What are the main influences on the purchase and use of wound care products?

In the 1960s the main purpose of wound dressings was to provide a covering to protect the wound and to 'absorb' exudate. The dressings used then were simple products, generally based on gauze. Today, clinicians expect dressings to provide much more than this. Many dressings are now marketed as advanced products that create a moist wound healing environment.

Despite evidence of the value of creating this healing environment, the use of gauze still abounds and accounts for 50% of the global wound dressings market (Espicom Business Intelligence, 2007). One can only presume that adoption of advanced products is hindered by ease of access, cost and inadequate education on use.

Does this apply to wound care products in the UK? What are the influences that guide purchase and use of wound care products and are the decisions based on efficacy, evidence or economics? We ask three procurement experts what they think. KC

Keith Cutting (KC) *is Tissue Viability Specialist, Harefield Hospital, Middlesex and Principal lecturer, Buckinghamshire Chilterns University Hospital; at the time of writing* ***Delyth Bailey (DB)*** *was Dressings Category Manager, NHS Supply Chain and is now Orthopaedics and Ophthalmology Category Manager, NHS Supply Chain;* ***Liam Horkan (LH)*** *is Clinical Procurement Specialist at the East of England NHS Collaborative Procurement Hub; and* ***Jackie Allain (JA)*** *is Strategic Supply Manager, Hertfordshire NHS Supply Management Confederation.*

What is your role in the purchasing and procurement of wound care products?

DB: NHS Supply Chain is a national body that engages with a range of suppliers on behalf of NHS trusts and other healthcare organisations. It procures and purchases wound care products, among other medical and non-medical consumables, and aims to deliver the highest quality products at the lowest possible cost.

Most recently, we have developed a Product Councils programme. This programme will bring together clinicians from across the NHS to review and discuss tenders. Each Product Council will provide significant clinical input for contracting decisions.

The first councils to be launched will focus on theatres and nursing, and every member will have a significant role in reviewing new technology and products for the NHS.

Where necessary, a Product Council can also be supplemented with a task force to examine a specific product area — for example advanced wound care — in more detail, and to involve additional medical and procurement expertise.

LH: I am currently one of the clinical procurement specialists for the East of England NHS Collaborative Procurement Hub (CPH). We are working to make procurement benefits for NHS trusts in Bedfordshire, Cambridgeshire, Essex, Hertfordshire, Norfolk and Suffolk. Our organisation aims to:

- Create cash-releasing savings for reinvestment in front-line services
- Allow healthcare staff to access the products and services they need
- Improvement in patient care
- Improve health through socially responsible procurement
- Reduce the environmental impact of product use through socially responsible procurement
- Improve career and personal development opportunities for procurement staff.

My role is to ensure that projects are supported clinically by the relevant stakeholders and that purchasing decisions are supported by credible clinical evidence and detailed evaluation criteria

I am also the chair of the East of England Tissue Viability Network. The overall aim of the group is to enable purchasing decisions to be made from an informed perspective. The network strives to create a more efficient approach to the procurement of wound management products, while continuing to enhance and sustain the provision of high-quality, cost-effective care.

JA: I am a qualified nurse who works for the Hertfordshire NHS Supply Management Confederation (HSMC) as a clinical procurement specialist. Before taking up this role. I also worked as a ward manager and as a clinical nurse specialist in tissue viability.

I was in the role of tissue viability nurse clinical specialist when part of the current wound care formulary for one of the trusts I cover was put in

JA: *There are no cost savings to be had in choosing a product that appears cheaper per unit but requires changing more often.*

LH: *The NHS has to deliver cost-effective care and this makes us all responsible for ensuring that any product design meets this criteria.*

place. I now assist the current tissue viability nurses when reviewing wound care products by helping to organise meetings with companies, producing cost comparisons on current product usage and proposed product usage, helping them inform the trust when a product change has been initiated and masking off products which have been agreed that the trusts no longer wants on the formulary.

I also monitor the tissue viability nurses compliance to usage and can inform them of areas that are purchasing or attempting to purchase products that are not on the formulary.

My role focuses on working in partnership with the tissue viability nurses. My role within HSMC is to work with the clinical staff to rationalise product choice by looking at cost-effectiveness. Through rationalisation, the aim is to encourage better education, improved clinical effectiveness and therefore improved knowledge in relation to the product the clinicians are using. This in turn encourages the staff to use cost-effective purchasing.

Has your organisation developed criteria to support product choice at the point of purchase? If so, what are they? If not, do you think that this would be helpful?

DB: NHS Supply Chain supports the professional judgement of clinicians. Product choice at the point of purchase is a decision for the individual trust, but we aim to provide a product range from which clinicians can choose products that are of the highest possible quality.

LH: By utilising a collaborative approach to the procurement of products through an expert user group such as the Tissue Viability Network in the East of England we provide the platform to support product choice at the point of purchase.

JA: It is predominately the tissue viability nurses who take the lead in deciding inclusion to the trust's wound care formulary. If a clinical area requests a product which is not on the current formulary then the supply team would request that the ward gain agreement from the tissue viability nurse before the product is procured. All the supply teams across HSMC are provided with an up-to-date copy of their trust's formulary.

Is cost-effectiveness a consideration in product choice or does unit cost predominate?

DB: Business is awarded by NHS Supply Chain based on weighted criteria. Price is one factor. We aim to provide the highest quality products at the lowest possible cost to the NHS, but our priority is clinical excellence and there are many other areas we take into consideration. These include:

- Education and training
- Quality
- Clinical evidence
- Supply chain capability
- Sales and management support
- After-sales service.

Product Councils will also influence these criteria in the future and clinicians will have direct involvement in this.

LH: The NHS has to deliver cost-effective care and this makes us all responsible for ensuring that any product decision meets this criteria. Unit cost will be one factor, cost-effectiveness and cost in use should also be examined.

Cost is never considered in isolation and there are many other elements to the decision-making process that we need to consider. These must include criteria for product selection such as quality, the appropriateness of the product, support and training, clinical evidence, ongoing support and the capability of the supplier to deliver the required products. Clinically developed specifications must address all of these factors.

However, we would expect that a nationally awarded contract will have addressed a number of these criteria and then it will be for us to assess at a regional and local level whether the product is acceptable to our organisations and staff.

JA: Cost-effectiveness in conjunction with clinical effectiveness is very much a consideration when choosing products, as well as many other factors such as training and support, research and evidence in support of the product.

There are no costs savings to be had in choosing a product which appears cheaper per unit cost but requires changing more often. To ensure the trusts are not increasing the budget on wound care when products are reviewed, the data will be assessed to ascertain if costs have increased. This

JA: *As procurement staff we assist in obtaining evidence but it the tissue viability nurses who review the available evidence when choosing products.*

LH: *You would expect a product that has been available for 20 years to have more published evidence that a brand new product.*

would indicate if product usage has increased with more dressing changes or if costs have decreased even though usage has remained the same.

It should be noted that when considering a product change the sizing of the products needs to be considered very carefully. For example, a product that the trust currently uses may be produced in a 7.5cm x 7.5cm but the one that the trust intends to move to may come in a 6.5cm x 6.5cm or 8.5cm x 8.5cm. These are often at different prices per size.

This would result in assumptions being made when analysing the data as to what size the clinical staff will be applying. Caution needs to be taken here as this could result in incorrect costs and savings being calculated.

When having to choose between two or more similar products, how much importance is placed on available evidence?

DB: This really depends on the product in question. In cases of products with real innovative qualities we would want to bring the product to market as soon as possible. It is important that new and inventive products are not unnecessarily delayed if they can dramatically improve patient care.

Again, Product Councils will be involved in this process and are set to provide an established body which will evaluate new products.

LH: As discussed previously, product decisions need to be based on agreed criteria. If we are working within a national contract, then we have to balance the available evidence against the product performance. You would expect a product that has been available for 20 years to have more published evidence than a brand new product.

However, in wound care we see more generic versions of traditional products being produced in a similar manner to generic pharmaceuticals and therefore we need to understand if there are fundamental differences in the product make-up and whether the principles of earlier evidence can be applied to the new products.

It is important that we also develop criteria to evaluate new technology and innovation in existing products. Representation on the national product councils and our own evaluation through the regional network will lead us in the decision-making process.

JA: As procurement staff we assist in obtaining evidence but it is the trust's tissue viability nurses who review the available evidence when choosing products.

In the recently established East of England TVN network it has been acknowledged that there are many products that although ostensibly new are actually from a generic family. The companies themselves do not have an abundance of evidence but it is recognised that the actions of that family of product is effective.

The group currently undertakes evaluation of products for its fellow members and feeds back at the two-monthly meetings. The evidence and the cost of a product are looked at in conjunction with each other. All of the information mentioned in the previous answers would also be taken into consideration by the group.

Who is responsible for critiquing the evidence and how are they qualified to do this?

DB: In the future, Product Council and task force members will be involved in this process and experience of critiquing evidence will be included in the membership criteria.

LH: All procurement activity, which ultimately impacts on patient care, is undertaken in conjunction with relevant clinicians, specialist staff and clinical product groups. One role of the clinical procurement specialist is to ensure that projects are supported clinically by the relevant stakeholders, and purchasing decisions that are made are supported by credible clinical evidence and/or detailed evaluation criteria to ensure the process is robust.

In the East of England we would use the tissue viability network and other relevant stakeholders/clinicians/groups to help us reach an informed decision.

JA: The trust's tissue viability nurses who are members of the Eastern TVN network would be responsible for critiquing the evidence and feeding it back to the whole group.

This group consists of the procurement clinical nurses specialists for the trusts who work in the various procurement departments. As tissue viability nurses they have a variety of

DB: *Our role as primary supplier to the NHS is to make the best possible products available. The responsibility for making sure they are used correctly is the clinician's area of expertise.*

LH: *The recommendations to use a particular product would be clinically led by the tissue viability nurse or other relevant clinicians.*

relevant qualifications to undertake this role. Evidence may also be obtained from other relevant stakeholders such as podiatrists and pharmacists.

How do you evaluate a product when there is no published evidence to support it?

DB: In this instance, a task force would be called on to examine the product in detail. Using clinical input, the group would then give their evaluation to the relevant Product Council.

LH: This depends on the product. If we are using a national contract then a level of evidence will exist to support the inclusion of a product in the contract for use in the NHS. As a product is often already in use in other NHS organisations we utilise the regional tissue viability network to establish the required levels of evidence to inform our decision-making.

As we move forward to the new national contracts, I would expect the advanced wound care task force with regional representation to examine the product and make recommendations.

JA: If the tissue viability nurses request that the procurement department obtain products which have never been used before and apparently have no published evidence then it is the responsibility of the tissue viability nurse to take this proposal to the relevant trust groups for agreement. These groups include the wound care committees, the trusts ethics committee or the trust's medical devices committee.

If support is gained from these groups the tissue viability nurse would facilitate the evaluation with the support of the trust's procurement specialist.

How important do you think it is to evaluate the patient's experience of a product? How would you gather and use this information?

DB: NHS Supply Chain supports effective patient care by providing an end-to-end supply chain service that meets the procurement and logistics needs of its customers. The way in which a product is used and how patients are treated, is the clinician's area of expertise.

LH: I would expect that any local acceptability evaluations would take into account the patient's experience. The criteria and requirements would be developed as part of an overall procurement strategy with all relevant stakeholder involvement.

JA: Any evaluation which is conducted within the clinical setting should take into account the patient's experience of the product. Important aspects of the patient's experience may be:

- Discomfort during dressing removal and change
- Whether there has been an increase in dressing changes while using the new product
- Whether there has been more leakage or less
- If the device is mechanical, noise from the machine could be monitored.

However, this information would be very subjective and it is possible that it could be influenced by the data collector. The easiest way to collect this information would be through the use of a questionnaire or perhaps by using a product evaluation document.

Once a product has been recommended, whose role is it to make sure that it is available and used appropriately? What support would they need to do this?

DB: Our role as a primary supplier to the NHS is to make the best possible products available. The responsibility for making sure those products are used correctly is the clinician's area of expertise.

NHS Supply Chain can lend support by putting clinicians in contact with the manufacturer or supplier of any particular product, allowing both parties to discuss how the product should be used.

LH: The recommendations to use a particular product would be clinically led by the tissue viability nurse or other relevant clinicians. The procurement process would have identified the requirements for introduction, implementation and ongoing support of a new product through the sourcing process.

JA: Once a product has been decided upon then the route of delivery would affect whose responsibility it is to ensure the product is available and whose responsibility it is to ensure that it is used correctly.

DB: *If a national wound care formulary was put in place it would provide a useful input into the NHS Supply Chain decision-making process.*

LH: *It does not make sense that a number of organisations in a regional health economy may all be producing individual formularies.*

Advanced wound care products, which are obtained from the national contract, are available as stock items in clinical areas. These items in the Hertfordshire trusts are included in the trust's formularies. It is the responsibility of the trust's supply teams to ensure that the correct products are available in the correct sizes and quantities.

It is, however, not their responsibility to ensure they are used appropriately. This would be the responsibility of the manager of that clinical area. This person would at times require the support of the trust's tissue viability clinical nurse specialists for more complicated wounds or they may use the ward's tissue viability link nurse if this is in place.

If the recommended product was classed as a non-stock item then it is the responsibility of the individual requesting that product to ensure that it is available for use.

This individual may be either a nurse specialist in tissue viability, diabetes, dermatology, a podiatrist or a consultant. This would need to be done in conjunction with the manager of the clinical area as well as the supply team. It is that person's responsibility to ensure that there is a sufficient quantity for the period of time the product is required.

It would be the ward manager's responsibility to ensure the tissue viability team are made aware that this product has been requested.

If there are educational and training requirements associated with the use of the product then it is the responsibility of the individual requesting the product to ensure this is done. This, however, will often fall within the remit of the manager of the clinical area that the product is being used.

Could there be a role for a national wound care formulary?

DB: If a national wound care formulary was put in place it would provide a useful input into the NHS Supply Chain's decision-making process.

LH: Yes, I believe there is a role for a wound care formulary in supporting standardisation and rationalisation of products.

A formulary also assists in ensuring all the factors mentioned above (clinical evidence, appropriate support, performance at point of use) have been considered by a specialist group to lead to the final formulary.

However, it does not make sense that a number of organisations in a regional health economy may be all producing individual formularies, which is why over the next 12–18 months the East of England will be creating a regional formulary.

This will allow us to spread the workload across a number of organisations and to develop cross-regional evaluation criteria that will enable us to make more informed decisions than previously available.

JA: Yes there is a role for wound care formularies in all clinical settings. A formulary helps to guide clinical staff when deciding on a dressing product for wound care.

How would you manage patients with very complex or unusual wounds who need dressings that lie outside the regular formulary?

DB: NHS Supply Chain aims to supply a broad spectrum of products needed for treating complex and unusual wounds, as well as general wound care products.

LH: The benefit of using a regular formulary that is supported and used is that staff will work within an agreed framework and complex patients will be referred to the tissue viability service more appropriately, allowing the tissue viability nurses to use their clinical expertise and judgement to manage those types of wounds.

JA: If a patient presented to the trust's tissue viability team with a wound that was either complex or unusual, then the procurement team would source the product, even if outside the regular formulary, that the tissue viability team felt the most appropriate.

If, however, the request was made by a clinical area then the procurement team would request the suitability of the product outside the formulary. This query would be raised with either myself or via the tissue viability team. WUK

Espicom Business Intelligence (2007) *The Global Market for Advanced Wound Care Products*. Espicom, Chichester