

Survey questionnaire on leg ulcer services in the UK

Is there a dedicated leg ulcer service in your locality?

Yes

No

If Yes, Is it based in hospital or in the community?

And who supervises it?

Name:

(Details of whom to contact, please)

Address:

Is it "shared" by any other Acute Trust

Yes

No

If Yes, which?

If there is **NO** dedicated leg ulcer service in your locality, how are leg ulcers dealt with?

Please write overleaf or in a separate letter.

THANK YOU.

Questionnaire about venous ulcer services

1. Is there any specially organised service for treating venous ulcers in your area?

Yes

No

If Yes, please go to question 2 and complete the rest of this questionnaire.

If No, please could you let us know on a separate sheet how venous ulcers are dealt with in your area. There is no need to complete any other questions. Thank you.

2. Is the venous ulcer service a single, integrated service, or is there more than one different service in operation?

a) Single integrated service

b) More than one service

If more than one service: How many?

Who supervises each? (Please give contact details)

We would welcome as much information as you are prepared to give about the different services; how and where they operate; and the degree of coordination/collaboration between them.

For the remainder of the questions, please give details of the service with which you are personally involved.

- | 3. Is your venous ulcer service based in:
(mark one box only) | Do you have
“out-reach” services in....
(mark as many boxes as apply) | |
|---|---|--------------------------|
| a) Acute hospital
(which department?) | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Community hospitals | <input type="checkbox"/> | <input type="checkbox"/> |
| c) General practice surgeries | <input type="checkbox"/> | <input type="checkbox"/> |
| d) Other
(please state) | <input type="checkbox"/> | <input type="checkbox"/> |

4. What population (number of people) does your venous ulcer service serve? Is it based on acute Trust catchment areas, PCTs, other ?

5. Is your service managed by an acute Trust or PCTs? Which one?

6. Staffing:

- a) **Who is the clinician in overall charge of your venous ulcer service (probably you)?**
(Name and specialty)

- b) **What other medical and nursing staff are involved?**
(Their discipline, grade and how many full time equivalents?)

7. Do you use written guidelines for management of venous leg ulcers?

Yes No

If Yes: PLEASE SEND A COPY OF YOUR GUIDELINES

a) Were these guidelines developed locally? Yes No

If Yes: Were they based on existing guidelines from elsewhere?

Which one?

8. How are patients referred to the service? (Mark as many boxes as apply)

- a) From practice/community nurses
- b) From general practitioners
- c) From hospital consultants
- d) Other

If other, who? _____

9. How are patients selected for referral to vascular surgeons?

10. Measurement of ankle Doppler systolic pressure indices:

In primary care: Who undertakes measurement of Doppler ankle pressures?

How are they trained?

11. Multi-layer compression bandaging:

In primary care: Who undertakes multi-layer compression bandaging?

How are they trained?

12. We are particularly interested in the use of topical antimicrobial agents used in the treatment of venous ulcers:

a) **How often are topical antimicrobial agents used in your service?**

(Mark one box only, please)

- Never
- Rarely
- About half the ulcers
- Frequently (>50%)
- Always

Please name the ones you use? (In rank order of use, as best you can):

b) How often have patients referred to your service been treated with topical antimicrobials before seeing you? (Mark one box only, please)

- Never
- Rarely
- About half the ulcers
- Frequently (>50%)
- Always

Please name the ones used? (In rank order of use, as best you can):

13. Audit:

a) Have you a database of the patients treated by your service?

Yes No

b) How many patients are seen in your service:

As new referrals each week?

As follow-up attendances each week?

In total each year (patients, not attendances)?

Are these figures: **An estimate?** **Based on audit?**

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.
PLEASE DO INCLUDE ANY OTHER COMMENTS OR INFORMATION ON SEPARATE SHEETS.
PLEASE REMEMBER TO ATTACH ANY GUIDELINES YOU USE (see Question 7)

Survey of Venous ulcer services in the UK.
Bruce Campbell (09.09.03)

Survey questionnaire on use of silver and other antimicrobial products

TISSUE VIABILITY SERVICE

Use of Silver Products

[Introduction]

1. Do you use dressings that contain silver? Yes

No

2. Please tick all the dressings you have heard of that contain silver:

- Acticote Range Contreet Range Other (please state)
 Urgutol SSD Silver Cell

.....

- Aquacel AG Actisorb Silver

.....

3. Do you use any other antimicrobial/antiseptic dressing? Yes

No

4. Can you list any other type of antimicrobial/antiseptic dressing?

.....

.....

5a. Which is your favourite dressing that contains silver?

.....

5b. Does this product donate silver to the wound? Yes No

Unsure

5c. Why would you choose this particular product?

.....

.....

6. Please indicate how many patients you have used a silver dressing on within the last month?

- 0 - 3 Patients 7 - 10 Patients 16+ Patients
 4 - 6 Patients 11 - 15 Patients

7. Please indicate the type of wound you would use silver products on:

- Venous Ulcer Diabetic Foot Ulcer Other (please state)
 Arterial Ulcer Post Operative Surgical

.....

8. Thinking about the last patient you used a silver product on, please list the reasons for using it:

.....
.....

9a. Have you seen/read any research/evidence/information about this particular product?

- Yes

No

9b. Please state the source of this information:

- Journal Colleague Other (please state)
 Company Literature Conference

.....

9c. If you have ticked 'Journal' to question 9b, please state which:

.....

10a. Have you received any education on the use of topical antimicrobials/antiseptics?

- Yes

No

10b. What education have you received?

- Company Rep In-Service Training Other (please state)
 Course Accredited

.....

11a. Have you been approached by a pharmaceutical company representative in the last 6 months, promoting silver based products? Yes

No

11b. Please list the products and/or companies:

.....
.....

11c. Did the representative leave any samples for you to look at? Yes

No

11d. Were you asked to trial/evaluate any products? Yes

No

11e. If yes, how did you evaluate it?

.....
.....

11f. Did the representative: book to arrange a meeting?
 call without an appointment?

11g. How many nurses were they able to see in that one visit?

.....

12. Are you a nurse prescriber? Yes

No

13. Please indicate your area of practice:

- District Nurse Practice Nurse Other (please state)
 Community Nurse Private Care

.....

14. Please indicate your Agenda for Change Banding:

.....

15. Please indicate length of time in your current post:

- 0 - 1 Years 6+ Years
 2 - 5 Years

16. Please rate your experience of wound care:

- Beginner Competent
 Novice Expert

Thank you for taking the time to complete this questionnaire. Please return to: