

# What we should know about wounds and woundcare management



PROF PETER VOWDEN  
Clinical Director of the  
National Institute for Health  
Research Healthcare Technol-  
ogy Co-operative for Wound  
Prevention and Treatment  
(NIHR WoundTec HTC) at  
Bradford Teaching Hospitals  
NHS Foundation Trust, UK

Soon after its inception in January 2013, the National Institute for Health Research Healthcare Technology Co-operative for Wound Prevention and Treatment (NIHR WoundTec HTC) established a competitive tender process for a health economic's study on 'real-world' wound-care provision in the UK. CATALYST Health Economics Consultants Ltd, led by Professor Julian Guest, was chosen to perform the study, which was jointly funded by unrestricted contributions from a range of industrial partners and the NIHR WoundTec HTC.

The ethically approved study analysed data obtained from The Health Improvement Network (THIN) database, which currently contains the fully anonymised and validated electronic medical records of 11.1 million patients (3.7 million active patients) equivalent to 75.6 million patient years of data collected from 562 general practices in the UK, covering 6.2% of the UK population.

The anonymised medical records of 1,000 patients with wounds and 1,000 age- and sex-matched control subjects were extracted from the database. These records were used to estimate wound-related health outcomes, and the annual amount of healthcare resource use and corresponding NHS cost attributable to woundcare. The analysis also estimated the annual prevalence of a range of wounds managed by the NHS. The output from the study has been reviewed by the NIHR WoundTec HTC strategic partners and the industrial sponsor organisations. A paper detailing some of the output from the study has been submitted for publication and an overview of the results was recently presented at a 'Burden of Wounds' NHS Seminar at NHS England.

Professor Julian Guest will present the headline data from the national health economic's study at a plenary session of this year's Wounds UK conference at Harrogate entitled 'What we know about wounds — looking at the data.' This will be followed by an industrial sponsors' symposium where discussion of the implications of the results will be encouraged.

## WHAT ARE THE HEADLINE FINDINGS?

- ▶ Woundcare is expensive. The health economic study would suggest that the total cost of managing wounds and their associated comorbidities is well above previous estimates, and comparable to the cost associated with the consequences of managing obesity, an NHS priority area for care.
- ▶ The study also found a lack of evidence-based care. An appallingly high proportion of wounds, almost a third, were being treated without a differential diagnosis. This is clearly unacceptable as without a diagnosis appropriate management and treatment regimens cannot be applied.
- ▶ Treatment provided at times deviated from approved guidelines. This was particularly apparent in the management of lower limb ulceration and diabetic foot wounds where basic data such as the ankle brachial pressure index (ABPI) necessary for management was lacking in >80% of cases, and as a result some therapy decisions appeared poorly informed. It is unclear whether the lack of, for example, Doppler ABPI assessment undertaken relates to equipment issues, time pressures, skill requirement or basic education and awareness of guideline requirements.
- ▶ The study demonstrates that there has been a shift in healthcare professional involvement in care delivery, with an increasing number of patients being managed by practice nurses as opposed to community nurses. This service provision change needs to be recognised and accommodated in resource and educational support if standards and outcomes are to be maintained.
- ▶ Senior engagement, particularly the involvement of tissue viability nurses or other specialists in direct patient care was uncommon and this may have had a negative impact on outcomes, wound duration and therefore costs.
- ▶ This and other wound care studies undertaken using THIN derived data (Guest et al,

**REFERENCES**

Guest JF, Gerrish A, Ayoub N et al (2015) Clinical outcomes and cost-effectiveness of using a two-layer cohesive compression bandage compared with a two-layer compression system and a four-layer compression system in clinical practice in the UK. *J Wound Care*. 24(7):300–10

Panca M, Cutting K, Guest JF (2013) Clinical and cost-effectiveness of absorbent dressings in the treatment of highly exuding VLU. *J Wound Care* 22(3):109–10, 12–8

NHS England (2014) *Five Year Forward View*. Available at: <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf> (accessed 6.10.2015)

2015; Panca et al, 2013) have demonstrated inconsistency in management, with often unexplained treatment changes.

**WHAT WILL THE FUTURE HOLD?**

The Five Year Forward View ([5YFV], 2014) identified a national need for a different integrated model of health and social care that is ‘joined up’ and that addresses the needs of patients with long-term illnesses. The data derived from this health economic’s study demonstrates the case for change in the service delivery model for wound care and suggests moving towards a service that provides:

- » Enhanced support for safe selected self-care
- » Integration with pharmacy support and care delivery and supervision
- » Improved diagnostic support underpinned by:
  - » Education
  - » Medical device development and faster adoption

» Integrated progressive care pathway with agreed defined trigger points for:

- » Senior involvement
- » Onward referral
- » Consistent care and integrated care with unified supporting documentation
- » Defined outcome measures (Quality Indicators), audit and standards
- » Joined-up management by health and social care
- » Wider commissioning and involvement of qualified tissue viability specialist
- » Dedicated woundcare clinics in the community
- » Prevention strategy
- » Holistic assessment of patients, recognising that patients’ comorbidities impact on the probability of wound development and healing.

These changes fit well with the new care models described within the 5YFV and provide an opportunity for us to define an integrated woundcare service fit for the 21st Century. **WUK**

**PROFESSOR PETER MOLAN (1943–2015)**



Peter Molan was a biochemist renowned for his role in elucidating the therapeutic properties of honey. Without his extensive research into the complex biochemistry of honey and his tireless promotion of honey as a modern medicine, it is doubtful that licensed woundcare products containing honey would be available in the armamentarium of conventional medicine today. He was born in Cardiff, studied biochemistry at the University of Wales and dental science at Liverpool University before he moved to New Zealand in 1973 where he worked as a biochemist in the University of Waikato for 41 years. It was here that he learned of the medicinal properties

of Manuka honey from Maori legends and started to explore its antibacterial activity, as well as its ability to promote wound healing. His knowledge of honey was unsurpassed and his ingenuity led to the development of several innovative ways of delivering honey into wounds and to the surfaces within the mouth and throat. He was awarded an MBE in the Queen’s Birthday honours list in 1995 for services to the honey industry. Peter’s advice and generous support of many researchers around the world (including myself) has made a significant contribution to the re-introduction of honey into modern wound care. He will be sorely missed.

ROSE COOPER,  
*Professor of Microbiology,  
Cardiff Metropolitan  
University*