

THE BURDEN OF WOUNDS

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Every so often, a piece of research or a study will be published that makes people sit up and take notice. It becomes instrumental in changing the way we view and deliver care. I suggest that the Burden of Wounds Study by Guest et al (2015) is one of these. For those of you who may not have heard of this yet, this was a study that set out to understand the size and cost of wound care to the NHS in a typical year using data from the The Health Improvement Network (THIN) national GP database. We know from experience that the prevalence of wounds is increasing, reflecting an ageing population and comorbidities that impact on healing. The authors of this study estimated that in 2012-13 there were 2.2 million patients with wounds, requiring nursing visits totalling around 30 million, and the total cost of managing these wounds was £4.5-5.1 billion (two thirds of this is incurred in the community). This is comparable to the NHS spend on managing obesity (approximately £5 billion).

The study revealed a number of areas that all of us who care for patients with wounds need to pay attention to. They found there were significant problems with assessment and diagnosis:

- ▶ 30% of all wounds had no diagnosis recorded
- ▶ 84% of patients with a leg or foot ulcer did not have a Doppler assessment
- ▶ 78% of patients thought to have a venous leg ulcer did not receive a Doppler assessment.

Proper assessment from the start is essential, in order to ensure that a correct diagnosis is made and appropriate treatment initiated. If this is not done at the earliest stage, it results in persistent slow or non-healing wounds with unnecessary additional nurse visits (the most expensive element of wound care) and adds to the burden of chronic wounds. Patients with wounds had significantly more comorbidities than the control group. Certain illnesses were found to be independent risk factors for developing a wound: dermatological symptoms; nutritional deficiency; musculoskeletal disease; cardiovascular disease and gastrointestinal disease. Some of these are perhaps unsurprising, but the link between dermatological symptoms and going on to develop a wound is an interesting one and further investigation will be eagerly anticipated.

Nutritional deficiency requiring clinical nutritional supplementation was present in a third of patients with a wound. Interestingly the authors also found that 13% of the control group (without

a wound) also showed significant nutritional deficiency.

This finding highlights the real importance of screening for nutritional deficiency in the community and working with the multidisciplinary team to improve this aspect of people's health. Not all healthcare providers in primary care have access to a dietician and many GPs are reluctant to prescribe nutritional supplements due to rising costs. This study perhaps gives weight to the call for more equal access to dietician advice and assessment.

Over the coming months, you are likely to hear more about the Burden of Wounds study as Commission for Quality and Innovation (CQUIN) targets have been set for 2017-19 around some of the findings: particularly, wound assessment and diagnosis, and leg ulcer management. **WE**

Guest JF, Ayoub N, McIlwraith et al (2015) Health economic burden that wounds impose on the National Health Service in the UK. *BMJ Open* 5(12): e009283

If you would like to contribute to a future issue of *Wound Essentials*, please contact the editor Adam Bushby via email:

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