

KLOE Commissioning Development

Service	Expansion of leg ulcer telemedicine
Commissioner Lead	3S Practice based commissioners
Provider Organisation	Wound care logistics and BENPCT Provider Arm (district nurses)
Period	2008/09 – 2009/10

1. Background

1.1 Defining the need

The use of telemedicine to manage leg ulcers had been trailed in Sutton and Kingstanding localities in district nurses teams. This project looked at expanding the use of telemedicine into the 3S locality and expanding the pathway to include GP practices.

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1.2 Evidence Base

The use of telemedicine to manage leg ulcers is well documented as outlined below:

i. **The published data on Leg Ulcer Telemedicine**

Digital Imaging Versus Conventional Contact Tracing for the Objective Measurement of Venous Leg Ulcers
Journal of Wound Care, VOL 11, 4 April 2002
[View Publication](#)

One Stop Clinic Transforms Management of Leg Ulcers
Hospital Doctor, 2 December 2004
[View Publication](#)

The Telemedicine Revolution
Independent Nurse, 14 February 2005
[View Publication](#)

Use of Ulcer Size and Initial Responses to Treatment to Predict the Healing Time of Leg Ulcers
Journal of Wound Care VOL 15, July 2006
[View Publication](#)

Leg Ulcer Telemedicine Service at Good Hope Hospital NHS Trust
Integrated Service Improvement Programme, 31 October 2006
[View Publication](#)

Three Wins: Service Improvement using Value Stream Design
Simon Dodds, 2007
[View Website](#)

ii. **The District Nursing Prescribing Audit (March 2007)**

iii. **The Isle of Wight Project (Journal of Wound Care)**

2. Aims of the service / Activity

2.1 Service Description

Birmingham East and North Primary Care Trust (BENPCT) in partnership with Alliance of Sutton Practices (ASP) and Shard End, Stechford and Yardley North & Sheldon (3S's) Practice Based Commissioning Groups have appointed Wound Care Logistics as preferred supplier for:

- i) The extension of Leg Ulcer Telemedicine(LUTM) across more sites
- ii) To extend the capacity of LUTM to improve monitoring, control, prescribing and supply of wound care dressings.

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2.2 Expected Outcomes

Organisational

Development of district nursing teams.
Improved care for patients.

Satisfaction

Increased satisfaction for district/practice nurses.
Patient satisfaction – improved clinical condition.

Clinical

Increased healing times for patients – reduced time from presentation to wound healing.

Activity

Reduced secondary care follow up appointments.

Resource

Reduced wound care dressing waste.
Reduced secondary care expenditure.

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3. Lessons learnt

3.1 What was learnt during the commissioning process and how has the service changed as a result?

BENPCT commissioned an external supplier to provide rapid improvement events, training on software and licences for the use of telemedicine in the pilot phase.

As a result of expanding the pathway to include GP practices, Tissue Viability Teams were also integrated with links established for specialist advice via telemedicine.

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4. Outcomes to date

Robust evaluation at gateway 3 will take place July 2009.

Regular performance management of project.

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5. Future commissioning intentions with the service / activity area

Dependent on gateway 3 evaluation. Potential tender to procure licences for whole of BENPCT.