



Title of Paper:	<b>Integrated Working – New Way Leg Clinic</b>
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Date of Board meeting:	<b>24<sup>th</sup> November 2022</b>
Purpose:	Oversight, Information and discussion

- Paper to be no more than two pages long; full reports or more information can be added as appendices
- Draft papers are reviewed by the Public Health team
- Final papers will be published on the [public website](#)
- Board correspondence: [HWB@bristol.gov.uk](mailto:HWB@bristol.gov.uk)

## 1. Executive Summary

This paper described the positive outcomes of a community-based clinic for lower leg wounds and requests the support of the Board in promoting an integrated approach across the city. Clinical treatment partnered with voluntary sector support enables a person-centred approach that treats health and social needs.

## 2. Purpose of the Paper

We seek the support of Board members for extending this integrated approach across the city. Of particular interest, is how to secure commitment to an integrated approach for the treatment of lower leg wounds alongside support with a wide range of social needs. Currently, the clinical side is funded by Swift PCN until February 2023 and the social side provided by Age UK Bristol is funded by the Ageing Well programme until March 2023.

## 3. Background, evidence base, and what needs to happen

Swift PCN identified the following issues with leg wound treatment:

- Restricted surgery appointment time which compromised treatment
- Limited assessment, diagnosis and treatment plans
- Variation in staff skills and knowledge of leg ulcers
- Non-healing wounds often due to lack of evidence-based treatment
- Many patients required 2 – 3 appointments per week for several years.

Evaluation of voluntary sector input to the clinic by University of West of England in 2021 found statistically significant positive results. In 2022, the clinic has seen these benefits:

- **10,025.52** per year saved in staffing costs through improved use of resources
- **260 clinic hours** released across 5 practices
- Improved patient outcomes - **67% healing since January 2022**
- Social interaction leading to **improved wellbeing, happier, healthier patients**
- **Quality of life (QOL) improved** - improved clinical outcomes, shared experiences with peers
- **Reduction** in prescriptions
- Prevention of unplanned **hospital admissions**
- **Reduction** of health inequalities
- Reduction in **waste and carbon footprint**.

Learning from this model could inform integrated delivery of support for other long term conditions and we are keen to share our findings.

#### 4. Community/stakeholder engagement

The people who use the leg clinic are consulted about the activities and interests, and asked for their views on any changes within the clinic environment. We check with people how they feel about a communal, community based service compared to visiting the GP surgery and have had very positive feedback. Local people volunteer to support the clinic.

#### 5. Recommendations

Board members are asked to consider how they can support commitment to an integrated model like this from their position in the wider integrated care system. We see the need for **joined up oversight and monitoring** of outcomes of this integrated way of working. GP surgeries are concerned with securing clinical benefits, while the benefits of the social outcomes are more easily recognised by social care and those concerned with the potential to avoid hospital admission.

We would also like Board members' support in encouraging key partners in the health and care system to **prioritise integrated models for leg wound care**. Swift PCN has funded the clinical side of the leg clinic, and the Ageing Well programme has funded the voluntary sector input. We would like the Board's support to encouraging a **more joined up approach to funding** so that the model can be continued and expanded in areas of need.

#### 6. City Benefits

We have evidence that a community-based, integrated model using compression bandaging for dressing leg wounds results in faster healing of leg ulcers, reduced re-infection rates, reduces associated stigma, enables peer support and promotes wellbeing through people's greater involvement and engagement in their communities.

There are **benefits for statutory services** as a result of preventative work reducing the potential for people to need more costly health and social care interventions.

There are **wider community** benefits as the people who use the service are encouraged to participate in other local clubs, services and activities. The clinic is situated in the Withywood Centre, bringing people in to use this valuable community resource – significant numbers visit the community centre's café after treatment.

There are **benefits for individuals**. we serve an area of significant deprivation and are able to support people by maximising their income and helping them to apply for benefits to which they are entitled. Age UK Bristol facilitates a collaborative network of 45+ voluntary organisations and can refer people to a wide range of practical, social and emotional help. Patients often say that attending the clinic is 'the highlight of my week'. Two of our current volunteers are ex leg-clinic patients and are inspiration for others. Another volunteer used to attend with her husband who had his leg wounds dressed and then volunteered with the clinic when he died. There are benefits to our volunteers in reducing their own experience of social isolation. One now visits her GP less often due to low mood. Our volunteers report feeling happier, more connected and less anxious as a result of volunteering in the clinic.

#### 7. Financial and Legal Implications

Funding is not sought from the Health & Wellbeing Board.

#### 8. Appendices

Powerpoint presentation describing the clinic with short video input from service user.