Burden of Wounds

- **18.6 million** practice nurse visits
- **10.9 million** community nurse visits
- 7.7 million general practitioner visits
- **3.4 million** hospital outpatient visits
- Estimated cost of £5.3 billion
 - Continues to rise annually
- 730,000 patient with leg ulceration
- 1.5 3% adult population
- 70% of these venous ulceration

BMJ Open Health economic burden that wounds impose on the National Health Service in the UK

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NHS Foundation Trest and Joiversity of Bradford,

Objective: To estimate the prevalence of wounds managed by the UK's National Health Service (NHS) in 2012/2013 and the annual levels of healthcare resource use attributable to their management and corresponding costs.

Methods: This was a retrospective cohort analysis of the records of nationts in The Health Improvement Network (THIN) Database Records of 1000 adult patients who had a wound in 2012/2013 (cases) were randomly selected and matched with 1000 patients. with no history of a wound (controls). Patients' characteristics, wound-related health outcomes and all healthcare resource use were quantified and the total MHS cost of patient management was estimated at 2013/2014 prices.

Results: Patients' mean age was 69.0 years and 45% were male. 76% of patients presented with a new wound in the study year and 61% of wounds healer during the study year. Nutritional deficiency (OR 0.53; p<0.001) and diabetes (OR 0.65; p<0.001) were ndependent risk factors for non-healing. There were an estimated 2.2 million wounds managed by the NHS in 2012/2013. Annual levels of resource use attributable to managing these wounds and associated comorbidities included 18.6 million practice nurse visits, 10.9 million community nurse visits, 7.7 million GP visits and 3.4 million hospital outpatient visits. The annual NHS cost of managing these wounds and associated comorbidities was £5.3 billion. This was reduced to between §5.1 and §4.5 billion after

Conclusions: Real world evidence highlights wound nanagement is predominantly a nurse-led discipline. lagnosis, indicative of practical difficulties experience substantial health economic burden on the UK's NHS, omparable to that of managing obesity (ES.0 billion). Clinical and economic benefits could accrue from morewed systems of care and an increased awareness of the impact that wounds impose on patients and the NHS.

Strengths and limitations of this study

- wounds being cared for in nursing homes. The

infants to the elderly. The patient population with wounds is managed across the spectrum of different healthcare disciplines that includes general practice, specialist physicians, surgeons, nurses and allied healthcare practitioners, such as podiatrists. 1-3

Wound care should be viewed as a specia lised segment of healthcare that requires clinicians with specialist training to diagnose and manage appropriately. 6 However, the evidence suggests this is not the case. Patients requiring wound care can be found Moreover, it has been suggested that better in the community, secondary care and in wound care, such as effective diagnosis and long-term care institutions and range from treatment and effective presention of wound

Guest JF, Ayoub N, McIlwraith T, Uchegbu I, Gerrish A, Weidlich D, Vowden K, Vowden P. Health economic burden that wounds impose on the National Health Service in the UK. BMJ Open 2015; 5(12).

Venous Ulceration

- Compression therapy is key
- Dressing selection less important
- Hosiery kits 'gold standard'

	4 -layer bandage	2-layer hosiery kit
Median time to healing	98 days	99 days
Ulcers healing	70.4%	70.9%
Ulcers recurring	23%	14%
Mean annual cost	£1,795	£1,494

"Increased use is likely to result in a substantial saving for the NHS with improved quality of life for people with venous ulcers."

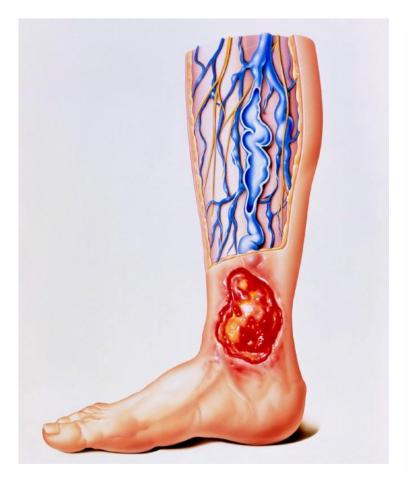


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	Articles
Clinical and cost-effectiveness of compression hosiery versus compression bandages in treatment of venous leg ulcers (Venous leg Ulcer Study IV, VenUS IV): a randomised controlled trial	@ ^
Reheszol, Arhhy, Rhien Cohe, Shehrad Al, Una Adderley, JM ordn Bland, Nidry A. Cullum, Jo C. Dumville, Cyrathie Pilglesias, Archar Bitang'ombo, Marsa O Soores, Nilato Claubis, Dovid J Targerson	
Summary Background Drawbacks extra with the standard manners (four-layer compression bandages) for venous log silcres. We have therefore compared the clinical effectiveness and conseffictiveness of two-layer compression hosiory with the four-layer bandage for the manners or stant silcres.	Lonce 2014, 303-071-79 Published Online December 5, 2013 http://dx.doi.org/10.0014/
Methods Wis undrived the preparate, open, moderated correlated rate with no popular groups in 14 correst is highed and Solvation broads. The correst was recommendy more uncert on eventure, finally not represent a proposal solvation of the contraction of the co	ST1 (0-47 (s.(1)/62) (0-5) See Common page 850 Department of Health Sciences (6 Linity Rio, 0 Gas Rio, SAI Rio, Perf (0) Band Rio, C Rainsa Rio, Prof (0) Torgenson Rio, and
Pedicing: We randomly allocated 437 participants to the two traument groups: 230 to two-layer hookey, and 227 to the four-layer bandage, of whom 435 (230 hookey and 223 handage) contributed data for analysis. Meditar dime to utter hauling wars 94 days (9785; 158-158) her bookersy group and 94 days (95-131) in the bandage group, and the proportion of alcors hauling was much the same in the two groups (95-95 hookey) and 76-45 handage). Most hookey participans channed their allocated materine (33.5 hookers or 27-96 housing -26-00.2) generations has ladd 50-4 where events.	(FRENA Culture PRO)

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Chronic Venous Disease





Self Care Enablers

- Leg ulcer passports
- Patient information
- Guides to washing hands/changing dressing
- Dressing logs
- Exercise logs
- SOS facilities
- Provision of equipment

