

The cost to the NHS of caring for patients with chronic wounds are estimated at £2.3bn–£3.1bn per year (at 2005–2006 costs); around 3% of the total health expenditure. Patients with chronic wounds tend to have other chronic underlying conditions making it difficult for them to attend hospital clinics where specialised care can be provided. This calls for projects that can take specialised care to the community and nearer to patients' homes.

## The Technology

'WoundCare Centre' has the potential to provide virtual web based multi-disciplinary assessment of chronic wounds from a remote secondary care site, whilst patients remain in their own community settings. The proposal is to utilise a new, low cost, consumer 3D technology ('WoundCare') to enable accurate measurement, consistent image capture and 3D modelling of wounds, allowing for the first time accurate trend analysis. 'WoundCare' is available on tablet devices and laptops with a web application and secure cloud based storage and integration capability.

## Aims & Objectives

Our ultimate aim to take specialised wound management care (that is currently only accessible to patients in secondary care setting) nearer to the patients and thus reduce morbidity and mortality with affordable resource implications. To achieve this aim we will pilot the use of 'WoundCare' and 'WoundCare Centre' technologies in routine clinical practice.

## This Project Supports Prudent Healthcare

This project fits hand in glove with the four principles of prudent health care. It involves meticulous and planned approach to co-production involving equal partners from academia (WWIC & Cardiff University), NHS partner (Cardiff and Vale UHB), Industry (GPCSL) and patient groups (Cynnwys Pobl).

Together we aim to provide excellent clinical care to those who need it most but find it hard to access it ie house-bound patients with chronic wounds that are difficult to heal without proper care and intervention. Existing resource in the form of wound care expertise and district nursing would be combined in a novel way with help from latest technology developed by our Welsh industry partner in achieving our goals. A more robust specialised assessment at the point-of-care within communities means that only those who benefit from secondary care interventions will be appointed to be seen in the hospital there by saving time, travel costs and other resources.

Finally, this approach to wound care will standardise clinical care when implemented on a wider basis thereby avoiding unwarranted variations in care provision. The proposal has a definitive potential to deliver evidence based expert wound management to the place where it is needed most, ie within the community setting.

## Anticipated Benefits

- Pilot and establish the feasibility of implementing and continued use of 'WoundCare' technology in actual clinical practice.
- Improve the changes in general health outcome using EQ5D as a result of this new pilot wound care service at 6 months.
- Improve changes in Wound related quality of life using CWIS (Cardiff Wound Impact Schedule) as a result of this new pilot wound care service at 6 months (Price and Harding 2004).
- Achieve a high proportion of chronic wounds that have healed or significantly improved at the end of project.
- We anticipate reduction in estimated cost / resource used as compared to the same care provided in a secondary care setting.
- Ensure patient and care providing clinicians satisfaction with the pilot service.
- Obtain feed-back to ensure quality improvement for any future extensions of this project.

### The Team:

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