

Putting NICE guidance into practice

Costing statement: Pressure ulcers

Implementing the NICE guideline on pressure ulcers (CG179)

Published: April 2014

1 Introduction

- 1.1 This costing statement considers the cost implications of implementing the recommendations made in [Pressure ulcers: prevention and management of pressure ulcers](#) (NICE clinical guideline 179).
- 1.2 The new guideline is an update of 'Pressure ulcers' (NICE clinical guideline 29 [2005]) and 'Pressure ulcer prevention' (NICE clinical guideline 7 [2003]), and replaces these guidelines.
- 1.3 Services for preventing and managing pressure ulcers are commissioned by Clinical Commissioning Groups and NHS England specialised services. Providers will include acute hospitals, intermediate care settings, step-down care, community nursing and other community services.
- 1.4 The guideline is unlikely to have a significant impact on NHS resources at a national level as many of the recommendations are believed to be highlighting current standard practice. However, organisations are advised to assess the resource implications of the guidance locally, particularly where community providers are not currently repositioning people as frequently as recommended in the guidance.
- 1.5 Some of the areas where costs could be incurred are: the recommendations on assessing people who are admitted into hospital or care homes and people in other NHS settings with a risk factor for pressure ulcers; the recommendations on the frequency of repositioning for people who are at risk of developing pressure ulcers; the recommendations on the use of high-specification foam mattresses and other equipment.
- 1.6 Savings could be made by reducing the number of people who develop pressure ulcers, as treating them involves a longer and more costly hospital stay.

- 1.7 The [NHS Safety Thermometer](#) is a local improvement tool for measuring, monitoring and analysing 'harm free' care. A minimum of 0.125% of the value of all healthcare services commissioned through the [NHS Standard Contract](#) should be linked to the [2014/15 national Commissioning for Quality and Innovation \(CQUIN\)](#) goal of improvement against the NHS Safety Thermometer, particularly pressure ulcers, where this applies. Commissioners may decide to link a higher proportion of CQUIN value to this goal.

2 Background

- 2.1 The guideline covers the prevention and management of pressure ulcers for people of all ages.
- 2.2 Based on data available for 186,000 patients, the prevalence rate of pressure ulcers from a range of healthcare settings, including nursing homes, care homes, independent sector care providers and community nursing as well as hospitals in December 2013 was 4.7% ([NHS Safety Thermometer](#)). Data can be found on the prevalence and number of pressure ulcers recorded monthly by each provider taking part in the [NHS Safety Thermometer](#).
- 2.3 The daily costs of treating a pressure ulcer are estimated to range from £43 to £374. For ulcers without complications the daily cost ranges from between £43 to £57 (Bennett, Dealey and Posnett, 2012). These costs assume that patients are cared for in a hospital or long-term care setting but are not admitted solely for the care of a pressure ulcer. These are the daily costs in addition to the costs of standard care. Resources required include nurse time, dressings, antibiotics, diagnostic tests and pressure redistributing devices.
- 2.4 Many of the costs of pressure ulcers in secondary care will be contained within tariff payments for other treatments and will not be clearly reported as pressure ulcer costs to commissioners. Commissioners will pay for the tariff that the patient has been admitted for and any excess bed day payments over the trim point for that tariff, if needed. It is estimated that

the average inpatient length of stay is 5.6 days (Health and Social Care Information Centre, 2013), and hospital-acquired pressure ulcers increase the length of stay by an average of 5–8 days per pressure ulcer (Bennett, Dealey and Posnett, 2012). The expert opinion of the Guideline Development Group (GDG) suggested the additional length of stay due to developing pressure ulcers could be higher.

- 2.5 The costs of treating pressure ulcers within community settings, intermediate care settings, step-down care, community nursing and other community services will normally be absorbed within any block contracts. This could lead to budgetary pressures on the service providers.

3 Recommendations with potential resource impact

- 3.1 Resource implications associated with implementing the guideline should be determined at a local level. However, some of the possible costs and savings associated with implementing the guideline are discussed below.

Costs

Costs of assessments

- 3.2 The guideline recommends carrying out and documenting an assessment of pressure ulcer risk for adults being admitted to secondary care and care homes in which NHS care is provided, and children under 18 years being admitted to secondary or tertiary care (recommendations 1.1.2 and 1.2.1). This is already considered to be standard clinical practice in most cases. This will not lead to additional costs for commissioners but could lead to increased costs for providers. These additional costs are expected to be offset by more efficient use of staff time in providing more intensive prevention strategies to people who are at risk. For example, the risk assessment could help healthcare professionals decide how often a person needs to be repositioned, what position they need to be in, or whether a particular pressure redistribution device is needed.
- 3.3 Assessments should also be carried out for people who have a risk factor for developing a pressure ulcer receiving NHS care in other settings

(recommendations 1.1.2 and 1.2.1). Again, this will not lead to additional costs for commissioners but could lead to savings for providers. For example, if a GP carries out an assessment of pressure ulcer risk in patients they could help reduce the number of pressure ulcers that people develop and need treatment for from community services. Pressure ulcers can take a long time to heal and providing adequate treatment can be costly to community services. Providing 2 hourly assessments of people identified in the community with non-blanching erythema (recommendation 1.1.7) could lead to additional time and labour costs for community providers initially but could prevent worsening of pressure ulcers and therefore reduce their future costs.

Costs of repositioning

- 3.4 Frequent repositioning is recommended for people at risk of developing a pressure ulcer (recommendations 1.1.8, 1.1.9, 1.2.5, 1.2.6, 1.2.7 and 1.2.8). The amount of time and number of staff members needed to reposition a patient will vary depending on the individual. For example some people can reposition themselves and just require prompting whereas some less mobile or larger people may require up to 4 nurses to reposition them. The grade of staff involved will vary according to the setting and the staff on duty on a particular day. An hour of band 5, 6 and 7 nurse's time including on-costs is around £18, £22 and £26 respectively (mid-point Agenda for Change pay scales 2013–14).
- 3.5 There may be increased costs for community providers where they are not currently repositioning people as frequently as recommended. There could be a maximum of 4 visits a day per person. The repositioning may be carried out by Social Care staff or NHS Healthcare Assistants.
- 3.6 Nurse and healthcare assistant time accounts for 90% of the overall costs for treating pressure ulcers, and 96% of the cost in category I and II pressure ulcers (Bennett, Dealey and Posnett, 2012). This cost to provider organisations could be reduced by developing pressure ulcer reduction initiatives, such as the regular repositioning of patients who are at high risk.

- 3.7 There may be increased costs for community providers who do not currently provide repositioning equipment for all patients at risk of developing pressure ulcers. These costs could increase due to the ageing population and a corresponding increase in the number of people with long term conditions who are at high risk of developing pressure ulcers. Equipment will also need to be replaced as it wears out.

Costs of high-specification foam mattresses and other equipment

- 3.8 There could be a need to consider the local cost impact of providing high-specification foam mattresses and other pressure redistributing equipment (recommendations 1.1.13, 1.1.14, 1.1.17, 1.2.17, 1.2.18, 1.2.20 and 1.2.21). This is believed to be standard practice in the majority of cases but where it is not the costs for implementing these recommendations should be considered. High-specification foam mattresses for adults cost the NHS around £120 to £200 each. For children under 18 years they will cost around £50 to £200. Constant low pressure and alternating pressure mattress replacements cost around £3,500 to £3,600, or they can be hired for around £13–£14 per day (minimum 10-day hire). The equipment can be used over a number of years, so the cost per patient is expected to be low.

Savings

- 3.9 Savings may be possible by implementing the best practice guidance set out in the recommendations and reducing the number of people with pressure ulcers.

Potential savings for providers

- 3.10 Reducing the incidence of pressure ulcers in hospitals will release beds and nurse time. This makes it possible to treat more patients within the same overall capacity, improving the efficiency of the organisation.
- 3.11 By reducing pressure ulcer incidence rates for patients who are admitted to hospital for other conditions, the additional daily costs of treating patients with pressure ulcers would be reduced, leading to savings for providers.

- 3.12 By reducing the incidence of pressure ulcers and so the average length of stay in hospital, patients have a lower chance of contracting other conditions such as methicillin-resistant *Staphylococcus aureus* (MRSA).
- 3.13 If a GP carries out an assessment of pressure ulcer risk in patients they could help reduce the number of pressure ulcers that people develop and need treatment for from community services. Pressure ulcers can take a long time to heal and providing adequate treatment can be costly to community services.
- 3.14 Providing 2 hourly assessments of people identified in the community with non-blanching erythema (recommendation 1.1.7) could lead to additional time and labour costs for community providers initially but could prevent worsening of pressure ulcers and therefore reduce their future costs.

Potential savings for commissioners

- 3.15 By reducing the incidence of pressure ulcers, commissioners could make savings from a reduction in excess bed day payments to hospitals where patients' length of stay exceeds the Healthcare Resource Group trim point. Patients with pressure ulcers stay in hospital an average of 5–8 days longer than other patients. The average per day payments for days exceeding the trim point is £236 (national tariff, 2014–15).

4 References

Dealey C, Posnett J, Walker A (2012) The cost of pressure ulcers in the United Kingdom. *Journal of Wound Care* (6): 261–2, 264, 266

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Health and Social Care Information Centre (2013) Main procedure and interventions: summary [\[online\]](#). Accessed 18 March 2013.

National Clinical Guideline Centre (2013). Pressure ulcer prevention: the prevention and management of pressure ulcers in primary and secondary care. NICE clinical guideline 179. London (UK): Royal College of Physicians

National tariff payment system, 2014–15

About this costing statement

This costing statement accompanies the clinical guideline: [Pressure ulcers: prevention and management of pressure ulcers](#) (NICE clinical guideline 179).

Issue date: April 2014

This statement is written in the following context

This statement represents the view of NICE, which was arrived at after careful consideration of the available data and through consulting healthcare professionals. It should be read in conjunction with the NICE guideline. The statement is an implementation tool and focuses on those areas that were considered to have potential impact on resource utilisation.

The cost and activity assessments in the statement are estimates based on a number of assumptions. They provide an indication of the potential impact of the principal recommendations and are not absolute figures.

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