Summary of the Isle of Wight Study

The study was designed, approved and conducted by the Isle of Wight PCT. They concluded that conducting the study in the environment of the hospital would offer better control on the study conduct but would still allow evaluation for use in the community setting. The study director also comments on the significant cost savings and patient benefits that Community use of Parafricta™ products would bring, with a reduction of 39% of incidence and associated costs amounting, in the Isle of Wight, to over £18,000 per year.

- A total of 650 patient cases were assessed.
- 204 patient cases met the criteria for use of the products in the three months prior to Parafricta™ use. 165 patients were admitted to the treatment phase.
- When Parafricta™ products were used there was a statistically significant increase (41% increase; p=0.0065) in the number of patients who, although ulcer-free on admission, had developed ulceration but then, with Parafricta™, went on to improve or completely heal before discharge.
- Fewer patients admitted with ulceration deteriorated on the Parafricta™ products (21% reduction; p=0.0012).
- There was a statistically significant reduction in the number of patients who developed ulceration with the use of Parafricta™ products (16% reduction; p=0.0286).
- Analysis of the costs derived from comparing patient throughput for the 369 patients demonstrates that the cost of skin breakdown avoided greatly outweighed the cost of the products used. The base case model indicated a saving of over £63,000 per 100 at-risk patients.
- With regard to community costs it is calculated that there is a potential cost avoidance of £18,865 over one year when translated into a proportional reduction in community visits associated with hospital-acquired PUs. In addition, the continued use of Parafricta™ products in at-risk patients in the community should reduce the likelihood of further PUs developing and, therefore reduce the associated costs.

In addition to the quantitative measurements of effectiveness, the study director concludes: “Evaluation of the findings indicated that the products provided a clinical benefit to patients, as well as a cost effective solution for the hospital. On the basis of these data, there were significant improvements that justify the purchase and widespread use of Parafricta™ products (undergarments and bootees) in the NHS environment”

The study director and author of the study [Glenn Smith, Tissue Viability Nurse] is submitting the Parafricta™ products for use/inclusion in the Isle of Wight PCT formularies – both hospital and community.

The study has been submitted on the 1st June to the Journal of Wound Care for peer review and publication. My understanding from the editor and authors of the paper is that it is at the stage of being peer reviewed prior to publication.