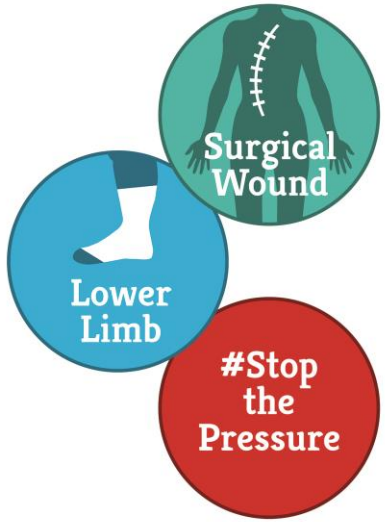

National Wound Care Strategy Programme

Excellence. Every Patient. Every Time.

Business Case for Implementation of the NWCSP Lower Limb Recommendations

Interested in wound care? Sign up at: www.nationalwoundcarestrategy.net

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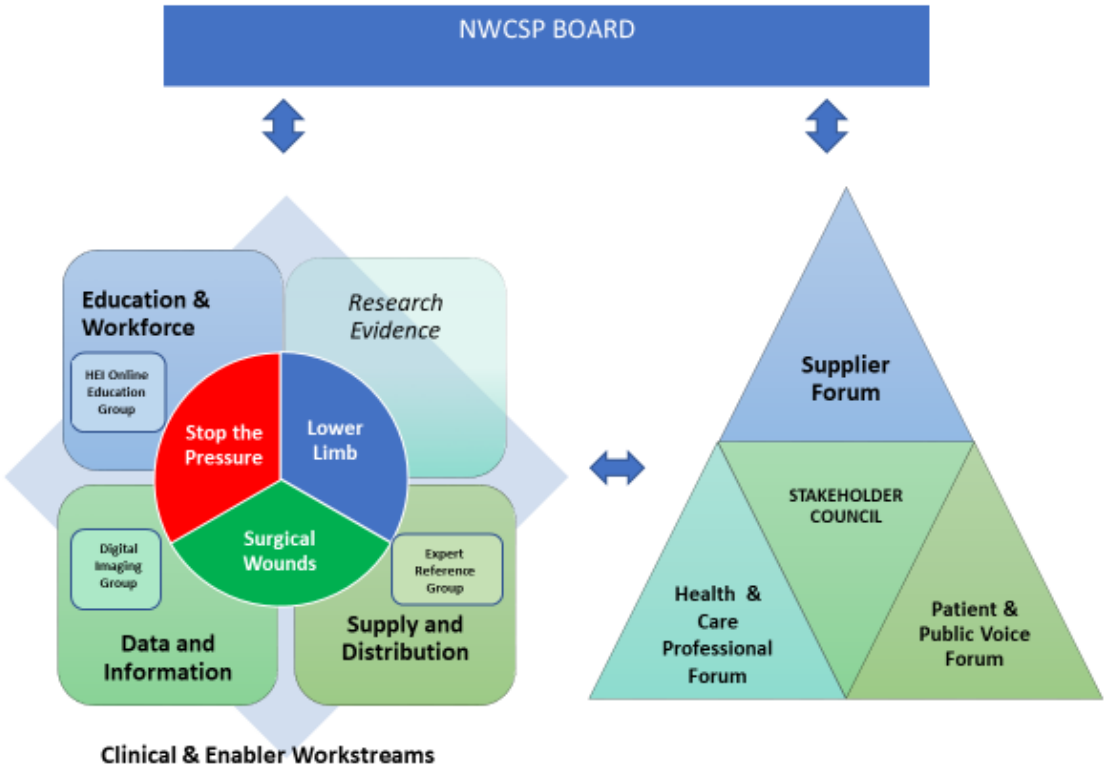
National Wound Care Strategy Programme
Excellence. Every Patient. Every Time.



To scope the development of a national wound care strategy for England that focuses on improving care relating to:

- Pressure ulcers (7%)
- **Lower limb ulcers (42%)**
- Surgical wounds (18%)

Total cost of Lower Limb ulcer care:

- £3.1bn (2019)
  - Venous leg ulcers £2.5billion
  - Mixed leg ulcers £400 million
  - Arterial leg and foot ulcers £200 million

The current situation in England

Foot Ulcers

Diabetic foot ulceration

Same estimated point prevalence

at least 60,671 – 75,838[1] (2017)

Foot ulceration No diabetes

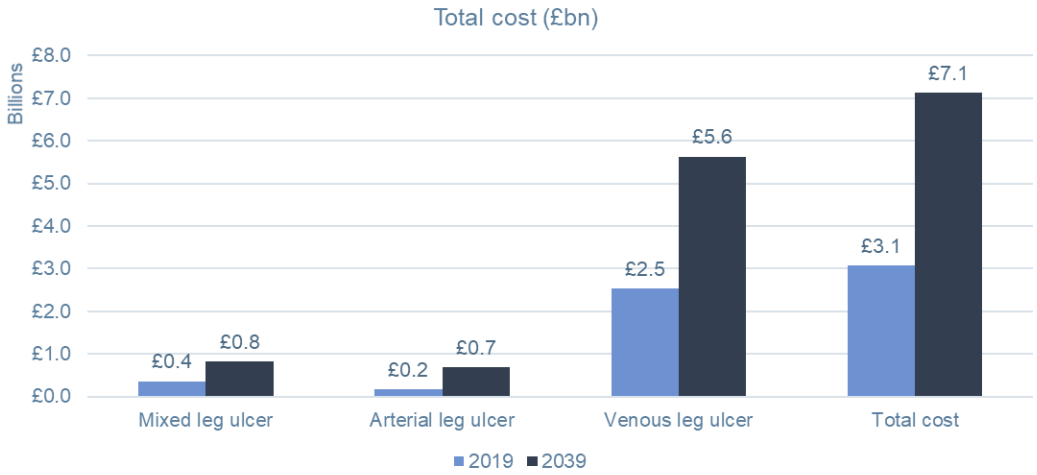
45% of amputations[2]

55% of amputations[4]
Most due to peripheral arterial disease

Dedicated DFU services

No dedicated services

Leg Ulcers



4% increase per annum predicted due to:

- Poor healing rates (due to inappropriate care)
- High recurrence rates (due to inadequate preventative care)
- Ageing population

1. Kerr M. Diabetic foot care in England: an economic study. Internet Document: Jan 2017. Available from: URL: https://www.diabetes.org.uk/Upload/Shared%20practice/Diabetic%20footcare%20in%20England,%20An%20economic%20case%20study%20(January%202017).pdf
2.. Ahmad N, GN Thomas, Gill P et al. Lower limb amputation in England: prevalence, regional variation and relationship with revascularisation, deprivation and risk factors. A retrospective review of English hospital data. J R Soc Med. 2014 Dec;107(12):483-9
3. Guest JF, Ayoub N, McIlwraith T, et al. Health economic burden that different wound types impose on the UK's National Health Service. International Wound Journal. 2017
4.. Guest JF, Vowden K, Vowden P. The health economic burden that acute and chronic wounds impose on an average clinical commissioning group/health board in the UK. Journal of Wound Care. 2017 Jun;26(6):292-303..

The proposal

Model of Care Provision

Moving care to dedicated services staffed by clinicians with appropriate time, knowledge and skills and established referral routes to specialist services

Education for clinicians delivering chronic lower limb wound care

Roll-out of dedicated chronic lower limb wound care services

Education and materials to support self care

Data and Information

Support clinical care and quality improvement through effective data capture and reporting

Roll-out of point of care **NHS-compliant mobile digital technology.**

Establishment of **information feedback systems** to inform business and clinical needs.

Evidence-based Care

Increase delivery of clinical and cost-effective care that delivers better health outcomes at a lower cost.

Education for clinicians delivering chronic lower limb wound care

Access to materials and equipment for delivery of compression therapy

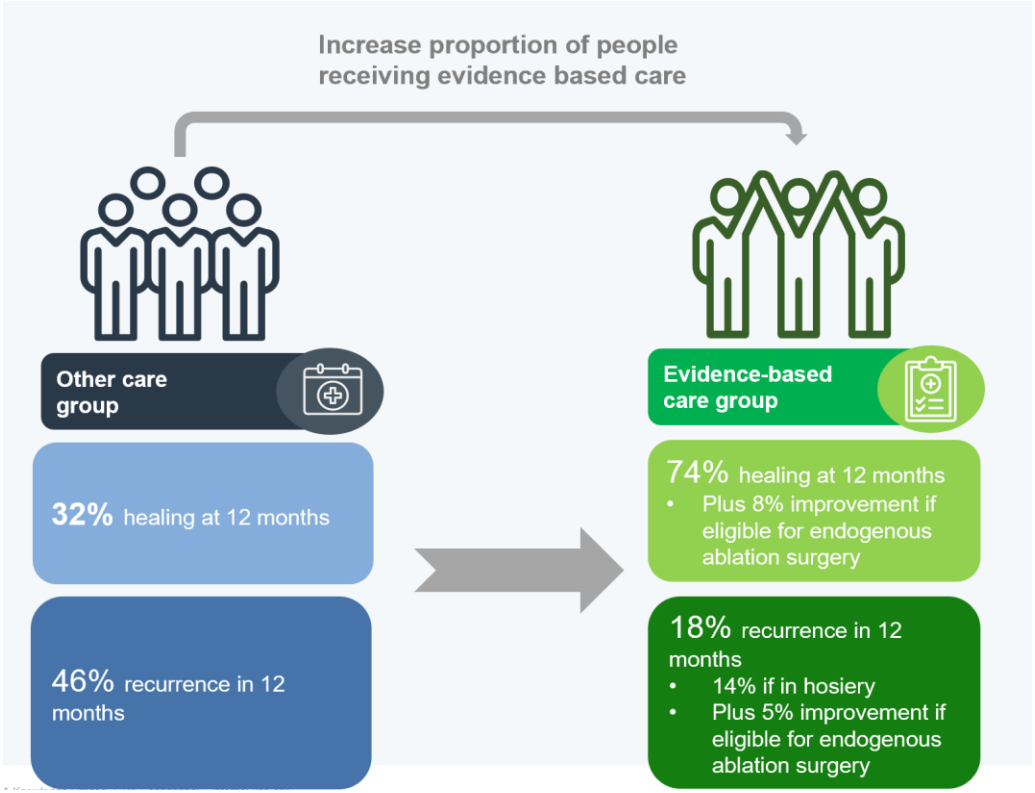
Agreed funding and pathways for referral for vascular services/ podiatry/ dermatology

Improving care

Foot ulcers

- Delays in accessing appropriate care are associated with poor limb-salvage outcomes[5]
- Access to ‘at risk’ foot clinics appear to significantly reduce the risk of major lower limb amputation at 12 months[6]

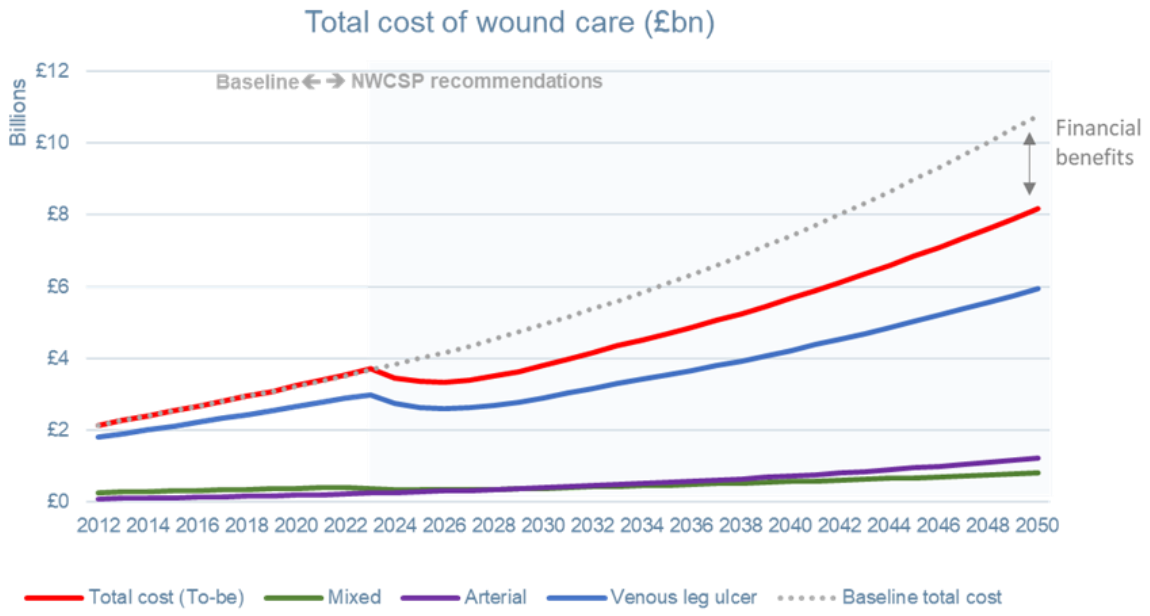
Venous leg ulcers

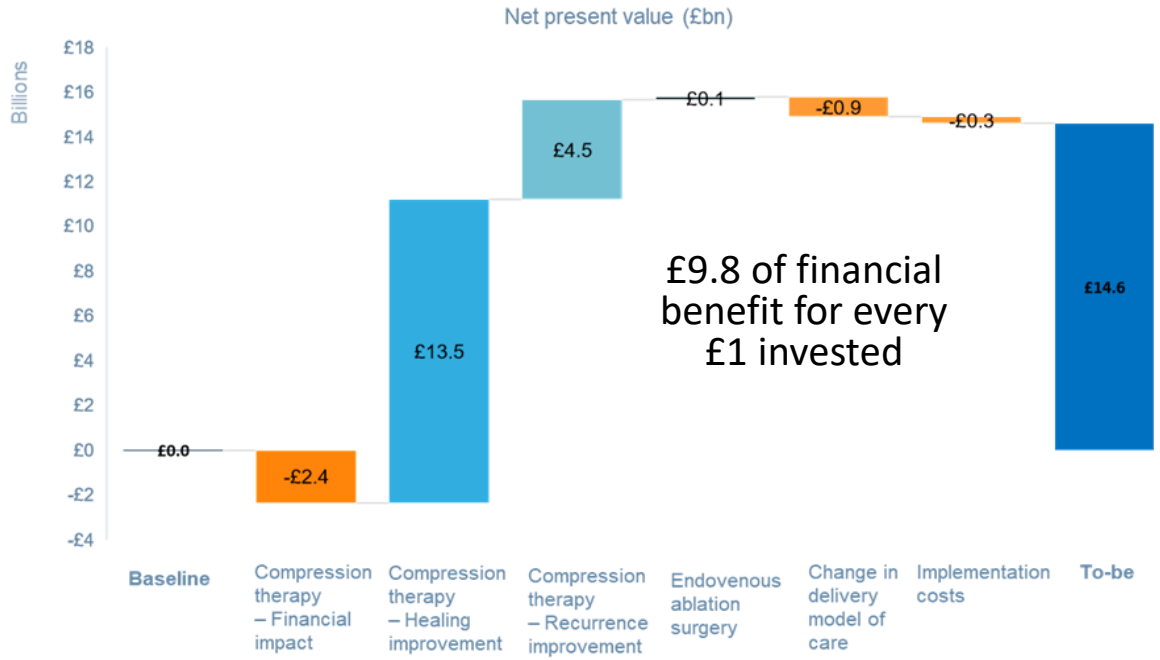


5. Bradbury Aw, A. D., Bell J, Forbes Jf, Fowkes Fgr, Gillespie I, 2010. Multicentre randomised controlled trial of the clinical and cost-effectiveness of a bypass-surgery-first versus a balloonangioplasty- first revascularisation strategy for severe limb ischaemia due to infrainguinal disease. The Bypass versus Angioplasty in Severe Ischaemia of the Leg (BASIL) trial. Health Technology Assessment.

6. Nickinson, A. T. O., Dimitrova, J., Rate, L., Dubkova, S., Lines, H., Gray, L. J., Houghton, J. S. M., Nduwayo, S., Payne, T. J., Sayers, R. D. & Davies, R. S. M. 2019. Adopting a new model of care for treating patients with chronic limb threatening ischaemia: early results of a vascular limb salvage clinic. medRxiv, 19013037.

Impact of implementing NWCSP recommendations





Within 5 years

- 30% annual reduction in leg ulcer prevalence
- 15% annual reduction in cost of leg ulcer care

By 2030

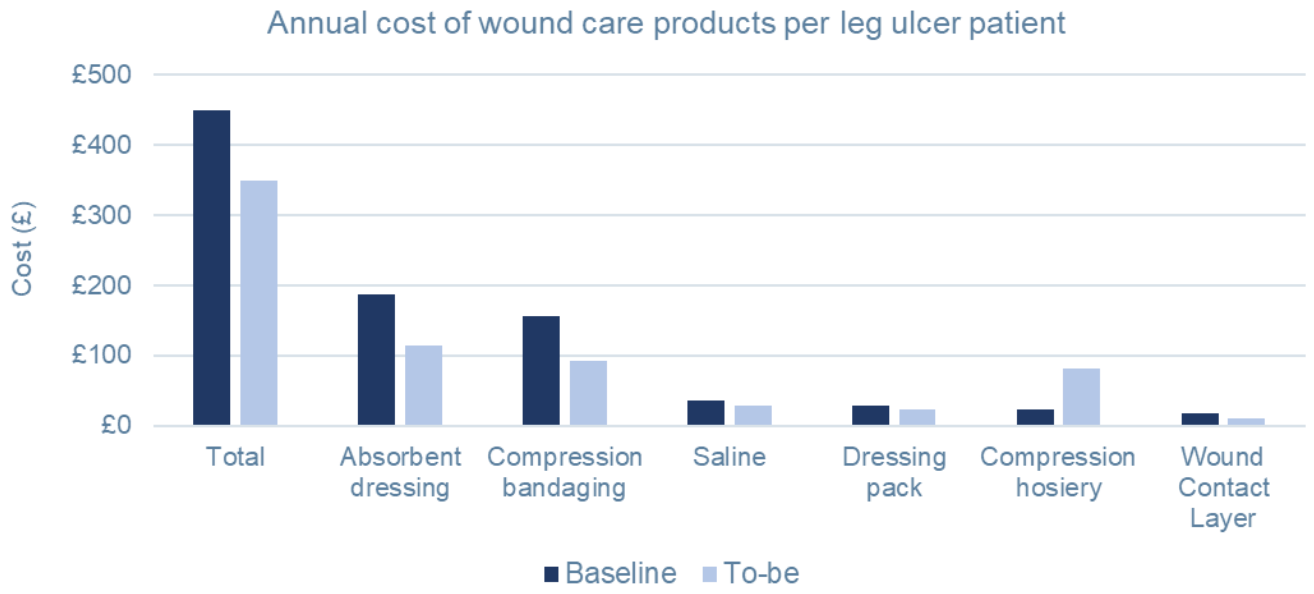
- 23% less time spent on leg ulcer care
- 30% less spent on prescriptions
- 11% fewer hospital admissions for leg ulcers

Estimated savings have been calculated in line with treasury guidance and include:

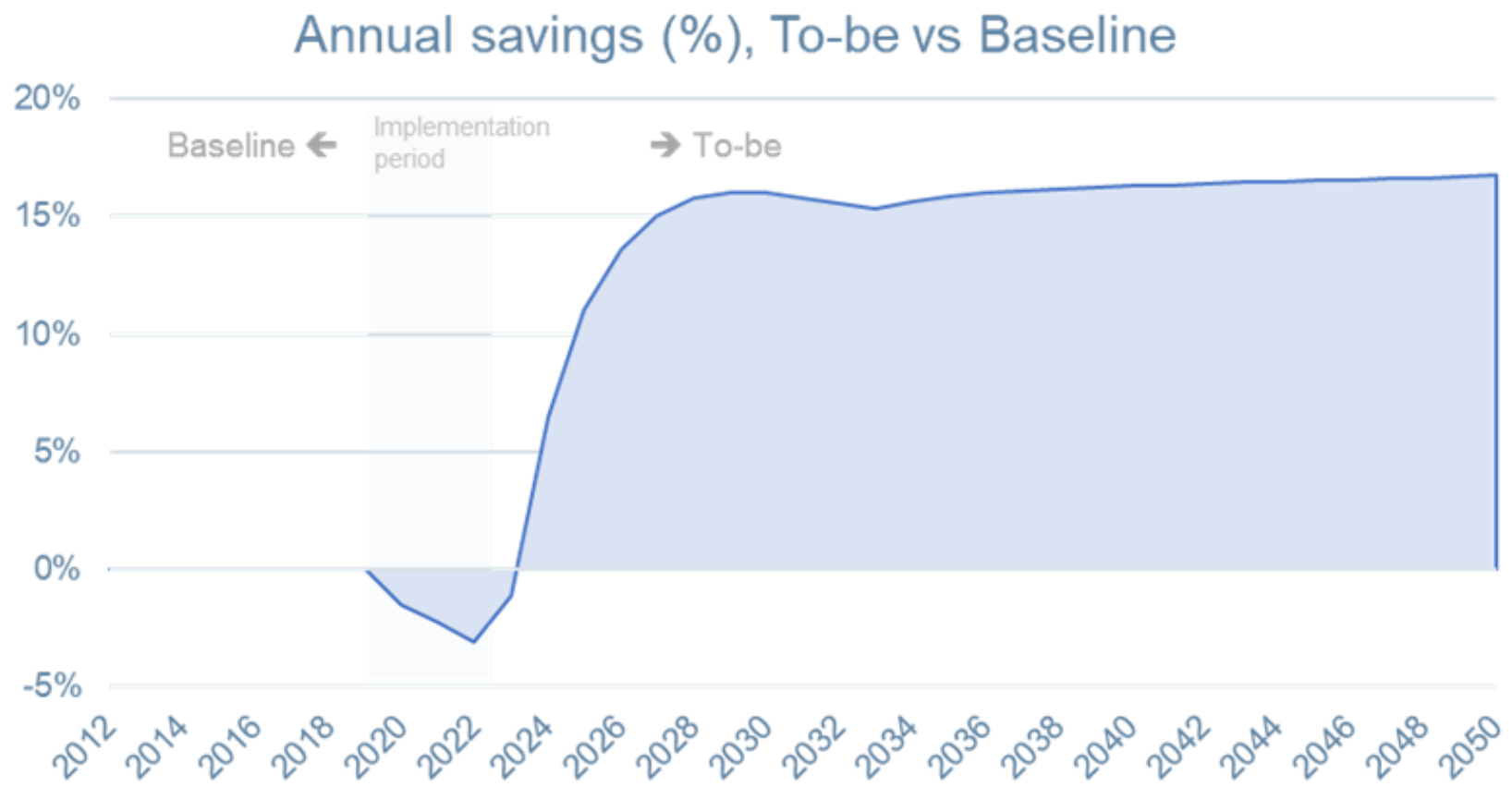
- *Costs of implementation*
- *30% optimism bias*

In-year reduction on spend on wound care products

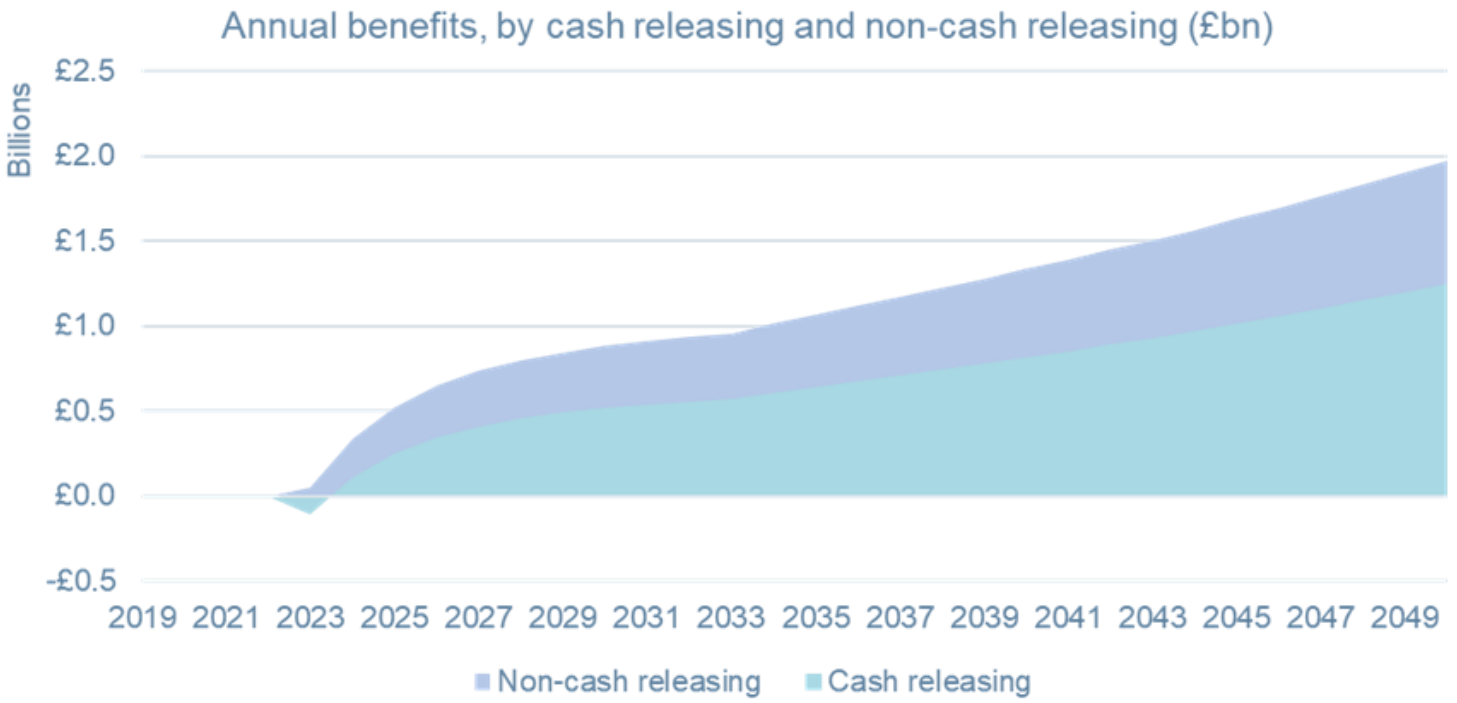
- 11% -23% in-year reduction in spend on dressings and wound care products
  - Estimated Community Trust Savings £27,500 - £69,000 pa
  - Estimated CCG savings £55,000 - £230,000



Impact of implementing NWCSP recommendations



Workforce productivity gain and cash releasing savings



Workforce productivity gain

- Reduction in proportion of staff time spent on wound care

Cash releasing savings

- Drug prescriptions,
- hospital admissions,
- Wound care products

Patient benefits

- Improved well being and quality of life for people with lower limb wounds
  - Greater mobility
  - More time for work and leisure activities
  - Less social isolation
  - No smell
  - Less pain
  - Better sleep
  - Less anxiety

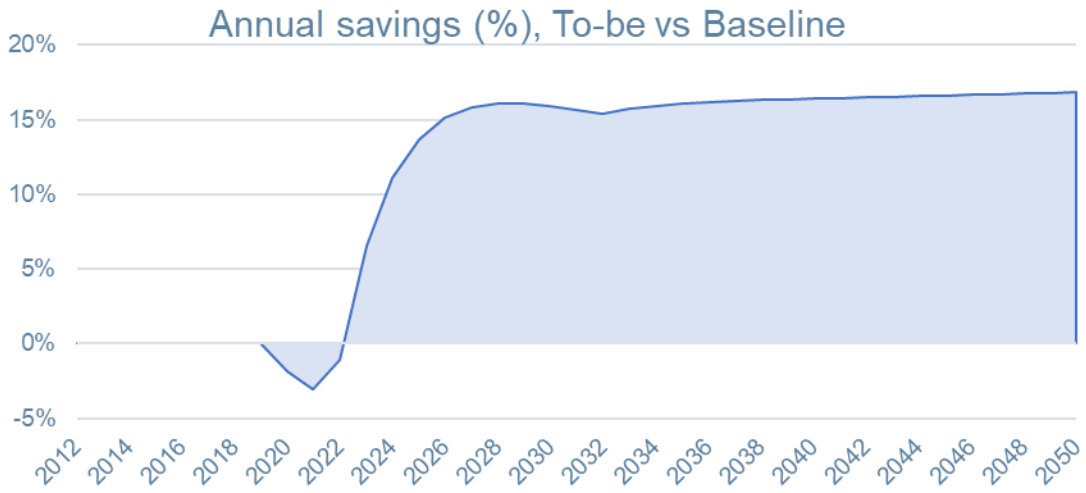
- Improved morale and job satisfaction for clinicians

Estimated local investment profile per ICS / STP

(Based on average STP/ICS population of 1.2 million and assuming implementation over 2 years)

Costs	Year 1	Year 2	Year 3
Set up costs for clinics *(Assumed that existing Doppler equipment will be used for new service)*	£14,251	£0	£0
Clinic running costs – Staff and clinical space *(Assuming that existing staff will be redeployed to new service)*	£790,932	£1,651,282	£1,721,119
Social care model running costs	£174,667	£364,664	£380,087
Clinicians attending education and training *(Education provided by organisation's own specialist clinicians)*	£106,955	£109,393	£8,392
Hardware purchase for data capture (imaging cameras for clinics)	£26,051	£26,546	£0
Software costs (apps for clinicians)	£135,119	£275,373	£280,605
Programme Support	£484,793	£495,846	£0
Monitoring and evaluation costs	£0	£0	£0
Total per annum	**£1,732,768**	**£2,923,105**	**£2,390,203**

Estimated Impact per ICS/ STP



- 2 year implementation period (rather than 3)
- NPV: 433m
- Benefit cost ratio: 10.0
- Payback period: 5 years
- 9% net cash releasing savings (annual, inc. implementation costs)

	2020	2021	2022	2023	2024	2025
Non-cash releasing	£0.00	£0.00	£4,292,668.70	£6,207,745.53	£7,485,420.87	£8,353,601.18
Cash releasing	£0.00	£0.00	-£2,977,181.75	£2,901,169.19	£6,776,304.70	£9,366,773.93
Total benefits	£0.00	£0.00	£1,315,486.95	£9,108,914.72	£14,261,725.57	£17,720,375.11
Implementation costs	-£1,732,767.97	-£2,923,104.96	-£2,390,203.05	-£2,216,475.54	-£2,131,590.68	-£2,105,283.51
Net benefit	**-£1,732,767.97**	**-£2,923,104.96**	**-£1,074,716.09**	**£6,892,439.18**	**£12,130,134.90**	**£15,615,091.60**

Achieving the vision – 1st Tranche Implementation

1st tranche implementation sites will be recruited to:

- Test the assumptions of the business case
- Develop a blueprint for implementation
- Evaluate implementation

Potential sites will need to demonstrate:

- Full support from all relevant local partners
- Commitment to:
  - Implementation of all recommendations using a recognised methodology
  - Detailed evaluation of implementation (from both provider and patient perspective)
  - Collaboration with NWCSP and the implementation collaborative group

Next Steps : Proposed trajectory to success

1. Policy leadership from NHS England and NHS Improvement

   Support for a national lower limb care bundle and blueprint for implementation

2. Agree 1st tranche implementation programme

3. Support transitional funding

Exemplars from practice

Kent Community Health NHS Trust

The Wound Medicine Centres are already achieving better healing rates than other services, despite caring for people with more complex conditions, justifying the investment in the data and information system.

Manchester Amputation Reduction Strategy (MARS)

Appropriate referrals for vascular surgical input have increased (from 61% to 93%) and there is now easier movement of patients between services, reduced duplication of care and a growing culture of multi-professional collaboration.

Accelerate CIC Tower Hamlets Project

99% of people diagnosed with a venous ulcer are in compression of which 65% are healed by 12 weeks and 91% are healed at 24 weeks.

The Adams Surgery Leg Club®

Healing rates have been greatly improved with some patients finding their ulcers that normally took a couple of years to heal were healed within three to six months.

Leicester Vascular Limb Salvage ('VaLS') clinic

Since the VaLS clinic was implemented, the rate of major amputation has reduced from 19.4% to 9.5% and amputation-free survival at 12 months has increased from 60.7% to 74%.

North Lincolnshire and Goole NHS FT

An audit of 30 patients referred from general practice found that the average time to healing was 59 days from starting the pathway. Many of these patients had lived with their ulcer for much longer before being referred to the wound clinic.

Leeds CHCT

"Thank you for turning me into a human being with normal legs. I'll never forget your hard compassionate and competent work and for not giving up on me."