

Lessons Learned:

Despite the overwhelming impact of this central procurement scheme, the team at Accelerate CIC have identified some limitations for consideration.

- Transport of dressings in urban areas – despite the introduction of the ‘bulky item’ home delivery service, a number of district nurses continue to transport dressings by foot in urban areas.
- Additional support for District Nurses – the reactive nature of community nursing does bring with it additional challenges regarding planning and stock management.
- Cost savings and waste reduction will be evident in the early years of implementation. Annually reviewing the scheme in the context of the local population demographics and community needs will be key to delivering on-going benefits.
- Data – By focussing on total wound care data centrally the depth of understanding within the local context has increased. This has enabled the team to utilise the data to highlight clinical practices and interventions, give a greater understanding of the local patient population and their needs, highlight education needs and proactively plan the overall education strategy.
- Geographical boundary issues – the scheme is built on equity of access to wound care dressings, meaning those who would normally pay for prescriptions would no longer need to. If there was an increase in out of area patients this could cause unexpected cost pressures.



Pacific Programme

Tower Hamlets / Accelerate CIC Case Study:

How a managed procurement-based system for wound care can provide clinical, financial and operational benefits and meets the needs of patients.

Interested in reducing wound care spend?

Using NHSBSA’s national prescribing and dispensing data, the Pacific team are keen to help you to develop opportunities specific to your geographical footprint. For further information please contact: nhsbspacificideas@nhs.net

NHSBSA Pacific Programme

We are a free resource to NHS clients. We work with colleagues across the NHS to identify and deliver change, as experts in managing healthcare information, we are able to utilise our data and analytics to help you. The Pacific Programme’s aim is to collaborate to create £1 billion of savings to re-invest without compromising patient care.

Background

Wound care products in primary care are typically administered to patients via the FP10 prescribing route, however a number of providers have recently moved away from the traditional prescribing route and implemented a centralised procurement model.

In 2009 Tower Hamlets Primary Care Trust initiated an investigation into the supply and use of wound care dressings and other related products. Alison Hopkins (Lead Nurse for the Wound and Lymphedema service) and her team at the East London Wound Healing Centre were asked to lead this investigation, resulting in the implementation of a centralised procurement system for the delivery of wound care dressings and other products.

During that time the East London Wound Healing Centre was part of the Tower Hamlets Primary

Care Trust, however in 2011 the service spun out of the NHS and Accelerate CIC was established. Accelerate CIC is an award winning Community Interest Company (CIC) working with the NHS to provide specialist care for patients living with chronic wounds and lymphoedema in Tower Hamlets. Since then a dressings scheme and lymphoedema service have also been established in City & Hackney.

The centralised scheme introduced by Alison and her team is more than a procurement system as it is designed in a holistic way, ensuring patient needs remain at the heart of the scheme. The scheme connects home care, nursing homes and primary care provision of wound care into the multidisciplinary team and the education programme.



This case study was produced to support commissioners and front line staff using Leading Change, Adding Value; a framework for nursing, midwifery and care staff, as part of the wound care programme. For more details go to www.england.nhs.uk/LeadingChange



‘Accelerate CIC is an award-winning social enterprise with a focus on wound healing and lymphoedema. Accelerate has a unique approach to lower limb management and mobility which improves patient’s outcomes and reduces the financial burden to the local health economy. The early intervention and multidisciplinary model is highly effective and can demonstrate in-year real time savings to NHS Commissioners and Providers.’

www.acceleratecic.com | info@acceleratecic.com



The Issue:

The investigation led by Alison Hopkins and the team in 2009 identified a number of challenges to be addressed:

- Prescribing Process:
 - The traditional FP10 prescribing route experienced a number of delays due to disjointed diagnosis and prescribing approaches.
 - Inadequate numbers of nurse prescribers, resulted in increased workload for GPs and further disjointed care for patients.
- Access to dressings:
 - Patients experienced delays in accessing dressings causing frustration to both patients and clinicians, impacting treatment of wounds and overall patient care.
- Standard Clinical Approach:
 - No standardised clinical approach to dressings choice and infection control practices.
 - Variation in treatment coupled with the use of inappropriate dressings was not helpful for healing patient's wounds.
- Waste:
 - There was significant evidence of waste, with large quantities of unused dressings in patient's homes.

Action Taken:

A centralised wound care procurement system was introduced with 90% of the wound care budget top sliced and given to the centralised scheme. The remainder of the prescribing budget sat within GP budgets to account for dressings not used for wound care (i.e. childhood eczema, tracheostomy etc.).

The objectives of the scheme were clear:

- Provide efficient and effective access to dressings as and when required
- Reduce wastage
- Standardise practice using a formulary
- Stay within budget

Prior to implementation Alison and her team identified key stakeholders and sourced a supplier. NHS Supply Chain was selected as the central provider enabling access to an on-line ordering system. Community based service providers were identified and set up as specific locations on the online ordering system and users were provided with process and system training.

A wound care formulary was developed working in partnership with the medicines management and community nursing teams. Whilst some flexibility remained within the formulary, this consistent approach reduced variation in treatment and subsequently improved patient care and outcomes. The formulary was set up on the NHS Supply ordering system as a "favourite list" making it easy for users to order products. All orders continue to be reviewed and signed off centrally by the Accelerate CIC team and any orders outside the formulary list are managed via a specific non-formulary ordering process.

This additional administrative layer ensures compliance with the formulary and puts in place the necessary rigour required to deliver the scheme effectively. It also centralises all purchase and ordering data, allowing the team to integrate this data with other key data sets and carry out detailed analyses.

Data importance:

Reviewing and understanding the data on a central scale supports wound care management both clinically and from a local healthcare economy perspective.

The team worked with NHS Supply Chain to customise regular reports, helping the team to translate the data into a useful review, planning and decision-making tool. The central administrative team at Accelerate CIC regularly track queries and issues raised by users, detailed analysis is carried out on purchase and ordering data including ordering (by team/individual), usage (by product type/size/brand), cost (per item/frequency/location) and trends in ordering outside of the formulary.

This level of detail could not have been achieved without the governance role played by Accelerate CIC.

- Central analysis of procurement data by Accelerate CIC has enabled the identification of:
 - High spend areas / users
 - Cost effectiveness analysis
 - Complex patient needs
 - Requirements outside the formulary
 - Repeat prescribing (previously not identified and reviewed regularly)
 - Vulnerable patient groups
 - Trigger points for specialist intervention
 - Ordering patterns
- Perhaps most importantly it created a link to clinical decision making and the quality of care provided through a simple classification of products.

Benefits

The scheme, which took six months to implement, has delivered not only its key objectives, but has also released significant financial and non-financial benefits:

- Financial savings - From 2009 – 2017 the scheme was managed within the same and original budget despite an 18% increase in

population size; thus c. £650k has not been spent. This budget also allowed an additional £45k savings from 2012 to be reinvested in services.

- A financial comparison with other CCGs is difficult. There is significant variation between CCGs and whilst FP10 spend data is readily available there is limited if any visibility to local central procurement data. However, analysis shows Tower Hamlets total wound care spend currently runs at £1.49/patient, this is below the national average spend of £2.25/patient (based on total CCG population figures).
- Access - Enabling clinicians to directly order on a needs-based system and draw from an on-line supply has resulted in effective and efficient access to dressings for patients and improved patient care.
- Waste - By removing individual patient prescriptions, nurses have access to dressings on a required basis without the need to prescribe a full box of dressings which are likely to go un-used. The system has also eradicated the use of prescribed dressings being administered to other patients for use.

"Implementing system change that provides comprehensive data can benefit individual patients, nursing teams and the local health care economy" – Accelerate CIC

- Education – Tracking trends within the ordering data, queries and issues raised within the process have been valuable in terms of defining knowledge gaps and training requirements. This analysis helps inform the education strategy and ensures training is tailored to meet specific user needs.
- Patient outcomes – increased visibility of patient groups, individual needs and clinical practice trends has enhanced treatment and improved patient care and outcomes.