



Adoption support resource – insights from the NHS

Implementation support
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1 Introduction

This resource has been developed to provide practical information and advice on NICE medical technologies guidance on [UrgoStart for treating diabetic foot ulcers and leg ulcers](#).

NICE's adoption team worked with contributors who use UrgoStart in NHS organisations to gather learning and experiences.

The information presented in this resource is intended solely to support the NHS in using, further researching or evaluating the use of this technology. It is complementary to the guidance and was not considered by the committee when developing its recommendations.

UrgoStart is described in the [guidance](#). The benefits of using UrgoStart as reported by the NHS staff involved in producing this resource include:

- improving patient outcomes in terms of wound healing and quality of life
- ease of use
- long-term cost savings.

2 Current practice

NICE has published a guideline on preventing and managing [foot problems in people with diabetes](#). It states that clinical assessment and patient preference should inform dressing choices but that healthcare professionals should choose the lowest cost dressing that is likely to achieve the desired results.

NICE has published guidance on a clinical knowledge summary on [venous leg ulcers](#), which recommends that low-adherent dressings should be applied and replaced weekly. Other dressings to consider are hydrocolloid for pain, alginate for heavy exudate and hydrogels for slough.

3 Tips for adoption

Contributors to this resource considered the following to be important:

- Integrate UrgoStart into an appropriate care pathway for diagnosing and treating diabetic foot ulcers or venous leg ulcers. See [care pathway mapping](#).
- Offering appropriate education and training to staff about UrgoStart to increase clinical confidence and ensure appropriate patient selection. See [education and training](#).
- Starting with a [pilot phase](#) to collate data on the [benefits](#) of UrgoStart. Used together with a resource impact assessment the information can support local procurement. See [resource impact](#).
- Having UrgoStart on a local formulary or keeping it in stock can help staff find and use easily. See [procurement](#).
- Having a dedicated [implementation team](#) in place can help with adopting UrgoStart. See [project management](#).

4 How to implement the guidance

Contributors' experiences have been used to develop practical suggestions on how to implement the guidance on UργοStart. Local organisations will need to assess how applicable these are, taking into consideration the time, resources and costs of an implementation programme.

Project management

This technology can be best adopted using a project management approach. NICE has produced the [into practice guide](#), which sets out the most common steps taken when putting evidence-based guidance into practice.

Implementation team

The first step is to form a local implementation team who will work together to implement the guidance and manage any changes in practice.

Individual NHS organisations will determine the membership of this team and how long the project will last. Consider the following membership so that the guidance is implemented in an effective and sustainable way:

- Clinical champion: they could be a senior clinician within podiatry or a tissue viability team and should have the relevant knowledge and understanding to be able to drive the project, answer any clinical queries and champion the project at a senior level.
- Management sponsor: they will be able to help assess the financial viability of the project and ensure data are collated to show the cost savings achieved.
- Members of any relevant teams focused on diabetic foot ulcers or venous leg ulcers in primary, secondary and community care.
- Medicines optimisation or pharmacy lead: for supporting submissions of introducing UργοStart to a local formulary.
- Clinical audit facilitator: they will be able to help setup systems to collect and analyse local data needed to measure the project's performance and carry out audits.

Assessment of readiness

Questions the implementation team may wish to consider when preparing to adopt this technology are:

- Will a pilot period be helpful?
- What level of training or education is needed for staff? How will this be provided?
- How can effective communication be ensured between the implementation team and staff involved in treating diabetic foot ulcers and venous leg ulcers?
- What is the current care pathway? What actually happens? Who is involved (decision-making, doing tasks)?
- What changes need to be made to best integrate UrgoStart into the care pathway? Will there be any changes to follow-up care?
- Is any new documentation needed (protocols, flow charts)?
- For which patients is UrgoStart suitable (consider selection criteria, contraindications)?
- What clinical data do we need to collect? Who will be responsible for collecting clinical data?
- Are there any obvious challenges and how can these be overcome?

Care pathway mapping

Some contributors felt it was more cost effective to use UrgoStart when it was part of a care pathway to ensure appropriate patient selection. Organisations need to consider where in the pathway to use UrgoStart, and any changes to the current pathway that may be needed. Firstly, identify current practice. This should be what usually happens and not what would ideally happen.

Once current practice has been established, asking the questions in [assessment of readiness](#) will help in understanding where the technology will fit in the care pathway and what changes to the pathway will be needed.

See [developing local documentation](#) for examples of pathways.

Diabetic foot ulcers

Use a standardised system to investigate the severity of the foot ulcer, such as SINBAD (site, ischaemia, neuropathy, bacterial infection, area and depth) [see [Best practice recommendations for the implementation of a diabetic foot ulcer \(DFU\) treatment pathway](#)]. This can help identify a suitable wound for which UrgoStart is suitable. These factors should be considered when treating diabetic foot ulcers:

- offloading and pressure redistribution
- infection assessment and treatment
- vascular assessment for adequate perfusion or ischaemia
- metabolic control and holistic management
- the choice of wound dressing, such as UrgoStart.

Venous leg ulcer

A holistic assessment is needed when treating venous leg ulcers according to local protocol. It is important to use appropriate compression therapy alongside UrgoStart.

Education and training

Appropriate staff education and training can increase clinical confidence and ensure appropriate patient selection for UrgoStart.

The company provides tailored training through its website or by webinar using a clinical specialist team with bespoke training material. This can also be cascaded locally.

Training takes around 1 hour; contributors stated that UrgoStart training is often incorporated into a wider wound care training session. Some contributing sites introduced case studies gathered through the pilot phase or used [Betty's story](#) (one of NHS RightCare's long-term condition scenarios on wound care) to support learning about when to integrate UrgoStart into the treatment of venous leg ulcers.

The following topics have been suggested as useful to cover during training:

- mapping the local care pathway
- instructions on how to complete necessary paperwork
- pathology of the condition including wound diagnosis and wound healing plans
- types of dressings available and their mode of action
- appropriate patient selection
- evidence to support dressing choice
- instructions on applying UrgoStart
- when to start and stop using UrgoStart and how long it should be applied for
- procuring UrgoStart.

To ensure consistent treatment across care settings, consider bespoke training to all NHS staff involved in diagnosing and treating diabetic foot and venous leg ulcers. This varies but may include:

- podiatrists
- tissue viability nurses
- diabetes care teams
- district and community nurses
- practice nurses
- GPs
- vascular teams
- walk-in centre staff
- treatment room staff
- secondary care staff involved in diagnosing and treating diabetic foot and venous leg ulcers.

Pilot phase

For most sites involved in developing this resource, the clinical lead was responsible for collating and managing the pilot phase data over 4 to 6 months. Data gathered during the pilot phase may help secure ongoing funding for the [procurement](#) of UrgoStart.

Resource impact

Cost modelling shows that, compared with standard care, using UrgoStart dressings to treat diabetic foot ulcers is cost saving after 1 year. It also shows that UrgoStart dressings are likely to be cost saving for treating venous leg ulcers, but this is less certain from the evidence available. For both types of ulcers, potential cost savings mainly come from better healing with UrgoStart dressings. For more details, see the [NICE resource impact report](#).

Organisations should complete a resource impact assessment to identify if UrgoStart will be cost neutral, cost saving or cost incurring. NICE has published a [resource impact report and resource impact template](#) that can be used by NHS commissioners and providers to better understand the local costs associated with adopting UrgoStart. The national assumptions used in the NICE resource impact template can be altered to reflect local circumstances.

Procurement

Local arrangements for developing and approving the procurement of UrgoStart will vary, and each organisation is likely to have its own process in place. Most contributors worked with the medicines optimisation or pharmacy team, the [implementation team](#) and the procurement team to add UrgoStart to their local formulary.

UrgoStart dressings can be ordered through the NHS Supply Chain and wholesalers. They are available for prescribers because they are included in the [NHS Electronic Drug Tariff \(Part IXA – Appliances\)](#).

Contributors found the following useful to help with discussions:

- NICE medical technologies guidance on [UrgoStart for the treatment of diabetic foot ulcers and venous leg ulcers](#) and the associated [resource impact report and template](#).

- The NICE guideline on [preventing and managing diabetic foot problems](#).
- The NICE medicines practice guideline on [developing and updating local formularies](#).
- Results from a pilot study.

Developing local documentation

The following are examples of tools developed by NHS services using the technology, which can be used for developing local documentation. They have been shared by contributors; they were not produced for or commissioned by NICE.

- [Best practice recommendations for the implementation of a diabetic foot ulcer treatment pathway](#) [free login required for health professionals] (Wounds UK).
- [Best practice statement: holistic management of venous leg ulceration](#) [free login required for health professionals] (Wounds UK).
- [Leg ulcer pathway: a real-world example](#) (Manchester University NHS Foundation Trust).
- [Care for diabetic foot ulcers in Leicester and Leicestershire: a real world example](#) (Leicestershire Partnership NHS Trust and University Hospitals of Leicester NHS Trust).
- [Wound Management Formulary: a real-world example](#) (Central London Community Healthcare NHS Trust – North Division).

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Urgo.

6 About this resource

This resource accompanies NICE medical technologies guidance on UrgoStart for treating diabetic foot ulcers and venous leg ulcers. It was developed using [NICE's process guide for adoption support resources for health technologies](#). It is an implementation tool that summarises the experiences reported by NHS sites which have adopted the technology and shares the learning that took place.

It is the responsibility of local commissioners and providers to implement the guidance at a local level, being mindful of their duty to advance equality of opportunity and foster good relations. This document should be interpreted in a way that is consistent with this.

[More information about the adoption team.](#)

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