Prescribing Points

A NEWSLETTER FOR ALL HEALTH CARE PROFESSIONALS IN OXFORDSHIRE, WRITTEN BY THE MEDICINES MANAGEMENT TEAM, OXFORDSHIRE PCT, JUBILEE HOUSE, OXFORD BUSINESS PARK SOUTH, OXFORD, OX4 2LH.

Date of issue June 2012	VOLUME No:21 03 written by Nikki Shaw and Sara Wilds

Inside this issue:

Information about the launch of the revised ONPOS wound care formulary phase 2 Appendix 1: removal of foams from the wound management …. Formulary.

The Wound Care Formulary Group has been working throughout 2011/12 to rationalise the dressing choices available to practices, district nurses and nursing homes across NHS Oxfordshire. The aim of the group was to produce a revised formulary based on quality, product efficacy and cost effectiveness

This document includes details of phase 2 of the first line product choices that will be available from ONPOS from June 25th 2012.

The original Wound Management Advice and Prescribing Guidance was published in January 2009 with the aim to review the formulary within three years. Invitations were sent out to clinicians with a specialist interest in wound care and the final review group consisted of representatives from practice nurses; district nurse teams; community hospitals; children's services and the medicines management team, led by the tissue viability team. The Wound Care Formulary Group have under-taken a comprehensive review of dressing use across Oxfordshire; have considered current usage; canvassed opinion on current formulary choices taken part in evaluations of products and reviewed evidence available for product categories.

The decision has been taken to reduce the formulary to a single product choice within each product category in order to improve consistency of use across NHS Oxfordshire; improve access to product specific training and information and reduce costs.

This is Phase 2 of the review and applies only to the categories listed which are:

- Bandages (all categories)
- Tapes

The next phase of the formulary review will include anti-microbial dressings and details of this will be available shortly.
A summary of the revised formulary and the dressing choices that are available to order from ONPOS is included with this document and an electronic version is available here.

As part of this review there has also been a decision taken by the formulary group to remove both adherent and non-adherent foams from the formulary. The rationale for this decision has been included in an appendix to this document and will also be circulated directly to all community nursing teams and nursing homes. Please help by circulating this information to all healthcare professionals that use dressings and are associated with your practice.

NHS Oxfordshire spend approximately £250,000 per annum on foam dressings and there are many instances of them being used inappropriately. A separate document has been prepared which outlines the alternatives that are available and the circumstances in which they should be used. This is included in appendix 1.

It is important that teams familiarise themselves with the first line dressings that are now available from ONPOS and are confident as to what the alternatives are to dressings currently used. It remains the intention that approximately 70% of dressings are ordered via the ONPOS system, with only second line or specialist dressings ordered via FP10.

Please contact Nikki Shaw and Sara Wilds via the medicines management team administrator on 01865 336868 if you have queries about the revised ONPOS formulary or if you would like help or support in managing your stock of dressings. The Tissue Viability Team can offer clinical support on the use of dressings, including alternatives to the use of foam dressings. Any queries for the TVNs should be emailed to tissueviability@oxfordhealth.nhs.uk.

So What?
Practices should ensure that everyone involved in the ordering of dressings is aware of the changes to products available via the ONPOS system from June 2012. Please ensure that practice nurses and district nurse teams see a copy of this newsletter. A copy of the new summary sheet has been sent separately with this letter and this should be displayed in areas where dressing choices are made.

PCT Wound Management Advice & Prescribing Guidance 2012. Updated Formulary Choices available via the ONPOS system.

Dressings Category	1st line Wound Management Product
7. Dressing packs and gauze swabs	Softdrape Sterile Dressing Packs Softswab Non-sterile swabs 100 pack (10X10) Sterile swabs 5 pack
11. Semi-permeable film dressings	C View – 6 x 7cm, 10 x 12cm, 12 x 12cm, 15 x 20cm, 20x30cm
12. Low adherent dressings	Tricotex – 9.5 x 9.5cm
13. Knitted polyester primary dressing impregnated with neutral triglycerides.	Atrauman – 5 x 5cm, 7.5 x 10cm, 10 x 20cm, 20 x 30cm
14. Perforated dressing with adherent border	Softpore – All sizes
15. Absorbent dressings	Zetuvit E Non Sterile dressing pad – 10x10cm, 10 x 20cm, 20 x 20cm, 20 x 40cm Xupad sterile dressing pad – 10x12cm, 10x20cm, 20x20cm, 20x40cm. NB For acute & post-op use only where there is a risk of infection Eclypse Super Absorbent Dressing – 10x10,15x15, 20x30, 60x40
16a. Alginate Packing	Urgosorb rope – 30cm
16b. Alginate Sheets	Urgosorb – 5 x 5cm, 10 x 10cm, 10 x 20cm
17a. Hydrocolloid Standard	Tegaderm Hydrocolloid (with border) – oval 10 x 12cm, 13 x 15cm, 17.1x16.1cm (sacral). The border is approx 1.5cm wide. Tegaderm Hydrocolloid (without border) – square 10x10, 15x15cm
17b. Hydrocolloid Thin sheet	Tegaderm Thin hydrocolloid (with border) Oval 10x12cm, 13x15cm The border is approx 1.5cm wide. Tegaderm Thin hydrocolloid (without border) square 10x10cm
18b. Hydrogel Sheet	Actiform Cool (this dressing donates and absorbs fluid) – 5 x 6.5cm, 10 x 10cm,
21. Povidine Iodine dressings	Inadine – 5 x 5cm, 9.5 x 9.5cm
Adhesive Tapes and Bandages	
35. Adhesive Tape : Permeable non-woven surgical synthetic	Clinipore – 2.5cmx5m (to secure a bandage, not to used directly on the skin)
36. Adhesive tape : Permeable apertured non-woven surgical synthetic	Omnifix 10cmx10m (best practice use would be to decant a certain amount into a bag with scissors. Do not take the whole 10m into a patient's home where possible).
37. Retention bandages	Easifix k 5, 7.5, 10cmx4m
38. Support bandage	K'lite 10cm x 4.5m
39. Elasticated tubular bandage	Comfigrip 1m sizes D,E,F
40. Sub compression wadding	K-Soft
42. Short stretch compression bandage	Actico 8cm,10cm, 12cm x 6m (single use only)
43. Two layer compression system	K-two (Also available as individual components)
45. Elasticated viscose stockinette	Tubifast 3m and 5m
Reduced compression bandage	Ko-flex and koflex long

APPENDIX 1

Oxford Health NHS
NHS Foundation Trust

Oxfordshire Clinical Commissioning Group

31st May 2012

Dear colleague,

Removal of foams from the wound management formulary

We are writing to inform you that following a robust evaluation process, the formulary group in partnership with the countywide tissue viability link nurse group have made a decision to remove both the adherent and non adherent foams from the formulary.

The motivation to review the role of foams within wound care was for two main reasons:

1. The tissue viability team had noted a high number of wounds which they felt had deteriorated due to the inappropriate use of a foam dressing (i.e. locally infected, inflammatory, macerated and excoriated peri wound skin). Foams do not have the ability to absorb moderate to high levels of exudate and once saturated, the dressing traps moisture against the wound compromising the ability to maintain a healthy wound bed environment (Figure 1). In addition to this we had also found that foams were being used as pressure relieving or comfort aids, skin protectors and on wounds that were only slightly exuding where a less absorbent dressing would have sufficed. Products such as Allevyn heel dressings were being prescribed on a regular basis despite being a non formulary item.
2. High cost. The annual spend on foam dressings to the PCT has been consistently £250,000.

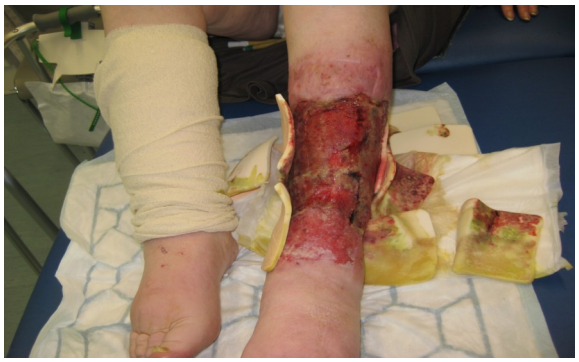

Figure 1 Inappropriate use of foam dressings (Heavily exuding wound) resulting in local infection and delayed healing.

To establish whether foams should continue to form part of the wound management formulary, a 'foam challenge' was carried out between Oct 20122 and Jan 2012. The outcome of this challenge would determine whether:

1. Foams remained in the formulary with full access
2. Foams remained in the formulary but under a specialist use category
3. Foams be removed from the formulary

What was the 'foam challenge'?

Over a 3 month period, the Oxfordshire tissue viability link nurses (represented by practice nurses, community nurses, community hospital nurses and children's service) were challenged to avoid the use of foam dressings, but instead to use an alternative option suggested by a formulary focus group. An evaluation form was completed in each case which described whether the alternative option performed equally, worse or better than the clinicians' experience of a foam. This methodology was applied to a range of wound types upon which a clinician may have used a foam dressing.

The results

A total of 48 evaluations were carried out on a wide range of wound types and anatomical sites. Of the 48, in the majority of cases the alternative dressing was deemed equal or superior to that of a foam dressing. In a minimal of cases (n=4), the reason for preferring a foam dressing was predominantly due to conformability of complex anatomical sites (i.e. a hand) and patient concordance (Current user of a foam and didn't want to change).

In the cases where foam dressings were currently in place, in 10 cases it was reported that there was an improvement in wound condition as a result of changing to the alternative option.

At the foam challenge feedback meeting held with the link nurses, it was agreed overwhelmingly that out of the 3 options set out at the outset of the challenge, foam dressings should be removed from the formulary all together.

> To support this decision, guidance has been developed to support nurses in making alternative choices to a foam dressing when faced with a range of wound types and varying levels of exudate. This information accompanies this letter. We are confident that the range offered will address most 'scenarios', however, if you are unsure about an alternative then please contact the tissue viability team by email tissueviability@oxfordhealth.nhs.uk for advice.

Foam dressings will be unavailable from 25th June 2012 when they will be removed from the ONPOS system. As this is a formulary decision, foams should not be prescribed on FP10 as an alternative to ONPOS. Oxfordshire GPs will be informed of this decision and EPACT data will be reviewed monthly to monitor any off formulary prescribing.

The formulary group appreciate that some clinicians will not welcome this decision, however, we are satisfied that the process we have been through to come to this decision has been fair, robust and in partnership with a wide range of nurses. We are also satisfied that removing foams will not compromise patient care or impact negatively on wound care outcomes. In view of this we would appreciate your support through this transition of change.

Kind regards,

Sarah Gardner and Sara Wilds
Sarah Gardner, clinical lead for community tissue viability services (Oxford Health NHS FT) and
Sara Wilds, Prescribing Lead Medicines Management team NHS Oxfordshire
(On behalf of the Oxfordshire Community formulary group).

Guidance for selecting alternatives to foams

Wound type	Alternative options to try
Large Grade 4 Pressure Ulcer on Sacrum/ hip **1 – Necrotic, Minimum exudate**	Atrauman, gauze, film **OR** Atrauman, gauze/wound pad + Omnifix **OR** Softpore, (if smaller wound and if peri wound skin not fragile)
Large Grade 4 as above **2 –but debriding and wetter.**	Alginate ,Zetuvit or step up to Super absorbent (Eclypse) secured with Omnifix or net knickers Do not occlude with a film dressing as this can stop the breathability of the super absorbent dressing **OR** If unable to secure with Omnifix try Eclypse adherent (FP10 only)
Superficial Pressure ulcer (grade 2) **or Leg ulcer – over Malleolus**	Softpore **OR** Atrauman, gauze & film **OR** Hydrocolloid/Thin (if low exudate)
PEG/SP Catheter Gastrostomy site	Softpore **or** Gauze/Film
Heel Pressure ulcers **1. Intact necrosis - dry**	1. Need to establish management plan based on a full assessment (including vascular status) as this will aid the decision to debride or not. Leave exposed to keep heel dry **OR** Film to either prevent friction or to occlude ulcer to aid debridement **OR** Hydrocolloid if happy to debride (i.e. Vascular status has been established)
Heel Pressure ulcers **2.Debrided/Debriding - Moderate exudate**	If debrided – alginate (Urgosorb) gauze/Zetuvit Omnifix to secure (if exudate and cavity present) **OR** as above but with wool/bandage or blue line if unable to tolerate adhesives **OR** Hydrocolloid (with or without alginate depending on level of exudate)
Leg ulcers **1. Bandaged/Compression**	Contact layer Wound pad- Zetuvit (non sterile) Compression bandages **Or** if very wet step up to Superabsorbent (Eclypse)
Leg ulcers **2.Non Bandaged** **Assess level of exudates first :**	
Low – Once a week	Atrauman + Zetuvit (non-sterile) wool
Med – 3/week	As above but if not contained add an alginate.
High – 4/ week - Daily	Add Supra-absorbent (non adhesive) Eclypse
Skin tears (Fragile skin)	Atrauman, gauze or wound pad secured with tubular retention bandage or retention bandage. If Atrauman adheres, step up to Urgotul (FP10 only)
Superficial trauma (i.e. gardening injury)	If wound small, consider Softpore **Or** Atrauman, gauze/ wound pad secured with retention bandage or blue line/ yellow line.