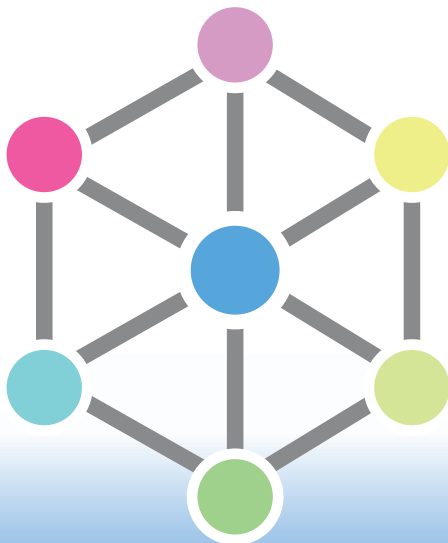


QUICKGUIDE



**DEVELOPMENT OF A WOUND CARE
FORMULARY USING CLINICAL EVIDENCE
AND ENSURING EFFECTIVE CHANGE
MANAGEMENT**

WOUNDS | **UK**

WHAT IS THE VALUE OF A WOUND CARE FORMULARY?

Local wound care formularies can streamline and guide the process of appropriate product selection, support clinicians to make cost- and clinically effective decisions, and promote evidence-based practice.

Formularies have benefits for both patients and clinicians, including (Wounds UK, 2023):

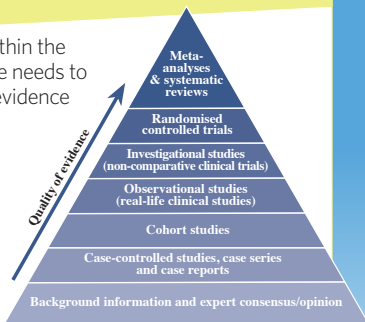
- Reducing costs and increasing staff efficiency
- Promoting rational prescribing
- Optimising resource allocation and product use, and may reduce wastage
- Streamlining management and timely access to appropriate products
- Enhancing patient outcomes and facilitating access to medications
- Providing timely access to information in order to direct education
- Supporting communication with patients about supported self-management, where considered appropriate
- Supporting consistent care delivery.

THE IMPORTANCE OF EVIDENCE-BASED PRACTICE

Before selecting a product for inclusion within the formulary, critical appraisal of the evidence needs to be undertaken, and all relevant empirical evidence should be considered.

A staged approach that considers each level of the hierarchy of evidence pyramid could be taken.

Remember, NICE may have already made recommendations based on robust, independent critical appraisal of the published evidence.



CONSIDERING COST

When evaluating the performance and long-term cost-effectiveness of the formulary each year, it is important to consider not just unit costs, but also the long-term costs involved in the entire patient journey, as well as the impact the formulary has on patient outcomes and productivity of staff.

DEVELOPMENT OF A WOUND CARE FORMULARY

1 Determine objectives, goals and scope of the formulary, including the intended audience and size of the patient population

2 Involve the right people

There needs to be 'buy-in' from a diverse group of clinical staff and relevant stakeholders — e.g. partner organisations, manufacturers of products, patients or patient representative groups, local people and communities, and other local decision-making groups.

3 Identify a formulary lead

A formulary lead needs to be identified to bring these different groups together and to take responsibility for developing and maintaining the formulary.

4 Select products for inclusion within the formulary

The first consideration for clinicians is to strive for the highest level of evidence available for each product type. Evidence should override clinician preference in most instances.

Where NICE guidance is available for a product — or there is recommendation for the use of a product — this should not be ignored without clear justification. Other factors to consider include size, materials, standards, adherence, non-adherence, design and price — with a focus on long-term treatment cost rather than cost per unit.

Where NICE has evaluated the evidence and recommends the implementation of a product, it should be prioritised

Best Practice Statement

MYTH

The NICE medical technology process is unethical as companies pay NICE to assess their products

TRUTH

The NICE medical technology guidance process is completely funded by the Department of Health and Social Care

5 Ensure there is sufficient guidance for each product within the formulary

Guidance for each product should include the following: indications/ list of uses; limitations/contraindications; cost (if possible to determine); precautions; examples of an appropriate wound type for treatment by the product; recommended duration of use; and correct method of application and removal.

6 Embed clinical pathways within the formulary

7 Link to familiar structures, tools and frameworks

To help simplify the decision-making process, the formulary needs to link to known clinical decision-making tools — e.g. wound bed preparation (WBP), the TIMERS framework and the MOIST concept.

8 Make the formulary accessible and easy-to-use

Consider using a wound image library of wounds and tissue types in different skin tones, an accessibility guide, QR codes and interactive links.

9 Involve the patient as much as possible

Product selection is a collaborative process and needs to involve the patient where possible.

MANAGING CHANGE AND MEASURING SUCCESS

There is a need to overcome 'professional exceptionalism', where individuals think 'the guidance doesn't apply to me' or 'my patients are different'. Education is a key strategy to implement change, and clinicians need to be provided with training on wound assessment and how to use the formulary safely.

Success and performance of the formulary can be measured using key performance indicators, with consideration given to patient outcomes, healing rates, satisfaction and whether the formulary is being used correctly. It is important that formularies are kept fluid and dynamic; they should be reviewed regularly and revised as guidance changes and new products emerge.

Have you considered the following?		✓
1. The team involved		
Have you created a multidisciplinary formulary committee?		
Have you defined the purpose, objectives, goals and scope of the formulary?		
Have you involved all relevant stakeholders?		
2. Assessment process		
Have you considered the evidence base and national guidance/recommendations (e.g. NICE)?		
Have you conducted a literature review?		
Have you considered all relevant costs?		
2. Formulary content		
Have you determined the target patient population and areas of wound care to be covered?		
Have you included links to familiar structures (e.g. wound bed preparation and TIMERS) within the formulary?		
Have you made sure that the formulary is easy-to-use and accessible (e.g. includes photos)?		
Have you considered how the formulary will support self-care?		
Have you considered how the formulary will prevent waste and promote sustainable practices?		
Have you considered involving companies or industry partners and, if so, have you ensured conflict of interest/disclaimers have been declared where these groups have been involved?		
What strategies have you considered to help implement the formulary and ensure engagement?		
4. Implementation		
Have you embedded pathway work within the formulary? Are the pathways consistent?		
Have you considered what education/training is needed for the formulary?		
Have you considered how success and performance of the formulary will be measured (e.g. KPIs)?		
Do you have protocols in place to update the formulary as guidance changes (e.g. have you set regular review dates)?		
Do you have a process in place to measure costs versus budget?		
Do you have clear processes and procedures in place to report adverse events, and highlight any potential risks?		
Have you made sure the formulary is accessible to patients and communicated this effectively?		
Do you have processes in place to receive feedback/complaints, and how you and your organisation will respond/take action?		
Do you have a process in place for updating the formulary?		



This Quick Guide has been supported by **Urgo Medical** and supplements the Best Practice Statement on 'Development of a wound care formulary using clinical evidence and ensuring effective change management'. For more information and to read the document in full visit wounds-uk.com or scan the QR code.

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References

Wounds UK (2023) Best Practice Statement: Development of a wound care formulary using clinical evidence and ensuring effective change management. *Wounds UK*