New NICE guidance: Improving outcomes and saving costs

Driving improved patient outcomes

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Agenda

• Unveiling a new era in leg ulcer and diabetic foot ulcer care.
• What this means for patients, clinicians and health organisations.
• How to implement NICE guidance into clinical practice.
• Exploring new NICE guidance for venous leg ulcers and diabetic foot ulcers
Unveiling a new era in leg ulcer and diabetic foot ulcer care
National Wound Care Strategy Programme
Excellence. Every Patient. Every Time.
Background

• Burden of Wounds publication (2016)
  • In 2012/13 2.2 million wounds were managed by the NHS.
  • The annual NHS cost of managing 2.2 million patients with wounds after adjusting for comorbidities is £4.5-£5.1 billion.
  • Failure to improve care may increase wound care expenditure by more than 50% for an average CCG / health board over the next five years.

Interested in wound care? Sign up at: www.nationalwoundcarestrategy.net
The National Wound Care Strategy

• This programme aims to reduce the incidence of preventable wounding, promote wound healing and reduce morbidity, mortality and costs associated with wound care.

• Key outcomes
  • Development of multi-disciplinary, co-produced, national evidence-based pathways of care for pressure ulcers, wounds on the lower limb and complex surgical wounds that will inform standards for commissioning wound care services.
  • Development of robust national data information sets measuring activity outcomes, informing innovation and quality improvements to inform opportunities for innovation and quality improvement.
Purpose: To scope the development of a wound care national strategy for England that focuses on improving care relating to:

- Pressure ulcers,
- Lower limb ulcers, and
- Surgical wounds.

How: To work with key partners to:

- Establish the underlying clinical and economic case for change,
- Identify the desirable improvements in patient care and
- Describe the necessary changes and interventions required to deliver these improvements.

Vision:
To develop recommendations which support excellence in the standards of care that relate to preventing, assessing and treating people with chronic wounds to optimise healing and minimise the burden of wounds for patients, carers and health and care providers.
Wound care should not be viewed as a separate clinical issue but be integrated into care of underlying co-morbidities that cause or contribute to wounding and delayed/non-healing.

The NWCSP is a long-term commitment to improving wound care.

Success will depend on recognising and addressing the interdependencies between the different professional groups and services involved in wound care.

The key priority is to improve patient care.

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Clinical Workstreams

- Scope the evidence base to identify current relevant evidence;
- Make evidence-informed recommendations to inform the development of clinical guidelines, pathways and standards that will reduce unwarranted variation, improve safety and optimise patient experience and outcomes.
- Identify clinical questions where further research is needed.

Enabler Workstreams

- To support the work of the Clinical Workstreams and to develop recommendations to support the adoption and spread of the outputs from the Clinical Workstreams.

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Stakeholder Council and Forums
Emerging Recommendations:

• Clinical Navigation Tool (CNT) for diagnosis of aetiology and treatment of lower limb ulceration (incl. pressure damage to foot)
• Pre, peri and post management CNTs for surgical wounds to prevent SSI and dehiscence
• Proposals for service redesign
• Draft specifications for wound care data systems and ID of key data points
• Accessible, online, bite-size education modules for registered clinicians and carers
• Competencies and skills requirements for wound care workforce & services
• Development of generic specifications for procurement of wound care products (dressings and compression)
• Review of NICE products in relation to wound care
• ID - priority research evidence gaps

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The Lower Limb Strategy

• Aims to improve the quality of care provided to ALL patients with lower limb wounds

• Development of the Clinical Navigation Tool - Ensuring all patients with Lower Limb wounds have a thorough assessment, access to multi disciplinary teams and a clear onward referral process
What this means for patients, clinicians and health organisations
Current model of care

- Patient with a pressure ulcer
  - Sees a multidisciplinary team
  - Care based on NICE guidelines

- Patient with a leg ulcer
  - Cared for by the nurses
  - May be referred to a TVN

- Patient with a Diabetic Foot ulcer
  - Do not pass go, go straight to

  - Sees a multi-disciplinary team
  - Care based on NICE guidelines
**Initial Care**

a. Complete wound assessment
b. Wound and skin cleansing
c. Simple low adherent dressing with sufficient absorbency

**Wounds on the leg**: Provide 1st line light compression (14 – 17 mmHg)

Wounds due to pressure damage due to immobility or medical device: report using incident reporting system

**Within 24 hours of initial presentation**: Refer to lower limb triage for diagnosis of cause of ulceration and treatment advice

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**Leg = Primary site diagnosis**

**Within 2 weeks**: assess and identify cause of leg ulceration by undertaking:

a. Comprehensive assessment including clinical and psychosocial needs
b. Wound assessment based on the MDS
c. Lower limb assessment including ABPI or other vascular assessment

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**Foot = Primary site diagnosis**

**Within 2 weeks**: assess and identify cause of foot ulceration by undertaking:

a. Comprehensive assessment including clinical and psychosocial needs
b. Lower limb assessment including vascular, neuropathy and biomechanical assessment
c. Wound assessment based on the MDS
How to implement NICE guidance into clinical practice.
## Guidance by programme

### NICE guidelines
Review the evidence across broad health and social care topics. Includes [clinical guidelines](#).

### Diagnostics guidance
Review new diagnostic technologies for adoption in the NHS.

### Interventional procedures guidance
Review the efficacy and safety of procedures.

### Technology appraisal guidance
Review clinical and cost effectiveness of new treatments.

### Highly specialised technologies guidance
Review clinical and cost effectiveness of specialised treatments.

### Medical technologies guidance
Review new medical devices for adoption in the NHS.
Guidance

We use the best available evidence to develop recommendations to improve health and social care.

Our guidance takes many forms: NICE guidelines (clinical, social care, public health, medicines practice), technology appraisals, Intervenational procedures, medical technologies, diagnostics and highly specialised technologies.

Financial planning
Use our tools to plan ahead, explore opportunities for saving money and make decisions on the most effective way to use your resources.

NICE advice
Summaries of the best available evidence for medicines, medtech innovation briefings and public health briefings for local government.

Shared learning
Learn from other organisations and see how they implement NICE guidance locally.

Our library of case studies shows how our guidance is being used to improve the quality of health and social care.

Standards and indicators
Quality standards provide measurable quality improvements within a particular area of health or care.

We also develop indicators for commissioners and primary care.

NICE Pathways
Brings together everything we have said on a topic in an interactive flowchart, linking to other relevant topics to create a network of information.

Use them to find the information that’s relevant to you, quickly and easily.

Topic selection
Find out how different teams at NICE select their topics for development into advice and guidance.
What is there in relation to wound care?

- The MIST Therapy system for the promotion of wound healing (MTG5) Published July 2011
- Surgical site infection (QS49) Published October 2013
- Negative pressure wound therapy for the open abdomen (IPG467) Published November 2013
- MIB1: The Versajet II hydrosurgery system for surgical debridement of acute and chronic wounds and burns Published February 2014
- The Debrisoft monofilament debridement pad for use in acute or chronic wounds (MTG17) Published March 2014
- MIB11: Oxyzyme and Iodozyme 2-layer hydrogel wound dressings with iodine for treating chronic wounds Published November 2014
What is there in relation to wound care?

- **Diabetic foot problems: prevention and management (NG19)** Published August 2015 Last updated January 2016

- **ESMPB2: Chronic wounds: advanced wound dressings and antimicrobial dressings** Published March 2016

- **MIB83: Woundchek Protease Status for assessing elevated protease status in chronic wounds** Published October 2016

- **Surgical site infections: prevention and treatment (CG74)** Published October 2008 Last updated February 2017

- **MIB97: TopClosure Tension Relief System for wound closure** Published March 2017

- **MIB139: EpiFix for chronic wounds** Published January 2018
What is there in relation to wound care?

- **MIB149: PICO negative pressure wound therapy for closed surgical incision wounds**  
  Published June 2018

- **Pressure ulcers: prevention and management (CG179)**  
  Published April 2014  reviewed November 2018

- **Mepilex Border Heel and Sacrum dressings for preventing pressure ulcers (MTG40)**  
  Published January 2019

- **UrgoStart for treating diabetic foot ulcers and leg ulcers (MTG42)**  
  Published January 2019

- **PICO negative pressure wound dressings for closed surgical incisions**  
  [GID-MT521]
Medical technologies topic selection

The NICE medical technologies evaluation programme (MTEP) selects and evaluates new or innovative medical technologies (including devices and diagnostics). MTEP helps the NHS adopt efficient and cost effective medical devices and diagnostics more rapidly and consistently.

Whilst it is normally clinicians that notify medical technologies to NICE, anyone can request NICE consider a medical technology for guidance by completing our notification form.

Read more about MTEP topic selection
Medical Technologies Evaluation Programme

Anyone can ask us to consider a device, diagnostic or digital technology for NICE guidance or NICE advice.

Our Medical Technologies Evaluation Programme (MTEP) considers technologies that could offer substantial benefits to patients and the health and social care system over current practice.

Companies

Manufacturers, distributors and agents - complete our notification form:

Image

Got a question? Contact us

We're happy to answer any questions or to arrange a meeting to discuss things in more detail.

Health and social care staff, patients and the public

Email us at medtech@nice.org.uk

Let us know the:

- name of the technology
- potential benefits of the technology.
Medical Technologies

• NICE medical technologies guidance addresses specific technologies notified to NICE by sponsors.

• The ‘case for adoption’ is based on the claimed advantages of introducing the specific technology compared with current management of the condition.

• This case is reviewed against the evidence submitted and expert advice.

• If the case for adopting the technology is supported, then the technology has been found to offer advantages to patients and the NHS.

• The specific recommendations on individual technologies are not intended to limit use of other relevant technologies which may offer similar advantages.
NICE guidance is based on the best available evidence and is developed by independent expert committees.
Evidence pyramid

- Systematic Reviews
- Randomized Controlled Trials
- Cohort Studies
- Case-Control Studies
- Case Series, Case Reports
- Editorials, Expert Opinion
UrgoStart has proven efficacy in reducing healing time through the highest level of evidence.
Urgo Medical’s road to submission: what did it take to get NICE guidance?

- Months: 24
- Emails: 5,600
- Articles: 294
- Files: 185
- Words: 85,000
- Scenarios: 1,000
- Patients: 93
- Visits: 1,050
- Outcome: 1
- £ DFU: 342
- £ VLU: 541
Exploring new NICE guidance for venous leg ulcers and diabetic foot ulcers
NICE recommends the use of UrgoStart to reduce healing time

• 1.1 Evidence supports the case for adopting UrgoStart dressings to treat diabetic foot ulcers and venous leg ulcers in the NHS, because they are associated with increased wound healing compared with non-interactive dressings.

• 1.2 UrgoStart dressings should therefore be considered as an option for people with diabetic foot ulcers or venous leg ulcers after any modifiable factors such as infection have been treated.
Recommendations

• 1.3 Cost modelling shows that, compared with standard care, using UrgoStart dressings to treat diabetic foot ulcers is associated with a cost saving of £342 per patient after 1 year. It also shows that UrgoStart is likely to be cost saving for treating venous leg ulcers, but the robustness of this conclusion is less certain from the evidence available. For both types of ulcers, potential cost savings mainly come from better healing with UrgoStart dressings. If 25% of people having treatment for diabetic foot ulcers use UrgoStart instead of a non-interactive dressing, the NHS may save up to £5.4 million each year. For more details, see the NICE resource impact report.
NICE now recommends the use of UrgoStart for patients with venous leg ulcers and diabetic foot ulcers.
What does this mean in practice?

**FOR CLINICIANS**
- Releasing time to care
- Improved patient outcomes
- Confidence in selecting the best treatment based on the highest level of evidence

**FOR PATIENTS**
- Increased ulcer free days
- Reduced pain
- Improved quality of life
- Reduced risk of infection and associated complications
- Confidence in the treatment and care they are receiving

**FOR THE HEALTH ECONOMY**
- Reduced variation
- Significant COST SAVINGS associated with reduced healing time
Patient Case 1

- An 88 year old lady
- mixed aetiology leg ulcer
- present for 8 years
- was being treated with reduced compression.

Past medical history included:
- previous venous ulceration,
- varicose veins,
- ligation of the saphenous vein,
- a deep vein thrombosis (DVT), hypertension
- and lower limb ischemia in 2006 which was treated with an angiogram and stent of sub femoral and popliteal arteries.

**MIXED AETIOLOGY LEG ULCER PRESENT FOR 8 YEARS**
04/01/18
Width: 25mm Length: 30mm
Depth: 3mm
100% Slough to wound bed
Suspected colonised wound commenced on activon tulle to reduce bacterial burden before commencing UrgoStart Plus

**22/02/18**
Width: 17mm Length: 40mm
Depth: 3mm
80% Slough and 20% Granulation tissue to wound bed
No clinical signs of infection present
Commenced on UrgoStart Plus

**12/04/18**
5 weeks of UrgoStart Plus Treatment
Wound healed
Patient Case 2

- A 66 year old female presented to the tissue viability nurse with a foot ulcer which had been present for 6 months.
- The initial cause of the ulceration was pressure

Past medical history included:
- poorly controlled rheumatoid arthritis,
- COPD and significant peripheral arterial disease with a low TBPI of 0.2, which was being conservatively managed by the Vascular Services.
- The patient’s medication included long term use of oral steroids and immunosuppressant’s.
- The wound caused significant pain for the patient and she required strong opioid analgesics prior to each dressing change.
Adopting new NICE guidance into practice
NICE guidance: implementing UrgoStart into practice as part of the standard of care

Reduce healing time, save costs and improve patients’ quality of life
Your responsibility

• This guidance represents the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take this guidance fully into account, and specifically any special arrangements relating to the introduction of new interventional procedures. The guidance does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.
The million dollar question….

• What do you say if a patient has seen the review and asks for this product and it is not on your formulary?
Ultimately there is ONE priority

REDUCING HEALING TIME
Thank You