

Leg ulcer treatment  
report: experiences and  
views of people in Devon

Commissioned  
Feedback  
Report

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# Contents

**Introduction..... 3**

**What we did ..... 4**

**Key findings..... 5**

**What people told us ..... 6**

    East Devon .....6

    South Devon .....7

    West Devon .....7

**Observations..... 9**

**Thank you ..... 10**

**Contact us..... 11**



# Introduction

Healthwatch in Devon, Plymouth, and Torbay are the independent consumer champion for people using health and care services in Devon. Healthwatch listens to what people like about services and what could be improved and shares those views with those who have the power to make change happen.

The way leg ulcer treatment is delivered varies across Devon. In Eastern and Southern Devon, it is delivered partially by GP surgeries and partially by community service providers. In Western and Northern Devon, it is delivered solely by community service providers.

There is national NHS guidance on management available via [www.nhs.uk/conditions/leg-ulcer/treatment/](http://www.nhs.uk/conditions/leg-ulcer/treatment/), including pathways and NICE guidance available via [www.pathways.nice.org.uk/pathways/leg-ulcers#content=view-node%3Anodes-wound-management](http://www.pathways.nice.org.uk/pathways/leg-ulcers#content=view-node%3Anodes-wound-management).

In October 2020 NHS Devon Clinical Commissioning Group (CCG) invited both patients and staff involved within Lower Limb Therapy Services (LLTS) to complete a short survey. The patient survey link was sent out proactively by providers to leg ulcer patients (who have consented to receiving text/email from the practice). A paper copy was also provided to patients as they came in for treatment appointments so as not to exclude those who would be unable to use the digital survey. Overall 65 patients responded to the survey- 11 via Survey Monkey and 54 via paper.

To obtain further detailed feedback on patient experience about the treatment of leg ulcers, Healthwatch conducted additional interviews with leg ulcer patients to find out what went well during their treatment and what could be improved.



## What we did

All 65 people who completed NHS Devon CCG's short survey were given the opportunity to give more detailed feedback to Healthwatch in a telephone interview. Sixteen respondents provided their contact details for this purpose; and of these, nine were successfully reached for an interview, despite repeated attempts to encourage all to share their experiences.

Although we recognise this is a relatively small number, we believe the data acquired from these patients is rich and significant enough to make observations about, and have detailed these and the experiences of the nine respondents within this report.

Of the nine respondents, four were treated in East Devon, two were treated in South Devon, and three were treated in West Devon. Unless otherwise stated, none of the respondents were treated at the same clinics or surgeries.

The interviews had a semi-structured format, with three main questions used to guide the respondents' discussions of their experiences. These questions related to the respondent's experience as a patient, the quality of information and communication, and how their treatment could have been improved. Some respondents gave more detailed answers than others.



# Key findings

- Respondents from East Devon had mixed experiences. One respondent was extremely dissatisfied with their treatment, describing poor communication and continuity of care at the clinic and a negative experience with their GP surgery. Two respondents also had negative experiences with their GP surgeries but were very pleased with their treatment at the leg clinic. Another respondent had a uniformly positive experience.
- The two respondents from South Devon were largely positive about their treatment at the specialist clinics. They both described good communication with the clinic staff; they felt listened to, and the information they received was easily understood. However, one respondent was dissatisfied with the treatment at their GP surgery.
- Two respondents from West Devon, who both visited the same clinic, were very satisfied with their treatment. They described it as “second to none” and “absolutely brilliant.” The third respondent, who used services of a different clinic, was dissatisfied with their past treatment; continuity of care had been poor which prevented their ulcer from healing. However, they were currently under the care of one particular nurse and were satisfied with this.
- Across all three areas, respondents with positive experiences described effective communication and support as features of their treatment. Similarly, respondents with negative experiences said treatment could be improved by better continuity of care, clearer and easier communication, better support between appointments and post-discharge, and quicker specialist referrals.



# What people told us

## East Devon

Patients had mixed experiences with ulcer care. Respondent one had a very positive experience; they said they were “glad and grateful to have had this care” and that all the information they were given “was easy to understand... I could not improve on this.” The respondent was pleased that they received a home visit for a dressing change, as they were physically unable to change it themselves, and appreciated the accessibility of the clinic. Respondent one was satisfied with the quality of the communication during treatment and felt supported after they were discharged; they were given a number to contact the clinic directly if they had further problems.

Respondent two had a negative experience; they said they felt “frustrated and neglected.” This respondent said that every time they attended the clinic, they saw a different consultant and received a different diagnosis and treatment. The respondent described poor communication at the clinic; on one occasion, the respondent had not been informed that their appointment was cancelled until they arrived at the clinic, and on another occasion an appointment was not received. The respondent said the time between appointments was long and they did not have a number to contact for advice. The ulcer made travelling to clinics difficult, and the respondent had difficulty managing their dressing at home. They also said that their GP surgery refused to help as they “do not do leg ulcer dressings.” Respondent two said that their treatment could have been improved if they received a follow-up phone call after a new treatment was prescribed, if they had a phone number to contact the clinic between appointments, if they were able to receive home visits when attending a physical clinic was difficult, and if community nurses were able to help with ulcer dressings. They also said that there could have been better communication between clinics, GP practices, and patients.

Two patients in the Eastern locality had mixed experiences with treatment. Respondent three said getting a diagnosis from their GP was a “horrendous experience,” and that they “felt dismissed.” The respondent sought private treatment, after which their symptoms improved quickly; they were very pleased about the quality of this care. They said that their treatment could have been improved if their GP had listened to and respected them. Similarly, respondent four said the nurse who treated them at their GP surgery “did not



seem to know much about leg ulcers,” but described the specialist care as “very good.” They were pleased with the specialist treatment they were prescribed but did not elaborate on what aspects of the care they liked. Respondent four said their care would have been improved by a quicker specialist referral.

### South Devon

The two patients we spoke to were mostly positive about their care. Respondent five described their treatment as “the best I have had since I was 18.” They said the communication they had with clinic staff was good; they felt empowered to raise their concerns and felt they were always listened to, and said that new treatments were fully explained and easily understood. However, they noted that the clinic occasionally seemed short-staffed and the treatment therefore felt rushed.

Respondent six was very positive about the care they received at the clinic. They described the nurses as “fantastic” and said information was “very easily understood.” They also praised the continuity of care and communication between staff at the clinic. However, this respondent had a poor experience with treatment at their GP surgery; they said the GP did “not have the knowledge or time” to treat their ulcer. They also said that they waited a long time for an appointment and that they struggled to manage self-care at home, but did not provide more detail. Respondent six said their treatment could be improved if there were better communication between GP surgeries and clinics and more support for patients discharged to self-care, like a phone number or email address for advice.

### West Devon

Two of the respondents we spoke to had positive experiences and one respondent had a mostly negative experience. Respondent seven had an overall positive experience. They described the care at their clinic as “second to none,” with particular praise for the nurse in charge who was “very caring and reassuring.” The respondent had concerns about their ability to manage self-care at home so home visits were arranged. There was a minor communication error that caused the respondent some anxiety, but this was resolved relatively quickly by the aforementioned nurse. Communication was otherwise very good; the respondent said they “learned a lot about treatment” and felt able to communicate their concerns about their care. The clinic staff also communicated well with the



respondent's GP surgery. Respondent seven had no suggestions for improvement in their treatment.

Respondent eight attended the same clinic as respondent seven and was also very positive about the clinic. The nurses were “responsive, careful and kind” and communicated clearly, helping the respondent understand their symptoms and treatment. They also praised the accessibility of the clinic (easy parking and flat access). The respondent was concerned about their ability to manage their self-care and said they would need a home visit. The respondent also implied they had a less positive experience with their GP surgery, but no further detail was given. Respondent eight had no suggestions for improvement in their treatment.

Respondent nine was dissatisfied with treatment they had previously received. They said continuity of care was poor; they saw a different nurse and were prescribed a different treatment at every appointment, which they said prevented the wounds from healing. However, they were positive about their current treatment, under the care of one particular nurse. They said this nurse was the “only nurse who made sure the treatment worked and the ulcers healed” and made sure all their appointments were with her. Communication with this nurse was clear, and the respondent knew how to get in touch if they needed help or advice. Respondent nine said their treatment could have been improved if there were better continuity of care, such as a treatment plan created and altered by a named nurse.





# Observations

- Respondents who had positive experiences said that good communication was a feature of their care. Clear information about treatment, responsiveness, and being able to contact clinic staff for advice can reduce anxiety and help patients feel supported. Effective communication between staff and continuity of care is also important.
- Multiple patients, across localities, described problems with their GP surgery. Some respondents said that GP staff lacked knowledge about leg ulcers and their treatment, while some said that staff were dismissive or unhelpful.
- Travel and accessibility were a factor for some respondents; two described good accessibility as a positive aspect of their treatment, while a respondent who had a poor experience mentioned travel difficulties as a factor. Home visits may be helpful for those who have issues with travel and accessibility.
- Most of the respondents had issues or concerns about caring for their ulcer at home, which caused anxiety for some. Those who had home visits felt supported, while those who did not have home visits said they would have appreciated the option.
- Although this is a small group there is inconsistency in leg ulcer treatment and there may be poor communication on how to self-manage. The corresponding guidelines may need to be reviewed.

## Statement from NHS Devon CCG

“We have used the findings in a variety of ways - some have led to direct decisions such as the inclusion of a ‘well leg’ aftercare service, and a total purchase model for prescribing to reduce the long waits for prescribed medications. The findings considered as a whole were in favour of the more specialist services and the experiences had there, and this has influenced the decision on how and who to award the future service to. In both senses it has been immensely helpful.”

## Thank you

Healthwatch would like to thank everyone that took the time to share their views and experiences through the survey.

We would also like to thank the Torbay Carers Evaluators for assisting in this research.

# Contact us

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