Optimising Systems and Processes of Wound Care - A QIIPP resource of good practice

Background
The total cost to the NHS of caring for patients with wounds was estimated in 2005/2006 to represent around 3% of the total NHS budget. The cost of dressings and wound care products contributes to this cost, but should not be focused on in isolation, as reducing the associated nursing time and wound-related hospitalisation are the most important factors contributing to the cost of wound care.

In April 2012 The NPC published "Prescribing of Dressings – Guiding principles for improving the systems and processes for the supply and prescribing of wound dressings" (Link to document) which gives ten guiding principles focusing not only on wound management products but the whole wound care pathway.

Aims of this Resource
The aim of this resource is to collate examples of good practice around the guiding principles set out in the NPC document.

Developing and Implementing a Wound Care Prescribing Policy
The NPC guiding principles document (Principle 2) suggests that local health economies should develop (or adopt) a prescribing policy to increase productivity and to reduce wastage. It is acknowledged that part of this prescribing policy is the development and implementation of a dressings formulary. It has been estimated that 80% of patients can be treated using dressings from a limited list or formulary and that these documents support better patient outcomes.

NICE has recently defined a local formulary as follows:

A local formulary is the output of processes to support the managed introduction, utilisation or withdrawal of healthcare treatments within a health economy, service or organisation.

In addition, NICE clarifies that when the term 'medicine' is used in the guidance it includes all healthcare treatments that may be considered in local formularies including wound care products. It follows then that the NICE Medicines practice guidelines - Developing and updating local formularies is applicable to wound care products. Link

The development of a dressings formulary is a stepwise process which includes the following:

1. Product Selection
2. Formulary Development – including the use of specialist products
3. Formulary Implementation
It would appear that the best outcomes are as a result of collaborative working between Medicines Management and Tissue Viability services. The resources summarised below are given as examples of good practice to support this progression. Within the implementation section there are some examples which have been used within care homes – this links to Principle 5 of the NPC guidance which mandates commissioners to work with care homes to provide a high standard of wound care in this setting.

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### Title of Resource | Brief description | Where to find it | Contact details or more information
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1. Product Selection  
1.1. Methodology to support the process of product selection and the control of entry of new products  
It is acknowledged that there is little high quality evidence to distinguish between dressings of a similar type and the NPC have suggested that it would seem appropriate for NHS health professional to chose the least costly dressing of the type that meets the required characteristics [Link]. The examples of good practice given show how to ensure the process of product selection is defined and then consistently applied to support robust decision-making. Once a formulary has been established it is important to ensure that there is a continuous review to control the entry of new dressings onto the formulary. Some examples of resources to support this process are also given below.

| NICE Medicines practice guidelines - Developing and updating local formularies | This guidance has been developed to support the NHS in developing and updating local formularies. It provides sixteen broad good practice recommendations for the systems and processes needed to ensure NHS organisations develop and update local formularies effectively and in accordance with statutory requirements. It clearly states that formularies for wound care products are covered by the guidance. Organisations should ensure that any processes used to develop wound care formularies are compliant with this guidance. | [Link] |  |
| Northern Ireland Pharmaceutical Clinical Effectiveness Programme | A robust process for developing prescribing guidance and formulary chapters is used. A wound care formulary is available. | [Link]  
[Link to formulary] | [Website] |
| Prioritisation framework | NHS Croydon has established a prioritisation framework to evaluate dressings and applies the same principles as those used when evaluating a drug for inclusion in their formulary. | [Link] | [email] |
| Product evaluation process | Basingstoke, Southampton and Winchester District Prescribing Committee have developed a Dressing / Treatment Product Evaluation Form  
Nursing staff complete the evaluation form using the guidance given. These evaluations are then used as part of the evidence which is considered by the formulary group before a decision is made to include the product in the formulary. | [Link]  
[Link] | [email] |
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<tr>
<td>Evaluation of Wound Care Products and Wound Dressing Request Form</td>
<td>South West Yorkshire Wound Management Group has developed a standard wound product evaluation which is used when products are formally assessed. A form to be used to request the addition of a new item on the formulary is also given.</td>
<td>Link to evaluation proforma</td>
<td>Website has comprehensive suite of resources</td>
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<tr>
<td>Standard template to review wound care products</td>
<td>Coastal West Sussex has developed a template which guides staff through a series of questions to use when evaluating a product. These include clinical effectiveness, safety, patient factors and cost effectiveness.</td>
<td>Link</td>
<td>email</td>
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<tr>
<td>Proforma for new dressings</td>
<td>NHS Tayside has developed a proforma to support the inclusion of new dressings onto their formulary.</td>
<td>Link</td>
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<td>Cumulative update to formulary</td>
<td>Once a formulary has been published it can be difficult to make changes. The use of a cumulative update page has been successful in Southampton.</td>
<td>Link</td>
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<td>Best Practice Statement: Development of a Formulary. Wounds UK, Aberdeen, 2008</td>
<td>Wounds UK has produced a guide to developing a wound formulary (with an educational grant from industry). It was published before the NICE guidance on formulary development, so may not be fully compliant. The section headings and statements may provide a useful starting point for organisations as they go through the process, but care should be taken to avoid those steps which have inappropriate inclusion of wound dressing company representatives.</td>
<td>Link</td>
<td>Website</td>
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### 2. Formulary development

#### 2.1. Examples of wound care formularies

Many organisations have developed wound care formularies and have agreed to share them; a selection is provided here. The formularies chosen for inclusion have shown either a robust development process or are an example of a different way of presenting the formulary. The majority of examples are from primary/community care where the formulary has been agreed across the interface. Examples of a secondary care, a tertiary care and a health economy wide wound care formulary are also given.

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| Bedfordshire Wound Care Formulary          | This formulary is divided into four sections  
- Dressings  
- Tapes and skin care products  
- Bandages  
- Treatments for complex or difficult to heal wounds, including silvers, other antimicrobials and larvae therapy  
A process for evaluating a new dressing is given along with an evaluation form                                                                 | Link            | email                              |
| Croydon Primary & Community Care Wound Formulary | This formulary for use across Primary and Community care includes recommended dressings and products for the management of wounds in Croydon. The choice of product is based upon a framework which includes the manufacturers’ instructions and research based evidence, and approved by Croydon Prescribing Committee.  
There is a section on substances which should no longer be used in wound cleansing with some evidence and rationale.                                                                 | Link            | email                              |
| Hampshire, Southampton and Portsmouth Wound Formulary | This wound formulary has been agreed across the health economy. The purpose of the formulary is to provide a list of dressings, which based on the evidence available, should be selected for approximately 90% of prescribing in this area.  
There is a second line list of dressings which can only be used following strict criteria and completion of an Exception Reporting Form                                                                 | Link            | email | email |
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<td>Wound Care Formulary from Inner North West London (Barnet) and Central London Community Healthcare</td>
<td>This formulary which covers primary care and community services gives a first and second choice for dressings. In addition there is an Extended Tissue Viability Nurse Formulary for use only by the TVN service.</td>
<td>Link</td>
<td>email (Primary Care) email (Community Health Services)</td>
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<tr>
<td>Dressing Formulary Guidelines from West Essex PCT</td>
<td>This formulary, used across primary care and community services, has been divided into colour coded sections which apply to either the classification of tissue in wounds or a particular speciality e.g. Leg Ulceration. The dressings within the formulary have been allocated a number indicating what the first preference should be. Clinicians should use the least costly products identified as 1 in the first instance and move to products identified as 2 or 3 if clinical evaluation of the wound indicates that the wound is failing to progress. The formulary is supported by comprehensive Wound Management Guidelines.</td>
<td>Link</td>
<td>email</td>
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<td>Wound Management Formulary South West Yorkshire health economy</td>
<td>The formulary has been designed to meet the needs of both primary and secondary care. There are some variations between acute and primary care provision of products dependent upon appropriateness and availability.</td>
<td>Link full text Link to dressing selection chart Link to dressings list</td>
<td>Website has comprehensive suite of resources</td>
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<tr>
<td>Wound care formulary for Addenbrookes Hospital</td>
<td>This wound care formulary has been developed for use in an acute trust</td>
<td>Link</td>
<td>email</td>
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<tr>
<td>Dressings formulary for Papworth Hospital NHS Foundation Trust</td>
<td>This formulary has been developed for use in a tertiary care centre.</td>
<td>Link</td>
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2.2 Examples of how to control the use of specialist products

The most common way that organisations control the use of specialist products is by having a limited list which can only be used by higher level nurses or Tissue Viability Nurses. Some examples of this are given in Section 2.1. (above) along with the formulary examples, further examples are given below. Some organisations insist that an exception reporting form is used if a non-formulary product is to be used; some examples of these are also given below.

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| Wound Healing Products-Formulary and Guidelines from Aneurin Bevan Health Board | This formulary provides information on a definitive list of dressings which are available in primary and secondary care. The formulary consists of a three tables  
• Table 1 - freely available  
• Table 2 - only available if authorised by the TVN or Community Band 7+.  
• Table 3 - only available if authorised by TVN  
Where a non-formulary item is required an application must be made to the Health Board. | Link to formulary and guidelines                                                                                                                              | [Website](#)                                                                                      |
| Wound Management Formulary Devon health economy                                   | This is a web-based formulary based on BNF chapters. It gives guidance for primary and secondary care and includes first line, second line and specialist only choices using a traffic light system. | Link (South & West)  
Link (North & East)  
Devon Formularies                                                                                      |                                                                                  |
| NHS Tayside Specialist Dressings                                                   | This section of the NHS Tayside wound formulary has dressings that can be used only on the direction of a specialist in secondary care. Non-specialist practitioners wishing to use the dressings listed in this section out with specialist advice should complete a Non-formulary Dressing Reporting Form. | Link to Specialist Dressings section  
Link to Non-formulary reporting form                                                                          | [Website](#)                                                                                      |
| Hampshire, Southampton and Portsmouth Exception Reporting Form                    | Completion of an exception reporting form is a mandatory requirement when prescribing off formulary. These forms are also used to guide what products are evaluated for future formulary inclusion. | Link                                                                                       |                                                 |
### Title of Resource | Brief description | Where to find it | Contact details or more information
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Dressing Exception Form for East Lancashire health economy | This dressing exception form is to be completed if a dressing is used which is not listed in the Wound Care Formulary. This information is used to monitor compliance and when reviewing the existing formulary. | Link | Website

Non Formulary Exception Reporting Form used by South West Yorkshire health economy | This form is to be completed when a non-formulary product is to be used. The form is also used to help monitor the appropriateness of the present formulary and influence future decision-making. | Link | Website

Specialist only list used in Greenwich | If a specialist product is required then the patient must be assessed by Integrated Complex Wound Care Team. A proforma is completed and sent to the GP to prescribe them on an FP10. | Link | 

### 3. Formulary Implementation

Incentivising formulary implementation is a useful process that commissioners can employ. This is covered in a separate resource [Link](#).

#### 3.1. Procurement and supply initiatives which assist formulary implementation

Some organisations have chosen to limit the access to dressings by the procurement route, thus ensuring that only the items on the formulary are available for selection. Other organisations have chosen to use prepared prescription form lists which are sent to GP practices to order dressings; these limit choices to those items on the formulary.

**NHS Supply Chain**

Using NHS supply chain as the procurement option allowed compliance with the organisation’s formulary

[Link](#)

**Use of ONPOS**

Central Essex Community services have found that using an Online Non-prescription Ordering Service (ONPOS) increased formulary compliance from <40% to > 90%

[Link](#)

NHS Surrey and Surrey Community Health use ONPOS to restrict access to their formulary which is divided into three parts:

- Nursing Home
- Practice Nurse
- Community Nurse.

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<td>Dressing Request Forms</td>
<td>A number of organisations have implemented a dressings request form which is used to order drugs from the GP practice. The pre-printed form ensures that formulary only drugs are selected. A selection of examples is given. Some specific examples for use in care homes are given</td>
<td>Link Link Link</td>
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<td>3.2. Education and information initiatives to support formulary implementation</td>
<td>To ensure wound care formularies are implemented in organisations it is vital that there is an education and information sharing programme. Some examples of how this has been tackled in organisations are shared below.</td>
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<td>Wound Management Guidelines</td>
<td>West Essex has produced a comprehensive set of wound management guidelines which complement their formulary. It also contains a competency assessment which includes a self-assessment and a competency framework.</td>
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<td>Northern Ireland Wound Care Formulary</td>
<td>Along with the formulary there is a useful assessment tool to initially evaluate the wound and then record treatment progression. The acronym B.E.S.S.S.O.P. is used: Bed, Exudate, Site, Size, Surrounding Skin, Odour, Pain</td>
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<td>Wound Management Formulary and Educational Resource Book</td>
<td>This resource has been developed in Bradford; it aims to bring together the knowledge that underpins current wound care practice and links this to a locally agreed product formulary.</td>
<td>Link</td>
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<tr>
<td>Wound Management Guidance</td>
<td>Both South &amp; West and North &amp; East Devon have comprehensive wound management guidance</td>
<td>Link (South &amp; West) Link (North &amp; East)</td>
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### Summary leaflet for nurses

South West Yorkshire health economy has developed a summary leaflet for nurses as an aide memoire; it folds into an A5 leaflet that fits into a diary.

### Newsletters

Central London Community Healthcare has developed a joint medicines management and tissue viability newsletter, which aims to ensure up to date information reaches practitioners and reminds staff about formulary choices.

### 3.3. Commissioning another provider to manage the entire wound care service including formulary implementation

| Accelerate CIC Partners in Wound and Lymphoedema Care | Commissioned by Tower Hamlets to manage the wound care pathway which involves overseeing the centralised dressing scheme (which includes managing the dressings budget) The service offers:  
- 90% of prescribing dressing costs within wound care budget, managed by the provider on behalf of all DN teams, GP Practices and Nursing Homes  
- Chronic wounds assessed early by provider, thus reducing need for silver and antimicrobial dressings  
- Prompt referral to the provider’s specialist wound and lymphoedema service improves healing thereby reduces cost/spend  
- The provider’s specialist service accesses any product they require. Set dressing list for generic staff but enhanced with ‘special orders’ when required for varying patient need |
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