Shared care in wound management: a significant opportunity

The recent Covid-19 pandemic has reinforced the need for health care to be delivered in a different way to enable the NHS to be fit for purpose and continue to provide high levels of health care at an affordable cost. One way of doing this is to utilise the benefits of shared care, a concept that is not new, but has not yet been fully embraced. This encourages sharing the responsibility of delivering care in a variety of ways. Wound care is one area that provides general practice nurses (GPNs) with a significant opportunity for patients to be involved in their own care. This can even include wounds producing a high volume of wound exudate, if an appropriate dressing is selected which gives the patient confidence that it will work, despite the unpredictable nature of chronic wounds. Patients need a package of information to reinforce the verbal education given to ensure that they know how to carry out their care, and what to do in the event of a problem or change in wound status. Virtual clinics, which have been especially useful during the recent pandemic, are also an option to replace some face-to-face contact.

KEY WORDS:

- Shared care
- Wound care
- Exudate
- Virtual clinics

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Healthcare delivery in primary care needs to adapt and change if it is to counteract the anticipated reduction in general practice nurses (GPNs) and general community nurse staffing crisis (Queen's Nursing Institute [QNI], 2015; 2019). This has become even more apparent in the recent Covid-19 pandemic, which has presented challenges to find ways to support patients and resulted in a sudden increase in digital and other innovative solutions (Holdsworth, 2020).

One solution that is gaining momentum is shared care — a concept that has been around for some time and called different things over the years (*Table 1*). In 2005, this area of change to healthcare delivery was highlighted in a document, which guided clinicians and managers on how to support patients to self-manage (Department of Health [DH], 2005).

More recently, the *NHS Long Term Plan* has reminded us that demands on the NHS are growing and that it needs to be more efficient (NHS England, 2019a). Indeed, supported self-management, i.e. shared care, is one of the six evidence-based components of personalised care to which the NHS has committed (NHS England, 2019b).

The Covid-19 pandemic has fast forwarded the need for everyone to embrace shared care, and many practices have been looking at how to deliver care in a different way to minimise face-to-face contact (Holdsworth, 2020).

Temporary closure of clinics, patients unable to attend, and nurses' time diverted elsewhere, has resulted in the promotion of shared care to relieve the pressure on struggling services (Holdsworth, 2020). This makes it an ideal time to

keep these valuable changes as an integral part of how care is delivered in the future.

WHAT IS SHARED CARE?

Shared care means the ability of patients, with the help of a healthcare professional, to take part in managing their minor illness, healthcare need, or chronic disease (Kennedy et al, 2007; Grady and Gough, 2014). Supporting self-management has been identified as one of the top ten high impact actions to release capacity which will complement a national programme to help practices support people to self-manage (NHS England, 2016).

Self-management is a spectrum or continuum of care, ranging from 100% self-management, e.g. eating a healthy diet and taking regular exercise, to 100% care from healthcare professionals, e.g. being nursed in intensive care on a ventilator (DH, 2005; McShane, 2014). Everything in between can be described as shared care or degrees of self-management (DH, 2005).

The underlying principle for change lies in society changing (Hunt, 2016) and only a whole culture change will make self-management a reality (McShane, 2014). Boran states (2019) that whatever your idea of self-care is, none of us are doing enough of it.

Some healthcare professionals struggle with aspects of self-management, missing the predominantly people element in their roles — seeing people, assessing and meeting their needs and using body language to convey empathy and care (Walker, 2020).

Self-management has the potential to improve quality of care (Kennedy et al, 2007), health, quality of life, patient satisfaction, physical and mental wellbeing, while also reducing the burden on healthcare services (Ryan et al, 2009). Following a review of high-quality research papers, de Silva (2011) concluded that supporting self-management had the potential to alleviate pressures caused by workforce shortages, rising demands for services, population increases and budgetary constraints. Todhunter (2017) also concluded that the expert patient is likely to reduce demands on acute and primary healthcare services, as they are able to manage their long-term condition more effectively.

Remember...

Self-management is not abandoning the patient, but rather sharing with them some of the responsibilities for their care.

Although it is recognised that self-management can lead to a variety of benefits, it should also be acknowledged that not all patients are able to manage their conditions (Todd, 2018). This situation may change in some circumstances when patients have a greater understanding and a positive working relationship is nurtured (Todd, 2018).

SHARED CARE IN WOUND CARE

There is an opportunity for patients to be involved in the management of their wounds as long as the roles and responsibilities of the healthcare professional and the patient are clearly understood (Barrett et al, 2020).

Living with a wound can lead to a loss of control and independence, but all patients should have the chance to understand their condition, be involved in the decision-making process and, if they are able to do so, take responsibility for managing their wound (Moore et al, 2016).

The Self Care Forum (www.selfcareforum.org) outlines several principles of self-care/self-management support, namely:

- Involving patients in decision-making
- Developing care plans together
- Setting goals and arranging follow-up
- Helping patients to understand what to look out for and how to get help
- Helping to motivate patients with good structure and support
- Promoting a healthy lifestyle
- Educating about their condition.

Table 1: Different terminology used in self-management/shared care

Self-care
Supported self-care
Shared care
Shared decision-making
Patient involvement
Patient engagement
Patient empowerment

Within the field of wound care, patients also need to:

- Understand and feel confident in performing a wound dressing change
- Know what to look for and how to report any issues if they are worried
- Agree to follow a set of instructions within their care plan
- Attend clinic and healthcare professional re-assessments at agreed times (Barrett et al, 2020).

NHS England's recently published health coaching document (NHS England, 2020) aims to support self-management and personalised care. It highlights how people should have a choice in how their care is planned and delivered, with the emphasis being on 'what matters' to them, and giving them the education, skills and confidence to become more active in their health and care.

Patient involvement should, however, be assessed at each review, as levels may change over time (Moore et al, 2016).

The National Wound care Strategy Programme (NWCSP) has developed a document for healthcare professions and patients designed for shared care, which was originally developed for use during the Covid-19 pandemic (www.ahsnnetwork.com/about-academic-health-science-networks/national-

programmes-priorities/national-wound-care-strategy-programme). It includes an assessment as to whether shared care is appropriate and a number of statements that both parties sign if they agree.

During the assessment process, the following factors should be considered:

- Overall health status, including dexterity and mobility
- Patient knowledge and understanding of their condition and treatment
- If the patient wants to be involved in care, or has a desire to change their lifestyle
- Mental and physical ability
- Previous treatment experience
- Availability of family, friends and carers (Wound Care People, 2019).

SHARED CARE IN HIGHLY EXUDING WOUNDS

One of the challenges of managing chronic wounds can be coping with excess exudate, which can lead to poor quality of life for patients, soggy, wet dressings, soiled clothing and/or bedding and malodour (Beldon, 2016). This, in turn, can cause distress and embarrassment, social isolation and depression (Gardner, 2012). As a result, clinicians may presume that shared care is not possible, as wounds which are producing copious exudate require more frequent wound dressing changes (Beldon, 2016). However, as this increases the input needed from general practice nurses (GPNs), these patients may actually be ideal to self-manage. But, it is important to ensure that they have the knowledge and skills to change wound dressings promptly when they have reached their capacity.

Superabsorbent polymer dressings are appropriate for the treatment of such wounds (Gardner, 2012), due to properties such as good absorption and retention of exudate, maintaining optimal wound bed conditions, and the ability to prevent leakage and exudate-related complications.

Additional dressing characteristics needed for shared care are:

- Ease of use — pain-free self-application and removal
- Dressing change indication — exudate is apparent within the dressing, indicating when it needs to be changed
- Educational support — in the form of a package of information for the patient/carer about their wound and dressing (Barrett et al, 2020; Elliott, 2019).

Patients who are self-managing will need verbal and written instructions on how to carry out care and also what to do in the event of a problem arising, or a change in their wound that they are worried about (Todd, 2018), i.e. 'red flags'.

The main red flag would be signs of wound infection. In lower-limb venous leg ulcers and chronic oedema, an additional red flag wound be compression therapy-related problems (*Table 2*).

Red Flag

Check with your own organisation first, but to enable safe, professional solutions for virtual clinics and teamworking that are NHS accredited, the following are available:

- Microsoft Teams
- Hospify App
- Pando
- Attend anywhere
- Near Me.

WhatsApp is not sanctioned by the NHS, is not secure, and should never be used to share patient identifiable information (Holdsworth, 2020).

WOUND ASSESSMENT AND RE-ASSESSMENT IN THE ABSENCE OF FACE-TO-FACE VISITS

A key component of the *NHS Long term Plan* (NHS England, 2019a) is achieving and supporting a digital transformation for the NHS to continue to provide a high level of health care at an affordable cost. Holdsworth (2020) outlines two ways of doing this — video consultation with patients, also known as virtual clinics or visits, and securely working and communicating with colleagues and forming virtual teams.

There are a number of wounds that are commonly seen in the first instance by a GPN, such as leg ulcers, skin tear injuries or minor, traumatic wounds. If these wounds are seen for the first time during a virtual clinic appointment, the same principles of holistic wound assessment should apply, including:

- General health assessment, e.g. comorbidities and quality of life
- Wound baseline information, e.g. location, size and tissue type present
- Wound symptoms, e.g. volume of exudate, pain, odour
- Identification of any specialist referrals, e.g. tissue viability

Table 2: Red flags in wound and compression therapy shared care

Wound management
■ New spreading redness around the wound, swelling and pain. The skin may feel warm and the patient may feel unwell with a fever and loss of appetite
■ An increase in the volume of fluid coming from the wound, the dressing may leak, or have to be changed more often. The edges of the wound may be white and soggy
■ A change in the fluid coming from the wound — from clear, thin, straw-coloured fluid to a thick, yellow or green fluid
■ The wound starts to have an unpleasant smell
■ The red tissue may bleed and look unhealthy and appear like jelly
■ The wound does not heal as expected, or gets bigger, or a new wound may appear
Compression therapy (adapted from NWCSP — see further resources)
■ Numbness or tingling or changes in sensation
■ The limb suddenly becomes warmer or colder
■ Any new discoloration
■ Any new pain

Superabsorbent bordered dressing promotes patient comfort and wellbeing — an evaluation

With the vast range of wound dressings available, it is vital that clinicians select ones which are most suitable for their patients and their wound, and help them to be involved in their own care, maintain independence and promote quality of life. This evaluation looked at a superabsorbent bordered dressing (Zetuvit® Plus Silicone Border [ZPSB], HARTMANN) to treat a variety of wound types.

After reviewing the evidence for ZPSB, the author and her team decided to evaluate this superabsorbent dressing with a silicone interface and border in place of the standard foam used. This dressing could be used as either a primary or secondary dressing, as per the previous foam dressing. The patients chosen to take part in the evaluation were all under the care of the community nursing team, and had a variety of wound types including pressure ulcers, leg ulcers, haematoma, peg site wound, and a fungating wound. Although the aim was to complete 20 evaluations, 13 were included in the analysis. The dressing was used for three dressing changes or two weeks, whichever was sooner. The aim was to evaluate the effectiveness of ZPSB, this included appraisal criteria and assessing if the clinical objective was achieved.

Results:

Appraisal criteria results	
Ease of application	100% excellent
Conformability	100% excellent/good
Ease of removal	100% excellent/good
Patient comfort during wear	100% excellent/good
Patient comfort during removal	92% excellent/good
Reduction of wound pain	85% excellent/good
Ability of dressing to stay in place	92% excellent/good
Condition of surrounding tissue	92% excellent/good
Patient tolerance of dressing	100% excellent/good

Clinical objective achieved	
Slough/devitalised tissue removed	79% excellent/good
Wound bed preparation	62% excellent/good
Re-epithelialisation progression	62% excellent/good
Healing	62% excellent/good
Exudate management	92% excellent/good

As shown in the results above, the dressing evaluated well, demonstrating that the wounds were improving and on a healing trajectory in 62% of the patients in just two weeks. The clinicians were pleased with its performance, commenting:

Patient happy they could shower. • *Surrounding skin less macerated.* • *Reduced visits to alternate days.*

Following this short evaluation, the author and her team felt that the ZPSB dressing was 'like nothing else' they had on formulary and was certainly needed due to its clear clinical benefit and positive patient experience. An application was subsequently made to the Medicines Management Committee, who reviewed and agreed for the product to be listed on local formulary.

nurse, or investigations that may be required, e.g. ankle brachial pressure index (ABPI) measurement (Coleman et al, 2017).

Findings from the virtual wound assessment should all be documented within the care plan at the GPN base to help develop treatment goals and a plan of care.

Patients can record their wound care activity and their feelings in a patient diary, or another method of documentation used in the organisation. They can also note, for example, what the dressing looked like on removal, the condition of the skin surrounding the wound, any pain experienced at dressing change or between dressings. It may be necessary for the patient to take a photograph of their wound, which can be sent to the GPN in a secure way (see *Red flag* and *Practice point* boxes).

CONCLUSION

The NHS needs to change and adapt if it is to be fit for purpose in the future. There is a significant opportunity for patients to be involved in the management of their wounds. This may help to improve outcomes in both the short and long term for patients with underlying long-term chronic conditions, such as venous disease and chronic oedema. It may also result in a more cost-effective

service and free up the time of the GPN. However, shared care will only become a reality if there is a whole culture change. Sharing the responsibility of wound care may be difficult in the beginning, but it should be remembered that self-management is not abandoning the patient, but rather sharing some of the responsibilities. GPN

REFERENCES

Barrett S, Welch D, Rippon M, et al (2020) Clinical evaluation of a superabsorbent polymer dressing in enabling self-care of wounds. *Br J Community Nurs* 25(Suppl6): S28–S36

Beldon P (2016) How to recognise, assess and control high exudate. *J Community Nurs* 30(2): 32–38

Boran S (2019) How community nurses can promote self-care. *J Community Nurs* 33(5): 8–12

Coleman S, Nelson E, Vowden P, et al (2017) Development of a generic wound care assessment minimum data set. *J Tissue Viability* 26(4): 226–40

De Silva D (2011) *Evidence: helping people help themselves*. The Health Foundation, London. Available online: www.health.org.uk/publications/evidence-helping-people-help-themselves

Department of Health (2005) *Self Care — A Real Choice*. DH, London. Available online: www.dh.gov.uk/SelfCare

Elliott S (2019) A clinically effective primary wound dressing that supports self-care for chronic and acute wounds. *Br J Community Nurs* 24(Suppl 6): S30–S37

Estocado N, Black J (2019) Ten top tips: wound photo documentation. *Wounds Int* 10(3): 8–12

Gardner S (2012) Managing high exudate wounds; how to guide. *Wound Essentials* 7(Suppl 1)

Grady PA, Gough LL (2014) Self-management: A comprehensive approach to management of chronic conditions. *Am J Public Health* 104(8): 25–31

Holdsworth L (2020) Digital working — what have we learned from Covid-19? *J General Practice Nurs* 6(2): 8–13

Hunt SD (2016) Self-care and post-operative dressing management. *Br J Nurs* 25(Suppl 15): S36–S41

Kennedy A, Rogers A, Bower P (2007) Support for self care for patients with chronic disease. *Br Med J* 335(7627): 968–70

McShane M (2014) Only a whole culture change can make self-care a reality. *Health Service J*. Available online: www.hsj.co.uk/5071942.article

Moore Z, Bell T, Carville K, et al (2016) *International Best Practice Statement: Optimising patient involvement in wound management*. Wounds International. Available online: www.woundsinternational.com

NHS England (2016) *General Practice Forward View*. Available online: www.England.nhs.uk/gp

NHS England (2019a) *The NHS Long Term Plan*. Available online: www.longtermplan.nhs.uk

NHS England (2019b) *Universal personalised care: Implementing the comprehensive model*. Available online: www.england.nhs.uk/personalisedcare/comprehensive-model-of-personalised-care/

NHS England (2020) *Health Coaching: implementation and quality summary guide. Supported self-management*. Available online: www.england.nhs.uk/wp-content/uploads/2020/03/health-coaching-implementation-and-quality-summary-guide.pdf

Queen's Nursing Institute (2015) *General Practice Nursing in the 21st Century: A time for opportunity*. QNI, London. Available online: www.qni.org.uk

Queen's Nursing Institute (2019) *Urgent need for more investment on the district nursing service, nursing bodies warn*. QNI, London. Available online: www.qni.org.uk/news-and-events/news/urgent-need-for-more-investment-in-the-district-nursing-service/

Ryan A, Wilson S, Taylor A, et al (2009) Factors associated with self-care activities among adults in the UK, a systematic review. *BioMed Central Public Health* 9: 96

Todd M (2018) Self-care for chronic oedema. *J Community Nurs* 32(4): 51–6

Todhunter J (2017) Empowering patients to self-care with a Velcro wrap compression device. *J Community Nurs* 31(4): 28–33

Walker J (2020) Responding to a changing healthcare landscape. *J General Practice Nurs* 6(2): 4

Wound Care People (2019) *Best practice in the community: Chronic oedema*. Wounds Care People, Wixford. Available online: www.gpnursing.com

Practice point

To help patients take wound photographs that will assist in making clinical decisions, the following may be useful in educating the patient (Estocado and Black, 2019):

- High resolution using a digital camera or a smart phone
- Documented patient consent that the GPN can store the photograph for wound assessment purposes
- Good lighting and use of the close-up function (macro)
- Uncluttered background, including a paper measure if possible
- Standardise image by looking at previous images
- Take two images, one for orientation and one for close up.

Further resources

- Self Care Forum — self-care week is 16–22 November 2020: www.selfcareforum.org/events/self-care-week-resources/
- Caring for your wound at home, including changes to look out for in your wound and a guide to hand washing: www.hartmannuk.marketing/wp-content/uploads/2020/05/HARTMANN-Self-care-at-home.pdf
- Legs Matter — patient and healthcare professional advice: https://legsmatter.org/help-information/resources/caring-for-your-wound-at-home-and-how-to-change-a-wound-dressing/
- Compression therapy advice for patients: www.ahsnnetwork.com/wp-content/uploads/2020/04/Compression-Therapy-for-Leg-Ulcers-08.04.20.pdf