Community leg ulcer clinics: a comparative study in two health authorities
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Record Status
This is a critical abstract of an economic evaluation that meets the criteria for inclusion on NHS EED. Each abstract contains a brief summary of the methods, the results and conclusions followed by a detailed critical assessment on the reliability of the study and the conclusions drawn.

Health technology
Treatment of leg ulcers.

Type of intervention
Treatment.

Economic study type
Cost-effectiveness analysis.

Study population
All patients receiving treatment for active leg ulcers in the 2 District Health Authorities, Stockport and Trafford.

Setting
Community clinics primarily, Stockport and Trafford, UK.

Dates to which data relate
Resource and effectiveness data related to 1993-94. 1993 prices were used.

Source of effectiveness data
Single study.

Link between effectiveness and cost data
Costing was undertaken prospectively on the same patient sample used in the effectiveness analysis.

Study sample
The number of patients audited in Trafford was 186 out of 203 in 1993 and 194 out of 213 in 1994. The number of patients audited in Stockport was 224 out of 252 in 1993 and 205 out of 233 in 1994. No power calculation was stated. No figures were given on refusal to participate.

Study design
This was a nonrandomized trial with concurrent controls. It was a multicentre study of two large district health authorities, with 5 specialised clinics in Stockport and many care settings in Trafford. Follow up was for 13 weeks. Patients were grouped according to their Health Authority.
Analysis of effectiveness

The analysis method of the clinical study was not stated. The primary health outcomes used were the proportion of ulcerated limbs completely healed within three months. Healing was monitored by regular wound tracings on to acetates which were measured by computer planimetry. Demographic data and information on ulcers were compared and no significant differences found.

Effectiveness results

The introduction of community clinics in Stockport improved healing of leg ulcers from 66/252 (26%) in 1993 to 99/233 (42%) in 1994 (p<0.001) compared with Trafford, where 47/203 (23%) healed in 1993 and only 43/213(20%) in 1994.

Measure of benefits used in the economic analysis

The outcome measure used was leg ulcers completely healed.

Direct costs

Quantities and costs were analysed separately. Precise records of the care each patient received were maintained including: dressing materials, where these were obtained, nursing or other staff time, use of health authority transport, inpatient care and pharmaceuticals. The boundary was the health service. Estimations were based on actual patient data over the trial period. The price date used was 1993.

Statistical analysis of costs

Mean values and 95% confidence intervals were reported.

Currency

UK pounds sterling (). 

Sensitivity analysis

There was no sensitivity analysis.

Estimated benefits used in the economic analysis

Improvements in healing rates in Stockport from 26% to 43% in comparison to a deterioration in healing rates in Trafford from 23% to 20%.

Cost results

Annual costs in Stockport were originally 409,991 in 1993 and fell to 253,371, a reduction of 38.2% (156,619). Whereas, costs in Trafford rose from 556,039 to 673,318, an increase of 21.1% (117,279).

Synthesis of costs and benefits

The leg ulcer programme in Stockport was the dominant strategy.

Authors' conclusions

The Stockport clinics improved care and resulted in lower costs than the traditional approach the clinics replaced. Because the practice of wound care does evolve over time, identical studies were undertaken in a control district and showed that this evolution had little impact on either rates of ulcer healing or cost of care. The authors considered that the major improvements in healing and reductions in costs shown in Stockport were a direct result of the introduction
of coordinated community leg ulcer clinics.

**CRD Commentary**
The effects of the special clinics was confounded by the fact that different bandaging and educational techniques were also used. Stockport clinics had access to four layer compression bandaging, whereas Trafford did not. This confused the issue of whether it was special clinics with dedicated, trained staff that made the healing improve, or just the compression bandaging, which the CRD systematic review of leg ulcer bandaging found to be clinically and economically dominant over non-compression bandaging.

The sample was representative. However, this was not a randomised controlled study and there may have been confounders in terms of patient severity and length of ulcer. The economic analysis was rigorous and appropriately conducted. However, only treatment completers seem to have been costed.

**Implications of the study**
The study implies that community clinics with compression bandaging are more cost-effective than standard care without compression bandaging.

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**Other publications of related interest**

See also comment in Evidence-Based Health Policy and Management 1997;1(2):40.

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