

Sustainability, Transformation & Partnership for Tissue Viability

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- Hard hitting national action on prevention: obesity, smoking, alcohol, other major health risks.
- Improved partner working: voluntary, people, GP, acute
- Person centred locality based care
- £30bn gap efficiency and savings

Neighbourhoods will permit groups of GPs to combine with nurses, other community health services, hospital specialists and perhaps mental health and social care to create integrated out-of-hospital care the Multispeciality

Community Provider



How big is the challenge of wounds?

Guest et al., (2015) Health economic burden that wounds impose on the National Health Service in the UK. BMJ Open 2015;5:

2.2 million people with a wound at a total cost of £5.3 billion (£3.2 billion on the unhealed)

Only 16% of all cases with a leg or foot ulcer had a Doppler ankle brachial pressure index recorded in their records

18.6 million practice nurse visits

10.9 million community nurse visits

7.7 million GP visits

3.4 million hospital outpatient visits

97.1 million drug prescriptions

262.2 million dressings

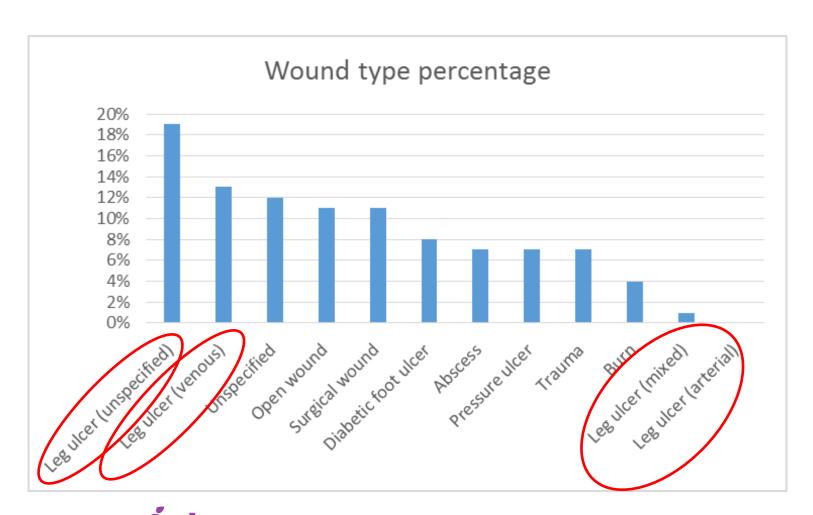
73.4 million bandages

9.0 million compression bandages

7

Care jor you





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NHS England



Wound assessment CQUIN

Education

Commissioning for wound care

Leg Ulcer improvement





NHS Englan



National Wound Care Strategy Programme



Up and coming events

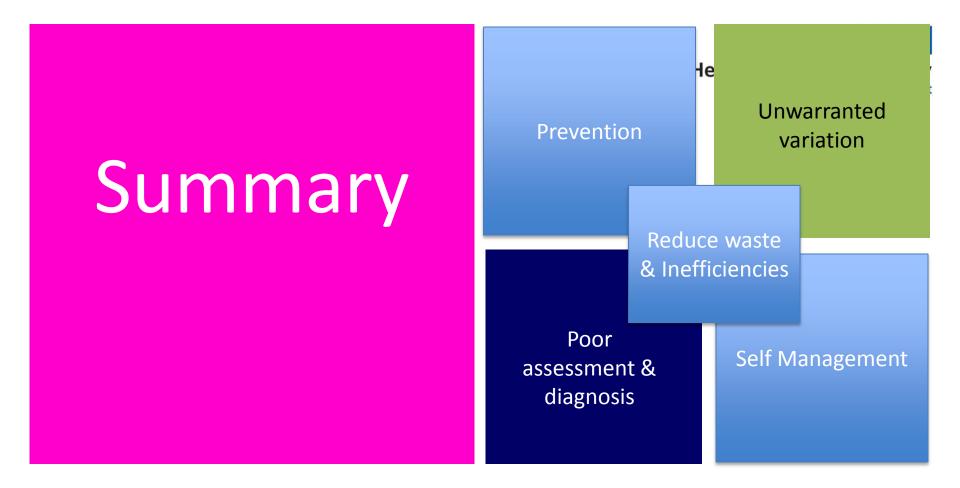
Interested in getting involved? Sign up to the Stakeholder Forums here. NHS England and NHS Improvement have commissioned the AHSN Network to develop and deliver a

The purpose of the NWCSP is to scope the development of a wound care national strategy for England that National Wound Care Strategy Programme for England (NWCSP).

focuses on improving care relating to:

. Pressure ulcers . Lower limb ulcers

Proud care for . Surgical wounds.











ARE YOU AWARE OF YOURS?





Tissue Viability in Herts





No Guidelines

Non commissioned TV service



1.93 WTE TVN for 1.2milion population over 634 sq miles

Lymphoedema service for cancer only

Variation in access to leg ulcer management

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No Service specification

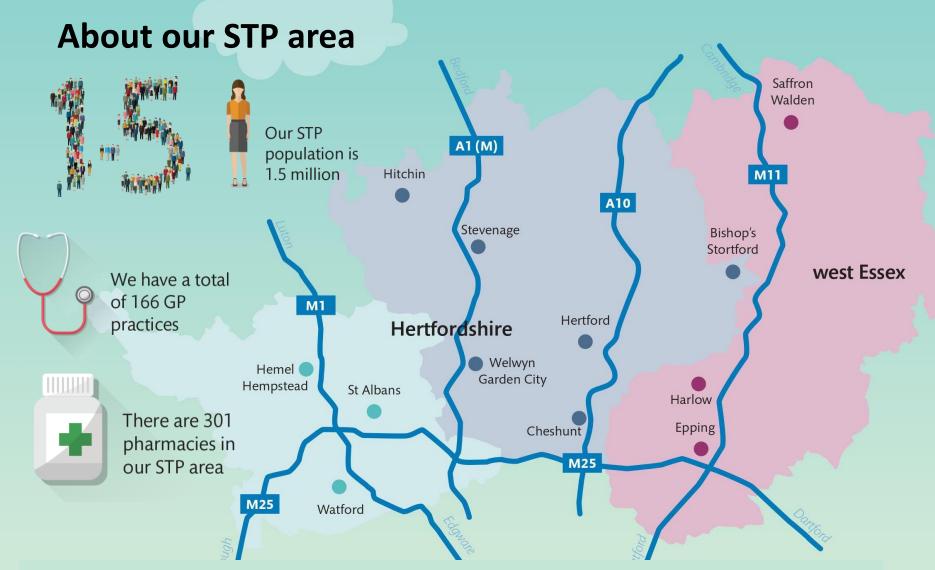












Herts Valleys CCG, East and North Hertfordshire CCG and West Essex CCG - working together with county and district councils







Overall aims of the STP

- Improve health and wellbeing of the population
- Improve the quality of health and care services
- Provide efficient and affordable care





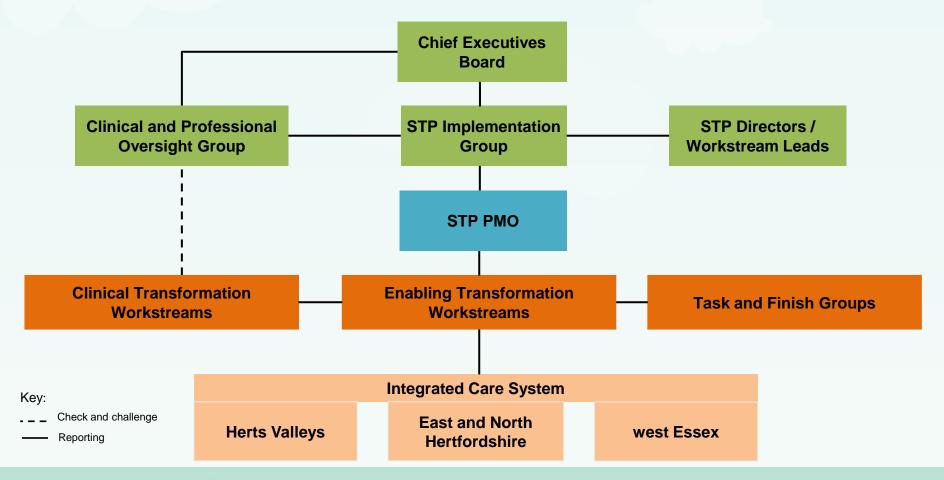
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STP Programme Management Arrangements





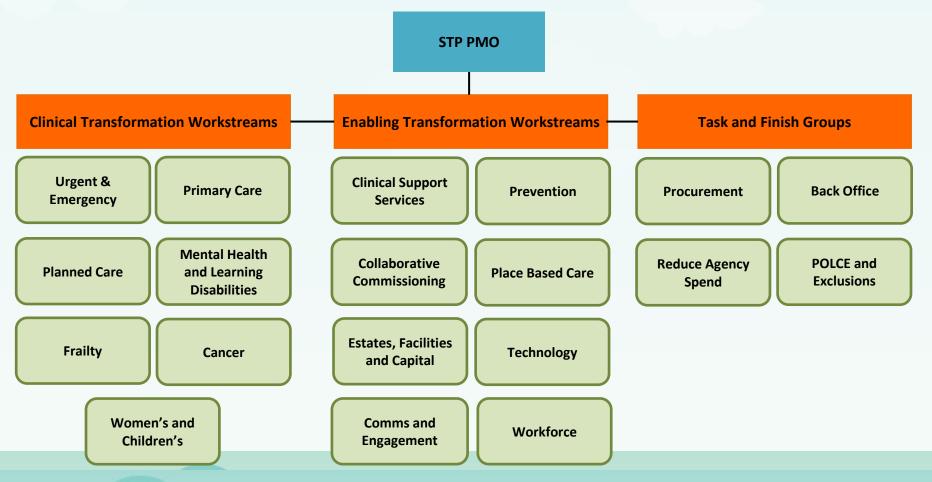
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STP System Workstreams



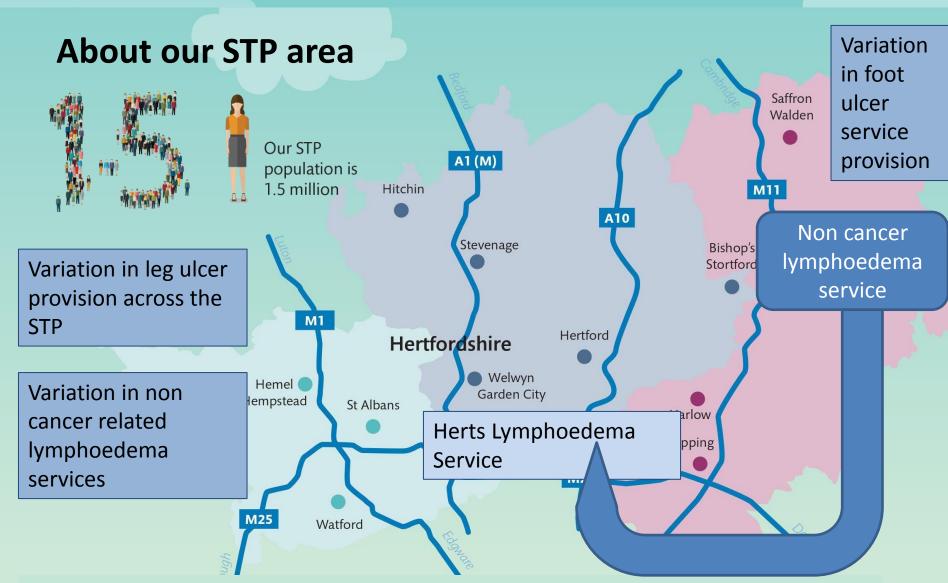












Herts Valleys CCG, East and North Hertfordshire CCG and West Essex CCG - working together with county and district councils







Other variations

- Tissue viability acute vs community
 - 6.0 WTE Acute, 3 hospital trusts
 - 5.96 WTE, 2 Community Trusts
 - 0.6 WTE Mental health Herts
- Nursing Home
- Domiciliary Podiatry
- Musculo-skeletal Podiatry

WF = 3.0WTE for population of 293k

Herts = 1.93 WTE for population of 1.15m









Tissue Viability in Herts









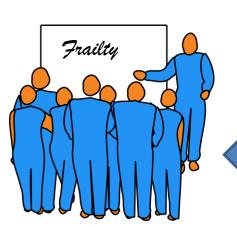




















East and North Hertfordshire NHS Hertfordshire Partnership NHS University NHS Foundation Trust Hertfordshire Community £125 million on **Unwise** wound 1,179,258 resource **Unwarranted** management¹ STP over 18 management 4% of total STP variation in estimated adds to cost total spend access to population services & service delivery 52,830 Limited People with a knowledge of wound. 48% preventative chronic & 12% care at levels undiagnosed closest to the patient **Estimated** 5,744 over 18 with **Specialist** lymphoedema **Person with** 3340 cellulitis services used /chronic tissue viability admissions unwisely oedema issue unsure 2015/16 where to seek £6.85m support

Essex Partnership University









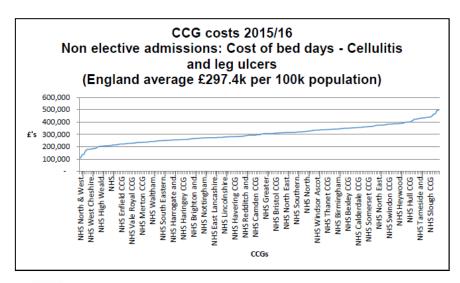




Table 2: Summary of financial costs for both pathways by cost category

Analysis by cost category	Sub-optimal	Optimal
Primary care management	£1,337	£349
Community care	£2,167	£156
Non-elective admissions	£2,169	£0
Grand total	£5,673	£505

	Sub Optimal Clinical Time	Optimal Clinical Time	Sub Optimal Prevention	Optimal Prevention	Sub Optimal Dressings	Optimal Dressings	Sub Optimal Other
Primary care	£935	£93	£11	£222	£390	£34	£0
Community care	£1,204	£102	£0	£0	£964	£54	£0
Non-elective admissions	£0	£0	£0	£0	£0	£0	£2.169
Total	£2,139	£195	£11	£222	£1,354	£88	£2,169



https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/nhs-rightcare-bettysstory-narrative-full.pdf









Proposal

Acute specialist services

Tissue Viability, Leg Ulcer, Lymphoedema, **Specialist Podiatry**

Paking sealth intervention Place based care skin integrity coordinator

GP Federation leg ulcer/podiatry

GP Services/DN/RN NH Nursing Associate/Non-registered

Self-care, Relative, friend, carer, paid carer Ambulance service, NH RN, Pharmacy, Urgent care

Person with risk of skin integrity issue

Education & Upskilling of workforce

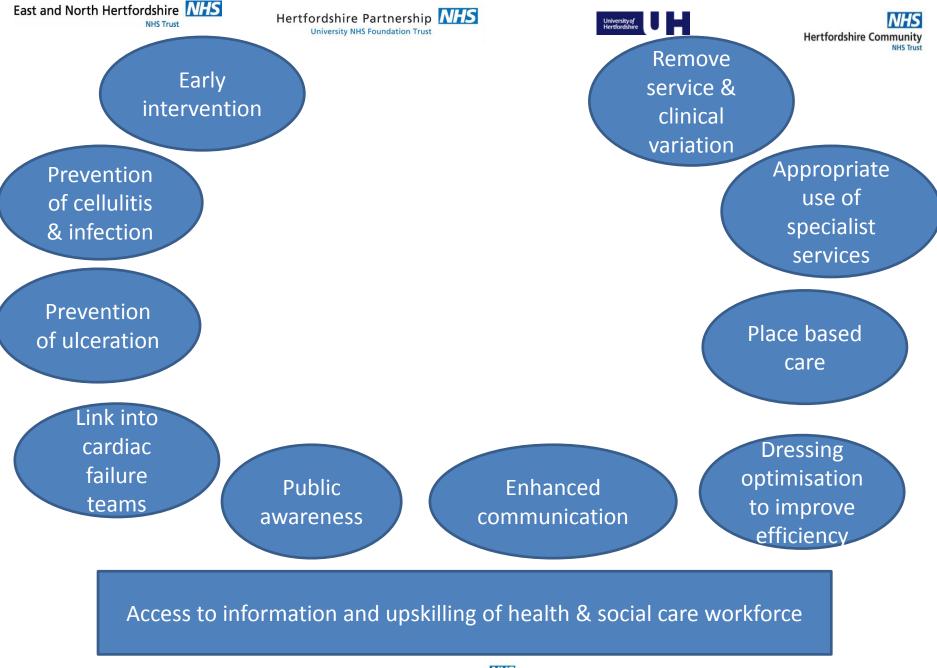
Digital wound passoort

Mild Frailty



















What do we need?

- Understand the population needs
- Support implementation of assessment & management pathway
- Agreement to transform how education and workforce upskilling are delivered
- Project support
- Links to technology and medicines management workstreams
- Help to raise public awareness











STP System Workstreams

Frailty

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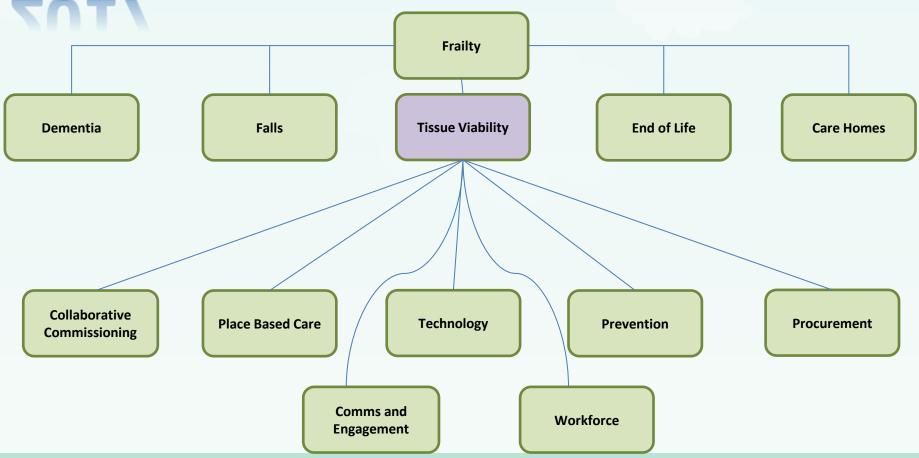






2017

STP System Workstreams





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Where are we now?



A Healthier Future for Tissue Viability

























A NEEDS ASSESSMENT FOR TISSUE VIABILITY SERVICES ACROSS THE HERTFORDSHIRE AND WEST ESSEX SUSTAINABILITY AND TRANSFORMATION PARTNERSHIP

Dr Suzanne Walton Consultant in Public Health Medicine











Services across the STP

- Variations between CCGs
- Variations between localities within CCGs
- Variations between clinics
- Some patients seen out of area
- Unmet need some conditions, housebound, care / nursing homes, those with mental health conditions













Overview of Data

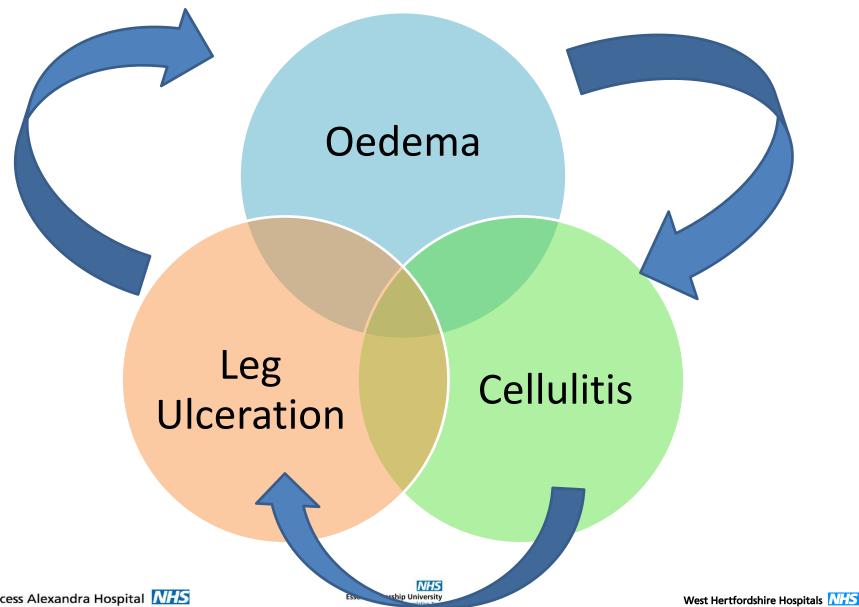
- Hospital Episode Statistics (HES) data
 - on inpatient admissions (CCG comparisons made)
 - A&E attendances (inadequate coding)
 - Outpatient data (inadequate recording)
- CCG Secondary Uses Service (SUS) data
 - Linkage to other data sets (ENHCCG)
- Community services data sent to CCGs
- General Practice data (for ENHCCG)









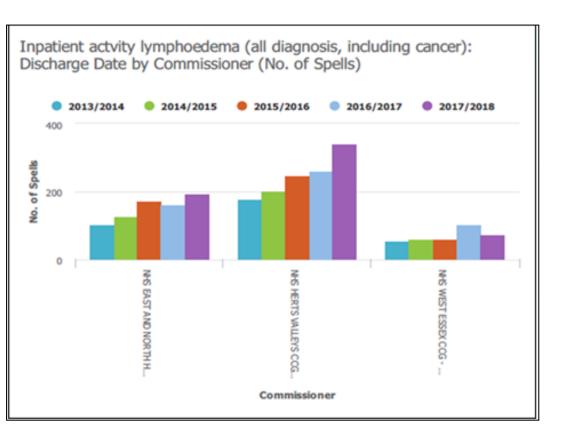












- 606 admissions
- 91% non-cancer related
- 70% emergency
- 68% elderly
- 21.1% moderate frailty
- 12.2% severe frailty
- 81.5% one or more long term conditions
- A cost of £1,593,468.
- Non cancer a cost of £1,460,359

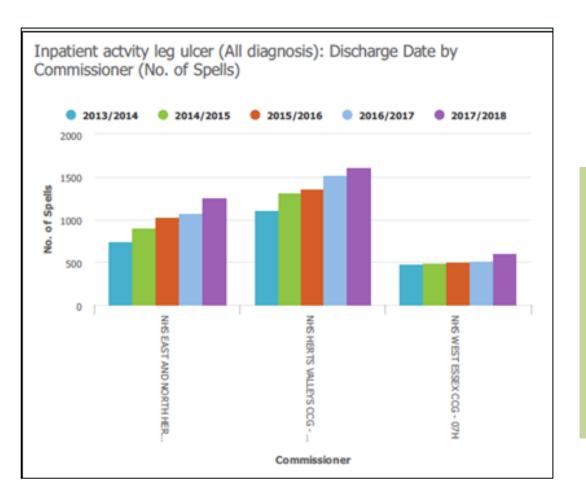












- 3474 admissions
- 84% emergency
- 78% elderly
- 25.8% moderate frailty
- 17.5% severe frailty
- 83.1% one or more long term conditions
- A cost of £14,733,480.



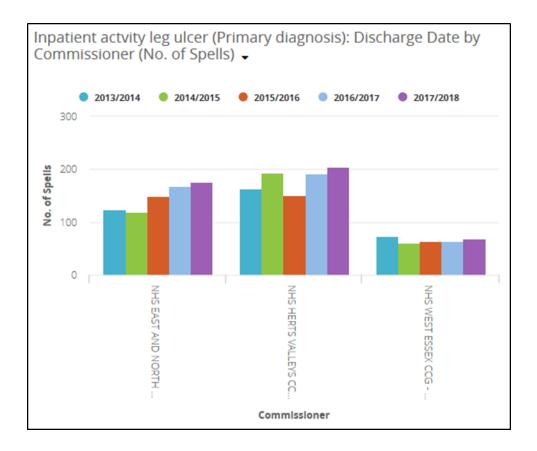












- 452 admissions
- 78% emergency
- 76% elderly
- A cost of £1,450,368



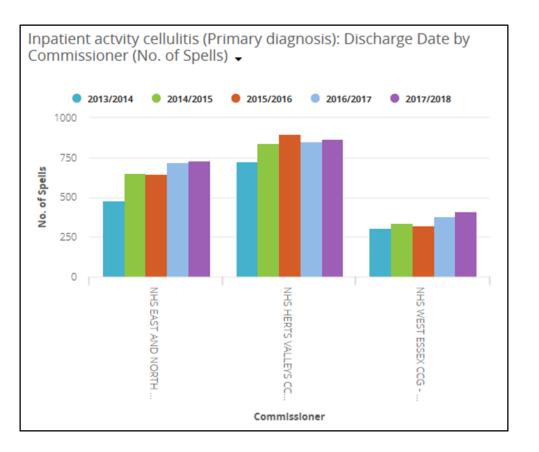












- 2013 admissions (4016 all diagnosis)
- 78% emergency
- 56% elderly
- 18.1% moderate frailty
- 11.6% severe frailty
- 73% one or more long term conditions
- A cost of £3,900,000











Main recommendations

- Increasing lymphoedema services to address unmet need and ensuring equitable access regardless of lymphoedema aetiology
- Development and implementation of evidence based care pathways for all the conditions
- Optimising lymphoedema and leg ulcer care to prevent cellulitis admissions
- Address current unmet needs





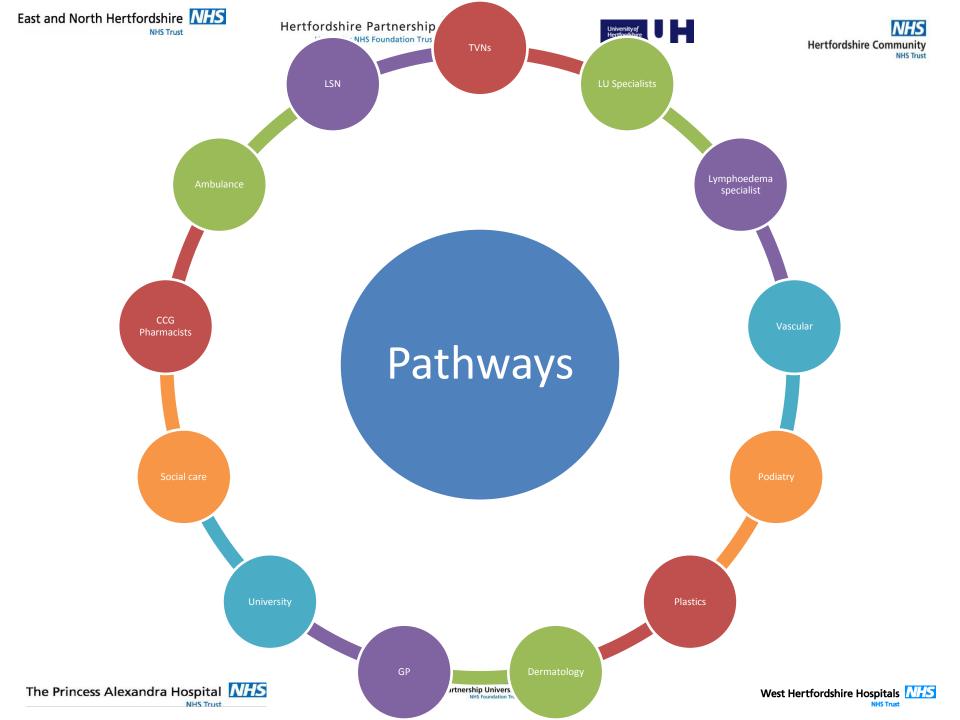


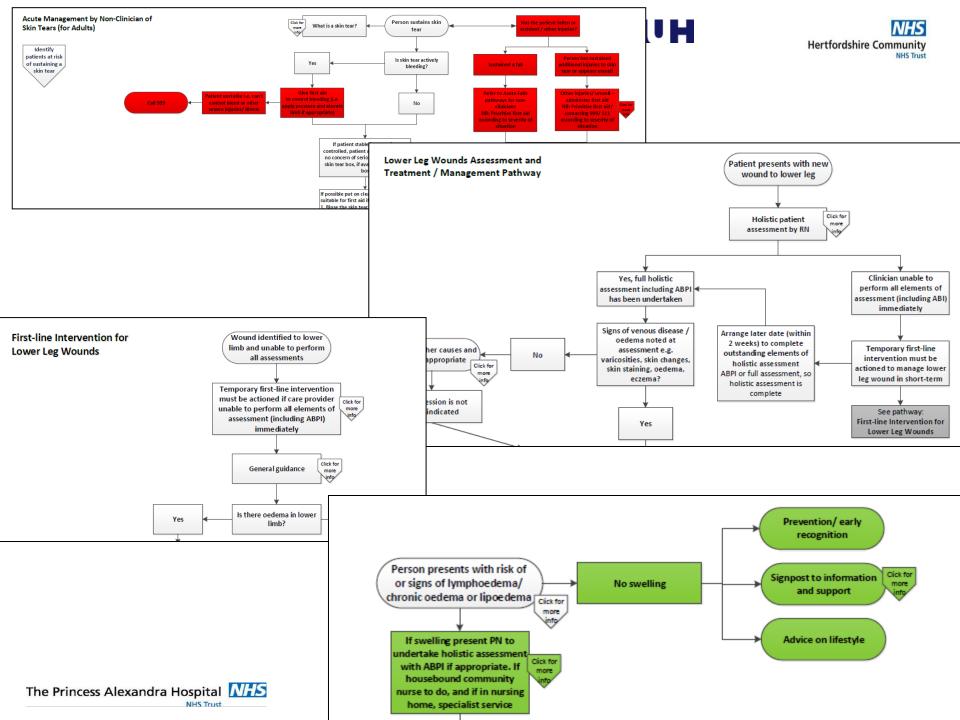


Main recommendations (2)

- Consistent data collection in primary care
- Optimising referral routes into other relevant specialities
- Greater emphasis on prevention and selfmanagement
- Review access to dressings and ensure appropriate use of dressings
- Regular training and support for staff particularly in community settings

















































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