FORMULARY OF WOUND MANAGEMENT PRODUCTS

(Incorporating the SOP for Direct Supply of Wound management Products)

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Formulary of Wound Management Products
Version Control Sheet

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	Section 5	New section – specialist formulary	January 2012	Lorna Adlington
	Section 12	Product amendments and update product prices and sizes	January 2012	Lorna Adlington
	Section 12	Addition of specialist formulary	January 2012	Lorna Adlington
	Section 14	Updated references	January 2012	Lorna Adlington
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	Section 3	Role of link champions	December 2015	
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	Section 9	Update formulary review process	December 2015	Lorna Adlington
	Section 12	Update product list, specialist formulary and starter pack list.	December 2015	
	Section 13	Update product classifications	December 2015	
	Section 14	Updated references	December 2015	
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8	Throughout	Amalgamate WM formulary guidance and SOP for direct supply of wound management products	November 2016	Lorna Adlington
	Throughout	Update product costs / product codes.		
	Page 7 Page 9	Summary of clinical guidance for wound management Emollients	January 2017	Colette Longstaffe
	Section 3, 4 & 6 Appendix 4 and 7	Removal of Advadraw – no longer available. Change to Medihoney wound gel Change to Blue Dot irrigation fluid (NHS SC)	17th March 2017	Lorna Adlington

Formulary of Wound Management Products
Contents

i. Version control sheet
ii. Policy statement

Section		Page
1	1. Introduction and Background	6
	2. Aims	6
	3. Responsibilities of the Practitioner	6
	4. Summary of Clinical guidance for wound management	7
	5. Wound Management Product Selection	9
	6. Emollients	10
	7. Specialist Formulary	10
	8. Sensitivities and allergies	10
	9. Underpinning philosophies	11
	10. Non Prescription Route of Supply	11
	11. New Products and Formulary Review	11
	12. Guidance on Quantities	12
	13. Information Distribution	12
2	Standard operating procedure for direct supply of wound management products	13 - 15
3	Formulary List – Quick Reference Guide	16
4	Specialist Formulary	19
5	Starter Pack Product List	20
6	Product Classifications	21
7	References	38
	Appendix One – Guide to product selection	39
	Appendix Two – Products containing paraffin	40
	Appendix Three – Formulary Equivalents	41
	Appendix Four – WM request form	42
	Appendix Five – NHS Supply Chain returns	44
	Appendix Six – FORMEO communication list	45
	Appendix Seven – Stock management form	46
	Appendix Eight – NHSLA Monitoring template	48
	Appendix Nine – Equality Analysis	49

Formulary of Wound Management Products
Policy Statement

Background	The purpose of this wound management formulary is to work towards standardisation of the practice of wound care across the Organisation providing a clinically effective range of products selected on the basis of clinical need, cost effectiveness and best available evidence. The SOP for direct supply of wound management products is included within this document.
Statement	This policy supports local and national guidance and promotes 'best practice'.
Responsibilities	Implementation and compliance with this policy will be the responsibility of all staff.
Training	Directors/Heads of Service are responsible for arranging the provision of appropriate training to ensure relevant skills, knowledge and competencies are maintained.
Dissemination	Website Service Leads
Resource implication	This guideline has been developed in line with national guidelines and 'best practice' to enable the appropriate delivery of standardised wound care across the interface between primary and secondary care. There are no additional resource requirements.

SECTION ONE WOUND PRODUCT SELECTION INFORMATION

1. Introduction and Background

1.1 A Wound Management Formulary provides an opportunity to standardise the practice of wound management across the health care community. The wound management formulary is intended to support specialist services in delivery of evidence based healthcare.

1.2 This formulary provides an initial baseline to support practitioners in their treatment choices and care planning. It has been formulated following review and consultation with the East Midlands Tissue Viability Nurse Specialist Network and the local Tissue Viability Specialists. It is intended to facilitate continuity of a shared range of products across primary and secondary care. This is an evolving document, reviewed every two years, which in working in partnership with practitioners in ULHT will enable development and implementation of a functioning countywide formulary. This will support interface working between primary and secondary care, dependent upon appropriateness and availability of products, in an overall aim to ensure continuity of treatment and service provision.

1.3 The wound care formulary is intended to inform the practice of all practitioners within primary care and Lincolnshire Community Health Services Trust.

1.4 This document and product formulary has been devised by local Tissue Viability Nurse Specialists, who provide specialist knowledge and expertise in wound care management.

1.5 Clinical evaluations of all products chosen have been undertaken across the East Midlands Network, including locally within Lincolnshire.

1.6 The formulary aims to provide a clinically effective range of products, appropriate to manage the vast majority of wounds, selected on the basis of clinical need, cost effectiveness, best evidence available and suitability. The intention is that it will be a constantly evolving and dynamic document, evaluated and updated to innovations in practice and newly evaluated products.

1.7 It aims to ensure that patients have, where appropriate, continuity of wound care products across the interface between primary and secondary care.

2. Aims

2.1 The aims of this document are to:

2.1.1. Promote best practice in wound management;
2.1.2. Guide practitioners in appropriate dressing's choice;
2.1.3. Standardise appropriate practice;
2.1.4. Promote cost effective practice.
2.1.5 Provide an operational guide to management stock on shelves.

3. Responsibilities of the practitioner

3.1 Individuals are responsible for maintaining their own professional knowledge and competence and ensure they work within the limits of their competence (NMC 2008).

3.2 All patients with an open wound will have an assessment and a care plan devised by a registered practitioner. The practitioner will be accountable and responsible for the plan of care following initial assessment and any subsequent changes. Any changes in the wound and surrounding skin appearance and / or patient reported symptoms must be documented and care plans adjusted as necessary.

3.3 The wound management products on formulary are suitable for the majority of wounds and for each stage there are appropriate product choices to accommodate practitioner preference. When formulary choices have been exhausted and a satisfactory outcome has not been achieved, practitioners may select other products providing choice is supported with a clear rationale and evidence base.

3.4 Use of any non formulary product must first be agreed with the local Tissue Viability Link Champions, who will be responsible for; ensuring that formulary products have been applied as first line treatment choice; challenging non formulary product choice requesting a clear rationale for off formulary prescribing; and suggesting potential formulary alternatives. If a Tissue Viability Champion is not available then advice should be sought from a local Case Manager or Non Medical Prescriber.

3.5 There is an expectation that link champions will provide first line support and advice to community staff and ensure delivery of safe, evidence based and cost effective practice and providing ongoing referral as clinically appropriate.

3.6 Non-medical prescribers are professionally accountable for their prescribing decisions, including actions and omissions. All registered nurses are personally accountable for their practice, including acts and omissions, regardless of advice or directions from another professional (NMC 2006).

3.7 Non-medical prescribers may issue repeat prescriptions where appropriate, however they should recognise that as signatory they are responsible and remain accountable for their practice. Before undertaking to sign a repeat prescription the prescriber has a responsibility to ensure that it is safe and appropriate to do so.

4. **Summary of Clinical Guidance for Wound Management**

4.1 Wound Assessment

4.1.1 Wound management choice and care planning should be based around the findings of a holistic patient assessment and wound assessment therefore all patients admitted to the LCHS caseload for wound management interventions require the following to be implemented and documented:

- Holistic assessment including previous medical history and medication
- Risk assessments including PURPOSE T (Pressure ulcer risk tool)
- Documentation of allergies including previous dressings and tapes used.
- Establishing the cause of the wound i.e., surgical wound, venous leg ulcer, pressure ulcer or traumatic wound.
- Weekly Wound assessment to be fully completed which includes the wound Length, Width and depth. Tissue in wound bed to be recorded in percentages e.g. 50% granulation
- Careful examination of wound bed undermining and tunnelling to be fully recorded.
- Weekly Clinical photography to be completed for pressure ulcers and as a minimum fortnightly for all other wounds unless wound deterioration and this should be completed earlier.
- Blood samples and wound swabs to be taken and recorded if infection suspected and followed up with the GP for treatment which needs documenting
- Pain assessment to be completed and referred to GP for analgesia review if current medication not effective in managing patient pain.
- Lower limb assessment to be completed where patient has an ulcer on the leg or foot , including pressure ulcers

4.2 Care planning and wound management

- A management plan should be agreed with the patient that addresses both intrinsic and extrinsic factors that may delay wound healing.
- Appropriate referral to the MDT should be considered.

- Wound management care plans to be individualised highlighting rationale for the dressing regime choice and frequency of dressing change. The principles of wound bed preparation and moist wound healing should be understood.
- Devitalised tissue must be removed from the wound bed by a suitable debridement method to promote wound healing and alleviate symptoms such as malodour.
- Dressings used must be prescribed according to the local needs of the wound, exudate levels, pain and malodour and in line with LCHS wound management formulary
- If the patient has a leg ulcer the lower limb pathway should be followed in line with 'The Clinical Guidelines for The Assessment and Management of Lower Limb Ulceration within
- Adult Community Services (2016) .
- If the patients wound is being managed with Negative Pressure Wound therapy clinicians should refer to the guidance 'Negative Pressure Wound Therapy' (LCHS 2015)

4.3 Cavity Wounds

4.3.1 Cavity Wounds are common in clinical practice and provide a number of challenges to clinicians to include malodour large volumes of exudate, prolonged healing time, increased risk of infection, pain, wound bed which cannot be easily seen or accessed and exposed fascia, tendons, muscle and bone.

4.3.2 There is currently no clear agreed definition of what a cavity wound is however they can be described as any wound that extends beneath the layer of the dermis (Timmons and Copper 2008) or any wound that requiring more than a simple flat dressing (Williams 1997)

4.4 Referral

- In some cases the wound may be too deep to probe or may contain sinuses that will need to be investigated by x ray or MRI.
- The presence of excessive pain, suspected deep infection, bleeding, increased volumes of exudate and failure to heal require further investigation.

4.5 Cavity Wound management

- Both the findings of the holistic and wound assessment will determine the management plan.
- Tissue type, exudate volume and bioburden should be considered when selecting a dressing for a cavity
- In addition consider a dressing that can facilitate free drainage of exudate, is atraumatic on removal and can contour to the wound bed
- Where possible clinicians should use one piece of continuous dressing in the wound cavity to prevent fragments being left embedded in the wound bed e.g. Aquacel ribbon.
- If more than one dressing is required always document the quantity of dressings used in wound bed i.e., 3 alginate ribbons and subsequent dressings removed. A tail from the dressing should be left exposed to aid removal.
- Wound to be redressed as per Aseptic Non-Touch Technique (ANTT) guidance

4.6 Referral to Tissue Viability

- Referral to Tissue Viability Team can be made via task on system one followed up with a phone call to establish the need to review patient via e clinic or face to face Tissue Viability assessment.

5. Wound management product selection

5.1 Product selection presents a challenge for clinicians with choice often being lead by local practice, clinical experience and limited evidence. With an increasing range of products available, choosing a suitable wound management product can be difficult.

5.2 Barber (1995) defines what good prescribers should be trying to achieve, both at the time of prescribing and in monitoring treatment thereafter; maximising effectiveness, minimise risk, minimise costs and respect patient choice. (NHS Purchasing and Supply Agency 2008).

5.3 An equivalents list is provided at Appendix Three to assist in identifying formulary equivalents to non-formulary products – this list is not exhaustive. Where previously a non-formulary product is being used, where appropriate a formulary equivalent should be identified following a clinical assessment.

5.4 Choose an appropriate dressing using the quick reference guide in Appendix One. In particular consider the condition of the wound bed, the amount of exudate and treatment aims and objectives. Practitioners should ensure they make product choices and deliver care based on the best available evidence or best practice (NMC 2008).

5.5 Choose an appropriate size dressing to be more cost effective. Ensure the active part of the dressing covers the wound.

5.6 Consider whether the dressing needs to be self adhesive or whether secondary fixation with a bandage is required to prevent the use of adhesives on delicate skin.

5.7 Avoid using layers of dressings. Most products are designed as primary wound contact layers'; putting layers on top of one another is neither clinically or cost effective.

5.8 Extra absorbency can be achieved through absorbent pads used as a secondary dressing rather than dressings designed to be placed on the wound bed.

5.9 Check the manufacturer's instructions for the recommended wear time, contraindications and application guidance.

5.10 Check the product is within the 'use by date'.

5.11 Ensure that the products are obtained through the recognised / recommended route. Use of 'Boot Stock' (unused named patient products) is seen as fraudulent practice and as such is unacceptable. Similarly use of samples from pharmaceutical companies is not accepted practice.

5.12 Manufacturers supply of identified wound management products may be used for evaluation stock for use in work associated with formal evaluations only. This supply will be requested centrally by LCHS TVNs and not on an individual practitioner or team basis.

5.13 All organisational documentation should be completed as appropriate. Records should be legible, accurate and recorded in such a way that the meaning is clear. In line with local policy a date and time should be annotated to all records; all entries should be signed and should not include any unnecessary abbreviations or jargon.

5.14 The frequency of dressing change depends on each individual wound. Consideration should be given to the level of exudate being produced and the product chosen however many products can remain in place for 3 – 4 days. Practitioners should be guided by their own clinical judgement and the guidance provided in the manufacturer's instructions.

5.15 There may be specific circumstances when a patient is discharged from an acute care setting with a detailed treatment plan that requires specific training and competencies to deliver. On these particular occasions the referral should involve the tissue viability specialists and provision will be made for the delivery of local support and training. Colleagues within ULHT have agreed to provide such support and training should local competencies not be available to support a non-formulary treatment.

6. Emollients

6.1 A task and finish group are developing a risk assessment tool relating to use of emollients.

6.2 Reference should be made to the following documents when using emollients and barrier preparations:

- PACE bulletin Vol 9 no 5 (May 2015) Prescribing emollients for dry skin conditions.
- MHRA (2016) Paraffin-based skin emollients on dressings or clothing: fire risk,
- PACE Bulletin Vol 10 No 5 March 2016
- UKMI 2012 Can topical steroids be applied at the same time as emollients?

6.3 Further information can be found within Lincolnshire Joint Formulary http://www.lincolnshirejointformulary.nhs.uk/

7. Specialist Formulary

7.1 It has been recognised that there are occasions when the Tissue Viability Nurse Specialist may require access to more specialist products. These products are only to be used directly via the Tissue Viability Nurse Specialists or on the recommendation of the specialist. They are not for wider use.

7.2 These products are not available for access via the Non Prescription Supply Route.

7.3 These products will either be prescribed directly via the Tissue Viability Nurse Specialists or on their behalf following professional recommendation.

7.4 Patient documentation will need to reflect the clinical rationale for the use of these products.

8. Sensitivities and Allergies

8.1 With any medication, product or appliance there is always the potential for any unwanted effects, drug interactions, contraindications or sensitivities. Treatment should not be undertaken without an in-depth knowledge of its potential for benefitting the patient as well as any potential adverse reactions (Benbow 2008). Practitioners should always consider constituents, application, and indications and be aware of any potential sensitivities or contra-indications before commencing treatment with any wound management product.

8.2 Should signs of sensitivity reaction develop during the use of any wound management product, treatment should be discontinued.

8.3 Some wound management products may contain animal by-products, latex or excipients known to cause sensitivities. Practitioners are advised to contact manufacturers for further information on individual products should this be required.

9. Underpinning Philosophies

9.1 All patients should have access to wound management materials that have been shown to optimise both the local wound healing environment and the patient's own healing potential and in addition have been demonstrated to be efficacious and cost effective.

9.2 All practitioners should have a choice of products to ensure that they are actively involved in the wound management assessment process and are able to exercise their own accountability.

9.3 All products included within this formulary are available on FP10 prescription and via NHS Supply chain stock on shelves. A limited amount of stock is available through NHS supply chain to support ‘starter pack’ stock in a limited number of areas.

9.4 The formulary aims to guide prescribers in their choice of the most appropriate product whilst ensuring value for money in the use of NHS resources.

10. Non Prescription Route of Supply

10.1 In identified areas practitioner teams are receiving wound management products through direct supply rather than via the FP10 route. This product list for this supply route is the local formulary list. .

10.2 Section Two of this document details the operational process for management, ordering and implementing this route of supply.

11. New Products and Review of the Formulary

11.1 The formulary will be reviewed and updated every two years.

11.2 Contributions to the process are invited from all practitioners.

11.3 All local product evaluations are undertaken in accordance with the guidance outlined in the East Midlands Regional SOP.

11.4 All product reviews, local evaluations and recommendations will be considered by LCHS DTC and PACEF and a traffic light classification applied to support product use locally.

11.5 An annual rolling programme of category evaluations will be informed by the product evaluation plan developed by the East Midlands Tissue Viability Group. Where appropriate, work will be undertaken across the interface to prevent duplication and share resources. The outcome of all evaluations will be shared across the interface.

11.6 This is the only approved route of product evaluation for LCHS.

11.7 No evaluations should be undertaken which are not directly linked to the regional programme. This will ensure appropriate monitoring and delivery of a robust process.

11.8 Evaluation forms relating to individual product categories will be sent out prior to each individual product evaluation.

12. Guidance on quantities

12.1 In an effort to reduce waste practitioners should be cautious when prescribing quantities of any wound management product. It is understood that this is very much dependent on individual need however unless long term use has been established the practitioner should be prescribing a maximum of two weeks of dressing change.

13. Information distribution

13.1 This formulary will be available to all services within LCHS.

13.2 Supporting communication and all updates will be detailed through link practitioner meetings, local team and service meetings and through appropriate application of the role of Tissue viability link practitioners.

13.3 Copies of the document will be made available to CCGs, ULHT and LPfT as required.

13.4 All practitioners will have access to copies of this document via the Trust Website.

SECTION TWO

Standard Operating Procedure (SOP) for the direct supply of wound management products

1. Introduction

1.1 This Standard Operating Procedure supports direct ordering of wound management products via an on-line ordering system called FORMEO. This is an alternative method of ordering and supply via NHS Supply Chain (NHS SC) replacing the more traditional FP10 route.

1.2 A stock list of products is available through a third party supplier, delivered directly to identified bases and supplied directly to Community Nurses and Community Hospitals and ultimately patients via requisition. This eliminates the need to prescribe and dispense wound management products for patients.

1.3 Stocks will be carefully managed, monitored and replenished dependent upon the needs of individual nursing teams. The overall stock list is determined in accordance with the Lincolnshire Wound Management Formulary and local usage patterns.

1.4 FORMEO is a web – based ordering system. This system enables easy on-line ordering from a pre – defined formulary. It is user friendly and an easy to use system allowing the quick and easy ordering of wound management products.

2. Practitioner supply

2.1 Practitioners will need to ensure that it is clearly documented within the individual patient record the name of the product and volume of stock supplied to the patient. Appendix four provides request pro-forma for those areas who use administrative staff to support the selection of products.
2.2 A maximum of five days' supply should be taken into a patient's home at any one time to reduce the incidence of waste. If treatment has been ongoing long term without change and it is expected to continue then level of supply should be informed on an individual patient basis.
2.3 Stock which has been stored in a patient's home should not be returned to the central store cupboard.
2.4 Stock should be transported to the patient's home in an appropriate container as agreed by the Trust Prevention lead.
2.5 Practitioners should not maintain a stock of wound management products in car boots or clinical bags. Stock should be accessed on a patient by patient basis dependent on clinical need. Products for first dressing supply can be carried in clinical bags, however should not be level stored in the car overnight.
2.6 The request for stock will be allocated by the individual responsible for allocation and stored appropriately until taken to the patient's home.
2.7 Stock is allocated on a patient by patient basis.
2.8 Patients discharged from community hospitals should provide adequate supply to cover treatment changes, by the community nurses, for up to 5 days.

3. Ordering

3.1 Orders will be placed on a weekly basis dependent on the stock level requirements of each nursing team. This should be informed by the minimum stock levels set at team level.
3.2 Orders will be placed through the on–line ordering system FORMEO.
3.3 Each team will order on a specific day per week.
3.4 A nominated person will be responsible for the ordering of stock, stock rotation, record keeping and audit.
3.5 At each individual storage point an identified individual should be appointed to manage the ordering and monitoring of stock.
3.6 Each storage location will be identified through a specific order code to enable monitoring of volume and value of stock ordered.
3.7 Orders may need to be placed early if usual order / delivery day falls on a Bank Holiday. Further advice can be provided by NHS Supply Chain customer service contacts (see appendix five).

4. On – line ordering

4.1 The user will connect to the web site using the web address www.formeo.co.uk .
4.2 The user will be expected to log in using a unique 'log in' and password. These are individual to each order point.
4.3 Passwords are individual to each order point and security should be maintained appropriately.
4.4 Select the 'New Order' tab from the options at the top of the screen.
4.5 The screen asks you to select a supplier – there is only one option available 'NHS Supply Chain'.
4.6 Select the 'Process' icon. This displays all the available dressings.
4.7 On the left hand side of the screen select 'Dressing Name'.
4.8 Click on the named dressing required. This will bring up another screen showing all the products available. Insert the number of dressings required and click the icon for 'Add required items'.
4.9 Should you wish to delete any items added then click on the product and drag down to the bin icon labelled 'Remove Item'.
4.10 Should you wish to decrease the number of products ordered then click on the product and drag down towards the bin icon labelled 'Reduce Quantity'.
4.11 When all items are added to the order select the 'Process Order' icon on the bottom right of the screen. This moves to another screen which will request a reference for the order placed. The name of the person placing the order should be added as a reference, to enable the order to be traced if required.
4.12 Finally tick the icon to 'Confirm order'.
4.13 This has completed the order process. Print a copy of the order created for cross reference with the delivery note upon delivery. A copy of the order placed can be obtained by following the process for review order below.
4.14 Click on the 'Log Out' icon when finished. This will take you out of the FORMEO site securely.

5. Review order

5.1 The review order screen allows the user to view all orders in a list format.
5.2 Select the 'Review Order' tab from the tool bar at the top of the screen.
5.3 This will provide a list of all orders for the selected individual base.
5.4 The list can be filtered by order status, location and user.
5.5 By clicking on the magnifying glass icon on the right hand side of the order, the user may view the order in more detail. This will provide a complete list of the orders placed.
5.6 The order should be printed to provide a cross reference list to check delivery.
5.7 This screen also enables the user to view the cost of the individual products and the cost of the entire order placed.

6. Deliveries

6.1 Deliveries will be received on a specified day each week. Each team will have a cut off time for orders to be placed. These will be arranged by NHS SC and notified to each individual team.
6.2 Deliveries will be signed for on receipt. It is expected that deliveries will be brought inside the building and will not be decanted outside.
6.3 Deliveries will need to be checked against the original order to ensure the order is complete.
6.4 Any incomplete orders should be communicated to NHS SC via customer services – See contact details at Appendix Two.
6.5 Receipt of a correct order should be acknowledged on the 'on line' ordering system, to support monitoring and to ensure correct invoicing.
6.6 Any error with the received order should be reboxed and an email detailing the error sent to NHS SC (see communications list in Appendix two) to request collection.
6.7 Returns should be communicated to NHS SC as soon as possible but within 3 days of delivery. See attached 'NHS SC Returns Policy' at Appendix Four.
6.8 If usual deliveries are planned for bank holiday, the delivery will be made on the following working day – for example if delivery is planned for a Bank Holiday Monday expect delivery on the following Tuesday.

7. Storage

7.1 Once the delivery has been checked the products should be put away in storage areas.
7.2 Stock rotation is important to reduce the risk of stock expiring.

7.3 Stock levels should be monitored and be appropriately managed to inform weekly ordering.

8. Stock levels

8.1 Stock levels should be identified for each storage area / individual base.
8.2 Stock rotation should be implemented to avoid stock expiring.
8.3 It is advisable that each individual base should set their own individual minimum and maximum stock levels which they apply to the stock within their cupboard. These should be reviewed annually taking into account any stock which has had to be disposed of or written off.
8.4 Stock will be replenished on a weekly basis. There is no requirement to over order as stock can be accessed weekly. Likewise if stock is not required there is no expectation that an order will be submitted.
8.5 Stock levels should be reviewed 6 monthly to ensure that there is no overstocking and ensure products are used within their expiry date.
8.6 Stock levels should be checked prior to sending of any weekly order.
8.7 Stock with a short expiry date should be identified and moved to areas which may utilise the stock.
8.8 Any stock which expires or is disposed of due to expiry should be recorded and a review of this should be included in the annual stock review.

9. Non formulary prescribing

9.1 Ordering via FORMEO will enable supply of formulary items only.
9.2 Non formulary prescribing / ordering wound management products via the FP10 route may be required in exceptional circumstances. Prior to obtaining a prescription for a non-formulary product the practitioner should discuss the clinical rationale with local Tissue Viability Champion / non-medical prescriber or case manager.
9.2 Any non-formulary prescribing should be recorded providing a clear rationale for wound product choice.

10. Monitoring / Audit

10.1 FP10 prescribing will be monitored via ePACT data and will be supplied to clinical leads for monitoring and audit purposes.
10.2 All products ordered on line through FORMEO will be subject to regular scrutiny and monitoring to enable monitoring of costs and to enable identification of product use trends.
10.3 Regular audits of the system should be undertaken.

11. Documentation

11.1 Individual requirement for patient stock should be clearly documented within the individual patient record. The entry should detail:

- A clear rationale for the products chosen.
- Name of the product / products supplied.
- Quantity of the products supplied.
- Date of next intended supply.
-

11.2 The treatments used should be documented in the individual patient's record. A clear rationale should be provided for the products chosen.
11.3 Standard stock management forms are provided at Appendix Seven.

12. Incident reporting

12.1 Any incidents should be reported as per the Trust's Incident Reporting policy. A datix report should be completed as appropriate.
12.2 Incidents directly involving the products delivered should be communicated to NHS SC via telephone call or email (see communication details in Appendix Two).
12.3 The patient's notes should be annotated to reflect the incident and action taken.
12.4 Any defective products or contaminated products should be identified to NHS SC and returned to the supplier. A datix report should be completed as per Trust Incident Reporting Policy.

SECTION THREE. Formulary List – Quick Reference Guide

LINCOLNSHIRE PRIMARY CARE WOUND MANAGEMENT FORMULARY - 2016			
CATEGORY	**PRODUCT**	**SIZE**	**COST PER DRESSING**
		PRIMARY	
ALGINATES	Aquacel Extra	5 x 5 cm	£1.00
		10 x 10 cm	£2.38
		15 x 15 cm	*£4.48*
		4 x 10 cm	£1.30
		4 x 20 cm	£1.91
		4 x 30 cm	£2.87
	Ribbon	1 x 45cm (ribbon)	£1.84
	Probes	sterile disposable - FGK012	Box of 100 £45.42
ANTIMICROBIALS			
IODINE BASED	Inadine	5 x 5 cm	£0.33
		9.5 x 9.5 cm	£0.49
	Iodoflex	5g	£4.13
HONEY PRODUCTS	Medihoney antibacterial wound gel	10g	£2.69
	Medihoney gel sheet	5 x 5 cm	£1.75
		10 x 10 cm	£4.20
	Medihoney Tulle	10 x10 cm	£2.98
OTHER ANTIMICROBIALS	Cutimed Sorbact Gel	7.5 x 7.5 cm	£2.65
		7.5 x 15 cm	£4.48
SILVER DRESSINGS	Atraumann Ag	5 x 5 cm	£0.52
		10 x 10 cm	£1.26
		10 x 20 cm	£2.47
	Aquacel Ag Ribbon	1 x 45 cm	£3.08
ODOUR ABSORBENT	Clinisorb	10 x 10 cm	£1.89
		10 x 20 cm	£2.51
		15 x 25 cm	£4.05
HYDROGELS / HYDROGEL SHEET	Activheal	15g	£1.41
	Hydrosorb	5 x 7.5 cm	£1.58
		10 x 10 cm	£2.26
	Intrasite conformable	10 x 10 cm	£1.80
		10 x 20 cm	£2.44
FABRIC ISLAND ADHERENT	Softpore	6 x 7 cm	£0.06
DRESSING		10 x 10 cm	£0.13
		10 x 15 cm	£0.20
		10 x 20 cm	£0.35
		10 x 25 cm	£0.40
		10 x 30 cm	£0.49
		10 x 35 cm	£0.58
FILMS	C-View	6 x 7 cm	£0.38
		10 x 12 cm	£1.02
		12 x 12 cm	£1.09
		15 x 20 cm	£2.36
NON-ADHERENT	Atruamann	5 x 5 cm	£0.27
		7.5 x 10 cm	£0.28
		10 x 20 cm	£0.63
		20 x 30 cm	£1.74
	Adaptic Touch	5 x 7.6 cm	£1.13
		7.6 x 11 cm	£2.25
		12.7 x 15cm	£4.65
		20 x 30 cm	£12.50

SECONDARY			
ABSORBENT PAD	Zetuvit E (sterile)	10 x 10 cm	£0.21
		10 x 20 cm	£0.25
		20 x 20 cm	£0.39
		20 x 40 cm	£1.11
SUPER ABSORBENTS	Flivasorb	10 x 10 cm	£0.88
		10 x 20 cm	£1.05
		20 x 20 cm	£1.86
		20 x 30 cm	£2.35
FOAMS	ActivHeal Foam Adhesive	7.5 x 7.5 cm	£1.18
		10 x 10 cm	£1.63
		12.5 x 12.5 cm	£1.68
		15 x 15 cm	£2.15
		20 x 20 cm	£4.50
	Tielle Plus	11 x 11 cm	£2.63
		15 x 15 cm	£4.30
		15 x 20 cm	£5.39
Shaped foams	Tegaderm Foam Adhesive	10 x 11 cm (oval)	£2.39
		13.9 x 13.9 cm (heel)	£4.22
Specialist Bordered Foams	Allevyn Gentle Border	7.5 x 7.5 cm	£1.48
		10 x 10 cm	£2.19
		10 x 20 cm	£3.52
		12.5 x 12.5 cm	£2.68
		15 x 15 cm	£4.00
		17.5 x 17.5 cm	£5.29
Specialist Non bordered foams	Allevyn Gentle	5 x 5 cm	£1.26
		10 x 10 cm	£2.50
		10 x 20 cm	£4.02
		15 x 15 cm	£4.20
		20 x 20 cm	£6.71
HYDROCOLLOIDS	Tegaderm Hydrocolloid	10 x 12 cm	£2.33
		13 x 15 cm	£4.34
	Comfeel Plus Transparent	5 x 7 cm	£0.66
		10 x 10 cm	£1.27
		15 x 15 cm	£3.31
		20 x 20 cm	£3.38

BANDAGES			
MEDICATED BANDAGES	ZipZoc	One Size	£5.28
	Viscopaste (PB7)	7.5 x 6 cm	£3.65
	Ichthopaste	7.5 x 6 cm	£3.68
RETENTION BANDAGES	Easifix K	5 cm x 4 m	£0.11
		7.5cm x 4 m	£0.16
		10cm x 4 m	£0.18
		15 cm x 4m	£0.32
TUBULAR BANDAGES	Clinifast / Comfifast	7.5 cm x 1 m (blue)	£0.77
		7.5 cm x 3 m (blue)	£2.13
		7.5 c m x 5 m (blue)	£3.74
		10.5 cm x 1 m (yellow)	£1.20
		10.5 cm x 3 m (yellow)	£3.49
		10.5 cm x 5 m (yellow)	£6.04
		17.5 cm x 1 m (beige)	£1.83
COMPRESSION THERAPY			
2 LAYER BANDAGES	K Two (kit)	0 (short)	£6.83
	K Two (kit)	18 - 25 cm (10cm)	£8.09
	K Two (kit)	25 - 32 cm (10 cm)	£8.84
MULTI-LAYER COMPRESSION			
K- BANDAGING 4 LAYER	K-Soft #1	10 cm x 3.5 m (unstretched)	£0.45
	K-Lite #2	10 cm x 4.5 m (unstretched)	£1.00
	K-Plus #3	10 cm x 8.7 m (stretched)	£2.27
	Ko-Flex#4	10 cm x 6 m (stretched)	£3.01
	K Three C	10 cm x 3 m (unstretched)	£2.82
K- BANDAGING 4 LAYER (LONG)	K-Soft long #1	10 cm x 4.5 m (unstretched)	£0.57
	K-Lite long #2	10 cm x 5.25 m (stretched)	£1.14
	K-Plus long #3	10 cm x 10.25 m (stretched)	£2.62
	Ko-Flex long #4	10 cm x 7 m (stretched)	£3.45
LATEX FREE BANDAGING	Profore #1	10 cm x 3.5 m (unstretched)	£0.76
	Profore #2	10 cm x 4.5 m (stretched)	£1.43
	Profore #3	10 cm x 8.7 m (stretched)	£4.26
	Profore #4	10 cm x 2.5 m (unstretched)	£3.53
	Profore +	10 cm x 3 m (unstretched)	£3.90
SHORT STRETCH BANDAGES	Actico (cohesive)	4 cm x 6 m	£2.39
		6 cm x 6 m	£2.80
		8 cm x 6 m	£3.22
		10 cm x 6 m	£3.34
		12 cm x 6 m	£4.26
ADJUNCTIVE THERAPIES			
PHYSICAL DEBRIDEMENT PAD	Debrisoft	10 x 10 cm	£6.45
LARVAE		Varying formulations and sizes (prices include delivery).	From £102.50 to £299.50 dependent on the product purchased.
TAPES			
SYNTHETIC ADHESIVE TAPE	Hypafix	5 cm x 5 m	£1.45
		10 cm x 5 m	£2.43
PERMEABLE ADHESIVE TAPE	Clinipore	2.5 cm x 5 cm	£0.59
		2.5 cm x 10 cm	£0.73
		5 cm x 5 m	£0.99
SKIN PROTECTANTS	LBF	1ml foam applicators	£3.82 / box of 5
CLEANING SOLUTIONS	TAP WATER		
	Clinipods	25 x 20mls	£4.80
TRACHEO DRESSINGS	Trachi -Dress	60 mm x 82 mm	£0.74
		80 mm x 100 mm	£0.74
	Permafoam	8 cm x 8 cm	£1.25
DRESSING PACKS (NHS SUPPLY CHAIN CODES)			
SOFTDRAPE	Box of 20 (SMALL)	EJA045	£0.43 each £8.53/box of 20
	Box of 20 (MEDIUM)	EJA046	£0.43 each £8.53/box of 20
	Box of 20 (LARGE)	EJA047	£0.43 each £8.53/box of 20

Drug Tariff prices October 2016.

SECTION FOUR

SPECIALIST FORMULARY

The products listed below are for prescribing by or on the recommendation of the Tissue Viability Nurse Specialists. These products are considered specialist items and are not considered to be for first and second line implementation.

If all formulary options have been exhausted then practitioners may need to seek the advice of the Tissue Viability Nurse Specialists for recommendation of an alternative.

These products are not for inclusion within the non prescription route of supply direct supply route.

SPECIALIST ONLY FORMULARY		
PRODUCT	**SIZE**	**COST PER DRESSING**
Kerrapro	Sacrum / Ankle	£16.94
	Heel	£15.09
	Sheet - 10 x 10 x 0.3 cm	£4.32
	Sheet - 10 x 10 x 1.2 cm	£12.95
	Strip - 50 x 2.5 x 0.3 cm	£5.40
Prontosan Wash	24 x 40ml (pods)	£14.12
	350ml (bottle)	£4.75
Prontosan Wound Gel	30ml	£6.38
Drug Tariff prices - October 2016		

SECTION FIVE

STARTER PACK PRODUCTS

PRODUCT	SIZE	PACK SIZE	ORDER CODE	PRICE / PACK	PRICE / PIECE
ActivHeal Foam Adhesive	10 x 10 cm	Pack of 10	**ELA216**	£11.41	£1.14
Softpore	10 cm x 10 cm	Pack of 50	**EIJ013**	£3.97	£0.08
C-View	10 x 12 cm	Box of 10	**ELW094**	£5.39	54p
Inadine	5 x 5 cm	Pack of 25	**EKB501**	£10.67	43p
K-Lite	10cm x 4.5m	Pack of 16	**ECA100**	£12.10	76p
K-Soft	10cm x 3.5m	Pack of 24	**EPA028**	£13.33	56p
Atraumann	7.5 cm x 10 cm	Pack of 50	**EKA032**	£10.93	22p
Clinipore Tape	2.5 cm x 10 m	Box of 12	**EHU020**	£3.41	29p
Zetuvit E (sterile)	10 x 20 cm	Pack of 25	**EJA026**	£4.74	19p
Softdrape	Small	Box of 20	**EJA045**	£8.44	42p
Softdrape	Medium	Box of 20	**EJA046**	£8.44	42p
Softdrape	Large	Box of 20	**EJA047**	£8.44	42p

Online Catalogue December 2016

Staff are reminded that Starter Pack products have a specific role.

Starter pack products should only be used for the following scenarios. It is not intended that the starter pack products present a generic stock.

The dressing stock should only be used for:

- **A new patient with a wound**
- **An existing patient with a new wound**
- **At wound reassessment (e.g. treatment change following negative pressure wound therapy)**
- **When the prescription is not available – e.g. bank holidays**
- **When a patient is discharged from hospital with inappropriate or no dressings.**

SECTION SIX

Product Classifications

ALGINATES / HYDROFIBRES

Nature of Product:

- A calcium alginate fibre dressing that is in contact with the wound exudate will swell to form a soft amorphous sodium-calcium alginate gel.
- This is a primary wound management product.

Clinical Indications:

- Their capacity to absorb fluid means they are suitable for use on wounds with moderate to heavy amounts of exudate.
- Assists with the removal of cellular debris from the wound bed.
- Hydrocolloid fibrous dressings are for use on moderate to heavily exuding wounds. For example Aquacel Extra
- Fibrous dressings resemble alginate dressings – these are not occlusive (BNF 72).
- Highly absorbent and non occlusive which promotes autolytic debridement.

Contraindications:

- They should not be used on wounds with little or no exudate or on those with hard necrotic tissue.

Other Points:

- Broad range of clinical uses.
- Alginates are easily removed from the wound bed by irrigation with saline or tap water.
- Gel may have an odour during dressing change.
- When using a fibrous dressing these products should overlap the surrounding skin by at least 1cm.
- Where possible clinicians should use one piece of continuous dressing in the wound cavity to prevent fragments being left embedded in the wound bed e.g. Aquacel ribbon.
- If more than one dressing is required always document the quantity of dressings used in wound bed i.e., 3 alginate ribbons and subsequent dressings removed. A tail from the dressing should be left exposed to aid removal.
- Require a secondary dressing.

Formulary recommendations:

- Aquacel Extra
- Aquacel ribbon.

ANTIMICROBIALS

Nature of Product:

- Various types of dressing materials that may contain iodine, honey or silver.
- These are primary wound management products.

Clinical Indications:

- Used in the treatment of **infected and / critically colonised wounds**.
- These dressings are used to reduce the bacterial burden of the wound bed when it is assessed that it is delaying the normal wound healing process.

Contraindications:

- Sensitisation. For example avoid the use of honey if patient is allergic to bee venom.
- Known allergies.
- Antimicrobials may be harmful to granulating wounds and therefore should not be used on clean non – infected wounds.
- Flamazine should be used with caution if renal / hepatic function becomes impaired.
- Inadine – the amount of free iodine available is very low but there may be some sensitivity to povidone–iodine or iodine.

Other Points:

- Iodine dressings should be used in caution in patients with known iodine sensitivity or thyroid disorders (Morgan 2004).
- Antimicrobial products should only be used where there is an increased risk of infection or clinical signs of infection are apparent. Once an infection has resolved, treatment with an antimicrobial dressing should be stopped (EWMA 2006).
- For further information on individual products reference should be made to the pharmaceutical company's guidelines for appropriateness of use.
- Iodoflex – the maximum single application is 50g. The weekly maximum must not exceed 150g. Treatment duration should not exceed three months (Morgan 2004).

Formulary recommendations:

- Inadine
- Medihoney Tulle
- Medihoney Gel Sheet
- Medihoney wound gel
- Iodoflex
- Atraumann Ag
- Aquacel Ag ribbon.
- Cutimed Sorbact Gel

HYDROGELS

Nature of Product:

- Consist of insoluble polymers which are hydrophilic and which contain large amounts of water.
- Can donate liquid to produce a moist environment at the surface of the wound.
- These are primary wound management products.

Clinical Indications:

- Used primarily to promote autolytic debridement of sloughy / necrotic wounds.
- They are suitable for light to medium exuding wounds.
- Cleansing sloughy and necrotic wounds by rehydrating dead tissue and encouraging autolytic debridement.
- Treatment of inflamed painful wounds e.g. radiotherapy burns.

Contraindications / Cautions:

- Not recommended for heavily exudating wounds.
- Contra-indicated where anaerobic infection is suspected – can support the growth of micro-organisms (Morgan 2004).
- Hydrogels should be changed on a regular basis, as directed by clinical assessment, as they have a potential to macerate if left on for too long.

Other Points:

- They are available as a flat sheet or amorphous gels having high water content.
- The gel can be removed from the wound by irrigation.
- Secondary dressings are required. Amorphous gels require an occlusive secondary dressing. The gel sheets require a secondary dressing which is not necessarily occlusive.

Formulary recommendations:

- Activheal
- Hydrosorb
- Intrasite Conformable

FABRIC ISLAND ADHERENT DRESSING

Nature of Product:

- A multi-purpose 'island' dressing with adhesive border.
- This is a primary wound management product.

Clinical Indications:

- For light to moderate exudating wounds.
- Indicated mainly for use in acute wounds e.g. surgical incisions, cuts and abrasions.

Contraindications:

- Known sensitivities.

Other Points:

- Care should be taken to ensure that these products are not applied under tension, to prevent shearing forces causing damage to the skin.
- Upon removal grasp the edge of the dressing and slowly peel the dressing from the skin in the direction of the hair growth.

Formulary recommendations:

- Softpore

FILMS

Nature of Product:

- These are waterproof adhesive films, which create a moist environment but have minimal fluid handling capabilities.
- They consist of a thin transparent sheet of polyurethane coated with a layer of acrylic adhesive.
- They are permeable to water vapour and oxygen and impermeable to water and micro-organisms.
- These are primary wound management products.

Clinical Indications:

- They are suitable for superficial wound types producing little or no exudate.
- Can be used as a protective dressing to prevent skin breakdown due to friction or continuous exposure to moisture.

Contraindications:

- Not for use on deep wounds, infected or heavily exuding wounds.
- Films are not designed for management of moderate to heavy levels of exudate and are likely to cause maceration if used in these circumstances.

Other Points:

- They provide an effective barrier to external contamination whilst providing a moist environment at the surface of the wound.
- Manufacturer's instructions suggest that these products can remain in place for up to 14 days, if clinically appropriate, unless the accumulation of exudate indicates a need for more frequent change.
- Removal can be traumatic to surrounding skin and should be carried out carefully – follow manufacturers' instructions. A corner of the dressing should be carefully lifted from the skin and then stretched horizontally away from the wound. This disrupts the adhesive nature of the film and enables comfortable removal.
- Transparency allows visual inspection of the wound whilst the dressings remain in place.

Formulary recommendations:

- C-View

NON ADHERENT DRESSINGS

Nature of Product:

- Consist of a knitted open structure which allows a free passage of exudate. Reduces maceration through lateral movement of wound exudate.
- These are primary wound management products.

Clinical Indications:

- For protection of friable skin.
- Where adhesion of dressings is a problem.
- Atraumann is suitable for a wide variety of wounds.
- Adaptic Touch is suitable for dry to highly exuding, partial and full thickness chronic and surgical wounds.
- Prevents secondary wound dressing materials sticking to the wound bed (especially over blistered or burnt areas) – reducing pain and local trauma associated with dressing changes.

Contraindications:

- Caution in infected wounds.
- Not recommended for wounds with viscous exudate.
- Sensitivity to constituents.

Other Points:

- Porous to allow passage of fluid to adjacent dressing.
- Can stay in place during dressing changes and secondary dressing may be changed independently (NHS Purchasing and Supply Agency 2008).
- Atraumann is impregnated with a variety of ointments however does not contain paraffins or Vaseline.
- Adaptic Touch is coated with a soft tack silicone.

Formulary recommendations:

- Atruamann
- Adaptic Touch

ABSORBANT DRESSING PAD

Nature of Product:

- Absorbent Cellulose Dressing.
- This can be used as a primary or secondary wound management product.

Clinical Indications:

- Highly exudating wounds.
- To absorb excess exudate where a primary dressing is in place.

Contraindications:

- Known sensitivities to any components of the dressing.
- Flivasorb is not suitable for lightly exuding wounds.
- Flivasorb is not suitable as a primary dressing on tracking fistulae or deep tunnelling wounds.

Other Points:

- Appropriate use of non sterile / sterile padding should follow the advice given by local Infection control policy / guidance.
- Flivasorb must not be torn or cut.

Formulary recommendations:

- Zetuvit E (Sterile)
- Flivasorb (Super Absorbent)

FOAM DRESSINGS

Nature of Product:

- Foams are made up of a combination of hydrophilic, absorbent polyurethane foam. They are gas permeable and help to maintain a moist wound environment.
- These may be used as primary or secondary wound management products.

Clinical Indications:

- Due to their composition these dressings can be used on lightly, moderate or heavily exuding wounds. They provide a soft absorbent dressing.
- The foam dressing should be chosen according to the amount of exudate produced by the wound.

Contraindications:

- Not suitable for very dry wounds.
- ActivHeal foam adhesive should be used in caution for third degree burns; surgical implantation.
- Tielle Plus should not be used / used with caution on third degree burns or wounds with active vasculitis.

Other Points:

- Many different types of foam dressings are available. Each has a special characteristic which alters the absorbency of the product – refer to manufacturers instructions.
- Not recommended for non draining wounds.
- There is evidence to suggest that the 'Plus' products are more absorbent and therefore are appropriate on the more heavily exuding wounds. Product use should be guided by an appropriate and holistic assessment.

Formulary recommendations:

- ActivHeal foam adhesive
- Tielle Plus (for heavily exuding wounds)
- Tegaderm Foam Adhesive (shaped products)
- Allevyn Gentle (Specialist foam – not for first line use)
- Allevyn Gentle Border (Specialist foam – not for first line use)

HYDROCOLLOIDS

Nature of Product:

- Hydrocolloid dressings are usually presented as an absorbent layer on a vapour-permeable film or foam.
- Consist of gel-forming agents such as carboxymethcellulose, applied to a flexible foam or film sheet. The dressings form a gel in the presence of wound exudate.
- These can be used as primary or secondary wound management products.

Clinical Indications:

- Hydrocolloid wafers are for use on lightly exuding wounds. For example Comfeel Plus Transparent, Tegaderm Hydrocolloid.
- Management of light to moderately exuding wounds, leg ulcers, minor burns and donor sites.
- Facilitate rehydration and autolytic debridement of dry, sloughy, or necrotic wounds.
- Also suitable for promoting granulation.

Contraindications:

- Hydrocolloids are not recommended for heavily exuding wounds.
- All Hydrocolloids are not recommended for wounds which are infected with anaerobic organisms.

Other Points:

- Hydrocolloid dressings are self adhesive and waterproof.
- Adhesives are different on individual hydrocolloid products.
- When using hydrocolloid dressings these products should extend at least 2cm beyond the edge of the wound.
- May have an odour when removed.

Formulary recommendations:

- Tegaderm Hydrocolloid
- Comfeel Plus Transparent

MAGGOTS

Nature of Product:

- Sterile maggots delivered in a variety of clinical arrangements e.g. various sized free range and bags.

Clinical Indications:

- Sterile maggots achieve a rapid debridement by digesting sloughy material from a wound bed.
- For the treatment of sloughy / necrotic and infected wounds.
- They are useful for treating sloughy wounds where speed of debridement is an issue.

Contraindications:

- Maggots should not be applied to wounds that have a tendency to bleed easily (Acton 2007).
- Maggots should not be used on wounds with a known fistula.
- Maggots should not be used on wounds with exposed underlying structures.

Other Points:

- Maggots can be cost effective if rapid debridement is achieved.
- Advice on appropriate use and how to prescribe, order and obtain maggots is given in NHS Lincolnshire's' 'Protocol for use of sterile maggots in wound management 2012'.
- The maggots produce proteolytic enzymes, which break down the sloughy / necrotic tissue.
- Free range maggots can be left in place for up to 3 days after which the wound should be reassessed.
- Maggots contained in net pouches can be left in place for up to 5 days after which the wound should be reassessed.
- During the period of time of application they will produce copious amounts of exudate.

Formulary recommendations:

- Maggots – various sizes available.

PHYSICAL DEBRIDEMENT PAD

Nature of Product:

- A soft dense pad of monofilament polyester fibres for wound cleaning and debridement.

Clinical Indications:

- A rapid and easy method of debridement for superficial wounds containing loose slough and debris.
- Areas of use include leg ulcers, pressure ulcers, diabetic foot ulcers and postoperative wounds healing by secondary intention.

Contraindications:

- The soft fibre side should be used – the knitted reverse side of the pad is not for use on the wound.
- Must not be used as a wound dressing.
- Should not be used if there is a known sensitivity to any components of the product.
- Thick, tenacious slough and hard necrosis should be softened first by autolysis with dressings prior to removal.

Other Points:

- For single use only.
- Wash off any barrier products or creams prior to use.
- Fully moisten the soft fleecy side of the Debrisoft with tap water (or saline, if advised to do so). Shake off the excess water - DO NOT squeeze out!
- Debrisoft removes wound debris, necrotic material, slough and exudate and even long standing hyperkeratotic tissue from surrounding skin.
- Debrisoft can be used on the actual wound. Debrisoft will not damage fresh granulation tissue and epithelial cells.
- Dispose of the used Debrisoft in the normal waste.

Formulary recommendations:

- Debrisoft.

MEDICATED PASTE BANDAGES

Nature of Product:

- Cotton fabric, plain weave, impregnated with paste.

Clinical Indications:

- The protection and maintenance of a patient's skin.
- The treatment of dry skin / eczema.
- Can be used under compression therapy.
- Soothing irritated skin.
- Ichthapaste may also be used as an anti-inflammatory e.g. Phlebitis.

Contraindications:

- Known allergies.
- Preservatives within certain bandages may cause sensitivities / irritation in susceptible subjects.
- Viscopaste PB7 should not be applied to acute eczematous lesions and grossly macerated skin.

Other Points:

- Requires additional bandaging.
- The absence of preservative in steripaste reduces the likelihood of an allergic reaction.
- Preservative used within certain bandages may themselves cause an allergic reaction e.g. Viscopaste.
- Many patients are sensitive to some of the constituents of paste bandages. Therefore it is recommended that patch testing a small strip of bandage to the leg for a period of 48 hours should be carried out prior to using the paste bandage (Morgan 2004).

Formulary recommendations:

- ZipZoc
- Viscopaste PB7
- Ichthapaste

MULTI-LAYER COMPRESSION BANDAGES

Nature of Product:

- A multilayer elastic compression system designed to treat patients with venous leg ulcers and lower leg oedema, if appropriate.

Clinical Indications:

- Treatment of venous leg ulcers.
- Used to treat patients with lower leg oedema, if indicated following a holistic assessment.

Contraindications:

- It is contraindicated for the treatment of patients with reduced arterial sufficiency. A Doppler ultrasound of Ankle Brachial Pressure Index should be undertaken.
- Spuriously high Doppler readings are sometimes obtained in patients with diabetes and in patients with calcified arteries. It is important that practitioners do no rely exclusively on Doppler readings but use them to confirm their observations and assessment (RCN 2007).

Other Points:

- Profore (latex free) should only be an option for those who are allergic to latex.
- Patients with an ABPI of 0.8 or greater may have compression bandaging or hosiery (RCN 2007).
- Compression therapy should only be applied if ABPI is between 0.8 – 1.3 (RCN 2007).
- Compression therapy should not be applied if ABPI is below 0.8 or above 1.3 without advice and discussion with the TVN specialist and / or Vascular Consultant.
- These systems should only be applied / utilised by appropriately qualified and competent practitioners. The RCN (2006) outlines that the assessment and clinical investigation of leg ulcer patients should only be undertaken by a health care professional trained in leg ulcer management.
- It is expected that graduated multi-layer and single layer compression bandage systems should only be applied by a trained practitioner (RCN 2007).
- If a 4 layer bandage system is poorly tolerated by the patient short stretch bandages can be considered as an alternative.
- Further RCN guidance can be obtained from www.rcn.org.uk

Formulary recommendations:

- K Bandaging – K-Soft, K-Lite, K-Plus, Koflex
- Profore Bandages (Latex Free)
- K Two

SHORT STRETCH BANDAGING

Nature of Product:

- An inelastic bandage system designed to treat venous leg ulcers. Achieves high working pressures and low resting pressures.

Clinical Indications:

- The treatment of venous leg ulceration and the control and reduction of lymphoedema.

Contraindications:

- They are contraindicated for the treatment of patients with reduced arterial sufficiency. A Dopplar ultrasound of Ankle Brachial Pressure Index should be undertaken prior to use.
- Compression therapy should only be applied if ABPI is between 0.8 – 1.3 (RCN 2007).

Other Points:

- Requires sub-bandage wadding (eg K-Soft) to protect bony prominences prior to application.
- Suitable for ankle circumference 18cm to 25cm – one layer of Actico (applied in a spiral) is adequate.
- For an ankle over 25cm in circumference a second layer of Actico should be incorporated – to be applied from ankle to knee in the opposite direction as the first, i.e. either clockwise or counter clockwise (Moffatt et al 2007).
- **Not** suitable for ankle circumference less than 18cm.
- Particularly useful for patients who wish to use existing footwear but require full compression therapy. The multi-layer system may add too much 'bulk' therefore the short-stretch single layer system may be more suitable.

Formulary recommendations:

- Actico (cohesive)

SKIN PROTECTORS

Nature of Product:

- A no sting, protective barrier film applied via an applicator to skin to protect the peri wound area from maceration by wound exudate.

Clinical Indications:

- Local protection of skin to the peri wound area.

Contraindications:

- Not to be used on infected areas of the skin.
- Not to be used as the only covering in situations that require dressing protection from bacterial contamination / penetration e.g. intravenous therapy sites, full or partial thickness wounds.
- Not to be used where there is a known sensitivity to any of the ingredients.

Other Points:

- These products should not be placed directly within wound margins.
- Skin should be clean and dry prior to application.
- To be applied once every three days as outlined by the manufacturers instructions.
- Allow the product to dry completely before applying pads or clothing.
- Follow manufacturers instructions on frequency of application to avoid build up.
- Removal of the film is not necessary between re-applications.
- Applicator pads are for single use only.

Formulary recommendations:

- LBF foam applicators (1ml)

WOUND CLEANSERS

Nature of Product:

- Fluid either from a tap or a clinipod, the nature of which should not interfere with the normal healing process.

Clinical Indications:

- Clinipods are for the cleansing of all acute wounds (within the first 48 hours).
- Tap water is indicated for the cleansing of chronic wounds and surrounding skin when indicated and where appropriate.

Contraindications:

- None noted.

Other Points:

- Routine cleaning is not recommended as it does not remove bacteria. However the regularity / requirement for cleaning would be in response to individual need and as a result of a holistic assessment.
- Tap water may be used to cleanse chronic wounds. There is no evidence that using tap water to cleanse acute wounds in adult's increases infection, and some evidence that it reduces it (Fernandez and Griffiths 2008). When applied topically tap water may be as effective a wound cleanser as sterile water or saline.
- If a leg is to be washed in a bucket then this should be lined first to prevent cross contamination.
- Bag liners should be used in accordance with local policy. Appropriate bag liners can be ordered through NHS logistics.
- Consideration should be given to the storage of the bucket and the disposal of the water.
- Consideration should be given to the manual handling issues.

Formulary recommendations:

- Tap water
- Clinipods
- Blue Dot Irrigation fluid 0.9% (via NHS SC)

ODOUR ABSORBANT DRESSINGS

Nature of Product:

- Dressings containing activated charcoal.
- Activated charcoal effective in absorbing chemicals released from malodorous wounds.
- These can be used as primary or secondary wound management products. (Note: Clinisorb is recommended as a secondary dressings only).

Clinical Indications:

- Used in the management of discharging, purulent and contaminated wounds complicated by bacterial infection and offensive odour, e.g. fungating (Morgan 2004).
- Indicated for most types of chronic wounds in particular malodorous wounds, for example fungating carcinoma, ulcerative or traumatic wounds.

Contraindications / Cautions:

- Charcoal dressings are not indicated for use on dry wounds

Other Points:

- May adhere to wounds that have dried out; therefore a low non adherent contact layer will be required.
- Apply as a secondary dressing (over a primary dressing) to suppress odour.
- Clinisorb can be cut to size.
- Moisture inactivates charcoal.
- Not indicated for dry wounds.

Formulary recommendations:

- Clinisorb

SECTION SEVEN.

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APPENDIX ONE

NHS Lincolnshire

GUIDE TO PRODUCT SELECTION

WOUND CHARACTERISTICS	*PRESENTATION*	*PRIMARY LAYER*	*SECONDARY LAYER* *(if required)*
NECROTIC	DRY / DISCHARGING	HYDROCOLLOID HYDROGEL / HYDROGEL SHEET HONEY CAPILLARY ACTION DRESSING MAGGOTS	HYDROCOLLOID WAFER FILM
INFECTION/COLONISED	VISIBLE SIGNS OF INFECTION – MALODOROUS, HEAVY EXUDATE, INFLAMMATION	HONEY ANTIMICROBIALS MAGGOTS	SECONDARY PAD FOAM
SLOUGHY	EXUDATE MODERATE/HEAVY	ALGINATE HYDROCOLLOID / HYDROFIBRES CAPILLARY ACTION DRESSING IODINE PRODUCTS MAGGOTS	SECONDARY PAD FOAM
	EXUDATE LIGHT	IODINE PRODUCTS HYDROGEL HONEY HYDROCOLLOID MAGGOTS	HYDROCOLLIOD WAFER SECONDARY PAD FOAM
GRANULATION	SUPERFICIAL	ALGINATE LOW/NON ADHERENT DRESSING HYDROCOLLOID / HYDROFIBRE FOAM	FOAM
	DEEP	ALGINATE HYDROCOLLID CAPILLARY ACTION DRESSING HYDROGEL	SECONDARY PAD FOAM
EPITHELIALISING	SUPERFICIAL / ALMOST HEALED	LOW / NON ADHERENT DRESSING FOAM FILM HYDROCOLLOID	FOAM

APPENDIX TWO

Examples of products containing paraffin

The National Patient Safety Agency (NPSA) is alerting all healthcare staff involved in the prescribing, dispensing or administration of paraffin based skin products of a potential fire risk. Following a patient safety incident, the NPSA commissioned the Health and Safety Executive to undertake fire hazard testing with White Soft Paraffin at concentrations of over 50% on a variety of bandages, dressings and clothing. The results showed the ability to reproduce the fire hazard in a controlled environment.

The following commonly prescribed products contain White Soft Paraffin at concentrations of over 50%:

PRODUCT	CONCENTRATION OF WHITE SOFT PARAFFIN
Diprobase Ointment 95%	**95%**
Emulsifying Ointment 50%	**50%**
Liquid Paraffin 50%/White Soft Paraffin 50% Ointment including brands such as Emmolin Emollient Aerosol Spray 50%	**50%**
Zinc and Salicylic Acid Paste BP	**50%**
Zinc Ointment BP	**72.25%**
White Soft Paraffin 100%	**100%**

Paraffin products can also be found as constituents in some commonly prescribed 'specials' creams and ointment, for example emulsifying ointment is often used as a diluent to lower the strength of a ready prepared ointment.

The evidence currently only relates to White Soft Paraffin and there is currently no evidence of a risk of fire hazard with preparations containing concentrations of WSP lower than 50%, however the NPSA has taken the view that this risk could apply to any paraffin 'based' product. In this respect the guidance should also apply to the following products.

PRODUCT	CONTENTS
Dithranol Ointment	Yellow Soft Paraffin
Epaderm	Emulsifying Wax, Liquid Paraffin and Yellow Soft Paraffin
Hydromol Ointment	Emulsifying Wax, Liquid Paraffin and Yellow Soft Paraffin
Imuderm Liquid	Liquid Paraffin
Infaderm Therapeutic Oil	Liquid Paraffin

NB: These lists are not exhaustive and practitioners should make a professional judgement and risk assess whether the guidance should apply to other products.

NOTE*: Taken from NPSA (2007).*
Tables produced by the Pharmaceutical Services Negotiating Committee (PSNC)

APPENDIX THREE

PRODUCT EQUIVALENTS

There are occasions when patients will be discharged / transferred utilising treatment that is not on the local formulary. It is best practice to make a clinical assessment and decide upon the best product for use at that given time.

Below are some examples of local formulary alternatives that could be used instead of non-formulary products. This list is not exhaustive. Link Champions and tissue viability specialists will provide additional advice and support as required.

NON FORMULARY PRODUCT	LOCAL FORMULARY EQUIVALENT
3M Foam Adhesive	Tegaderm foam adhesive/ActivHeal foam /Tielle plus/
Adaptic Finger	adaptic touch 5 x 7.6cms
Aderma Dermal Pads	Kerrapro
Allevyn Cavity	Aquacel extra
Allevyn Heel	ActivHeal foam, Tegaderm foam adhesive, Tielle plus
Aquaform	ActivHeal Hydrogel / Hydrosorb / Intrasite conformable
Cavilon Barrier Cream	LBF
Cavilon Film (lollipop)	LBF 1ml foam applicator
Comfeel Plus Transparent	Comfeel plus transparant/ tegaderm hydrocolloid
Cutimed Sorbact	Cutimed sorbact Gel
Cutimed Sorbact Hydrogel	Cutimed sorbact Gel
Iodosorb	Iodoflex
Mepilex	Allevyn Gentle
Mepilex Heel	Allevyn Gentle
Mepitel	Alleyvyn Gentle
Opsite	C-View
Polymem	Any formulary foam
Sorbsan	Aquacel extra
Sorbsan plus	Aquacel extra
Tegaderm foam	Allevyn Gentle non border
Tegaderm Island with film	Tegaderm foam adhesive

APPENDIX FOUR

DRESSINGS	PRODUCT	SIZE	NO of ITEMS
PRIMARY			
ALGINATES / HYDROFIBRES	Aquacel Extra	5 x 5 cm	
		10 x 10 cm	
		4 x 10 cm	
		4 x 20 cm	
	Aquacel (ribbon)	1 x 45 cm	
ANTIMICROBIALS			
IODINE BASED	Inadine (contains iodine)	5 x 5 cm	
		9.5 x 9.5 cm	
	Iodoflex	5g	
HONEY PRODUCTS	Medihoney Gel Sheet	5 x 5 cm	
		10 x 10 cm	
	Medihoney Tulle	10 x 10 cm	
	Medihoney gel	10g	
OTHER ANTIMICROBIALS	Cutimed Sorbact Gel	7.5 x 7.5 cm	
		7.5 x 15 cm	
SILVER DRESSINGS	Atraumann Ag	5 x 5 cm	
		10 x 10 cm	
		10 x 20 cm	
	Aquacel Ag ribbon	1 x 45 cm	
ODOUR ABSORBANT DRESSINGS	Clinisorb	10 x10 cm	
		10 x 20 cm	
HYDROGELS	ActivHeal	15g	
	Hydrosorb	5 x 7.5 cm	
		10 x 10 cm	
	Intrasite Conformable	10 x 10 cm	
		10 x 20 cm	
FABRIC ISLAND ADHERENT DRESSINGS	Softpore	6 x 7 cm	
		10 x15 cm	
		10 x 35 cm	
FILMS	C - View	6 x 7 cm	
		10 x 12 cm	
NON ADHERENT DRESSINGS	Atraumann	5 x 5 cm	
		7.5 x 10 cm	
		10 x 20 cm	
		20 x 30 cm	
	Adaptic Touch	5 x 7.6 cm	
		7.6 x 11 cm	
		12.7 x 15 cm	

PATIENT NAME:	**NHS NO:**
ADDRESS:	**DOB:** **SURGERY:**
WOUND TYPE:	**RATIONALE:**
REQUESTED BY: **DATE:**	**NEXT VISIT DUE:**

SECONDARY			
ABSORBENT DRESSING PAD	Zetuvit E (Sterile)	10 x 10 cm	
		10 x 20 cm	
		20 x 20 cm	
		20 x 40 cm	
SUPER ABSORBENTS	Flivasorb	10 x 10 cm	
		10 x 20 cm	
		20 x 20 cm	
		20 x 30 cm	
FOAM DRESSINGS	ActivHeal Foam Adhesive	7.5 x 7.5 cm	
		10 x 10 cm	
		12.5 x 12.5 cm	
		15 x 15 cm	
		20 x 20 cm	
	Tielle Plus	11 x 11 cm	
		15 x 20 cm	
SHAPED FOAMS	Tegaderm Foam Adhesive	10 x 11cm (oval)	
		13.9 x 13.9cm (heel)	
FOAMS – Specialist Bordered	Allevyn Gentle Border	7.5 x 7.5 cm	
		10 x 10 cm	
		10 x 20 cm	
		12.5 x 12.5 cm	
FOAMS - Specialist Non Bordered	Allevyn Gentle	5 x 5 cm	
		10 x 10 cm	
		10 x 20 cm	
		20 x 20 cm	
HYDROCOLLOIDS	Tegaderm Hydrocolloid	10 x 12 cm	
		13 x 15 cm	
	Comfeel Plus Transparent	5 x 7 cm	
		10 x 10 cm	
		15 x 15 cm	

DRESSINGS	PRODUCT	SIZE	NO OF ITEMS
BANDAGES			
MEDICATED BANDAGES	Zipzoc	One Size	
	Viscopaste	7.5 cm x 6 cm	
	Ichthopaste	7.5 cm x 6 cm	
RETENTION BANDAGES	Easifix K	5 cm x 4 m	
		7.5 cm x 4 m	
		10 cm x 4 m	
		15 cm x 4 m	
TUBULAR BANDAGES	Comfifast	7.5 cm x 1m	
		7.5 cm x 3m	
		10.75 cm x 1m	
	Clinifast	7.5 cm x 5m	
		10.75 cm x 3m	
		10.75 cm x 5m	
		10.75 cm x 3m (yellow)	
2 LAYER BANDAGES	K Two (kit)	0 – short	
	K Two (kit)	18 – 25 cm (10 cm)	
	K Two (kit)	25 – 32 cm (10 cm)	
MULTI-LAYER COMPRESSION			
K BANDAGING 4 LAYER	K-Soft #1	10cm x 3.5m (unstretched)	
	K-Lite #2	10 cm x 4.5m (unstretched)	
	K-Plus #3	10 cm x 8.7 m (stretched)	
	Ko-Flex #4	10 cm x 6 m (stretched)	
	K-ThreeC	10cm x 3m (unstretched)	
K BANDAGING 4 LAYER - LONG	K-Soft Long #1	10 cm x 4.5m (unstretched)	
	K-Lite Long#2	10 cm x 5.25m (stretched)	
	K-Plus Long #3	10 cm x 10.25m (stretched)	
	Ko-Flex Long 4#	10 cm x 7m (stretched)	
SHORT STRETCH BANDAGES	Actico (cohesive)	4 cm x 6 m	
		6 cm x 6 m	
		8 cm x 6 m	
		10 cm x 6 m	
		12 cm x 6 m	
ADJUNCTIVE THERAPY			
PHYSICAL DEBRIDEMENT PAD	Debrisoft	10 x 10 cm	

PLEASE ORDER IN UNITS NOT BOXES

DRESSINGS	PRODUCT	SIZE	NO. OF ITEMS
SKIN PROTECTANT	LBF (with applicator	1ml	
CLEANING SOLUTIONS	Blue dot irrigation fluid 0.9%	25 x 20 mls	
TAPE	Clinipore	2.5 cm x 10m	
PLASTIC PROBES	RDC Code FGK012	Box of 100	
DRESSING AIDS SWABS (sterile)	Gauze swabs	7.5 x 7.5cm x 5	

FOR ALLOCATION USE ONLY	
ALLOCATION COMPLETE **YES / NO**	IF NO STATE REASON: 1.Lack of stock 2.Product off Formulary 3. Other(please state)
PRESCRIPTION REQUIRED **YES / NO**	
ISSUED BY:	**DATE:**

APPENDIX FIVE

NHS Supply Chain

Returns/Discrepancies

NHS Supply Chain is more than happy to accept product returns providing they are in line with our returns policy below. Our customer service team will then help you make the necessary arrangements.

We are more than happy to accept product returns from you, providing they are:

- **Reported in time** - You will need to report any discrepancies to customer services at the earliest opportunity within three days of the delivery, unless agreed otherwise.
- **Returned within time** - Upon agreement of a return, NHS Supply Chain will provide you with the latest acceptable collection and return date. To ensure that we are able to action your return, we must receive your goods by this date.
- **Fit for re-sale** - Unless the items were found to be damaged on arrival at your delivery point, returned goods must be in a condition fit for re-sale.
- **Licensed Medicinal Products (LMP)** – NHS Supply Chain cannot accept returns for re-sale of products classed as Licensed Medicinal Products due to the restrictions placed on us by the MHRA and EU regulations for the Wholesale Distribution of Medicines for Human Use.
- **Non-Returnable Products** – We have a number of products which are non-returnable. These include some consumable items, including paper and some high value products. Your customer service advisor will advise you if a product is not returnable and will help you to redistribute within your trust.
- **Over £10 in value** - To ensure a cost effective service in relation to the collection, processing and restocking of returned items, and to ensure that unnecessary costs are not incurred by the greater NHS, a minimum order value of £10 per product line for return requests is in place. Orders below this value cannot be returned and will not be credited in the event of a customer order error.

Providing all of the above criteria have been satisfied, our customer service team will then:

- Raise a return on the system (an “uplift”) and provide you with an uplift number, along with a date and time when the items will be collected. We will e-mail you a copy of the ‘returns’ paperwork for you to enclose with the items to be returned to us. Please ensure that the items for return are made available to the delivery driver at this time, and that you retain one copy of the signed paperwork as proof of collection.
- Provide you with a call log number for your reference.
- Once the items have been received by us, a credit will be raised for the value of the goods. N.B. All e-Direct products need to be returned directly to the supplier, and not NHS Supply Chain. Your customer service team will be happy to assist you when dealing with e-Direct product returns.

Please be aware that from time to time e-Direct suppliers may levy a charge for the return of an item. Any additional costs that may be incurred will be discussed / advised prior to collection being made.

Product recalls

From time to time, it may be necessary for us to recall products as directed by either the supplier or the Medical Devices Agency (MDA).

On such occasions, information regarding the recall will be emailed to your nominated supplies department to cascade and manage within your organisation.

Our customer service team will co-ordinate all activities relating to the return, replacement or crediting of any products that may be recalled.

Whilst suppliers may occasionally choose to manage the recall directly with customers, our customer service team will always be available to assist and support you with any product recalls.

Information on recalls can be located under Important Customer Notices.

APPENDIX SIX

COMMUNICATION LIST

	Contact	Contact details	Can help with…
NHS SUPPLY CHAIN	**Lee Atherton**	Tel: 07753 131 918 lee.atherton@supplychain.nhs.uk	• Saving initiatives, reporting, commercial issues, masking etc
	Nikoletta Stuart	Tel: 01623 5871796 nikoletta.stuart@supplychain.nhs.uk	• Customer Services, orders and deliveries etc
SMITH & NEPHEW	**Catherine Darke** S&N Territory Manager - Community	Mobile: 07802 860393 catherine.darke@smith-nephew.com	• FORMEO Training • Changes to formularies • Smith & Nephew Product Enquiries • Arranging Clinical Education • Amendments to Formeo • Product Listing Queries • General Enquiries
	Karen Richardson S&N Healthcare Regional Manager	Mobile: 07713 784 243 karen.richardson@smith-nephew.com	• FORMEO Training • Changes to formularies • Smith & Nephew Product Enquiries • Arranging Clinical Education • Amendments to Formeo • Product Listing Queries • General Enquiries
INTRADERVE	**Intradev – FORMEO Support**	Tel: 01482 669929 – Please ask for FORMEO Support	• Technical issues with FORMEO system

WEBSITE: **www.formeo.co.uk**

APPENDIX SEVEN

STOCK MANAGEMENT FORM

BRAND	SIZE	PACK SIZE	MINIMUM STOCK LEVEL	MAXIMUM STOCK LEVEL	NUMBER TO ORDER
ActivHeal Foam Adhesive	7.5 x 7.5 cm	10			
ActivHeal Foam Adhesive	10 x 10 cm	10			
ActivHeal Foam Adhesive	15 x 15 cm	10			
ActivHeal Foam Adhesive	20 x 20 cm	10			
Activheal (hydrogel)	15g	10			
Allevyn Gentle	10 cm x 10 cm	10			
Allevyn Gentle	10 x 20 cm	10			
Allevyn Gentle Bordered	7.5 x 7.5 cm	10			
Allevyn Gentle Bordered	10 x 10 cm	10			
Aquacel Extra	5 x 5 cm	10			
Aquacel Extra	10 x 10 cm	10			
Aquacel Extra	15 x 15 cm	10			
Aquacel Ribbon	1 x 45 cm	5			
Aquacel Ag Ribbon	1 x 45 cm	5			
Atraumann Ag	10 x 10 cm	10			
Atraumann Ag	10 x 20 cm	10			
Atraumann Ag	5 x 5 cm	10			
Atraumann	10 x 20 cm	30			
Atraumann	20 x 30 cm	10			
Atraumann	5 x 5 cm	50			
Atraumann	7.5 x 10 cm	50			
Blue Dot irrigation fluid 0.9%	20mls	25			
Clinifast Yellow	10.75 cm x 3 m	6			
Clinifast Beige	17.5 cm x 1 m	12			
Comfifast Blue	7.5 cm x 1 m	1			
Comfifast Blue	7.5 cm x 3 m	1			
Comfifast Blue	7.5 cm x 5 cm	1			
Comfifast Yellow	10.5 cm x 1 m	1			
Comfifast Yellow	10.75 cm x 5 m	1			
Clinipore	2.5 x 10m	1			
Clinisorb	10 x 10 cm	10			
Clinisorb	10 x 20 cm	10			
Comfeel Plus Transparent	10 x 10 cm	10			
Comfeel Plus Transparent	15 x 15 cm	10			
Comfeel Plus Transparent	5 x 7 cm	10			
Cutimed Sorbact Gel	7.5 x 7.5 cm	10			
Cutimed Sorbact Gel	7.5 x 15 cm	10			
C - View	6 x 7 cm	10			
C – View	10 x 12 cm	10			
C - View	15 x 20 cm	10			
Debrisoft	10cm x 10 cm	5			
Easifix K	5 cm x 4 cm	20			
Easifix K	7.5 cm x4 cm	20			
Easifix K	10 cm x 4 m	20			
Easifix K	15 cm x 4 m	20			
Flivasorb	10 x 10 cm	10			
Flivasorb	20 x 20 cm	10			
Flivasorb	20 x 30 cm	10			
Hydrofilm	6 cm x 7 cm	10			
Hydrofilm	10 cm x 12.5 cm	10			
Hydrofilm	12 cm x 25 cm	25			
Hydrosorb	5 cm x 7.5 cm	5			
Hydrosorb	10 cm x 10 cm	5			

BRAND	SIZE	PACK SIZE	MINIMUM STOCK LEVEL	MAXIMUM STOCK LEVEL	NUMBER TO ORDER
Inadine	5 cm x 5 cm	25			
Inadine	9.5 cm x 9.5 cm	25			
Intrasite Conformable	10 cm x 10 cm	10			
Intrasite Conformable	10 cm x 20 cm	10			
Iodoflex	5g	5			
Ichthapaste	7.5 cm x 6 m	12			
K-Lite	10 cm x 4.5 m	16			
K-Lite Long	10 cm x 5.25m	16			
Ko-Flex	10 cm x 6m	18			
Ko-Flex Long	10 cm x 7 m	18			
K-Plus	10 cm x 8.7 m	24			
K-Plus Long	10 cm x 10.25m	24			
K-Soft	10 cm x 3.5 m	24			
K-Soft Long	10 cm x 4.5 m	24			
K-Two Short	0 (short)	1			
K-Two 18 – 25	18 – 25 cm	1			
K-Two 25 – 32	25 – 32 cm	1			
LBF	1 ml	5			
Medihoney gel	10g	20			
Medihoney Tulle	10 x 10 cm	10			
Medihoney gel sheet	5 x 5 cm	10			
Premier Swabs	7.5 x 7.5 cm	25			
Softpore	6 x 7 cm	60			
Softpore	10 x15 cm	50			
Softpore	10 x 35 cm	30			
Tegaderm foam	10 x 11 cm (oval)	10			
Tegaderm foam	13.9 xc 13.9 cm	10			
Tegaderm Hydrocolloid	10 x 11 cm	5			
Tegaderm Hydrocolloid	13 x 15 cm	10			
Tielle Plus	11 cm x 11 cm	10			
Tielle Plus	15 cm x 20 cm	5			
Viscopaste	7.5 cm x 6 m	12			
Zetuvit E	10 cm x 10 cm	25			
Zetuvit E	10 cm x 20 cm	25			
Zetuvit E	20 cm x 20 cm	15			
Zetuvit E	20 cm x 40 cm	10			
Zip Zoc	One Size	10			

NHSLA Monitoring Template

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
NHSLA standard 3 Criterion 2. Local induction to policies and procedures	On Induction	Local managers / service leads	Following induction	Service Leads	Service Leads Matron	Quality and risk committee
Monitor compliance with policy	Audit of ePact data	Service Leads / Matrons	Annually	Service Leads	Service Leads Matrons	Quality and risk committee

APPENDIX NINE **Equality Analysis**

Name of Policy/Procedure/Function* - Formulary of Wound management products	
Equality Analysis Carried out by:	**Lorna Adlington**
Date:	**1st December 2016**
Equality & Human rights Lead:	**Rachel Higgins**
Director\General Manager:	**Dr Phil Mitchell**

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be.	This guidance applies to all clinicians involved in all aspects of wound management. It is intended as a general guide to clinically and cost effective wound management products.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	This policy applies to all healthcare staff, including bank and agency involved in the provision of wound management treatment. • Medical and Nursing staff • Emergency Care Practitioners • Pharmacy associated staff • Allied Health Care Professionals		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No.		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			

The above named policy has been considered and does not require a full equality analysis	
Equality Analysis Carried out by:	Lorna Adlington
Date:	1st December 2016