



## Wound Care -- Are we Getting the Basics Right? Reflections on the “Burden of Wounds” Study

**Professor Peter Vowden,**

former Head of the Department of Vascular Surgery at the Bradford Royal Infirmary, UK

The failings in our current wound care system:

THIN database – it’s a general practice database of total patient care – it maintains the medical records of patients

A study was sponsored by NIHR WoundTec HTC:

- Step 1 - Estimate the prevalence and distribution of wounds managed by the NHS in an average year
- Step 2 - Determine the patterns of care and related resource use attributable to managing those wounds
- Step 3 - Assess the overall annual NHS cost of managing wounds in an average year

The remit of the study was limited to open external wounds and does not consider internal wounds.

Surgical wounds limited to those requiring more than 4 weeks care.

The study was ethically approved by The Health Improvement Network (THIN)

database and was done by randomly selected a cohort of 1,000 patients with wounds and a cohort of 1,000 control patients (without a wound) matched for age, gender, general practice treated between May 1, 2012 and April 30, 2013.

An estimated 135,000 patients with a wound that matched the study protocol's inclusion and exclusion criteria were drawn from a base population of 3.9 million active patients. Analyses were extrapolated to the whole adult population of the UK.



It is estimated that in the years 2012-2013, 169,000 diabetic foot ulcers treated by the NHS. 5% of adult diabetic patients had a foot ulcer.

There were an estimated 153,000 pressure injuries, comprising .3 percent of the adult population.

There was an estimated 730,000 leg ulcers and of that, 278,000 were venous (1 in 170, which is .6% of the adult population.

1.5 percent of the adult population had leg ulcers.

## Costs

Total NHS cost associated with wound care for the years 2013-2014.

Caring for the wounds of 2.2 million patients carries a cost of 5.3 billion GBP.

Wound care is one of the most expensive areas of care.

Therefore, we justify more attention from health authorities.

Total wound care treatment costs the UK approximately as much as the management of depression annually!

Surgical wounds and leg ulcers are among the most costly wounds to treat.

## Who is providing that care?

There has been a fundamental shift in the UK in who is giving care. Practice nurses are giving more care. Small numbers of patients are giving care from specialist nurses (tissue viability nurses) – the majority is by practice nurses or community nurses with VERY LITTLE senior involvement. In total, annual nursing and AHP visits number over 30 million in the UK alone.

Healing rates are critical drivers of care costs and dressing costs are relatively small.

There is a vast cost difference between healed wounds and unhealed wounds -- a leg ulcer that heals is under GBP 800, but those which do NOT heal cost more than GBP 4,500.

We are not healing as many patients as those with new occurrences. Unless we can address and improve leg ulcer improvement rates, there will be a year over year increase in health service provider costs. The predicted annual cost of wound care incurred by average CCG (250,000) stands at an estimated GBP 36.6 million for the years 2015-2016 and is forecasted to rise steadily to reach GBP 55.7 million by 2019-2020.



The BoW study found that there are many wounds that have no wound diagnosis (41%) – but diagnosis is necessary to obtain treatment. There is currently zero consistency or accuracy in recording the wound status or size, so it's impossible to get stats/rates. It's hard to know whether a particular wound is improving or not, since there is no time-over-time documentation of each wound.

There was little evidence of treatment planning, resulting in totally inconsistent care and dressing.

**As a result of this study, we have been able to work with NHS to improve care**

### The initiatives:

- Improving Wound Care Project (wound assessment – improving the assessment of wounds)
- Leading Change, Adding Value

Work streams necessary in order to achieve goals:

- Wound Care CQUIN – improving the assessment of wounds
- Wound assessment tool – Generic Wound Assessment MDS
- Right Care Economic Analysis
- Improving the treatment of lower limb wounds
- Education and Competencies Framework for wound care
- Community and Primary Commissioning guidance for wound care services
- Reducing pressure ulcers – “React to Red”

**Goal: patient receives the right treatment at the right time for the best possible outcome.**

Costs will inevitably rise if healing rates are not improved.

Clinical and economic benefits to both patients and the NHS could accrue from strategies that focus on improved outcomes.

How you can save money by coordinating the care pathway for patients – it's called Betty's Story (available online) <https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/nhs-rightcare-bettys-story-narrative-full.pdf>.

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