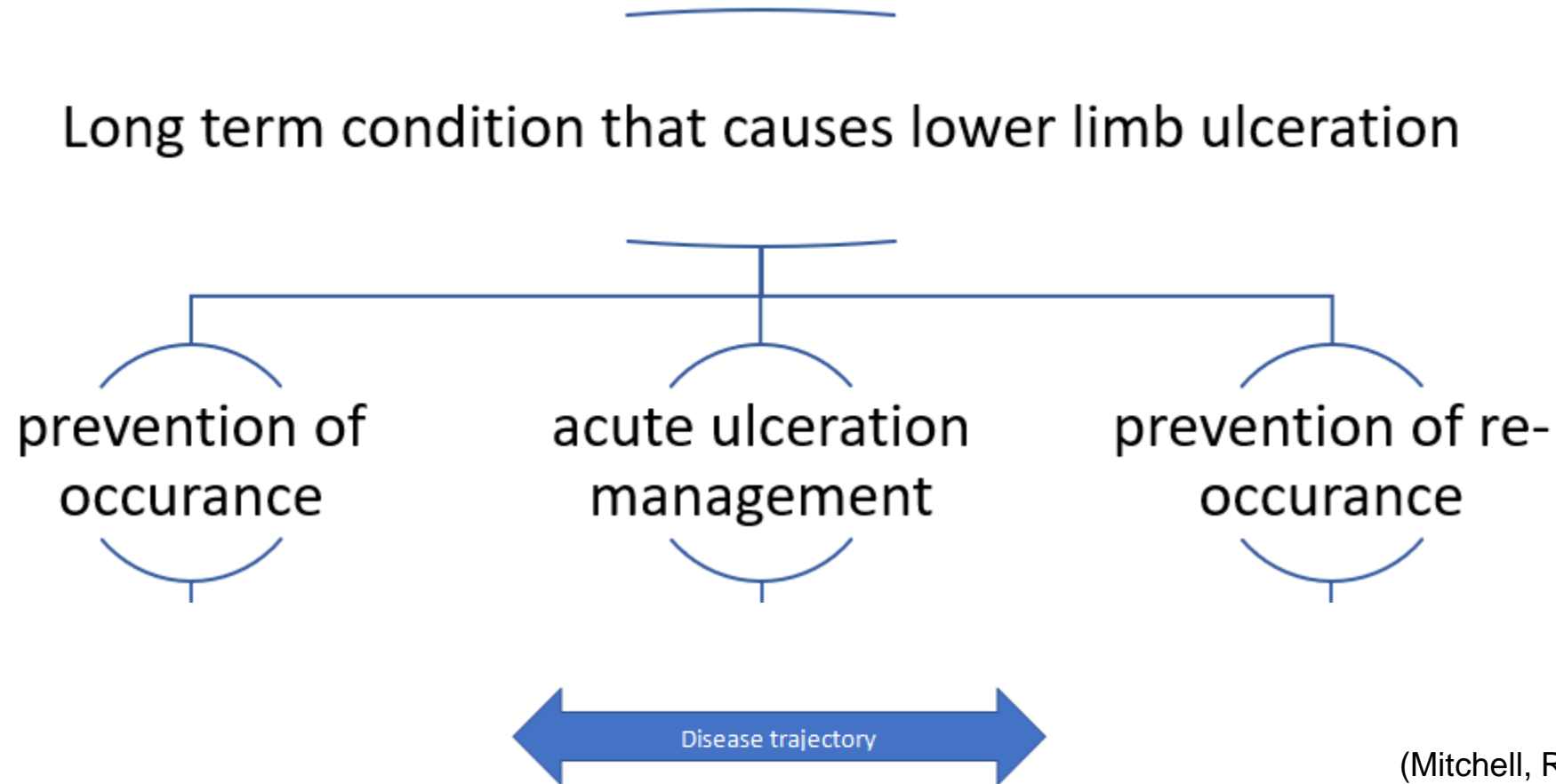
- **Right** diagnosis?
- **Right** combination of 'tools from our toolbox' for effective treatment?
- **Right** management of side effects?
- **Beliefs** – have we as practitioners bought into the myth that leg ulceration is 'chronic' (the underlying cause may be a long-term condition, but the leg ulcer is not)?
- **Beliefs** - has the person had an ineffective suboptimal dose previously and so doesn't have faith in the treatment ?
- **Right** dose?

# The Darzi Report (2024) the 'low lights'....

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- 1. The National Health Service is in serious trouble
- 7. Waiting lists for community services ...have surged
- 8. A&E is in an awful state
- 11. Care for cardiovascular conditions is going in the wrong direction
- 13. The NHS budget is not being spent where it should be - too great a share is being spent in hospitals, too little in the community, and productivity is too low
- 20. Staff engagement. Too many staff are disengaged.....

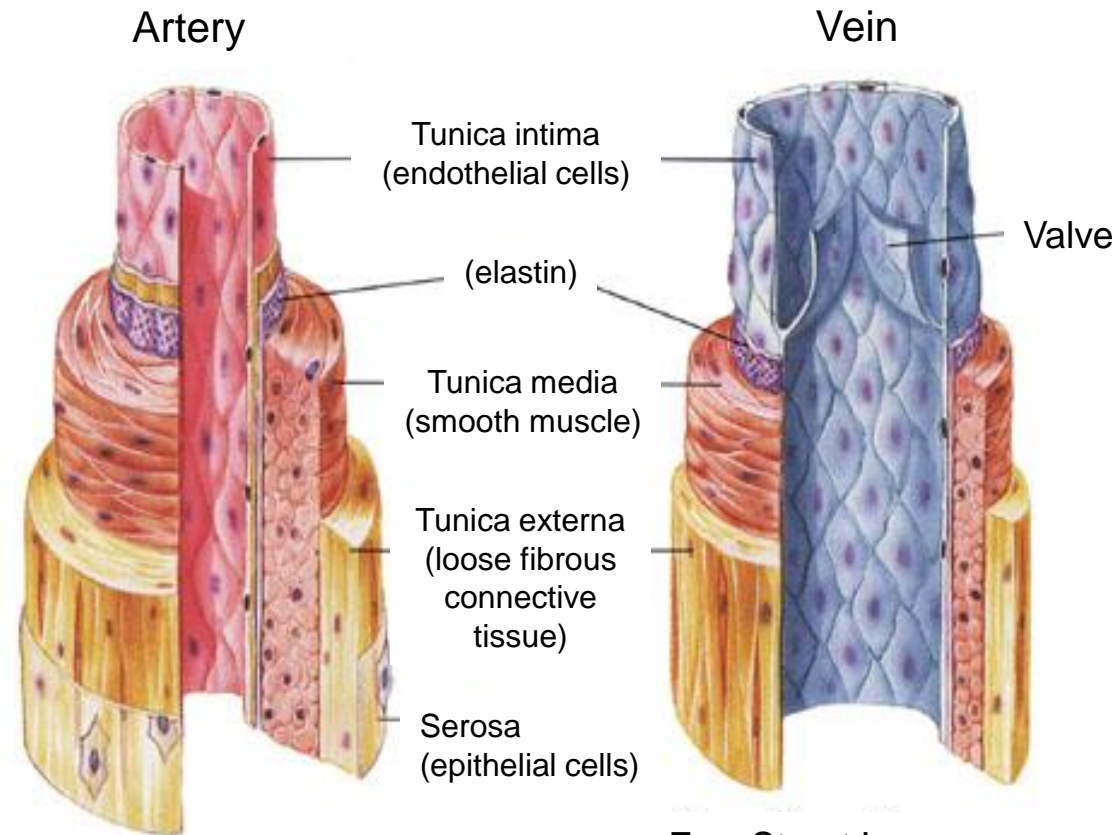
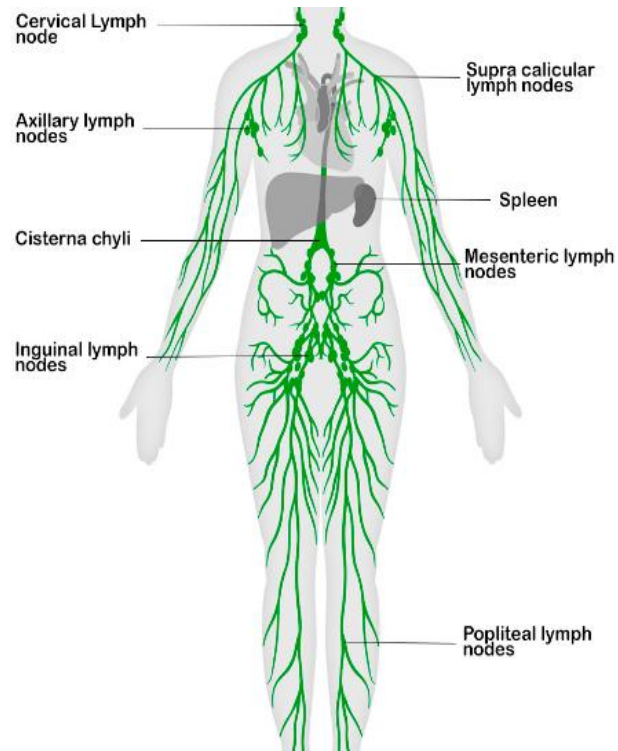
## 11. Care for cardiovascular conditions is going in the wrong direction



(Mitchell, Ritchie and Hopkins 2024)

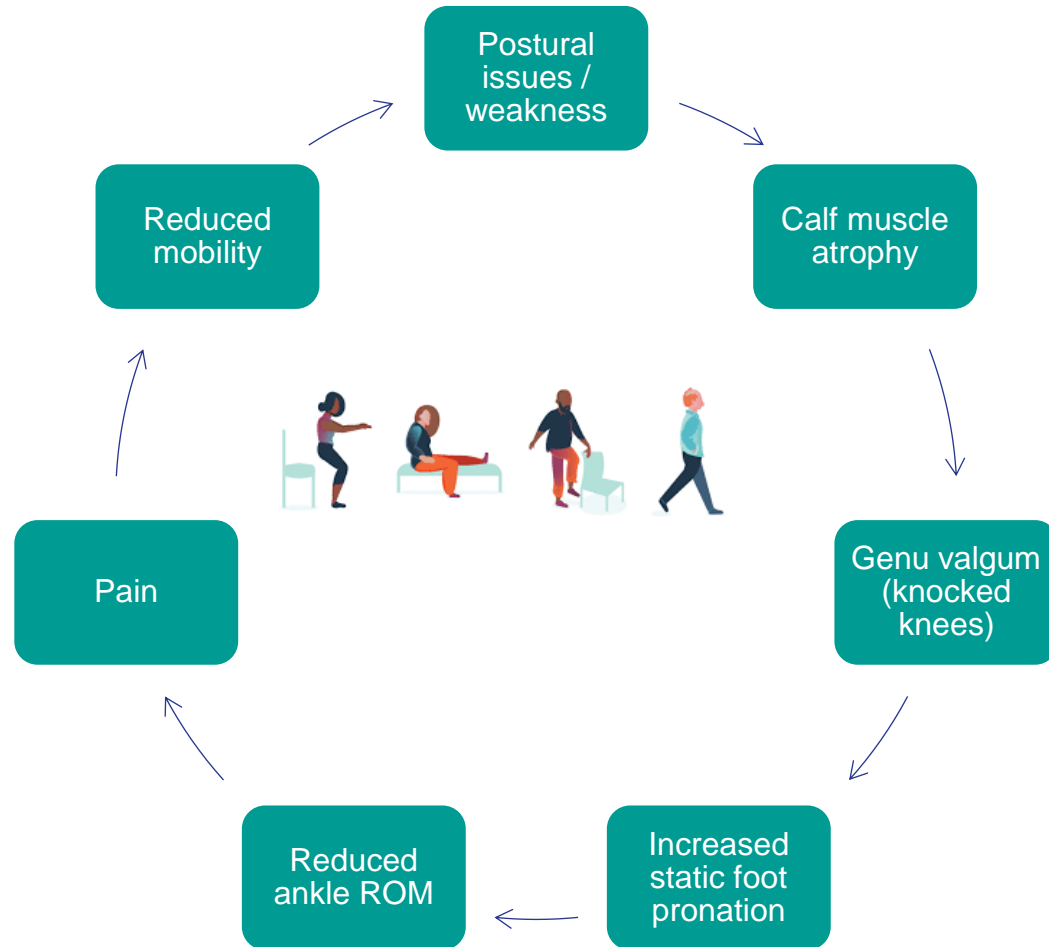


# The lymphatic, arterial, venous networks and inflammation



Fox, Stuart I.  
Human Physiology 4<sup>th</sup> Brown  
Publishers

# Biomechanical issues = decreased mobility and swelling



# Look at your patients – standing & walking

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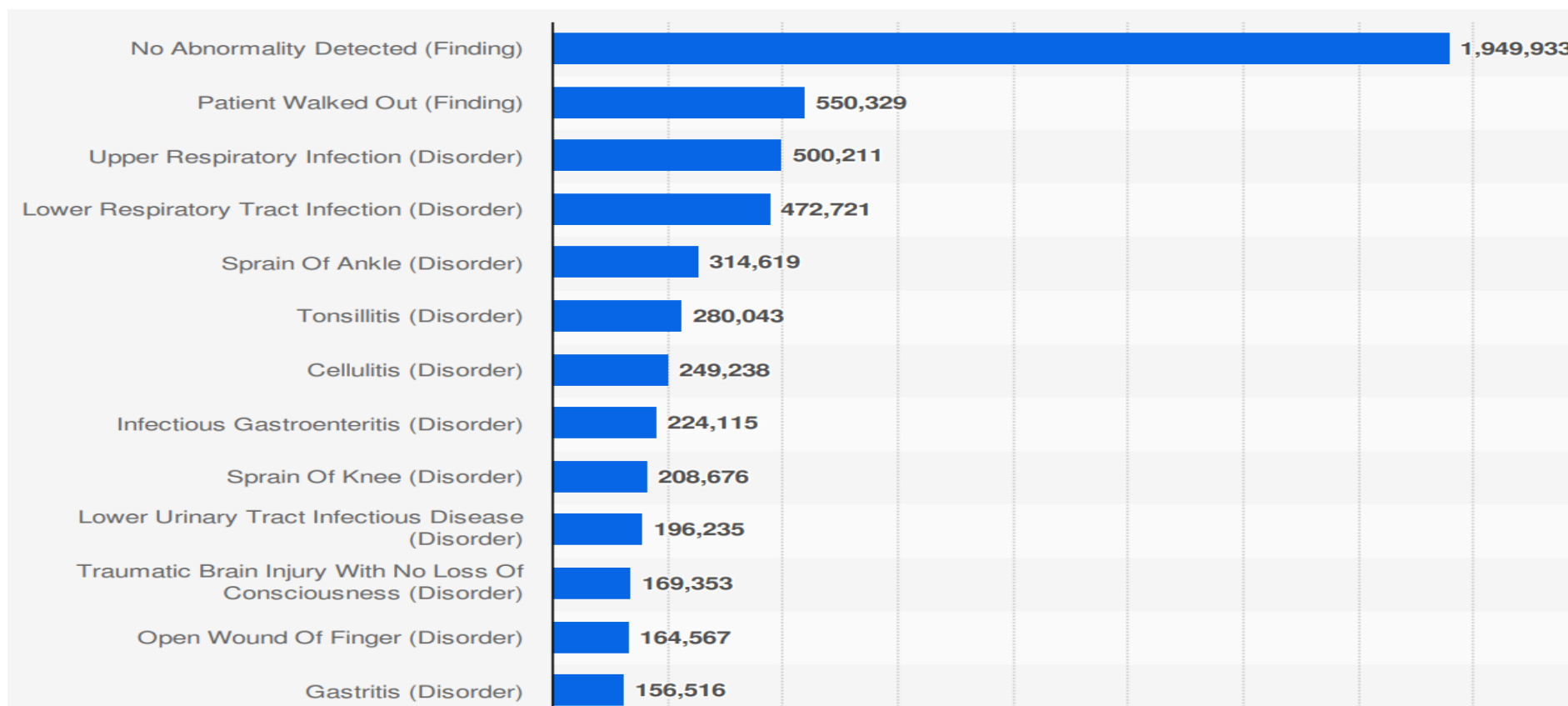
# The Darzi Report (2024) the 'low lights'....

## 8. A&E is in an awful state



Accelerate

Number of accident and emergency (A&E) attendances in England in 2023/24, by first A&E diagnosis



NHS Digital (2023/24)

# The Darzi Report (2024) the 'low lights'....

## 7. Waiting lists for community services ...have surged

- Compression use in community leg ulcer clinics >96%. Compression usage was lower in the home with a range of 14–62%
- Compression usage decreased with age; for three audit sites this was noteworthy, with 65% of those aged >80 years not in receipt of compression
- Compression usage had a direct impact on nursing activity; non-use of compression increased activity by 37%
- The importance of health promotion and early intervention is key for General Practice

Hopkins and Samuwiro (2022)

# A model to create change in lower limb ulceration



## So first let's establish what are better outcomes?

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### For people with ulcers :

Healing? A good limb shape? Social or economic improvements in their life?

NEWSFLASH – the social ulcer is not a diagnosis!

### For practitioners:

Sense of achievement and pride in our work?

Avoiding burn out, which is to do with more than just heavy workload!

### For the health service:

Better healing rates

Good use of clinician time

# A model to create change in lower limb ulceration



Clinical  
competence



## Compression: what is our aim?

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- Reverse venous hypertension in the superficial veins
- Manage swelling – remember the importance of the lymphatics
- Address a leg that is trapped in the inflammatory phase
- To choose a compression bandage that meets national and local guidance and formulary, suits patient's needs, and can be replicated by practitioners
- Apply a comfortable bandage that can be tolerated

# Present for 312 weeks. Healing in 31 weeks.

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*“One of the main problems is that leg ulcers are not being diagnosed in the first place”*

Hopkins - LEG ULCER REPORT 1989

## Compression dosage – know the science

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*“There is a growing trend of sub-optimal use of compression through the use of reduced compression systems’*

*(Legs Matter, 2022)*

*“Compression pressure is the dosage of our treatment and should be adjusted to individual needs. The ideal compression device should provide a tolerable resting pressure and a pressure high enough to counteract gravity in an upright position”*

*(Partsch and Mortimer, 2015)*

## The dose

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*“When describing the level of compression applied to a limb, whether by hosiery or bandages, the following terminology should be used (WUWHS, 2008)”:*

Mild (less than 20mmHg)

Moderate (20–40mmHg)

Strong (40–60mmHg)

Very strong (greater than 60mmHg)

**(WUWHS, 2008) (Wounds UK, BPS 2022)**

# The Doppler

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# Complex cohorts

**DVT and PTS  
history**

**Degree of  
lymphatic  
involvement/  
damage**

**Tall people**

**Occupation and  
sleep**

**Site of ulceration**

**Gait mobility and  
ankle ROM**

**Foot and toes  
require managing**

**What do we expect to see**

- Wound healing ✓

**Reduction in;**

- Oedema
- Pain
- Infections ✓



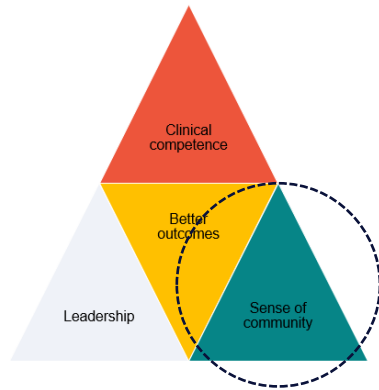
# Efficacy of compression – not just accepting

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**Therapeutic compression - What do we expect to see?  
Wound healing, guttering**



# A model to create change in lower limb ulceration



## Change happens when we feel part of a community of practice

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- Being the first or only person can be intimidating, but building a community of practice can flip this
- Seek out your community, this can be a virtual as well as actual community
- Problem solve together
- Learn from each other
- Collaboration can boost morale
- Small changes to win people over
- Commit to maintaining good communication channels
  
- Strive to be a community who are risk aware not risk adverse and have recognition of REAL risk
- Develop a shared narrative
- Think public health and use their language

# Make it your community's business to challenge

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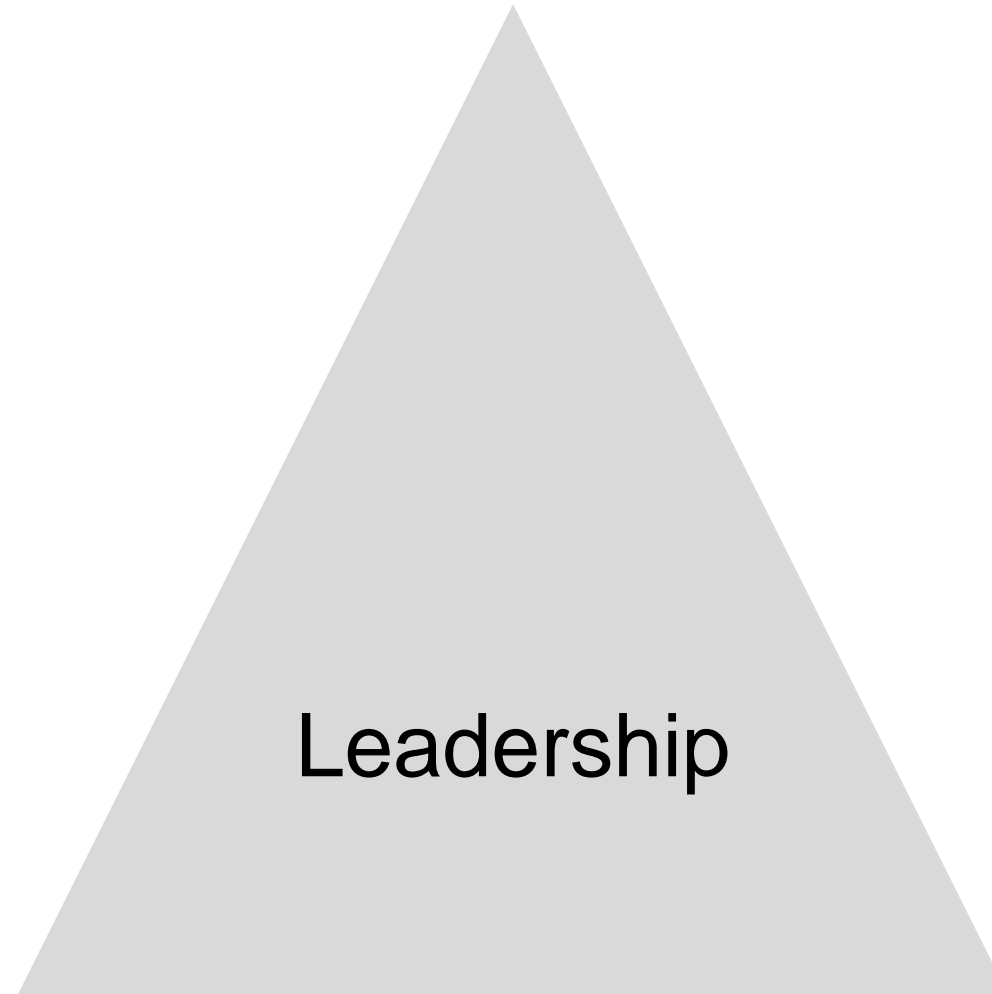
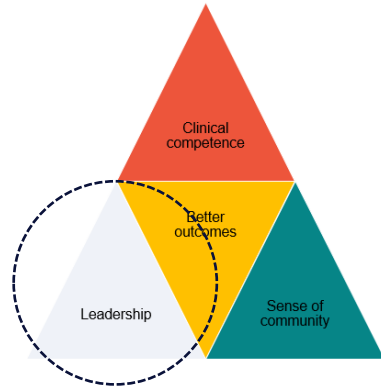
- The perfection myth – if people try hard enough, they will not make errors
- The punishment myth – if we punish people when they make errors they will make fewer
- Refocus your perceptions on the real risk here

# So, what is the problem?

- Guidelines are not used as guidelines
- Guidelines are used to protect the nurse not patient
- Leg ulcers, lack of diagnosis and non-healing is normalised
- Harm is not recognised or reported
- We have no data to tell the complete story
- Patient outcomes unknown
- Nurses are affronted. Not my experience..



# A model to create change in lower limb ulceration

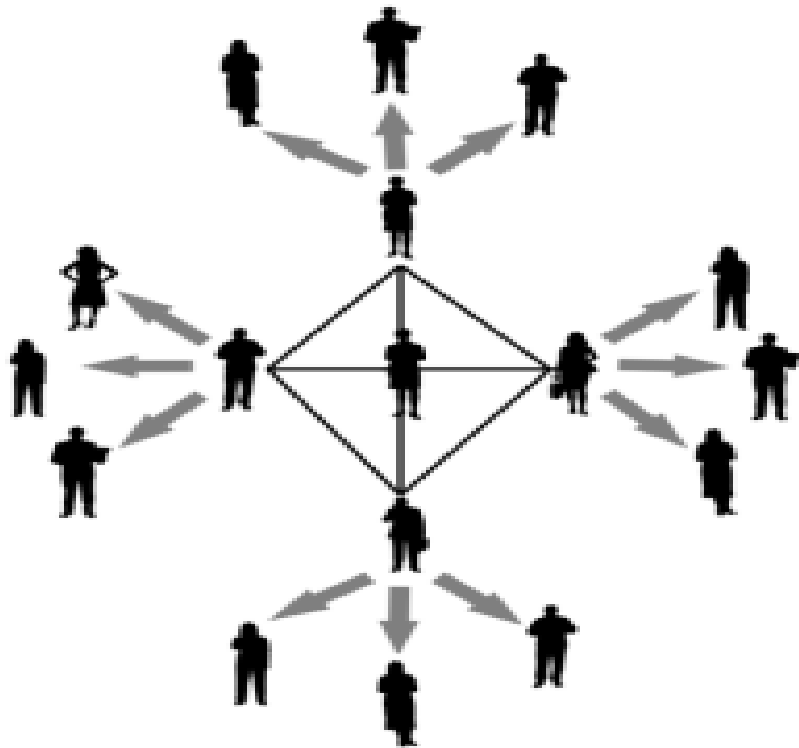


## Shared language and challenging the narrative

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- Potential to heal (chronic, or hard to heal, or failure to heal)
- Organ failure
- Long term condition worthy of recognition as part of the public health agenda
- Lymphorrhoea – a serious but reversible condition
- Stop calling people non-compliant

# Leadership and change approaches



# Courses in the North of England with us

- 22 May 2025 Manchester, Compression in Heart failure one day workshop
- 14 – 17 July 2025, Leeds Beckett University, Summer of Skills week

**For further information about online courses contact –**

The Academy Team at Accelerate

[education@acceleratecic.com](mailto:education@acceleratecic.com)





**Thank you  
for  
listening.**



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