

Are your wound management choices costing you money?

With the government looking to cut costs across the healthcare landscape, identifying comparable but cheaper treatment options can help you make savings. Here, Tracey Morgan, clinical nurse specialist tissue viability, takes a look at the facts...

The challenges facing the NHS now and in the future are well publicised, as is the need for significant change if it is to avoid widespread overspend, or decline in the quality of care delivered (NHS England, 2014). The population is ageing and this, coupled with medical and technological advances, means that more people are living for longer with multiple comorbidities such as diabetes, putting increasing strain on NHS budgets (NHS England, 2014).

The prevalence of chronic wounds, including diabetic foot ulcers, pressure ulcers and leg ulcers, is strongly related to age and the development of disease, with forecasted UK population trends indicating that there will be a significant increase in the number of patients with chronic wounds and a corresponding rise in the costs of care (Posnett and Franks, 2008; Dowsett et al, 2014).

The shift of care into the community, with investment in primary care services intended over the next five years, means that clinical commissioning groups (CCGs) will be responsible for dealing with increasing numbers of patients with wounds. However, the workforce of nurses delivering care in a community setting is set to fall, creating a struggle to deliver wound care for a growing patient group, without an increase in budget and resource, or without compromising patient choice and clinical outcomes (Dowsett et al, 2014). There is clearly a need for a new approach in wound care to make the necessary cost savings.

COST OF WOUND CARE

There is little understanding of the true costs involved in wound

management, despite hundreds of thousands of patients being prescribed products each year. Indeed, approaches to care and costs vary both regionally and nationally (Read, 2013). However, one thing is certain — costs are predicted to rise exponentially with time.

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The annual cost of wound care services in 2014 was estimated at £2,165 million, which is predicted to rise by £212 million to £2,377 million by 2019 (Dowsett et al, 2014). The cost of wound dressings and other materials is expected to rise by £41 million from 2014 to 2019. In 2014, 86.7% of wound care was delivered by registered nurses in the community (Dowsett et al, 2014).

Many chronic wounds are preventable and, if diagnosed and managed appropriately, can be healed within 24 weeks (Posnett and Franks, 2008). However, ineffective clinical practice, including lack of proper diagnosis and inappropriate treatment mean that this is often not the case. Delayed healing increases the risk of complications such as infection, which carry an additional cost burden. These costs can be reduced by ensuring that primary care doctors, general practice and community nurses, and hospital staff are properly trained in wound

diagnosis and treatment, including the selection of cost and clinically effective services, care pathways and wound dressings (Posnett and Franks, 2008).

WHAT KIND OF WOUNDS ARE SEEN IN THE COMMUNITY?

Community nurses need a wide variety of skills to deal with the full range of clinical presentations they face in any given day and wound care presents a range of challenges, e.g. how to protect older people's skin, which dressings to use on common wounds such as leg ulcers and pressure ulcers, and which dressings provide patient comfort without further damaging the periwound skin on removal.

Whereas the inpatient nurse has access to a whole range of colleagues to turn to for advice — such as infection control teams, tissue viability specialists, link nurses and various medical specialties — the community nurse often has to act alone. This means that community nurses need a range of products that can be used in a variety of clinical situations, but which are also cost-effective.

Wounds commonly seen in the community include leg ulcers, pressure ulcers and diabetic foot ulcers, particularly when these become chronic and non-healing, which can involve nurses having to manage infection and varying exudate volumes. Managing these non-healing wounds in the community can be expensive, not only in terms of resources such as nursing time and dressing costs, but, also on patients' quality of life (Chandan et al, 2009). The rise of long-term conditions such as obesity and diabetes means that chronic

wounds will continue to present a challenge, particularly in terms of exudate management, infection, pain and odour (Chin et al, 2013).

Also, with the increasing number of older patients seen in the community, acute wounds such as skin tears, particularly minor tibial injuries, are becoming ever-more prevalent. Skin tears can be defined as 'a wound caused by shear, friction, and/or blunt force resulting in the separation of skin layers' (Stephen-Haynes and Greenwood, 2014). These injuries can involve partial-thickness skin damage (involving a tear between the epidermis and dermis); or full-thickness damage (where the epidermis and dermis come away from underlying structures such as tendon or bone, for example) (LeBlanc and Baranoski, 2011; Stephen-Haynes and Greenwood, 2014).

Skin tears are very common on the lower limb — especially on the tibia where the skin is particularly thin — the back of the hands and the lower arms (Baranoski, 2003). Two main age groups are identified as being at risk — the elderly and the very young (Beldon, 2008), whose skin is thinner and more vulnerable.

As more patients are released earlier from hospital, community nurses are also seeing an increase in closed post-surgical wounds and minor trauma injuries from IV sites, for instance, which require dressings that can protect newly-formed tissue as well as providing a moist wound-healing environment.

Community nurses also need to be able to deal efficiently with everyday tissue viability issues that may not require hospitalisation, but still need to be addressed, such as superficial cuts and abrasions, and minor burns, as well as providing fixation for catheters, IV lines etc.

All of this means that community nurses need access to a range of dressings that can cope with any number of wound care possibilities, ranging from exudate absorption, the provision of a moist wound-healing environment and wound protection, as well as quick and efficient closure of trauma and skin injuries.

WOUND DRESSINGS

In the UK, the sheer choice of wound dressings makes procurement decisions difficult, especially in an environment where there is frequently a lack of expertise among CCG decision-makers, including GPs and pharmacists (Read, 2013). Without an understanding of the theory of wound healing and how dressings work, dressing selection is likely to be arbitrary and potentially ineffective, wasting both time and resources (Stephen-Haynes, 2013). In recognition of this, some CCGs have shifted wound dressing products from GP prescription to community services, acknowledging that the nurses managing wounds each day are better placed to make wound-care related decisions (Read, 2013).

SO, WHAT IS COST-EFFECTIVE WOUND CARE?

Many factors influence cost effectiveness and the unit cost of a wound dressing should not be viewed in isolation. For example, any product used incorrectly will not be cost effective. Ritualistic practice, where patients have received the same products for 20 years, demonstrates the need to focus not only on products, but also their role in care pathways based on best practice, and the efficiency of the service that delivers wound care (Read, 2013).

Establishing an evidence-based wound care formulary will help to eliminate some ritualistic practice, and the implementation of best practice via clinician education will avoid inappropriate product choice and use, delayed healing, and associated complications and admissions (Stephen-Haynes, 2013). However, these steps to maximise the efficacy of wound care services will inevitably take some time to achieve in a workforce that is already under great strain.

In the short term, wound dressing expenditure may be an area in which savings can be made without compromising outcomes. Although advanced wound dressings do have an advantage over traditional

dressings, e.g. gauze, there is little evidence comparing one advanced wound care product with another (Hamilton, 2008). Within the same categories of advanced wound dressings with similar clinical performance, cheaper dressings may deliver significant cost savings.

For example, Wirral NHS Trust procurement team formed a partnership with the tissue viability team to standardise clinical practice and the range of products used to deliver wound care to patients with catheter sites. They focused upon barrier creams, intravenous (IV) dressings, film dressings and film and pad dressings, as they could feasibly be standardised to result in cost savings, without impacting on the clinicians' workload.

The team evaluated the full range of saving options available from comparable products, not just those on the formulary. In the area of IV dressings for example, following a review of the range of IV dressing methods available, infection rates and cost, a cheaper dressing was selected which was considered to be easier to apply than the previously used dressings when evaluated in practice. The scheme has resulted in a projected saving of £45,370 per year (Wirral University Hospital NHS Foundation Trust, 2015).

In the same vein, a recently published interim report by Lord Carter (Department of Health [DH], 2015) highlighted huge discrepancies in spend at 22 leading hospitals when purchasing like-for-like everyday products, such as blankets, aprons, and gloves, and also components required for orthopaedic surgery. In some parts of the NHS, hip operations cost twice the amount of other areas, using more expensive but less effective parts (DH, 2015).

365 Healthcare

To meet this efficiency requirement within the NHS, 365 Healthcare, a UK manufacturer, have produced an extensive range of wound care products specifically sourced and developed to ensure that, while providing quality, they also help clinicians to work within budget.

CUTTING THE COST OF WOUND CARE IN THE COMMUNITY WITH 365 HEALTHCARE

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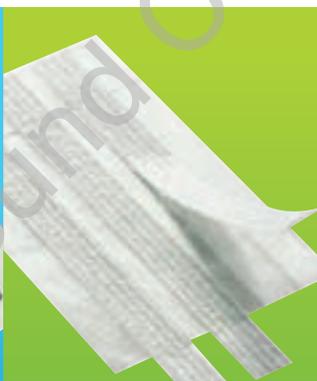
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The range, which is available on Drug Tariff, includes wound closure strips, transparent island dressings, IV dressings, to name but a few, all of which offer demonstrable cost savings against comparative products on the market. For example, 365 Healthcare's film dressings are approximately 80% cheaper than other market leaders; their closure strips offer a saving from 79–85%; while their island dressings can incur an average saving of 64% against other similar dressings.

In all areas of care, not just wound management, the most expensive option does not necessarily guarantee good clinical outcomes; there may be an alternative dressing that does the same thing, simply at a lower cost, in which case the saving is there to be made. Of course, cheap dressings may be cost-ineffective, as they may require more frequent changes (and nursing time). However, where products are like-for-like in terms of clinical performance, there is an opportunity for immediate cost savings.

Patient choice is also a factor in dressing selection, but some do not realise the cost implications, and if explained that there is an expensive option and a cheaper option that does the same thing, many will opt for the cheaper option. Promoting awareness among patients of the cost of products may help (Read, 2013).

CONCLUSIONS

It is clear that fundamental changes are needed if wound care demand is to be reconciled with supply of services. 365 Healthcare's ethos of providing lower cost alternatives to better known brands, but without compromising standards or quality, or indeed, customer service, can thus help organisations save money through more efficient purchasing.

In the longer term, recognition of the scale of wound care costs is needed among CCGs. The establishment of a wound care commissioner responsible for wound care services, and the

development of standardised treatment pathways in which a range of the most cost-efficient and clinically effective products are used, will ensure minimal spend on dressings while improving outcomes. This process should constantly be re-evaluated to ensure that both wound care practice and product use are up to date, and providing quality and patient-centred care. **JCN**

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KEY POINTS

- With the increasing number of older patients seen in the community, acute wounds such as skin tears, particularly minor tibial injuries, are becoming ever-more prevalent.
- Community nurses need access to a range of dressings that can cope with exudate absorption, the provision of a moist wound-healing environment and wound protection, as well as quick and efficient closure of trauma and skin injuries.
- In the UK, the sheer choice of wound dressings makes procurement decisions difficult.
- Establishing an evidence-based wound care formulary will help to eliminate ritualistic practice.
- The prevalence of chronic wounds, including diabetic foot ulcers, pressure ulcers and leg ulcers, is strongly related to age and the development of disease.
- Many chronic wounds are preventable and, if diagnosed and managed appropriately, can be healed within 24 weeks.