Are your wound management choices costing you money?

With the Government looking to cut costs across the healthcare landscape, nurses may wonder how they can help procurement secure the savings needed — identifying comparable but cheaper treatment options is one such way.

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.

The annual cost of wound care services in 2014 was estimated at £2,165 million pounds, 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 pounds 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).

**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 £45,570 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.

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.

REFERENCES


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

- Now available on Drug Tariff
- Widely used in the acute sector
- Hospitals realising up to 70% savings across the range

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