

BURDEN OF WOUNDS IN THE UNITED KINGDOM



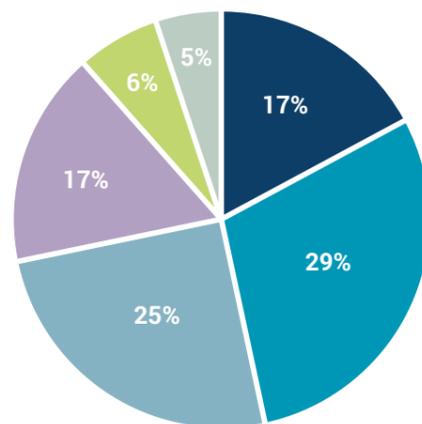
Reference: Guest JF, Fuller GW, Vowden P. Cohort study evaluating the burden of wounds to the UK's National Health Service in 2017/2018: update from 2012/2013. *BMJ Open* 2020;10:e045253. doi:10.1136/bmjopen-2020-045253

Pie chart figures total 99% due to rounding.

£8.3
Billion

Total annual cost of wound management
Of which 67% was spent on managing unhealed wounds

Over 70% of cost is associated with Nurse, Doctor, or Healthcare Assistant visits



Wound Products account for only 6% of costs

- Hospital admissions, day case and outpatients
- District/community nurse visits
- GP and Practice nurse visits
- Healthcare assistant visits
- Wound care products
- Other



The UK's NHS managed

3.8 million patients

with a wound in 2017/2018, equivalent to 7% of the adult population

25% of all wounds lacked a recorded differential diagnosis

The annual prevalence of wounds increased by 71%

between 2012/2013 and 2017/2018.

Patient management cost increased by 48%

in real terms.

Annual levels of resource use attributable to wound management included:

> 54.4 million district/community nurse visits

> 53.6 million healthcare assistant visits

> 28.1 million practice nurse visits

Between 2012 and 2017, there was an estimated 30% decline in the number of district nurses employed in front-line patient care.

81%

Of the total annual NHS cost was incurred in the community.

Average duration of chronic wounds

4

months

Wounds that healed during study period

32

months

Wounds that remained unhealed during study period

Julian Guest, Editorial, *Wounds UK*, Vol 17, No 1: 2021



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The newly published 'Burden of Wounds' study from Guest et al, is an important contribution to help understand and shape the nature of wound care service delivery in UK.

The HealthTech and wound care Industry has always seen itself as a partner and enabler to help front line NHS staff provide the best possible care and clinical outcomes to patients experiencing the many issues associated with having a chronic wound.

There are many conclusions that can be drawn from the study, the headline figures of £8.3billion annual cost on 3.8 million patients bears close attention given its scale when compared to some other high profile conditions. It is difficult to draw causal links between elements of the data presented, but **it is concerning to see the number of patients with wounds increasing since the first Burden of Wounds paper¹** in 2012/13, and the continuing number of unrecorded or undiagnosed wounds. This, along with the variability of care regimes that the paper highlights, surely must contribute to the significant cost and high number of nurse visits. A stronger

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system of education, appropriate and consistent wound diagnosis, and greater consistency in use of wound care technology, would help deliver better outcomes, and more efficient ways of working.

Community Services, which account for over 80% of spend on wound care, are under huge pressure.

With a declining workforce amongst District and Practice Nurses, and increasing prevalence of wounds, it is incumbent on the system to ensure that it uses its resources efficiently and effectively.

Technology has a multifaceted role to play in this, supporting staff with online learning, clinical decision making systems, wound dressings, diagnostics and therapeutics.

The spend on dressing, diagnostics and drugs amounts to less than 10%² of total cost of care. This suggests that 90% of the cost is incurred in other areas such as health care professional time. Ensuring availability of suitable diagnostics, and the appropriate wound management technology should be made an area of investment to ensure that staff can deliver high quality, patient focused care. Procurement of such should be based on the overall value to the system, focusing on the how it can maximise the efficiency and effectiveness of the workforce rather than on simple acquisition cost.

The continued work and funding for the National Wound Care Strategy is very welcome and recognition of the impact that this condition can have on patient lives and the healthcare system, along with the importance of a knowledge-led service focusing on common approaches tailored to patient's needs.

¹Guest JF, Ayoub N, McIlwraith T, et al. Health economic burden that wounds impose on the National Health Service in the UK. BMJ Open 2015;5: e009283. doi:10.1136/bmjopen-2015-009283

²Comprised of 6.4% wound, 3.3% prescribed medication medicine and diagnostics < 1%

