

Wound care - Foam dressings

In England and Wales over £19.6 million is spent annually on foam dressings (ePACT August to October 2015), with 32% of prescriptions (England only) being for more than ten dressings.

Key recommendations

- Foam dressings are suitable for all types of exuding wounds, but not for dry wounds.¹
- Optimise wear time by ensuring the dressing's absorbency is well matched to the needs of the wound.
- Involve appropriate stakeholders, such as tissue viability nurses and community nurses, in the formulary decision making process for their clinical expertise and to support whole system compliance.
- Use simple low-adherence dressings under compression for venous ulcers, in line with SIGN guidance, unless there is reason to prefer an alternative.² If exudate is an issue, dressings such as foams, alginates or hydrocolloids may have advantages.³
- Choose the smallest size dressing that is appropriate to the wound (allowing for any necessary overlap onto healthy skin), as dressing price can rise significantly with increasing size.
- Prescribe the minimum quantity of dressings necessary to meet people's needs, to help minimise wastage and stockpiling.⁴ Prescribe the exact number of dressing rather than 'original packs'.
- Do not prescribe dressings as repeat prescriptions unless there is a clear long term need for the same dressing.
- Ensure GP practices have a process in place for identifying and investigating prescriptions for non-formulary dressings or large quantities of dressings (such as quantities over ten dressings per month).

Costs and savings

Full costing information on dressing types is available in the bulletin. **A 20% reduction in prescribing of foam dressings could result in savings of over £3.9 million in England and Wales.** Data on spend for dressings supplied via FP10 (ePACT August to October 2015). Data on spend for dressings supplied through direct procurement are not readily available so cannot be included in the potential savings figures.

Supporting evidence

- There is a relative lack of robust clinical or cost-effectiveness evidence to guide dressing choice. The relevant national guidelines do not therefore generally make specific recommendations about choice of dressing. NICE recommend that prescribers should routinely choose the dressing with the lowest acquisition cost and the performance characteristics appropriate for the wound and its stage of healing.⁶
- SIGN recommend simple non-adherent dressings in the management of venous leg ulcers² based on a Cochrane review which found no evidence to support superiority of any dressing type (including foams) over another when applied under appropriate multilayer bandaging.⁶

Key action points

- Review all repeat prescribing of foam dressings and prescribe them as acute issues unless there is a legitimate reason to continue repeat prescribing.
- Ensure GP practices have a process in place for identifying and investigating prescriptions for non-formulary dressings or large quantities of dressings (such as quantities over ten dressings per month). Where prescribing of large quantities of foam dressings is identified, ensure that:
 - » A foam dressing is the most appropriate dressing type for the person's needs.
 - » The correct absorbency, size and type of foam dressing has been selected.
 - » The dressing is not being changed more frequently than clinically indicated.
 - » The minimum quantity of dressings necessary to meet the person's needs is ordered.
 - » The process of identifying potential issues and establishing the necessary information may require input from a range of staff such as GPs, receptionists, pharmacists, practice nurses and district nurses. Appropriate specialist advice, e.g. from a tissue viability nurse, should be sought if needed.

References

1. British National Formulary. London: British Medical Association and The Royal Pharmaceutical Society of Great Britain; Accessed May 2015 via <https://www.medicinescomplete.com/mc/bnf/current/>
2. Scottish Intercollegiate Guidelines Network (SIGN) Guideline no.120. Management of chronic venous leg ulcers. August 2010. <http://sign.ac.uk/pdf/sign120.pdf> Accessed 31/3/15
3. National Institute for Health and Care Excellence (NICE). Clinical Knowledge Summary. Leg ulcer - venous, last revised September 2012. [cks.nice.org.uk](https://www.nice.org.uk) Accessed 31/3/15
4. National Institute for Health and Care Excellence (NICE) Key Therapeutic topics, Wound care products. 15th January 2015. <https://www.nice.org.uk/advice/ktt14/resources/non-guidance-wound-care-products-pdf> Accessed 18/2/15
5. Moore ZEH, Webster J. Dressings and topical agents for preventing pressure ulcers. Cochrane Database of Systematic Reviews 2013, Issue 8. Art. No.: CD009362. DOI: [10.1002/14651858.CD009362.pub2](https://doi.org/10.1002/14651858.CD009362.pub2). <http://www.cochranelibrary.com> Accessed 3/5/15
6. Palfreyman SSJ, Nelson EA et al. Dressings for healing venous leg ulcers (Review). Cochrane Database of Systematic Reviews 2006, Issue 3. Art. No.: CD001103. DOI: [10.1002/14651858.CD001103.pub2](https://doi.org/10.1002/14651858.CD001103.pub2). <http://www.cochranelibrary.com> Accessed 15/4/15
7. Dumville JC, Deshpande S, O'Meara S, Speak K. Foam dressings for healing diabetic foot ulcers. Cochrane Database of Systematic Reviews 2013, Issue 6. Art. No.: CD009111. DOI: [10.1002/14651858.CD009111.pub3](https://doi.org/10.1002/14651858.CD009111.pub3). <http://www.cochranelibrary.com> Accessed 15/4/15

Additional resources available: <https://www.prescipp.info/resources/viewcategory/449-wound-care-foam-dressings>



Bulletin



Data pack