Prescribing Points

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Oxfordshire
Cinical Commissioning Group

Please let us know if you are receiving this newsletter and it is no longer relevant to you and also if you know a colleague that might find it useful so that we can keep our circulation list up to date. For queries, contact jane.lynch@oxfordshireccg.nhs.uk

This newsletter is for all health professionals in Oxfordshire and is written by the Medicines Management Team, Oxfordshire CCG, Jubilee House, Oxford Business Park South, Oxford, OX4 2LH

Changes to the Wound care / dressings formulary:

After extensive re-evaluation by the Oxfordshire Wound Care Steering Group, a new updated wound care formulary will be available from May 1st and will include several changes (see table below). The new formulary document will be available in an electronic format and gives some clear clinical guidelines to determine wound aetilogy and once this and the intended treatment outcome have been confirmed, an appropriate product can be selected. To aid clinical decision making, there is now a section that gives you options to step up and step down dressings, as and when the wound bed status changes.
In Oxfordshire we currently spend £1.8million annually on dressings, bandages and tapes, therefore this wound management formulary has been developed with the explicit aims of:

- Promoting evidence based practice by providing a framework within which it is safe to practice.
- Promoting continuity of care
- Promoting rational prescribing
- Encouraging safe, effective and appropriate use of dressings
- Promoting cost effectiveness

All first line dressing choices are available to order via ONPOS and these should make up around 70% of all dressings used. The format has changed to mirror that found on ONPOS and a summary of the new first line choices is available here. This maybe useful to display in the relevant areas of your practice, e.g. treatment rooms. Restricted use products should be used following a discussion with tissue viability and will need to be prescribed on FP10. For advice and support, please contact the tissue service at either tissueviability@oxfordhealth.nhs.uk or oxfordhealth.tissueviability@nhs.net.

The table below outlines the new products that will be included in the formulary. An electronic copy of the whole formulary document will be circulated shortly and will be available on the OCCG clinical intranet.

New Dressing	Rationale
First line formulary dressing	
Sorbion Sachet Extra	Was on the original formulary but now will be the only step up option after Zetuvit pad. Sorbion Sachet Extra should be applied as a primary dressing and used in conjunction with the Sorbion pathway for best practice.
Biatain super adhesive	This is a bordered super absorbent dressing that should be used for moderate to highly exuding wounds which cannot be secured with a bandage. Examples would include category 3 & 4 sacral pressure ulcers or dehisced surgical wounds. This adhesive superabsorbent should not be used on a lower limb wound.
Adaptic touch	Is a step up from Tricotex and Atrauman. This is a non-adherent dressing that has a longer wear time and can also be used in conjunction with VAC therapy.
Clinisorb	Charcoal dressing that can be cut. Can be used to help manage malodour. The removal of devitalised tissue and management of bacteria should be considered first.
Urgoclean	To aid soft debridement (slough). Not suitable for debriding dry necrosis. Do not use on infected wounds
Restricted use products:	
Urgostart contact	A protease inhibitor that helps to kick start wounds that have delayed healing. Should be used as part of the venous leg ulcer pathway (Complex pathway) but is a restricted use product for other wounds .
Debrisoft	A device that aids debridement of complex wounds. This is a restricted use product and should be used following support from tissue viability.
Allevyn Life	A restricted use product. For use on fragile and damaged periwound skin and/ or painful wounds. Not suitable for moderate to high levels of exudate and shouldn’t be used on high friction areas.
Urgotul	Now a restricted use product and should be considered as a step up if Adaptic touch has not been successful.
Sorbion multistar and Sorbion Drainage	These should be used for difficult anatomical wound positions i.e. Breast wounds, elbows, wound drain sites. They are ‘restricted use’ products and clinicians are advised to get support from TV before using.

Below are some individual updates on the new product on the formulary and their place in wound care. Please ensure that your teams that are using dressings see this newsletter.

Sorbion Sachet Extra

Sorbion Sachet Extra is now our step up first line super absorbent. This product has been clinically evaluated locally and is supported by very robust clinical and health economics research. Its superior ability to manage wound exudate helps to improve patient outcomes and its wear time (up to 4 days) enables a reduction of nurse appointments/ visits.

This product should be used as a primary dressing in order to maximise its effectiveness. As well as improving the management of exudate, Sorbion Sachet Extra is able to promote soft debridement and can manage the burden of bacteria by trapping it within the dressing. During April and May there were a series of roadshows across the county which offered clinicians advice about the new exudate management pathway, and where Sorbion fits in to this. H&R provided information about the products mode of action and how to use it effectively.

If you were unable to attend one of the roadshows or you require any more information or support about Sorbion please contact the TV team.

Urgostart Contact dressing

This dressing is a non-adherent contact layer impregnated with technology lipido-colloids and Nano-oligosaccharides which aims to help kick start wound healing in those wounds that fail to progress with no underlying reason .

There has been some confusion between Urgostart (which is a foam version of this dressing) and Urgostart Contact which is tulle. This maybe as a result of confusion when a prescription is issued, so please ensure that you have selected the correct dressing (**Urgostart Contact** not **Urgostart).** This information will be added to Scriptswitch.

This dressing can be ordered if you are following the complex venous leg ulcer pathway but with all other wounds please contact Tissue Viability for support and advice.

Aquacel

There has been an increase in the prescribing of Aquacel despite this being a non-formulary product. As part of our formulary management strategy teams will be identified and contacted to help us understand the rationale for their off formulary prescribing. Alternative product options and clinical support will be offered. It appears that Aquacel is commonly being used on wounds where a standard alginate would be sufficient. There is an assumption that Aquacel is significantly more absorbent than standard alginates and is often used for this purpose rather than for its debriding properties. Following a robust review of the alginate range and the evidence that supports it, a decision was made in 2011 to make **Urgosorb** the single alginate option and to remove Aquacel as a second line option.

This is based on:

- Urgosorbs ability to absorb the same amount of exudate as Aquacel.
- The addition of hydrocolloid particles within the product produces an optimum moist wound environment that supports debridement.

NB. You may also wish to consider using Urgoclean as an alternative to Aquacel. This will also absorb exudate and should be used for its debridement properties.

Foam dressings:

The Wound Care Formulary Group removed foams from the formulary in 2011. There is still a significant amount of spend on foams across the CCG, in the 12 months to February 2014 we spent £45,000.As part of our formulary management strategy, teams will be identified and contacted to help us understand the rationale for their off formulary prescribing. Alternative product options and clinical support will be offered. A document which outlines potential alternatives to foam dressings has been updated in line with the new formulary and is available here.

Use of the ONPOS system:

Practice nurses, community teams and nursing homes should be using the ONPOS system to order all of their first line formulary dressings. Practice budgets are 'top-sliced' to pay for these. There is an SOP available to ensure best practice use of ONPOS. Please contact your Locality Support Pharmacist if you would like any support on improving your management of the ordering of dressings via the ONPOS system.

Best practice use of ONPOS includes having a regular order 'slot' maybe once weekly, depending on demand. Bases should aim to keep approx. 2 ½ weeks stock and LSPs can support with calculating 'order up to levels'. Please remember that orders placed by 2pm will be delivered the next day.

We will be asking bases to support us with a stocktake in May 2014. We are aware that this is a lot of work, but it helps us with understanding the volume of stock available across the CCG and to ensure we are managing spend accordingly. Thanks for your help with this.

The Area Prescibing Committee have approved Medi-Derma S products as skin protectants in the following circumstances:

Medi derma-S non sting barrier film (1ml and 3ml applicators) This should be used for protecting peri-wound skin from wound exudate when maceration or excoriation is a problem. It can also be used under adhesive dressings if removal is painful. A small amount should be used and this product will last for 72 hours. It should be reapplied at each dressings change. It can also be used for on broken skin when urinary incontinence is contributing to skin breakdown. It should be reapplied every 72 hours only.

NB: Peri wound skin breakdown is usually due to unmanaged exudate levels. Consider stepping up absorbent pad before a skin barrier/ film is used.

Medi derma – S Barrier cream (92g tube and 20x2g sachets) This should only be used when skin moisture (for example urinary incontinence) is contributing to skin breakdown and good emollient therapy has been ineffective. Medi S cream should be used as first line treatment when a risk of skin breakdown has been identified. Skin should be clean and dry before application and it should be reapplied after every 3rd or 4th episode of incontinence. It is not removed by washing. Please contact Bladder & Bowel service for advice if a patients' incontinence is difficult to manage. If skin is broken use Medi Derma-S barrier film as above.

These products should be used as alternatives to Cavilon products, which have now been 'traffic lighted' black (not for prescribing).

So what?

Practices should aim for at least 70% of all dressings to be ordered via the ONPOS sytem. However, there will be times when it is appropriate to issue FP10s for dressings in the restricted use section of the formulary. Please ensure all practitioners who use dressings in your practice see this newsletter.