

Wound care: Silver dressings

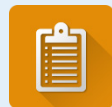
Additional resources available:



Bulletin



Data pack



Audit

Weblink: <http://www.prescqipp.info/silver-dressings/viewcategory/212>

Introduction

Across the PrescQIPP membership (20.3 million patients, December 2013) over £5.4 million is spent annually on silver dressings (ePACT December 2013). This is a significant amount for a dressing that has a limited place in therapy.

Key recommendations

- Review all patients on silver dressings for suitability for switching to non-medicated standard dressings. For patients unsuitable for a switch to standard dressings, choose the most cost-effective dressing based on wound type, healing rate, and whether a healthcare professional is involved in dressing changes.
- Nurses and prescribers should be aware that there is insufficient evidence on clinical and cost effectiveness to support the use of silver dressings, which are more expensive than many other types of dressing.¹
- Prescribe or request a maximum of 5 silver dressings to cover a treatment period of 2 weeks. Treatment should not generally exceed 2 weeks.² For dressings designed to stay in situ over a longer period, fewer dressings will be required. Review any prescriptions for 5 or more dressings and any repeatable prescriptions.
- Stop silver dressings if the wound does not respond or once infection is controlled.³
- If there is a need to continue treatment for longer than 2 weeks, refer to a Tissue Viability Nurse (TVN) for wound assessment.
- Avoid dressings containing silver sulfadiazine – if applied to large areas or for a prolonged time, they can cause blood disorders or skin discolouration.⁴

Supporting evidence

- NICE state that there is no robust clinical, or cost-effectiveness evidence for the use of antimicrobial dressings over non-medicated dressings for treating chronic wounds. Avoid overuse due to concerns with bacterial resistance and toxicity.⁵
- Overall, the amount currently spent in the NHS on silver dressings appears difficult to justify in the light of existing data.³
- As well as the cost implications and lack of robust evidence for their benefit, indiscriminate use of topical antimicrobial dressings should also be discouraged because of concerns over bacterial resistance and toxicity. Long-term use should be avoided and they should be discontinued when signs of infection resolve or if the patient experiences adverse effects from the antimicrobial.⁶

Costs and savings

Full costing information on dressings, types and sizes is available in the bulletin. Always check the current Drug Tariff for up to date prices and whether products are prescribable on an FP10.

<http://www.ppa.org.uk/edt>

Savings available across PrescQIPP total membership (ePACT Dec 2013)

Levels reached	Total annual savings	Annual savings per 100,000 patients
Reaching average prescribing levels (£70 cost per 1,000 patients)	£779,086	£3,933
Reaching lowest prescribing levels (£13 cost per 1,000 patients)	£4,387,428	£21,596
Nil prescribing	£5,437,356	£26,764

Please note the lowest prescribers may have moved dressings off FP10 supply and therefore the full amount stated may not be achieved.

References

1. Health Improvement Scotland. Technologies Scoping Report No.12, January 2013. Are silver dressings clinically effective and cost effective for the healing of infected wounds and the prevention of wound infection relative to other types of dressing?
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2. Grier J, Hunter C, Oboh L. Top Tip QIPP messages for prescribing dressings. East & South East England Specialist Pharmacy Services. February 2013.
http://www.medicinesresources.nhs.uk/upload/documents/Communities/SPS_E_SE_England/Top_Tip_QIPP_messages_for_prescribing_dressings_Vs2_Feb13_LO.pdf
3. Silver dressings do they work? Drug Ther Bull 2010; 48 (4): 38-42.
4. Joint Formulary Committee. British National Formulary. 66th ed. London: BMJ Publishing Group and Royal Pharmaceutical Society. December 2013 update. Available via NICE BNF app (Appendix A5.3.3).
5. National Institute for Health and Care Excellence (NICE). Key Therapeutic Topics, Wound Care Products, 31st January 2013.
<http://publications.nice.org.uk/wound-care-products-ktt14/evidence-context>
6. Evidence-based prescribing of advanced wound dressings for chronic wounds in primary care. MeReC Bulletin June 2010; 21(1):1-7.
http://www.npc.nhs.uk/merec/therap/wound/merec_bulletin_vol21_no1.php