The Challenge:
Chronic wounds, which are wounds that have failed to heal over a 3 month period, represent a significant burden to patients and NHS. Chronic wounds are widely acknowledged to be a source of major distress and death in mostly an elderly population, and are an enormous drain on health care resources.

The burden to health care systems of managing patients with chronic wounds is likely to increase, due an ageing population and increases in obesity, diabetes and arterial disease, which have led to calls for higher prioritisation.

However, previous attempts to estimate the costs associated with the management of chronic wounds have been based on literature studies or broad estimates derived from relatively small-scale studies.

The Research:
The aim of this study was to use anonymised linked data to work out the extent of the resources used by patients and to provide an estimate of the costs associated with the management of these patients by the NHS in Wales. Linking data from general practitioner (GP) practices, which included primary and secondary care consultations, allowed the researchers to track the patient pathway through the NHS system both retrospectively and prospectively from a specific date.

The Results:
• The number of patients with chronic wounds identified for the study was equivalent to 6% of the Welsh population.
• The total cost of managing patients with chronic wounds in Wales amounted to £2,464,058 – an average cost of £14,000 per patient over an eight-year period and 5% of total expenditure on the health service in Wales.
• Diabetic foot ulcers, leg ulcers, foot ulcers, varicose eczema, bed sores and postoperative wound care made up 93% of that total expenditure.

The Impact:
This is the first Welsh study to estimate the cost of wound management for chronic wounds in primary and secondary care settings. The study has confirmed the findings from previous studies that the costs associated with the management of wounds represent a significant proportion of NHS expenditure but has estimated that the management of patients with chronic wounds amounts to 5.5% of NHS expenditure in Wales as opposed to a previous UK estimate, which is widely quoted, of 3%.

However, the lack of detailed recording has meant that an assumption had to be made in relation to the number of home visits made by district nurses attending patients to change dressings and the lack of information on the patient after 6 months - has not enabled a complete picture of patient management and resource utilisation to be constructed. The estimate is therefore likely to be a significant underestimate as many of these chronic wounds are known to persist for significantly longer than 6 months.

It should be noted that the trigger for documenting the resource utilisation of such patients was the initial contact with the GP. It therefore does not include patients who entered the health care system of wound management elsewhere – such as patients contracting pressure ulcers in hospitals and having surgical wound infections – thereby further emphasising the conservatism of this estimate.

“The work undertaken and the subsequent paper drove forward the agenda of chronic wound management and helped get a handle on the economic extent of the problem. The work aroused interest from companies and policy makers and this was key to help substantiate the setting up of the Wound Innovation Centre in Cardiff.”
Prof. Ceri Phillips, Swansea Centre for Health Economics, Swansea University and Welsh Wound Innovation Centre, Pontyclun, UK

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