Masterclass: Introduction to wound management for pharmacists

Aim is to equip pharmacists with an understanding of wound management, to enable the rational selection of dressings and to explore QIPP options for local commissioning and procurement

3rd February 2015
Wound Management - Doesn’t make sense!
BNF classification Appendix 5

- A5.1 Basic wound contact dressings
- A5.2 Advanced wound dressings
- A5.3 Antimicrobial dressings
- A5.4 Specialised dressings
- A5.5 Adjunct dressings and appliances
- A5.6 Complex adjunct therapies
- A5.7 Wound care accessories
- A5.8 Bandages
- A5.9 Compression hosiery and garments
Drug Tariff (Part Ixa – Appliances)

- Absorbent Cottons
- Arm Slings
- Bandages
- Cellulose Wadding BP 1988
- Dressings
- Gauzes
- Gauze Tissues
- Leg Ulcer Wrap
- Silk Garments
- Stockinette
- Surgical Adhesive Tapes
- Swabs
- Tracheostomy and Laryngectomy Appliances
- Venous Ulcer Compression System
Evidence and Best Practice guidance: Wound management products for chronic wounds

Lelly Oboh
Consultant Pharmacist, care of older people
3rd Feb 2015
Acute vs. Chronic wounds

**Acute**
- Short duration
- No underlying pathology
- Normal inflammatory stage
- Usually heals without complication
- Acute wound fluid supports cell proliferation.

**Chronic**
- Unhealed within 6 weeks of formation
- Underlying pathology
- Prolonged inflammatory stage
- Variety of complications may arise
- Chronic wound fluid does not support cell proliferation.

NHS Highland wound management guidelines and formulary. 2013 pg 6
Type of evidence required for marketing

- Dressings are classified as ‘devices’
- They must meet applicable ‘essential requirements’ on safety and performance
- Clinical data are needed to demonstrate
  - Satisfactory performance
  - Adverse effects
- RCTs are not required and not necessarily a clinical trial of any kind
- Data can be from a review of scientific literature
- Laboratory data are required to show how the dressing works but in-vivo data are not a requirement

Medical Devices Directive (93/42/EEC)
## Examples of Sliver Dressing products
(Elements Ag, compound or both)

<table>
<thead>
<tr>
<th>Product</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Biatain Ag (adhesive)</td>
<td>Polyurethane foam dressing + vapour-permeable film backing + silver</td>
</tr>
<tr>
<td>Biatain alginate Ag</td>
<td>Alginate dressing + silver designed to treat cavity wound infection.</td>
</tr>
<tr>
<td>Physiotulle Ag</td>
<td>Knitted polyester + hydrocolloid particles + silver sulphadiazine.</td>
</tr>
<tr>
<td>PolyMem Silver Poly</td>
<td>Polyurethane foam dressing + vapour-permeable film backing + Nanocrystalline silver</td>
</tr>
<tr>
<td>Sorbsan silver plus SA</td>
<td>Ca alginate + absorbent backing + silver</td>
</tr>
<tr>
<td>Sorbsan silver plus</td>
<td>Calcium alginate wound contact layer + super-absorbent secondary layer + 1.5% silver</td>
</tr>
<tr>
<td>Urgotul duo silver</td>
<td>Lipido-Colloid + silver particles + protective viscose lining</td>
</tr>
<tr>
<td>Urgotul SSD</td>
<td>Soft polymer wound contact + silver sulphadiazine.</td>
</tr>
<tr>
<td>Algicell Ag</td>
<td>Alginate dressing + 1.4% silver</td>
</tr>
<tr>
<td>Silvercell</td>
<td>Silver alginate + silver ion releasing no adherent layer</td>
</tr>
<tr>
<td>Aquacel Ag</td>
<td>Hydrocolloid fibres + silver</td>
</tr>
<tr>
<td>Tegaderm Alginate Ag</td>
<td>Absorbent pad composed of calcium alginate + carboxymethyl cellulose (CMC) + ionic silver complex</td>
</tr>
<tr>
<td>Suprasorb A+Ag</td>
<td>Absorbent calcium alginate dressing + silver (stays up to 7 days)</td>
</tr>
<tr>
<td>Mepilex Ag</td>
<td>Absorbent foam dressing + silver + silicone contact layer + film backing.</td>
</tr>
<tr>
<td>Acticoat silver</td>
<td>Silver alginate dressing + non-adherent layer</td>
</tr>
</tbody>
</table>
Systematic reviews of advanced wound dressings have repeatedly highlighted the paucity of high-quality studies using clinically relevant endpoints.

Insufficient high-quality evidence to distinguish between any of the advanced wound dressings used in the management of chronic wounds.

No statistically significant difference between the silver and non-silver dressings in the primary outcome of complete ulcer healing at 12 weeks (VULCAN study)

NPC. Evidence-based prescribing of advanced wound dressings for chronic wounds in primary care MeReC Bulletin. Vol.24 No.01 June 2010
So what....?

- Unless the use of a specific dressing can be adequately justified on clinical grounds, it would seem appropriate for NHS health professionals to routinely choose the least costly dressing of the type that meets the required characteristics (e.g. size, adhesion, conformability, fluid handling properties, etc.) and is appropriate for the type of wound and its stage of healing.
NICE Advice KTT14. Jan 2015
Wound care Products: Summary of evidence base

• Selection of dressings based on clinical evidence is hindered by the relative lack of robust clinical or cost effectiveness evidence

• Dressings are available with a wide range of physical performance characteristics (such as size, adhesion, conformability and fluid-handling properties).

• In vitro tests cannot always predict how the dressings will perform in the clinical situation.
So what......?

• Select dressings after careful clinical assessment of the person's wound, their clinical condition, and their personal experience and preferences.

• In the absence of any robust clinical evidence to guide choice, routinely choose the dressing with the lowest acquisition cost and the performance characteristics appropriate for the wound and its stage of healing.

• Prescribe the minimum quantity of dressings necessary to meet people's needs to reduce avoidable wastage.

• The frequency of dressing change should be appropriate for the wound and dressing type.
Venous leg ulcers

- There is some evidence to support the use of cadexomer iodine in leg ulcers treated with compression (Cochrane Review 2010)
- Use of honey to treat leg ulcers showed no additional benefit and there were more adverse events with honey (Cochrane Review 2008)
- No evidence that hydrocolloids are more effective than simple low-adherent dressings when used under compression for the treatment of venous leg ulcers. (NPC 2010)
- No evidence for other advanced dressings (NPC 2010)
Chronic diabetic foot ulcers (NPC review 2010)

2 RCTs using various dressings

• 134 patients: Silver hydrofibre vs. Calcium alginate
• 317 patients: Non-adherent dressing vs. Iodine vs. Hydrofibre

Results: Similar end points and adverse effect profiles

Conclusion: No difference, use the cheapest option
Evidence Pressure ulcers
NPC Review 2010

• There is reasonable evidence that hydrocolloid dressings are more effective than conventional gauze dressings in healing pressure ulcers.

• But no good evidence comparing different types of advanced dressings
Adults

• Do not routinely offer negative pressure wound therapy to treat a pressure ulcer, unless necessary to reduce the number of dressing changes (e.g. if large exudate)

• If debridement needed
  – Use autolytic debridement, using an appropriate dressing
  – Consider sharp debridement if autolytic debridement is likely to take longer and prolong healing time.

• Do not routinely offer
  – larval therapy (except if sharp debridement is contraindicated or associated vascular insufficiency)
  – enzymatic debridement.

• Do not routinely use topical antiseptics or antimicrobials to treat a pressure ulcer in adult
Wound colonisation vs. infection

- **Contamination** - presence of bacteria in a wound without host reaction
- **Colonisation** - presence of multiplying bacteria within the wound but host reaction
- **Critical colonisation** – presence of multiplying bacteria where the host immune system can’t cope ⇒ delay in wound healing, increasing new pain but still no overt host reaction
- **Wound infection** – multiplying bacteria has overwhelmed the host ⇒ an associated host reaction wound Infection


Silver Dressings

• Few of the many clinical and cost-effectiveness analyses of silver dressing are of high quality.
• Considerable limitations or potential for bias due to small sample size, lack of blinding, protocol differences between treatment groups and short duration of trials (typically 3-8 weeks)
• Despite the widespread use of dressing and agents containing silver for the treatment of diabetic foot ulcers, no randomised or controlled clinical trials were identified that evaluate their clinical effectiveness (Cochrane Review 2011)
• Overall, the literature reported that silver dressings have similar efficacy to non-silver dressings in the treatment of infected wounds. (Canadian Agency for Drugs and Technologies in Health 2010)
NICE (2015) on antimicrobial dressings

- No robust clinical or cost effectiveness evidence to support the use of antimicrobial dressings (e.g. silver, iodine or honey) over non-medicated dressings for preventing or treating chronic wounds
- Indiscriminate use should be discouraged ⇒ bacterial resistance and toxicity.
- Antimicrobial dressings may be considered to help reduce bacterial numbers in wounds only if
  - wound is infected
  - there is a clinical risk of wound becoming infected.
BNF on Silver Dressings A.5.3

• Dressings containing silver should be used **only** when infection is suspected as a result of clinical signs and symptoms.

• They should not be used
  – On acute wounds (some evidence that they delay healing)
  – Routinely for managing uncomplicated ulcers.

• Antimicrobial dressings should be prescribed for defined short periods of time and their use reviewed regularly.
Trends in Spending on Wound Management Dressings on NHS prescriptions in England

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Useful information sources

• Evidence-based prescribing of advanced wound dressings for chronic wounds in primary care. NPC MeReC Bulletin 2010; 21 (1).

  – Summary of Silver Dressings Guidance V1 Dec 12
  – Top Tip QIPP messages for prescribing dressings V3 Sep 13
  – Commissioning incentives for wound care V2 Dec 12
  – Prescribing and Procurement options for dressings V1 Mar 13
  – Developing and implementing a wound care prescribing policy V1 Dec 12


• NHS Highland wound management guidelines and formulary. 2013.
Top Tips for ensuring appropriate selection of dressing products in primary care

Lelly Oboh
Consultant Pharmacist, care of older people
3rd February 2015
List some common challenges you face with dressings

Multi-factorial

- Evidence base is lacking
- Various classifications
- Increasing high spend on dressings
- Inappropriate prescribing and poor quality of care
- Inconsistent product choice → “hit & miss”
- Care homes prescribing (cost pressure)
- Wide range of dressings (different physical properties, no rationale)
- Excessive quantities
- General poor knowledge
- Supply and availability
Some interesting data from local CCG ePACT

- **Wound management products and other**
  - Over 2/3rd of all prescribing cost
  - 337 different products prescribed

- **4/27 Practices with care homes**
  - 23% of all prescribing costs

- **Tubigrip & Tubefast**
  - £30k (62%) of total stockinette cost

- **Sterile dressing packs**
  - £84,000 (12%) of total dressings cost

- **Crepe bandages (limited role)**
  - £18k

- **Silver dressings**
  - £84,000 (12%) of total dressings cost
  - 94% with quantities over 5
  - Actisorb Silv 220 10.5cm x 10.5cm A/Char+Silv ⇒ 4 items of 100 dressings @ £952

- **Mepitel and Mepilex silicone dressings**
  - £113,000 (17%) of total dressing costs.
A collaborative approach to rationalising the prescribing and use of dressings

Training & Education
- Nurses/pharmacists (GSTT, local)
- Pharmacists (Wound management Masterclass, E&SE NHS SPS)
- GPs and Practice staff

Resources
- GP/Care homes request forms
- Top tips document

Performance Management
- CQUINs, ePACT

Formulary development
- Preferred dressings list

QIPP
- Cost effectiveness
- Waste reduction
- Capacity
- Sustainability
- Quality

Patient outcomes
- Audit

Winner: Dressings category, PrescQIPP NHS Innovation Awards 2013
Support Tools and Resources

• Preferred dressings list (PDL)
• Community nurses dressings request form
• Care homes nurses request form
• CCG Top Tips dressings flyer
• ePACT Tag/data analysis
• Top Tips QIIPP messages for prescribing dressings

Top prescribing tips for Prescribing

3 “Dos” and 2 “Do Nots”

1. Do Prescribe from a limited list
2. Do not prescribe dressings as long term repeats
3. Do Prescribe the smallest size needed
4. Do Prescribe the minimum quantity needed
5. Do not prescribe silver dressings for more than 2 weeks
But how???
Key messages for ALL Prescribers

1. Prescribe from the PDL (80% of costs- linked with Trust CQUIN)

2. Do not prescribe dressings on long term repeats
The Preferred Dressing list

- For chronic wounds in the community
- Developed by Pharmacist & TVNs in collaboration with Lambeth and Southwark CCGs
- Based on evidence where available, best clinical practice and cost effectiveness
Assess the wound

Guidelines for Management of Wounds

Tissue
Remove non-viable, necrotic and sloughy tissue. Viable: i.e. granulation and epithelialisation.

Infection
Increase in serous exudate, friable granulation tissue, bleeds easily, increase in pain at wound site, increase or unusual wound odour, dark red or bright red granulation tissue, delayed wound healing. Treat and manage symptoms of infection.

Inflammation
Red swelling, heat or evidence of cellulitis.

Moisture Imbalance
Manage exudate level
i.e. Is wound too wet or too dry?

Epithelialising Edge
Treatment of non-advancing or undermined wound edge (refer to TVN).

Category/Stage of Pressure Ulcer
A pressure ulcer is: localised injury to the skin and/or underlying tissue usually over a bony prominence, as a result of pressure, or pressure in combination with shear. (EPJUAP 2009).

1. Category/Stage I: Non-blanchable redness of intact skin
   Intact skin with non-blanchable erythema of a localized area usually over a bony prominence. Discoloration of the skin, warmth, oedema, hardness or pain may also be present. Darkly pigmented skin may not have visible blanching.

2. Category/Stage II: Partial thickness skin loss or blister
   Partial thickness loss of dermis presenting as a shallow open ulcer with a red pink wound bed, without slough. May also present as an intact or open/necrotic serum-filled or non-sanguineous filled blister.

3. Category/Stage III: Full thickness skin loss (fat visible)
   Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle are not exposed. Some slough may be present. May include undermining and tunneling.

4. Category/Stage IV: Full thickness tissue loss (muscle/bone visible)
   Full thickness tissue loss with a exposed bone, tendon or muscle. Slough or eschar may be present. Often includes undermining and tunneling.

Choose the optimum dressing

Which Dressing?

<table>
<thead>
<tr>
<th>Wound Type</th>
<th>Aim</th>
<th>Recommended Dressing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Epithelialising</td>
<td>To protect area and encourage healing</td>
<td>Low Adherent Dressing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Vapour-Permeable Dressing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydrocolloid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foams</td>
</tr>
<tr>
<td>Granulating</td>
<td>To promote healing by encouraging granulation</td>
<td>Depending on volume of exudate</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydrocolloid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Foam</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alginates</td>
</tr>
<tr>
<td>Sloughy wounds</td>
<td>To remove sloughy tissue by autolysis and provide a clean base for granulation tissue.</td>
<td>Hydrogel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydrocolloid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alginates</td>
</tr>
<tr>
<td>Necrotic wounds</td>
<td>To remove necrotic tissue by rehydration</td>
<td>Hydrocolloid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydrocolloid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capillary Action Dressing</td>
</tr>
<tr>
<td>Cavity Wounds</td>
<td>To Promote Healing and manage exudate</td>
<td>Hydrogel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hydrocolloid</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Capillary Action Dressing</td>
</tr>
<tr>
<td>Infectious wounds</td>
<td>(only if there are clinical signs of infection)</td>
<td>Cadedexomer - Iodine Products</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Honey Products</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Silver Dressing (only use if not on antibiotics - MAX 2 weeks)</td>
</tr>
<tr>
<td>Malodorous and Fungating wounds</td>
<td>To de-odorise wound and manage infection if present</td>
<td>Metronidazole Gel</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Deodorising Dressings</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Honey Products</td>
</tr>
<tr>
<td>Leg Ulcers</td>
<td>To correct underlying venous incompetence and promote wound healing</td>
<td>Venous Leg Ulcers (confirmed by Doppler)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compression Bandaging</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compression Stocking</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Arterial Leg Ulcer (confirmed by Doppler)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Treat according to individual need</td>
</tr>
</tbody>
</table>

KEY MESSAGES
- Start at appropriate level of management depending on wound type and stage of healing. Review the wound regularly and prescribe the most suitable dressing as required.
- It is expected generally that the TYPE of wound and SIZE will change over time; do not prescribe excessive quantities or issue as long term repeats to avoid wastage and facilitate prompt review of wound.
- To prevent excessive quantities being prescribed, it is recommended that a “dose” is written for each prescribed dressing e.g. Granuflex 10×10cm change every 5-7 days x10.
- Dressings on FP10 prescriptions should be prescribed for individual patients and not to be used as stock items.
- *Note that Silver and Honey dressings are not recommended for routine use in chronic venous leg ulcers (SIGN). Also the BNF (62) does not recommend the routine use of silver for uncomplicated ulcers and acute wounds.*
# Choose the Product

## Which Product?

<table>
<thead>
<tr>
<th>Type of Dressing</th>
<th>Product</th>
<th>Size</th>
<th>Cost (per dressing)</th>
<th>Prescribing Points</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alginate</strong></td>
<td>KALTOSTAT</td>
<td>5x5cm</td>
<td>0.91</td>
<td>Medium to heavily exuding wounds.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>7x12cm</td>
<td>1.99</td>
<td>Do not use on dry wounds.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10x20cm</td>
<td>3.91</td>
<td>Easily removed by irrigation.</td>
</tr>
<tr>
<td></td>
<td>SORBAN FLAT</td>
<td>5x5cm</td>
<td>0.80</td>
<td>Cut Kaltostat to size.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10x10cm</td>
<td>1.68</td>
<td>SorbSan can be used.</td>
</tr>
<tr>
<td><strong>Antibacterial &amp; Antimicrobial</strong></td>
<td>IODOSORB CEMENT</td>
<td>10g</td>
<td>4.29</td>
<td>Kaltostat is haemostatic &amp; forms a firmer gel.</td>
</tr>
<tr>
<td></td>
<td>IODOFLEX PASTE</td>
<td>5g</td>
<td>3.88</td>
<td>If having to wet an alginate dressing before use, change to another type of dressing.</td>
</tr>
<tr>
<td></td>
<td>ACTIVON TUBE (HONEY)</td>
<td>10g</td>
<td>7.76</td>
<td>Avoid iodine in those patients with thyroid disorders.</td>
</tr>
<tr>
<td></td>
<td>ACTIVON TULLE (HONEY)</td>
<td>10g</td>
<td>2.02</td>
<td>Use for 2 weeks only and review need.</td>
</tr>
<tr>
<td></td>
<td>ALEVYN (HONEY)</td>
<td>5x5cm</td>
<td>3.06</td>
<td>Max. Single application 50g, max. Weekly application 150g; max. duration up to 3 months in any single course treatment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10x10cm</td>
<td>2.13</td>
<td>Useful for application to deep/cavity wounds.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>10x15cm</td>
<td>3.59</td>
<td>Dressings impregnated with honey are less messy for shallow wounds.</td>
</tr>
<tr>
<td><strong>Cavity dressings</strong></td>
<td>AQUACEL RIBBON</td>
<td>2cm x 45cm</td>
<td>4.54</td>
<td>Tulle dressing can be extended out to 3x15, 10x30.</td>
</tr>
<tr>
<td></td>
<td>ADVAR-band</td>
<td>10x10cm</td>
<td>0.88</td>
<td>Alginon is an alginate dressing permeated with honey &amp; can hold more exudate (not for dry wounds)</td>
</tr>
<tr>
<td><strong>Cavity dressings</strong></td>
<td>AQUACEL</td>
<td>10x10cm</td>
<td>1.19</td>
<td>Do not use on arterial bleeds, heavily bleeding wounds and vascularising tumours.</td>
</tr>
<tr>
<td></td>
<td>ADVAR</td>
<td>10x10cm</td>
<td>1.19</td>
<td>Hydrofibre ribbons for sinuses with visible base - do not pack too tightly. For larger area use Aqualoc Hydrofibre sheets.</td>
</tr>
<tr>
<td><strong>Compression bandaging</strong></td>
<td>ACTICO-Short stretch cohesive compression bandage</td>
<td>10cm x 5m</td>
<td>3.09</td>
<td>Do not use on arterial bleeds, heavily bleeding wounds and vascularising tumours.</td>
</tr>
<tr>
<td></td>
<td>TENSOPRESS - High compression</td>
<td>12cm x 5m</td>
<td>3.21</td>
<td>For light to moderately exuding wounds.</td>
</tr>
<tr>
<td></td>
<td>K-TWO SYSTEM</td>
<td>7.5cm x 3.5m</td>
<td>4.01</td>
<td>Provide mechanical and thermal insulation.</td>
</tr>
<tr>
<td></td>
<td>PROFLEXIVE KIT #1,2,3,4</td>
<td>10cm x 25cm</td>
<td>3.35</td>
<td>Secure non adhesive dressings with adhesive tape at edges only.</td>
</tr>
<tr>
<td><strong>Foams</strong></td>
<td>ALEVYN NON ADHESIVE</td>
<td>5cm x 5cm</td>
<td>2.80</td>
<td>Do not cover foams with occlusive dressing.</td>
</tr>
<tr>
<td></td>
<td>ALEVYN ADHESIVE</td>
<td>10cm x 10cm</td>
<td>2.80</td>
<td>Alevyn Adhesive to be stretched at corners when removed.</td>
</tr>
<tr>
<td></td>
<td>ALEVYN GENTLE BORDER</td>
<td>12.5x12.5cm</td>
<td>2.80</td>
<td>For light to moderately exuding wounds.</td>
</tr>
<tr>
<td></td>
<td>TEGADERM FOAM-ADHESIVE</td>
<td>10cm x 10cm</td>
<td>2.80</td>
<td>Provide mechanical and thermal insulation.</td>
</tr>
<tr>
<td><strong>Hydrocolloids</strong></td>
<td>DUODERM EXTRA THIN</td>
<td>10cm x 10cm</td>
<td>2.68</td>
<td>Secure non adhesive dressings with adhesive tape at edges only.</td>
</tr>
<tr>
<td></td>
<td>GRANUFLEX</td>
<td>15cm x 15cm</td>
<td>5.09</td>
<td>Do not cover foams with occlusive dressing.</td>
</tr>
<tr>
<td></td>
<td>TEGADERM HYDROCOLLOID</td>
<td>7.5cm x 7.5cm</td>
<td>0.76</td>
<td>Alevyn Gentle Border for patients with frail and sensitive skin that is liable to tear.</td>
</tr>
<tr>
<td><strong>Hydrofibre</strong></td>
<td>AQUACEL</td>
<td>10cm x 10cm</td>
<td>2.33</td>
<td>Allow 2.5cm over wound edge.</td>
</tr>
<tr>
<td><strong>Hydrofibre</strong></td>
<td>AQUACEL</td>
<td>15cm x 15cm</td>
<td>2.33</td>
<td>Aqualoc- for moderate to highly exuding wounds.</td>
</tr>
<tr>
<td><strong>Hydrogels</strong></td>
<td>INTRASITE GEL- with applicator</td>
<td>8g</td>
<td>1.72</td>
<td>Cover with a moisture retaining dressing.</td>
</tr>
<tr>
<td></td>
<td>PUROLON- alginatre hydrogel</td>
<td>15g</td>
<td>1.67</td>
<td>Suitable for most types of wounds except ischaemic and diabetic feet, infected and heavily exuding wounds.</td>
</tr>
<tr>
<td></td>
<td>INTRASITE CONFIRMABLE- sheet</td>
<td>10x10cm</td>
<td>1.73</td>
<td>Provides pain relief and no pain at dressing change.</td>
</tr>
<tr>
<td><strong>Irrigating Solutions</strong></td>
<td>TAP WATER</td>
<td>Free</td>
<td>2.34</td>
<td>Purilon can be used for heavily exuding wounds.</td>
</tr>
<tr>
<td></td>
<td>IBRIPOD</td>
<td>25x20ml</td>
<td>5.66</td>
<td>Hydrogel sheets for shallow wounds and where gels may be difficult to keep in place.</td>
</tr>
</tbody>
</table>
Nurses must use the PDL request forms to order

- Relevant sections MUST be completed before you prescribe

### DRESSINGS REQUEST FORM

All dressings’ requests to General Practice must be made via this form. GPs may refuse to prescribe unless ALL the relevant sections of the form have been completed and the form has been received by the practice.

**Note to GP practices:** For audit purposes, please send copies of ALL forms received at the end of each month by post, fax or email to Lelly Obah. Lelly.ubah@lambethpct.nhs.uk Gracefield Gardens, London SW16 2ST. Fax: 0203 049 4731

<table>
<thead>
<tr>
<th>Patient Surname:</th>
<th>DATE OF REQUEST:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First name:</td>
<td>Requesting Community Nurse Name &amp; Team:</td>
</tr>
<tr>
<td>Patient Address:</td>
<td>Community Nurse Requesting Contact Details:</td>
</tr>
</tbody>
</table>

Useful relevant information (Tick all that apply):
- Pressure ulcer
- Leg ulcer
- Diabetic wound
- Wet wound
- Infected wound
- Skin Tear
- Multiple site wounds
- Referred to tissue viability nurses Y  N

---

<table>
<thead>
<tr>
<th><strong>TYPE OF DRESSING</strong></th>
<th><strong>PREFERRED LIST : PLEASE TICK BOX FOR RELEVANT PRODUCT &amp; SIZE</strong></th>
<th><strong>FREQUENCY, DURATION and QUANTITY</strong></th>
<th><strong>MAXIMUM QUANTITIES for a month supply</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Absorbent or surgical pads</td>
<td>☐ ZETUVIT E NON STERILE PADS ☐ XUPAD STERILE PADS ☐ KERRAMAX care (only for very heavy exudate)</td>
<td>☐ 20x20cm, ☐ 20x40cm</td>
<td>15-30</td>
</tr>
<tr>
<td>Absorbent or surgical pads Superabsorber</td>
<td>☐ ZETUVIT E NON STERILE PADS ☐ XUPAD STERILE PADS</td>
<td>☐ 20x20cm, ☐ 20x40cm</td>
<td>10-20</td>
</tr>
<tr>
<td>Absorbent or surgical pads</td>
<td>☐ XUPAD STERILE PADS ☐ KERRAMAX care (only for very heavy exudate)</td>
<td>☐ 20x22cm, ☐ 20x30cm</td>
<td>10-15</td>
</tr>
<tr>
<td>Alginates</td>
<td>☐ KALTOSTAT</td>
<td>☐ 5x5cm, ☐ 7.5x12cm</td>
<td>10-20</td>
</tr>
<tr>
<td>Alginates</td>
<td>☐ SORBSAN FLAT</td>
<td>☐ 10x20cm, ☐ 10x30cm</td>
<td>10-20</td>
</tr>
<tr>
<td>Alginates</td>
<td>☐ SORBSAN FLAT</td>
<td>☐ 5x5cm, ☐ 10x10cm</td>
<td>10-20</td>
</tr>
<tr>
<td>Alginates</td>
<td>☐ SORBSAN FLAT</td>
<td>☐ 5x5cm, ☐ 10x10cm</td>
<td>10-20</td>
</tr>
<tr>
<td>Antibacterial &amp; Antimicrobial</td>
<td>☐ IDOSORB OINTMENT</td>
<td>☐ 10gm, ☐ 20gm</td>
<td>5</td>
</tr>
<tr>
<td>Antibacterial &amp; Antimicrobial</td>
<td>☐ IDOFLEX PASTE</td>
<td>☐ 5g, ☐ 10g</td>
<td>5</td>
</tr>
<tr>
<td>Antibacterial &amp; Antimicrobial</td>
<td>☐ ACTIVON TUBE (HONEY)</td>
<td>☐ 25gm, ☐ 5x5cm, ☐ 10x10cm</td>
<td>10</td>
</tr>
<tr>
<td>Antibacterial &amp; Antimicrobial</td>
<td>☐ ACTIVON TULLE (HONEY)</td>
<td>☐ 5x5cm, ☐ 10x10cm</td>
<td>10</td>
</tr>
<tr>
<td>Antibacterial &amp; Antimicrobial</td>
<td>☐ ALGIVON (HONEY)</td>
<td>☐ 5x5cm, ☐ 10x10cm</td>
<td>10</td>
</tr>
<tr>
<td>Cavity dressings</td>
<td>☐ AQUECEL RIBBON</td>
<td>☐ 2x45cm, ☐ 0.5x40cm, ☐ 10x10cm, ☐ 10x15cm</td>
<td>10-30</td>
</tr>
<tr>
<td>Cavity dressings</td>
<td>☐ ADVADRAW SPIRAL</td>
<td>☐ 2x45cm, ☐ 0.5x40cm, ☐ 10x10cm, ☐ 10x15cm</td>
<td>10-20</td>
</tr>
<tr>
<td>Cavity dressings</td>
<td>☐ ADVADRAW</td>
<td>☐ 2x45cm, ☐ 0.5x40cm, ☐ 10x10cm, ☐ 10x15cm</td>
<td>10-20</td>
</tr>
</tbody>
</table>
What about non-PDL dressings?

- Must be ordered in separate section
- Reason for dressings must be stated

<table>
<thead>
<tr>
<th>PRODUCT NAME</th>
<th>PRODUCT SIZE</th>
<th>FREQUENCY, DURATION and QUANTITY</th>
<th>REASON FOR NON-PREFERRED LIST REQUEST (MUST BE COMPLETED OR THE PRODUCT CANNOT BE SUPPLIED)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SUPPLY OF DRESSINGS TO THE PATIENT** (Confirm that this is accordance with the patient’s wishes)

- Tick the most appropriate box
- Patient or representative collecting prescription from GP practice
- Prescription to be sent to _____________________________PHARMACY. □Pharmacy delivers
- (Tick if known)

Please submit request to patient’s GP/Practice

Please email any comments about this form to jolly.oboh@lambethpct.nhs.uk, janet.grier@southwarkpct.nhs.uk or caroline.hunter@southwarkpct.nhs.uk

Sept 2013
Dealing with PDL related issues

• No form, incomplete form, non-PDL dressings without reason
  – Address with nurse
  – Send a copy of incomplete forms received for follow up to lelly.oboh@lambethpct.nhs.uk

• Any queries or comments contact your prescribing adviser, TVNs or lelly
Monitoring Progress PDL (ePACT)

9 Community nursing teams, over 80 nurses

% Total dressings costs from PDL from 2011-2013

- District nurses
- Tissue Viability nurses
- Home ward

<table>
<thead>
<tr>
<th>Year</th>
<th>baseline 2011-12</th>
<th>Q1 2012-13</th>
<th>Q2 2012-13</th>
<th>Q3 2012-13</th>
<th>Q4 2012-13</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30</td>
<td>31</td>
<td>36</td>
<td>36</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>45</td>
<td>53</td>
<td>54</td>
<td>60</td>
<td></td>
</tr>
</tbody>
</table>

Note: District nurses and Tissue Viability nurses show a steady increase in costs from baseline to Q4 2012-13. Home ward shows fluctuations but remains below the other two categories.
Key Actions for CCGs, CHS and high spending Practices

1. Tackle specific areas of high spend highlighted by ePACT
2. Develop & agree a limited list

Use Top Tip doc as a Resource
SPS Top Tip QIPP dressings Resource

Implementing Quality, Innovation, Productivity and Prevention (QIPP) initiatives in primary and community care

Top Tip QIPP messages for prescribing dressings

This is a controlled document which will be updated to incorporate new information. While every effort has been taken to ensure the accuracy of the information, readers are advised to check local sources. Where prices are quoted, those listed in the Drug Tariff 2013 have been used to check the latest versions for up to date prices. The Tips apply only when prescription form FP10 is the route of supply.

The document has been written for use by pharmacists, nurses, GPs or other healthcare professionals involved with prescribing or selecting wound dressings for chronic wounds in primary care, particularly in care homes (older adults). The Tips should be used as prompts to help rationalise prescribing and are not replacements for clinical judgement. The final decision on what to prescribe and the responsibility lies with the prescriber and should take into account the individual patient circumstance and overall treatment goal. Depending on the experience of the pharmacist and local priorities, each section can be prioritised and targeted on its own or used together. Specialist Pharmacy Services accept no liability for improper use.

This document can be used by NHS staff in the course of their duties. Please acknowledge NHS East & South East England Specialist Pharmacy Services if used in any publication. Non-NHS staff should seek permission before use.

Acknowledgements
Developed by Janet Gner & Caroline Hunter, Tissue Viability Nurses, Guys & St Thomas NHS Foundation Trust Community Health Services and Lelty Cobb, Pharmacist, GSTT Community Health Services, on behalf of Medicines Use and Safety Division, East and South East England Specialist Pharmacy Services. Thanks to Jas Khamib, London Procurement Partnership and Helen Marlow, NHS London for their contributions.

- Chronic wounds in primary care
- Not intended to cover all products
- Common sense approach for rationalising selection
- Localities can use some or all and adapt for local use
### Case Example

<table>
<thead>
<tr>
<th>10 Top Products by Cost (BNF Name)</th>
<th>Total Items</th>
<th>Total Act Cost</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mepilex 20cm x 50cm Wound Dress Soft Slc</td>
<td>25</td>
<td>£25,430</td>
<td>£1,017</td>
</tr>
<tr>
<td>Mepilex Transfer 20cm x 50cm Wound Dress Soft Slc</td>
<td>20</td>
<td>£23,485</td>
<td>£1,174</td>
</tr>
<tr>
<td>Dressit Ster Dress Pack</td>
<td>1,887</td>
<td>£17,584</td>
<td>£9</td>
</tr>
<tr>
<td>Aquacel 10cm x 10cm Wound Dress Protease Matrix</td>
<td>472</td>
<td>£14,608</td>
<td>£31</td>
</tr>
<tr>
<td>IntraSite Conform 10cm x 40cm Wound Dress H/Gel Sheet</td>
<td>51</td>
<td>£14,228</td>
<td>£279</td>
</tr>
<tr>
<td>Aquacel Ag 10cm x 10cm Wound Dress Protease Matrix</td>
<td>180</td>
<td>£12,494</td>
<td>£69</td>
</tr>
<tr>
<td><strong>Mepitel 20cm x 32cm Wound Dress Soft Slc</strong></td>
<td>47</td>
<td>£12,482</td>
<td>£266</td>
</tr>
<tr>
<td>Allevyn Adh 10cm x 10cm Wound Dress Polyureth</td>
<td>314</td>
<td>£9,957</td>
<td>£32</td>
</tr>
<tr>
<td>Aquacel Ag Ribbon 2cm x 45cm Wound Dress Cavity</td>
<td>187</td>
<td>£9,650</td>
<td>£52</td>
</tr>
<tr>
<td>PolyMem 17cm x 19cm Wound Dress Polyureth</td>
<td>45</td>
<td>£9,534</td>
<td>£212</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>472</strong></td>
<td><strong>£149,451</strong></td>
<td></td>
</tr>
</tbody>
</table>

- CCG total dressings spend is £684k
- 10 Top dressings £150k (22%) of total dressings
- Mepilex/mepitel £62k (10%) of total dressings
Cost effective alternative to Mepitel/Mepilex?

<table>
<thead>
<tr>
<th>Low adherence wound contact dressings</th>
<th>BNF Name</th>
<th>Total Items</th>
<th>Total Act Cost</th>
<th>Cost per item</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mepitel &amp; Mepilex (with foam and plastic backing)</td>
<td>Mepilex 20cm x 50cm Wound Dress Soft Slc</td>
<td>25</td>
<td>£25,430</td>
<td>£1,017</td>
</tr>
<tr>
<td>Mepore Melolin &amp; Release</td>
<td>Mepilex Transfer 20cm x 50cm Wound Dress Soft Slc</td>
<td>20</td>
<td>£23,485</td>
<td>£1,174</td>
</tr>
<tr>
<td>Mepitel 20cm x 32cm Wound Dress Soft Slc</td>
<td>Mepitel 20cm x 32cm Wound Dress Soft Slc</td>
<td>47</td>
<td>£12,482</td>
<td>£266</td>
</tr>
<tr>
<td>N-A Ultra 9.5cm x 9.5cm Type 1 Ktd Viscose Dress</td>
<td>N-A Ultra 9.5cm x 9.5cm Type 1 Ktd Viscose Dress</td>
<td>114</td>
<td>£1,009</td>
<td>£8.85</td>
</tr>
<tr>
<td>N-A Ultra 19cm x 9.5cm Type 1 Ktd Viscose Dress</td>
<td>N-A Ultra 19cm x 9.5cm Type 1 Ktd Viscose Dress</td>
<td>29</td>
<td>£623</td>
<td>£21.53</td>
</tr>
</tbody>
</table>

Top Tips QIPP messages for prescribing dressings Vs.2 - Feb 13 (LO)
What can I do when I get back to the practice/CCG tomorrow?

• Ask for the practice/CCG Total spend on dressings and top 10 dressings by cost
• Have a meeting to include wider teams/stakeholders
• Decide on an action plan to implement PDL
• Save money and improve quality!
Wound Management - Makes sense!
Group work
Case scenarios

Task
Using the pictures provided, answer the questions on your sheet