How a centralised wound care dressings’ scheme in East London led to standardisation of practice, **cost savings of over £500,000 since 2009**, and improved patient care.

“If I was to give advice to other organisations looking to implement such a scheme it would be that this needs to be part of an integrated Wound Care strategy – it can’t be done successfully in isolation as it impacts across so many areas. The aim must be one of zero tolerance for any wound – to have a truly patient centric approach. The scheme supports this.”

Alison Hopkins, CEO Accelerate CIC

www.supplychain.nhs.uk/casestudies
Introduction

Accelerate CIC (Community Interest Company), formerly the East London Wound Healing Centre, and NHS Supply Chain worked together to put in place an off-prescription community dressings solution. Since then the award winning Accelerate CIC has maintained costs within a budget not increased since 2009. As a direct result of the lessons learned from this project, NHS Supply Chain tailored and evolved their service offer, a key factor in this scheme now being utilised by over 30 community healthcare organisations in England.

Challenge

In 2009 Alison Hopkins, who was at the time Lead Nurse for the Wound and Lymphoedema Service, was well aware of the difficulties of the prescription route for dressings. The key challenge was the delays which are part of the prescription route – leading to frustrated clinicians and poor patient care, and wasted dressings piling up in patients’ homes. There was also no standard practice across the area as prescriptions were written based on a wide choice of dressings.

The first task was to put together a business case outlining a new off prescription route for dressings to be presented to Practice Based Commissioning to be evaluated for budget allocation. Alison had researched other similar schemes but they all varied in their remits, scale and formulary – meaning that there was no such thing at the time as an ‘off the peg’ solution.

The choice to work with NHS Supply Chain was an easy one; the trust procurement team already had a relationship with NHS Supply Chain. A project team was put together including representatives from key stakeholder groups, Commissioning Pharmacy, Procurement and NHS Supply Chain. The proposal was for a centralised scheme for community nurses, GP practices and nursing homes.

Research into similar schemes had shown that most took 40 or 50% of dressings off prescription. Alison’s scheme took 90% of products off prescription. This was based on an audit of the ePact (prescribing) data and meant that the 90% off prescription was for ‘traditional’ wound care products and the 10% remainder was for products that, whilst come under the ‘wound care’ banner, weren’t officially ‘wound care’. For example scar dressings, dressings for eczema and tracheostomy dressings.

Objectives

- Reduce the waste of unused dressings
- Provide quicker access to dressings
- Standardise practice across the area – including standardisation of infection control practices.

If these objectives were met patient care and experience would be improved and significant financial savings made – with an aim that costs would be kept at the same level as the 2009 budget.

The project deadline was for all to be live by April 2010 – in time for the new financial year of 2010/11. The business case was signed off by Practice Based Commissioning in October 2009 giving six months to implement.

Solution

The entire scheme was put in place from a clinical perspective with patient care at its heart. The main driver was the clinical need – what is the problem and what is the most effective solution to more easily manage and heal the wound. It was not about using cheaper products – it was about using the most appropriate products in a timely manner.

Repeat prescriptions were an area that needed a lot of analysis as in some cases over prescribing was taking place and some patients were not being regularly reviewed. As soon as the process changed at GP level, and prescriptions were no longer given to these patients, they became visible and accounted for. Typically these patients fell into one of three groups:

- Self-caring patients with leg ulcers. This group were given support, training and appropriate dressings to get them healed and no longer using dressings.
- Patients self caring with Perianal abscesses - improved patient care led to an improved quality of life.
- Patients with Hidradenitis Suppurativa – a debilitating condition. These patients are typically self-caring and require regular expensive specialist dressings.

These three groups had not been visible in the original review. This had the potential to derail the entire scheme as they amounted to unexpected costs. Alison’s team worked hard to put solutions in place for these patients to ensure they got the best care to either heal or manage their conditions. There is now a robust process in place to ensure all patients are known about and regularly reviewed.
Results
The quicker access to dressings has resulted in better overall patient care – as has been evidenced by excellent patient survey feedback. Self-caring patients and carers have been given more regular reviews with clinicians and have the support and training they need to provide effective care.

The results from the practitioner surveys scored between eight and ten out of ten for the following key performance indicators:
- Easier for patients
- Immediate access to dressings
- Infection control (consistency in use of aprons and gloves)
- Reduced waste
- Standardised treatment
- Reduction in wasted nursing time.

The budget has remained at 2009 levels throughout FY 2010-11, 2011-12, 2012-13 and is tracking to remain so in 2013-14. This has resulted in a total savings figure of over £360,000 from scheme go live to end of financial year 2012-13, based on inflation figures for dressings via prescription. This is projected to be in the region of £600,000 by the end of financial year 2013-14.

In 2011 the East London Wound Healing Centre was re-launched as a Community Interest Company (CIC) taking the name Accelerate CIC with Alison Hopkins as the CEO.

Implementation process
The key task throughout the implementation process was to ensure that all staff had a good understanding of their new roles and responsibilities within the scheme. All key stakeholder groups, including District Nurses, Practice Nurses, Practice Managers, GPs, and Nursing Homes, needed to be involved and bought in to the scheme for it to be successful.

The timescales were very tight – it was approximately six months from business case sign off to full go live. NHS Supply Chain supported throughout this process by training teams on use of ordering system and setting up delivery locations.

Lessons learned
Several challenges were encountered and lessons learned – many of these have contributed to improvements in NHS Supply Chain’s dressings offer.

Some challenges were seen with some of the District Nurse teams where there was low IT literacy leading to difficulties in ordering and planning the stock holding. As an interim measure Alison put in place a ‘buffer’ store to ensure teams had access to emergency stock.

Another key area remains around the carrying of dressings for community nurses. This issue has been addressed through the home delivery of bulky products to patients and improved internal processes within the nursing teams.

Initially when the ordering system was set up a favourites list of dressings was put in place for staff to order from; however it soon became apparent that there was some overspending. Now all orders are authorised by the Accelerate team. Whilst admin resource is required to manage this process, this cost is offset by the savings made. This also allows identification of high spend and complex clients, prompting early referral for specialist advice.

Geographical boundaries have posed a challenge. The switch to off prescription dressings means that those who would ordinarily pay for prescriptions no longer need to. Therefore, any patient who sees a GP in the area – whether or not they live there, would be entitled to off prescription (i.e. free) dressings. This could result in cost pressures should the proportion of out of area patients increase.

“Overall I’m delighted with the process we’ve implemented in Tower Hamlets. We’ve seen our budget unchanged since 2009 in an environment of spiralling costs – equating to a cost saving of over £500,000 since the start of the scheme. We’ve also improved the quality of care for patients in our area.”

Alison Hopkins,
CEO Accelerate CIC
Next steps
NHS Supply Chain is working on a solution to deliver dressings straight to patients own homes/nursing homes for those patients who require a lot of dressings – usually compression bandages.

How has NHS Supply Chain’s community dressings offer evolved?
This project was one of the first examples of NHS Supply Chain implementing an off prescription dressings solution across an entire Local Health Economy. Working closely with Alison and her team, NHS Supply Chain were able to respond to the specific requirements of this community focussed customer, producing bespoke reporting to provide detailed management information and processing developments to make the receipt of orders easier for end users. The invaluable feedback continually provided by Alison and her team has helped to shape NHS Supply Chain’s Community Dressings Programme into the robust service it is today.

About Accelerate Health
Community Interest Company (CIC)
Accelerate Health was launch in 2011 and grew out of the East London Wound Healing Centre. It is an award winning wound healing and lymphoedema treatment centre based in East London serving patients in Tower Hamlets and across the southeast.

About Alison Hopkins
Alison has been a specialist in wound care since 1989 and has an MSc in Psychology and Health. She is CEO of Accelerate Health CIC and a trustee of the Tissue Viability Society. In 2013 the British Journal of Nursing awarded her Tissue Viability Nurse of the Year 2013. This award recognises her expertise and achievements in the world of wound care and lymphoedema.

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