Wound care - Negative pressure wound therapy (NPWT)

Negative pressure wound therapy (NPWT) is increasingly being used as a treatment option for acute, chronic and surgical wounds, and is also increasingly used within community environments, although the evidence base is currently weak.[1] The V.A.C.® system was the first to be available in the UK, but there are now several competing products available from a number of manufacturers.

Additional resources available: https://www.prescqipp.info/resources/viewcategory/451-wound-care-negative-pressure-wound-therapy

Bulletin

Data pack

Key recommendations

- Organisations should ensure they have robust systems in place for assessing patient suitability for starting NPWT, reviewing treatment, and stopping treatment at an appropriate point. This will include identifying suitably skilled personnel and defining their involvement in the process.
- As well as a clinical assessment, a risk assessment which considers the patient's environment should also be undertaken when considering the use of NPWT in a homecare setting. Local funding arrangements, including the route of procurement and whether funding needs to be agreed on an individual basis, should be established with input from key stakeholders.
- Minimise wastage of NPWT consumables by:
  - Ensuring consumables are compatible with the system being used.
  - Agreeing a suitable quantity that can be ordered at one time. The quantity should be sufficient to ensure availability when needed but minimise wastage if therapy is changed. Do not use repeat prescribing.
- If consumables are to be supplied via FP10, ensure that items required are listed in part IXA of the Drug Tariff and are therefore prescribable.
- Minimise wastage of rental fees or pump availability by ensuring pumps are returned promptly.
- Monitor prescribing data and ensure prescribing is in line with local agreements. Most systems require the supply of a pump, a step which often highlights that the therapy is being used. It may be particularly important to monitor the prescribing of systems that do not require the supply of a pump and can be prescribed entirely on FP10, e.g. PICO®, V.A.C.Via® and SNaP®.

Supporting evidence

The evidence base for treating chronic wounds with NPWT is weak. There is some evidence of clinical benefit in treating diabetic foot wounds (including post-amputation), but its effectiveness in treating pressure ulcers and venous leg ulcers is currently unknown.[2-5]

Recently published NICE guidelines on the prevention and management of diabetic foot problems advise considering NPWT after surgical debridement for diabetic foot ulcers, on the advice of the multidisciplinary foot care service.[6]

For the management of pressure ulcers in adults, NICE advise against routinely offering NPWT unless it is necessary to decrease the number of dressing changes (e.g. in a wound with a large amount of exudate).[7]

Costs and savings

In England and Wales over £3.1 million is spent annually on prescribed consumables for use in negative pressure wound therapy (ePACT Sep - Nov 2015).

The average cost per item is relatively high (approximately £142 per item vs less than £20 per item for wound care overall). These figures do not include spend on dressings supplied through direct procurement or hire/purchase of a pump.

Although not quantifiable, savings may be achieved by:

- Ensuring a robust patient selection process has been followed.
- Minimising waste by ensuring correct type and quantity of consumables are ordered.
- Ensuring treatment is not continued for longer than indicated (timely review by appropriately trained person should be part of the care plan).

References

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