

Compression products for treating venous leg ulcers: late-stage assessment

Resource impact assessment

Introduction

On 13 March 2025, the Resource Impact Assessment (RIA) team delivered a presentation to the committee discussing the following:

- extent of use of compression products in the NHS (primary care)
- treatment costs per person over a 5-year time horizon
- cost estimates based on 4,000 people treated, and costs assuming a 30% shift from more to less expensive treatment options.
- potential savings because of the 30% shift.

These are fully discussed in the next sections of this document.

The RIA team indicated that the cost and savings estimates presented to the committee were for illustrative purposes only and not final. Resource impact work is on-going, any tools that are produced will be according to the [resource impact process manual](#).

Compression products use in the NHS.

Procurement of compression products in the NHS is either via the NHS prescription services for primary care ([technologies listed in part IX of the Drug Tariff](#)) or NHS Supply Chain and off medical prescription procurement platforms. There is price variation between and within the different types of compression products.

Treatment costs

Table 1 shows the cost per person of treating a venous leg ulcer based on the EAG economic model, covering a 5-year time horizon.

Table 1 Cost per person over 5 years

Compression product	4LCB	2LCB	2LCH	CW
Consumables	£375	£408	£158	£234
Staff costs	£1,530	£1,122	£680	£595
Total	£1,906	£1,530	£838	£829

4LCB: 4-layer compression bandages. 2LCB: 2-layer compression bandages. 2LCH: 2-layer compression hosiery. CW: Compression wraps

Staff costs constitute the biggest cost element compared with consumables. The 4LCB and 2LCB require a band 5 nurse to change the dressings, whilst the 2LCH and CW require either a band 3 or 4 healthcare professional. Also, the 4LCB and 2LCB require more visits/appointments per week compared to the 2-layer hosiery and CW products.

Resource impact estimates

Tables 2 shows costs per 1,000 people treated for each of the 4 treatment classes. Table 3 shows costs assuming 30% of people currently treated with 4LCBs, and 2LCBs switch to 2LCH and CW. This assumes treatment options are of equivalent clinical effectiveness.

Table 4 shows the change in costs because of the 30% shift. Overall, this saves about £530,600.

Table 2 Costs per 1,000 people treated with each of the 4 product classes

Product type	4LCB	2LCB	2LCH	CW
Number of people	1,000	1,000	1,000	1,000
Consumables	£375,274	£408,047	£157,984	£233,934
Staff costs	£1,530,309	£1,122,294	£679,854	£595,410
Total costs	1,905,583	£1,530,341	£837,838	£829,343

Table 3 Costs based on 30% switching from 4LCB and 2LCB to 2LCH and CW

Product type	4LCB	2LCB	2LCH	CW
Number of people	700	700	1,300	1,300
Consumables	£262,692	£285,633	£205,379	£304,114
Staff costs	£1,071,216	£785,606	£883,810	£774,032
Total costs	£1,333,908	£1,071,239	£1,089,189	£1,078,146

Table 4 Change in costs because of the 30% switch

Product type /change in number of people treated	4LCB -300	2LCB -300	2LCH +300	CW +300	Total
Consumables	-£112,582	-£122,414	£47,395	£70,180	-£117,421
Staff costs	-£459,093	-£336,688	£203,956	£178,623	-£413,202
Total costs	-£571,675	-£459,102	£251,351	£248,803	-£530,623

The shift frees up Band 5 nurses time which could be invested in other areas of healthcare support need.

Conclusion

The RIA team estimated savings based on 4,000 people treated, split equally across the 4 classes of compression products and then the impact if 30% of the people switch from 4LCB and 2LCB to 2LCH and CW respectively (Table 3). Estimated savings total £530,600 and are subject to the following limitations:

- assumption that people remain on the same compression product while receiving treatment (switching could be possible with some people)
- choice of compression product to use is made by a trained healthcare professional taking into account the person's preferences so may not be easy to switch

- nurse visits to change dressings assumes staff of different pay bands (family or informal carers may change dressings in some cases)
- time per appointment with person is assumed the same across all products (number of appointments differs)
- price variation between and within all types and sizes of compression products
- prices exclude products procured via other formularies and off-medical prescribing platforms
- cost of appointment based on wound clinic rather than home visit (costs of which would include travel time).

Because of these limitations, potential resource impact will vary depending on local practice.

Post committee meeting

The draft guidance, in the section on what the recommendations means in practice, states that evidence suggests the clinical effectiveness of compression hosiery and bandaging is broadly similar.

Also, economic modelling suggests that compression hosiery, which enables self-management, is cost effective compared with compression bandaging, which relies on regular visits from a nurse to change the dressing. Compression wraps also have the potential to enable self-management, but there is more uncertainty about their effectiveness. Therefore, switching from 4LCB and 2LCB to 2LCH may save costs. See tables 5.

Table 5 Costs and potential savings

Compression product	4LCB	2LCB	2LCH	Total
Number of people	1,000	1,000	1,000	3,000
Consumables	£375,000	£408,000	£158,000	£941,000
Staff costs	£1,530,000	£1,122,000	£680,000	£3,332,000
Total costs	£1,905,000	£1,530,000	£838,000	£4,276,000
30% switch to 2LCH				
Number of people	700	700	1,600	3,000
Consumables	£262,500	£285,600	£252,800	£800,900
Staff costs	£1,071,000	£785,400	£1,088,000	£2,944,400
Total costs	£1,333,500	£1,071,000	£1,340,800	£3,748,300
Change in costs/people treated				
	-300	-300	600	0
Consumables	-£112,500	-£122,400	£94,800	-£140,100
Staff costs	-£459,000	-£336,600	£408,000	-£387,600
Total savings	-£571,500	-£459,000	£502,800	-£527,700

Savings cover a 5-year time horizon and are subject to the limitations described in the EAG assessment report.

Conclusions

Because economic modelling suggests that compression hosiery, which enables self-management, is cost effective compared with compression bandaging, which relies on regular visits from a nurse to change the dressing, switching from 4LCB and 2LCB to 2LCH may save money for the NHS. However, this would depend on local current practice subject to the limitations discussed above.