

## Wound care: Protease-modulating matrix dressings

Over £15.4 million is spent annually on FP10 prescribing of protease-modulating matrix dressings in England (ePACT April to June 2015). QIPP projects in this area focus on reducing inappropriate prescribing of these dressings, whilst still maintaining high standards of wound care in line with national guidance.

### Key recommendations

- Review the prescribing of protease-modulating matrix dressings, ensuring appropriate use according to the local wound dressings formulary. Prescribers should be aware that currently there is little evidence-base for the use of protease-modulating matrix dressings.
- Review patient suitability for switching to standard dressings. If a switch is not possible, choose a protease-modulating matrix dressing of the lowest acquisition cost. It must have sufficient properties to deal with the characteristics of the wound.
- Prescribe the minimum quantity of dressings sufficient to meet the patient's need and to reduce avoidable wastage and prevent stockpiling.<sup>1</sup>
- Reserve protease-modulating matrix dressings for:
  - » Unresponsive wounds or recommendation by Tissue Viability Nurse (TVN).<sup>2</sup>
  - » Short courses of 2-4 weeks followed by full assessment of treatment effectiveness.<sup>3</sup>
  - » Intermittent or pulsed treatment is sometimes used, e.g. two weeks of using protease-modulating matrix dressings, followed by two weeks without the dressing.<sup>3</sup>
- Clearly document the proposed duration of treatment with a review date.<sup>3</sup>
- Make regular assessments of healing progress during treatment. A guide to indicate healing for venous leg ulcers is 20-40% reduction in wound area at four weeks.<sup>3</sup>

### Supporting evidence

Protease-modulating matrix dressings alter the activity of proteolytic enzymes in chronic wounds; the clinical significance of this approach is yet to be demonstrated.<sup>4</sup> A prescriber's ability to choose wound dressings on the basis of clinical evidence is hindered by the relative lack of robust clinical or cost-effectiveness evidence, as highlighted in numerous systematic reviews.<sup>1</sup> Although there is some evidence that modern or advanced dressings are more clinically effective than conventional dressings (such as paraffin gauze) for treating wounds, there is insufficient evidence to distinguish between them.<sup>1</sup> Systematic reviews of advanced wound dressings have repeatedly highlighted the lack of high-quality studies using clinically relevant endpoints.<sup>5</sup> In the absence of any robust clinical evidence to guide choice, prescribers should routinely choose the dressing with the lowest acquisition cost with performance characteristics appropriate for wound and its stage of healing.<sup>1</sup>

### Costs and savings

Further details available in the bulletin. Check the Drug Tariff, Part IXA Wound Management Dressings, at [www.ppa.org.uk/ppa/edt\\_intro.htm](http://www.ppa.org.uk/ppa/edt_intro.htm) for current prices and whether products can be prescribed on an FP10.

Currently over £15.4 million is spent annually on FP10 prescribing of protease-modulating matrix dressings in England (ePACT April to June 2015). If the prescribing of protease-modulating matrix dressings in England reduced by 80%, **then over £12.3 million would be released in one year. This equates to £21,585 per 100,000 patients.** The actual savings achievable will depend on appropriateness of prescribing/switching to a less costly alternative and reducing quantities prescribed.

The CCG cost per 1000 patients for protease-modulating matrix dressings (supplied through the FP10 route only) ranges from £0 up to £263 with the average cost per 1,000 patients at £62. (ePACT April to June 2015)

A substantial 41% of prescriptions are for more than 10 dressings at a time. Reviewing and reducing the number and size of dressings prescribed and ensuring they are not put on repeat prescription, will release considerable savings and reduce wastage.

#### Additional resources available



Bulletin



Data pack



Audit

<https://www.prescripp.info/resources/viewcategory/416-wound-care-protease-modulating-matrix-dressings>

## References

1. NICE Key Therapeutic Topics Wound care products (KTT14). January 2015. [www.nice.org.uk/advice/ktt14](http://www.nice.org.uk/advice/ktt14) Accessed 19.03.15
2. Grier J, Hunter C, Oboh L. Top Tip QIPP messages for prescribing dressings. East & South East England Specialist Pharmacy Services. [www.medicinesresources.nhs.uk/upload/documents/Communities/SPS\\_E\\_SE\\_England/Top\\_Tip\\_QIPP\\_messages\\_for\\_prescribing\\_dressings\\_Vs2\\_Feb13\\_LO.pdf](http://www.medicinesresources.nhs.uk/upload/documents/Communities/SPS_E_SE_England/Top_Tip_QIPP_messages_for_prescribing_dressings_Vs2_Feb13_LO.pdf) Accessed 25.03.15
3. International Consensus. The role of proteases in wound diagnostics. An expert working group review. London. Wounds International 2011. [Online] [www.woundsinternational.com](http://www.woundsinternational.com) Accessed 13.12.13
4. Joint Formulary Committee. British National Formulary. 69th ed. London: BMJ Publishing Group and Royal Pharmaceutical Society. March 2015 update. Available via NICE BNF app (Appendix A5.4.1)
5. MeReC. Evidence-based prescribing of advanced wound dressings for chronic wounds in primary care. MeReC Bulletin June 2010; 21(1):1-7 [www.webarchive.org.uk/wayback/archive/20140627113109/http://www.npc.nhs.uk/merec/therap/wound/merec\\_bulletin\\_vol21\\_no1.php](http://www.webarchive.org.uk/wayback/archive/20140627113109/http://www.npc.nhs.uk/merec/therap/wound/merec_bulletin_vol21_no1.php) Accessed 19.03.15