

## Putting NICE guidance into practice

### **Resource impact report: SecurAcath for securing percutaneous catheters (MTG34)**

Published: June 2017

## Summary

The case for adopting SecurAcath for the securement of peripherally inserted central catheters (PICCs) is supported. Please see the [guidance](#) for details.

It is estimated that around 128,000 people are eligible for SecurAcath, based on the approximate number of people having PICCs each year. Uptake will be steady from year 5 after implementation, with around 121,000 people having SecurAcath with an estimated saving for England of £4.2m (see table 1).

**Table 1 Estimated annual cost saving of implementing the guidance for the population of England, using NICE assumptions**

	2017/18	2018/19	2019/20	2020/21	2021/22
People having SecurAcath each year	34,400	56,100	77,800	99,500	121,000
Cost savings with SecurAcath (£000s)	-848	-1,697	-2,545	-3,394	-4,242

Savings are generated by avoiding or reducing the need to replace adhesive securement devices for PICCs, and are greater the longer a PICC is in place.

This report is supported by a resource impact template which may be used to calculate the resource impact of implementing the guidance by amending the variables.

This technology is commissioned by clinical commissioning groups (CCGs). Providers are NHS hospital trusts.

# 1 Introduction

1.1 This report looks at the resource impact of implementing the NICE guidance on [SecurAcath for securing percutaneous catheters](#) in England.

1.2 The guidance states that:

- The case for adopting SecurAcath for securing peripherally inserted central catheters (PICCs) is supported by the evidence. SecurAcath is easy to insert, well tolerated, associated with a low incidence of catheter-related complications and does not usually need removing while the catheter is in place.
- SecurAcath should be considered for any PICC with an anticipated medium to long-term dwell time (15 days or more).
- Cost modelling shows that SecurAcath is cost saving compared with adhesive securement devices if the PICC remains in place for 15 days or longer. Estimated cost savings range from £9 to £95 per patient for dwell times of 25 days and 120 days, respectively. Cost savings result from shorter maintenance times and less need for device replacement with SecurAcath. Annual savings across the NHS in England from using SecurAcath are estimated to be a minimum of £4.2 million.

1.3 This report is supported by a resource impact template. The template aims to help organisations in England, Wales and Northern Ireland plan for the financial implications of implementing the NICE guidance by amending the variables.

1.4 NICE has developed an [Adoption Support Resource](#) alongside the resource impact products to support the adoption of this guidance. The adoption support resource should be read in conjunction with this report.

1.5 This technology is commissioned by clinical commissioning groups (CCGs). Providers are NHS hospital trusts.

## 2 Background and epidemiology of catheter securement

- 2.1 Central venous catheters are mainly used in people who are older or critically ill, after major trauma, or in people who need long-term, ongoing therapy (such as those with cancer).
- 2.2 Peripherally inserted central catheters (PICCs) are central venous catheters that are inserted into a peripheral vein in the arm, rather than the neck or chest. Although PICCs may be used for short-term access (7 to 10 days), they are more typically used in people needing intravenous access for several weeks or months. They are used in both inpatient and outpatient settings.
- 2.3 PICCs are usually kept in place using an adhesive securement device such as StatLock or Grip-Lock. These devices prevent cleaning of the skin underneath and so must be regularly removed and replaced, usually on a weekly basis. Replacing an adhesive securement device increases the risk of infection and can lead to the PICC moving or becoming dislodged.
- 2.4 SecurAcath is a securement device which stays in place as long as the catheter is needed and can be lifted off the skin to allow full cleaning of the insertion site. See the [guidance](#) for more details.

**Table 2 Number of people eligible for treatment in England**

Population	Proportion of previous row (%)	Number of people
Total population		54,786,327
People having PICCs	0.27	150,000
People with PICCs in place for 15 days or more	85	128,000
People eligible for SecurAcath	100	128,000
People estimated to have SecurAcath each year from year 5	95	121,000

2.5 We estimate that approximately 128,000 people are eligible for SecurAcath each year.

2.6 We estimate that from year 5, when uptake reaches 95%, 121,000 people will have SecurAcath each year.

### **3 Assumptions made**

3.1 The resource impact template makes the following assumptions:

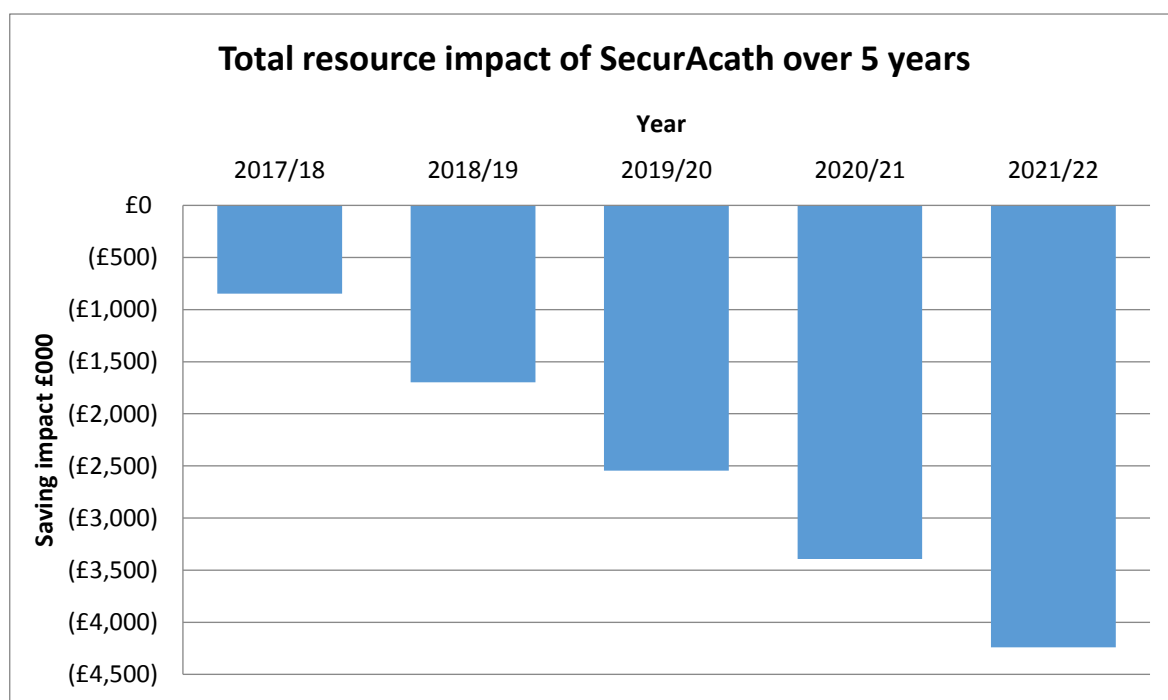
- The prevalent population remains the same over time.
- The proportion of people having PICCs is estimated at 150,000 per annum, based on clinical expert opinion of 1,000 PICCs inserted annually at every acute and specialist trust.
- The proportion of people with PICCs in place for 15 days or more is 85%.
- Current usage of SecurAcath is 10%.
- Future usage of SecurAcath is 95% by year 5.
- The probability of adverse events is not modelled, because there is insufficient evidence to determine if SecurAcath is clinically superior to comparator securement devices.
- The unit cost of SecurAcath is £20, based on list price provided in the manufacturer final submission and in line with cost effectiveness modelling.
- The unit cost of an adhesive device is £3.45, based on the cost of StatLock from the [NHS supply chain website](#).
- Adhesive securement devices are changed on a weekly basis.
- The average time a PICC remains in place is 120 days, based on hematology and oncology patients usually having PICCs in place for 4 to 6 months and even up to 1 year.
- Uptake is based on NICE assumptions and increases evenly over 5 years.

## 4 Resource impact

4.1 The annual saving associated with implementing the guidance for the population of England is £4.2 million, as shown in table 3. The saving from year 5 is equivalent to £7,743 per 100,000 population.

**Table 3 Resource impact of implementing the guidance for the population of England, using NICE assumptions**

	2017/18	2018/19	2019/20	2020/21	2021/22
Population having SecurAcath each year	34,400	56,100	77,800	99,500	121,000
Cost savings with SecurAcath (£000s)	-848	-1,697	-2,545	-3,394	-4,242



## 5 Savings and benefits

5.1 The guidance could be cost saving for the NHS by avoiding or reducing the need to replace adhesive securement devices for PICCs. Savings are greater with longer dwell times (that is, the longer a PICC is in place).

- 5.2 Using SecurAcath is also expected to reduce the time taken for weekly dressing changes, which will be a non-cash efficiency saving for provider organisations.

## **6 Other considerations**

- 6.1 The guidance highlights that training is essential for the correct use of SecurAcath, particularly for its removal. The company provides training at no extra cost.

## **7 Sensitivity analysis**

- 7.1 Several assumptions have been varied to explore which has the greatest effect on the overall resource impact for this guidance. The full analysis can be found in the sensitivity analysis section of the resource impact template.
- 7.2 All cost savings assume that PICCs stay in place for an average of 120 days. If this is increased to 150 days, savings also increase to £5.8 million from year 5. If the average is decreased to 90 days, savings fall to £2.6 million.

## About this resource impact report

This resource impact report accompanies the NICE guidance on [SecurAcath for securing percutaneous catheters](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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