



**National Wound Care
Strategy Programme**

A Review of the Routes of Supply and Distribution of Wound Management Products in England

November 2022

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Key points

- The NHS has employed a new operating model with the introduction of Integrated Care Boards in 2022 whose brief is to plan health and social care provision at system level.
- The NWCSP is aligned with these new models of care and is working to improve wound care in England at system level covering primary, community, secondary and social care providers.
- Supply routes for wound management products vary greatly between organisations and healthcare sectors
- This document provides an overview of the key features associated with each of the available supply routes to support those in Integrated Care Systems who are responsible for deciding on the most appropriate route(s) of supply for their organisations.

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Foreword

The National Wound Care Strategy Programme (NWCSP), which is hosted by the AHSN Network, is an NHS England programme commissioned by the Nursing Directorate and funded as part of the NHS Long Term Plan. The NWCSP aims to improve wound care in England by reducing unnecessary variation, improving safety, and optimising patient experience and outcomes.

The supply and distribution of wound products varies between sectors of the NHS. In hospital the primary route for supply of wound management products is NHS Supply Chain, although products may also be sourced via direct supply from manufacturers or via hospital pharmacies. Outside hospital, the main route of supply was historically FP10 prescription until approximately 10-12 years ago when direct purchase routes became a viable alternative.

It has been brought to the attention of the NWCSP that there is still some confusion around available routes of supply for wound management products, and, more importantly, what impact the chosen route (or routes) may have within a healthcare economy. We are aware that some providers and commissioners of care are reviewing their route of supply for these types of products, and some have requested additional information on how changes to the system used may impact on care delivery, patient experience, finance, and reporting of data.

The purpose of this review is to provide commissioners and providers of care (Integrated Care Systems) with a balanced overview of key features associated with each model for supply and distribution of wound management products. This information will ensure that Integrated Care Systems can choose the most appropriate routes of supply to support the delivery of quality, efficient and effective wound management for their populations. It is also important to note that organisations must consider their legal duties to advance equality and have regard to reducing health inequalities when considering any changes to route for supply and distribution.

This review does not provide information on selection of wound management products or the underpinning evidence to support choice, nor does it articulate routes for supply and distribution of pressure reducing products.

1. Purpose of the review

The purpose of this review is to provide guidance for health care providers and commissioners on the current routes of supply and distribution for wound management products in England. It has been produced following review and engagement with key stakeholders and exploration of published literature. The availability of products, their cost and delivery models vary depending on the route of supply.

This review seeks to articulate the key features inherent in each route of supply so that providers and commissioners within an Integrated Care System can make informed choices about which route of supply, or routes of supply (as a hybrid option) they intend to use to ensure they have the necessary routes to support the delivery of quality, efficient and effective wound management for their populations.

2. Background

Between 2012/2013 and 2017/2018, the annual prevalence of wounds increased by 71% and the cost of wound care was estimated as £7.9-£8.3 billion per annum, with 81% being incurred outside hospital¹. Many hospitals and community providers operate local wound care formularies, with some of these extending across the whole integrated care system (ICS) or across a specific geographical region. However, analysis of patients' records shows frequent changes of wound product regimes for individual patients, confused clinical decision making and treatment plans and poor adherence to wound care¹.

Current systems for ordering, supply and distribution of wound management products are complex and providers choose between different models to provide patients with dressings and wound management products. Historically, the main route of supply for hospitals has been through NHS Supply Chain and /or the hospital pharmacy. FP10 prescription was the main route of supply for health care outside hospital, such as general practice or community services but over the last decade, new models for ordering, supply and distribution have emerged, with online ordering platforms introduced to the community setting. There is some evidence that these new models are now being used in some hospitals.

The NWCSP Supply and Distribution Workstream is responsible for reviewing the supply and distribution of wound care products. As part of this it was decided to identify and articulate the key features of the current options for supply and distribution of wound care products. The methodology of the development of this review is described in [Appendix 2](#).

This review brings together available information from published articles, reviews, and publications about the reported key features of the existing routes of supply and distribution within the NHS in England listed below:

- **Prescription routes:**
 - Community and Primary Care FP10 (prescription)
 - Hospital prescription
- **Purchase routes:**
 - NHS Supply Chain frameworks
 - Other NHS frameworks
 - Local tender or commissioning arrangements
 - Independent purchase by patients / carers

The landscape for access to wound management products is changing, particularly outside hospital. Over the last 10 years, some community providers and commissioning organisations have moved away from the traditional prescription route of supply to online ordering systems using frameworks provided by NHS Shared Business Services or NHS Supply Chain, or via locally commissioned arrangements and tenders. In 2020-21 the estimated cost of wound care products was £254 million made up from costs from a variety of routes of supply.

Prescriptions for wound dressings, bandages, and compression (excluding lymphoedema garments) in primary care in England cost £154 million², net sales for General Wound Care, Advanced Wound Care, Negative Pressure and Compression Hosiery via NHS Supply Chain cost £96.15million [2022 information provided to NWCSP by NHS SCCL; unreferenced] and spend against NHS Shared Business Services frameworks cost £4m [2022 information provided to NWCSP by NHS SBS; unreferenced].

This change in the routes of supply and distribution of wound care products brings a myriad of factors which impact on cost of products, human resources, product accessibility and logistics. It is essential that providers (via Integrated Care Boards) can quantify volumes and types of products used, whatever the route of supply. This is particularly important where hybrid systems are in place, using multiple routes of supply, for supply and distribution of wound management products. A further complication is that each of the procurement frameworks currently in use classifies wound care products in a different way. The NWCSP is currently developing a new NHS product classification system which will provide a basis for the development of digital clinical decision support and for procurement framework product classification to improve visibility of data on wound product use in England.

The available routes for supply of wound management products within the NHS in England are shown in [Figure 1](#) along with information about the differences between the different routes.

Figure 1: Available routes for supply of wound management products within the NHS in England

	Prescription Routes		Purchase Routes			
Which care provider?	Primary or Care Home Care or NHS Provider Trust (Community)	NHS Provider Trust (Hospital)	NHS Provider Trust or Primary Care	NHS Provider Trust or Primary Care	NHS Provider Trust or Primary Care or Care Home	Patient/ Carer
Where are products listed?	Part IX Drug Tariff, BNF, Dictionary of Medicines and Devices (dm+d)	NHS Supply Chain or wholesaler or direct from supplier	NHS Supply Chain frameworks	Other NHS frameworks e.g. NHS SBS	Local tender or commissioning agreement	None
How are products ordered?	FP10 prescription to online or community pharmacy or dispensing appliance contractor	Hospital Prescription/ Drug Chart/Electronic Prescribing System/ FP10 Hospital Prescription (FP10 HP)	Via NHSSC online ordering system/ online ordering platform	Via online ordering platform	Via online ordering platform or locally agreed system	Community/ online pharmacy purchase
Which procurement route?	Community pharmacy	Hospital Pharmacy or Community Pharmacy	NHS Supply Chain	Supplier/ wholesaler	Supplier/ wholesaler	Self-purchase
How are products delivered?	Collection or home delivery	Collection from hospital pharmacy, community pharmacy or ward delivery	Delivery to requisition point (usually care provider base)	Delivery to requisition point or collection from community pharmacy	Delivery to requisition point or community pharmacy	Self-collection/ home delivery
Where is data captured and reported?	ePACT2 data	Data is captured via the pharmacy dispensing system. Reporting of data is via Define or NHS Digital Spend Comparison Service	TR reports or NHS SC reports	Via online ordering platform	Via online ordering platform or locally agreed system	None
Who sets the price of the product?	Listed in drug tariff	NHS Supply Chain price, wholesaler price or direct supplier price	NHS Supply Chain price	Wholesaler price or direct supplier price	Wholesaler price, direct supplier price or drug tariff price	Supplier set
Is VAT applicable?	No	Yes (except for FP10 HP)	Yes	Yes	Yes	Yes

3. Prescription routes

3.1 Community and Primary Care prescriptions (FP10)

Community and primary care prescribing (FP10) is currently used as a route of supply. Prescribing budgets are monitored by commissioners. This system is based on a prescription being generated by a General Practitioner (GP), nurse, or other non-medical prescriber (either via e-prescribing or a handwritten prescription) and dispensed at a community pharmacy, Dispensing Appliance Contractor (DAC) or General Practice Dispensing Practice.

Products may be listed in the British National Formulary (BNF) within a basic product classification system, but not all products are listed. Prices of all products available via prescription are included in Part IX of the NHS England and Wales Drug Tariff. Medical devices, including wound care products, cannot be dispensed on an FP10 unless the product is listed in Part IX of the Drug Tariff.

Products are collected from the pharmacy, dispensing appliance contractor (DAC) or dispensing doctor by the care provider, patient or relative. Some pharmacies or DACs (e.g., online/other) may also deliver direct to the patient's home. The products, once dispensed, become the legal property of the patient, and cannot be reused for other patients, even if unopened.

Key areas for consideration

Ordering

- Wound dressings are not 'prescription only' products in the way that many medicines are. Wound dressings are classed as medical devices which are not regulated in the same way as medicines although, like medicines, the choice of product does require clinical judgement and decision making by a skilled registered healthcare professional.
- For wound dressings, the prescription is used as an 'order form' to obtain the product. The 'disadvantages' of FP10 supply include possible increased waste if supply is not managed well (as products remain the property of patient and cannot be legally used for another patient) and potential delays in treatment due to processing of prescriptions / collecting items.
- Ordering via FP10 provides unrestricted access for prescribers (medical and nonmedical) to a wide selection of products listed in Part IX of the Drug Tariff. However local formularies are often in use which encourage selection of products from a smaller, locally defined, list of products
- Individual units can be prescribed if listed in the Drug Tariff as individual items, however some suppliers/pharmacies may not offer this.
- A listing in the Drug Tariff should not be interpreted as a clinical recommendation and does not replace the function of a formulary.

Product listing

- Suppliers/manufacturers supply data for assessment and new products can usually be listed in the Drug Tariff within 4 months (dependent on the numbers of applications for assessment and the quality of the application submitted).
- There is no mechanism for product users (e.g., clinicians) to ask for a product to be listed, nor to provide information about products.
- There is a reliance on manufacturers to inform the NHSBSA about changes made to products once they have been listed, including changes to registration and discontinued products.

Patients

- Prescribers (medical and non-medical) have the autonomy to prescribe wound management products listed in the Drug Tariff in accordance with patient need and preference and guided by locally defined formularies.
- There may be differences in access to some products between primary and secondary care. For example, patients may have one product brand supplied in community (via FP10) but may not be able to access the same branded product in the hospital setting (via NHS Supply Chain) or vice versa.
- Where the practitioner who is treating the patient is not a prescriber, the patient may experience delays whilst waiting for a prescription to be generated (either through the practice or whilst waiting for a non-medical prescriber (NMP) to assess the patient and provide a prescription).
- Items prescribed may not be immediately available at the local pharmacy which may delay access to treatment.
- Items can be obtained from any pharmacy or DAC. Pharmacies (or DACS) who regularly dispense prescriptions for the same patients can help them manage and optimise their supplies.
- Many pharmacies and DACs will also deliver prescription items, especially bulky items to patients' homes.
- Patients (other than those who are exempt) pay a prescription charge for their prescriptions for dressings (as at December 2021 - £9.35 per item).

Workforce/clinical practice

- Prescriptions for wound dressings form the highest number of prescriptions from community NMPs when compared to other products prescribed by NMPs including medicines and other appliances e.g., urology supplies.
- The prescriber of the products (e.g., GP or NMP) may not be the professional who has assessed the patient. An example of this would be where a nurse or podiatrist treating the patient, requested a prescription for a product from a GP practice, but the GP had not seen or assessed the patient's wound. The prescription would be processed by the Practice Prescribing Lead and then sent to the GP for signing.
- There is increased administration time for NMPs and GP Practices as prescriptions need to be generated, reviewed, and then signed by a GP or NMP.
- Where GPs are still prescribing wound management products, they will normally only prescribe products listed on a local formulary.

Quality assurance

- FP10 prescription is seen as a stable process as it is a DHSC directed function and is written into NHSBSA Directions.
- In addition to the requirements within the Medical Device Regulations, products are assessed for cost effectiveness (this assessment is proportionate to the type of device being applied for), safety and quality and appropriateness for prescribing and supply on FP10 by NHS BSA.
- Existing national guidelines are considered by the team who review new applications to the Drug Tariff, but additional data or evidence (other than that supplied by the applicant) is not sourced.

Healthcare systems, audit and financial management

- Prescribing data (ePACT2) is captured and available to prescribers and organisations by product / BNF category.
- There is a time lag to access ePACT2 data which may inhibit timely review and delay opportunities to influence product usage.
- Contractors are reimbursed the Drug Tariff list price and fees according to Parts II and IIIA and Part IIIB in the Drug Tariff
- Product prices are controlled with a fixed inflation-linked maximum increase. These are not awarded automatically, but applicants can apply annually.
- FP10 products issued via a prescription are exempt from VAT.
- Budgets are held by commissioning organisations.
- Patients (other than those who are exempt from prescription charges) need to pay for prescriptions either at the time of each supply or using a prepayment certificate.

Supply and distribution

- This model provides a well-established supply route using local pharmacies and DACs.
- With many pharmacies (including online pharmacies and DACs) there is also the opportunity for direct delivery to patients' homes.

Example 1 - Using FP10 prescription

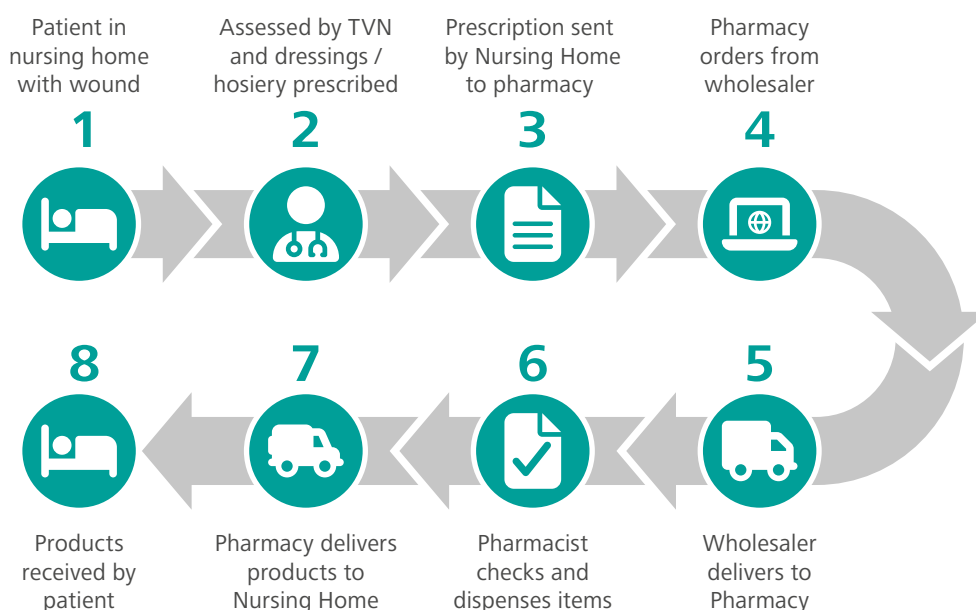
Mabel is an 82-year-old resident in a nursing home and recently sustained a fall which resulted in a skin tear to her right leg. The nursing home applied a bordered silicone dressing which was removed, cleansed and replaced after 5 days.

The wound was initially showing signs of improvement but after 3 weeks treatment with the dressing it then became static, so the nursing home staff requested assessment and advice from the local Tissue Viability Nurse (TVN).

Jane, the TVN, who is also an independent non-medical prescriber, attended the nursing home and conducted a full assessment and review of care for Mabel. The TVN advised that compression would be required to promote healing and, after completing the assessment, she was able to prescribe a suitable dressing, an emollient, a 2-layer hosiery kit and an application aid for the nursing home staff to use.

Jane then updated Mabel's electronic clinical record so that the GP was aware of the items prescribed and she provided the Nursing Home with a detailed plan of care. The nursing home then forwarded the prescription to the pharmacy.

The pharmacy ordered the products required from the wholesaler and dispensed and delivered them to the nursing home, following a professional check by the pharmacist. Treatment was started 3 days after Jane's visit, when the products were delivered to the nursing home. With the use of an appropriate compression system, Mabel's leg wound rapidly improved and was reported as being fully healed after 5 weeks treatment.



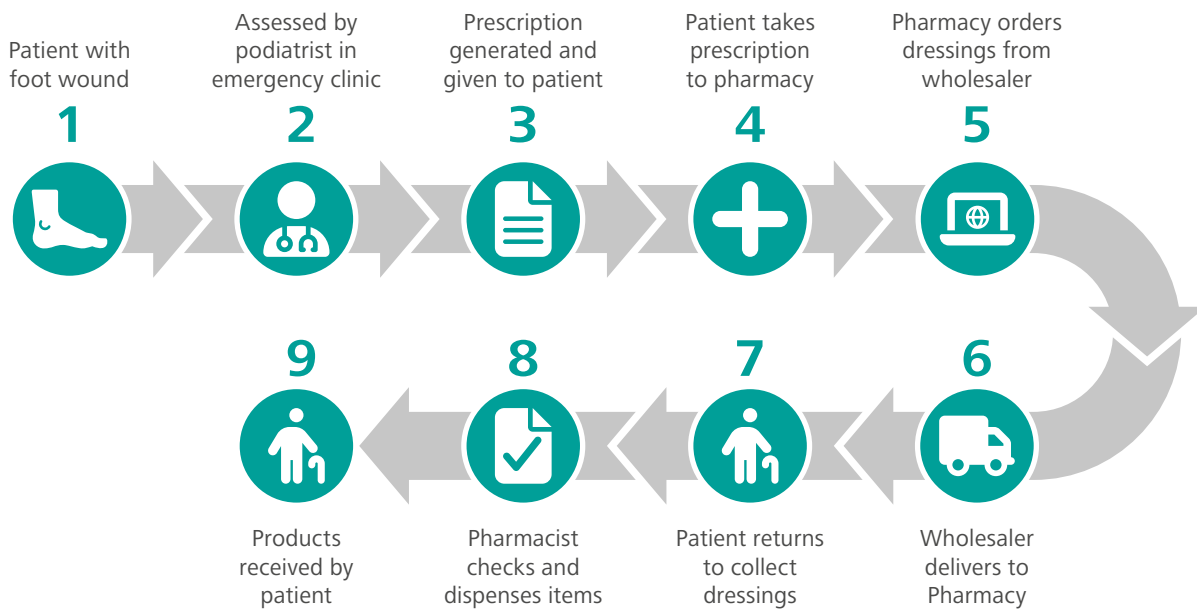
Example 2 - Using FP10 community prescription

David is a 75-year-old type 2 diabetic patient who lives by himself. He developed a new wound to his foot, caused by new shoes which had been rubbing, so he contacted his local urgent access podiatry clinic for an emergency appointment.

When he attended the clinic, a full assessment was carried out, with digital imaging to monitor progress of the wound. The wound was cleansed and debrided and as there were no signs of clinical infection, an appropriate dressing was prescribed by the podiatrist who was also an independent non-medical prescriber and she also provided instructions on appropriate self-care, with safety netting advice provided to monitor for signs of infection (and what action to take if this was suspected).

David took the prescription for the additional dressings to his local pharmacy, and these were ordered by the pharmacist. He returned to the pharmacy the following day to collect the dressings and he applied a new dressing to the wound in accordance with the instructions provided. David returned to the podiatry wound clinic for review in 7 days.

The wound was showing significant signs of healing and had reduced in size by 30%. The podiatrist advised that he continue to redress the wound as per the shared care plan and prescribed additional dressings for his use. David continued to be seen once a week by the clinic, and by week 3 had completely healed.



3.2 Hospital prescription

Some acute hospitals continue to use hospital prescription/drug charts as a route for accessing wound products for patients who are in hospital as an alternative to, or in addition to, accessing products via NHS Supply Chain, or direct from suppliers or wholesalers. There is also some use of FP10 Hospital Prescription (FP10 HP) for accessing products for patients seen in an outpatient clinic setting.

Key areas for consideration

Ordering

- Ordering process for inpatients and some outpatients for some wound management products would be from hospital pharmacy (either internal or provided by a commercial partner) using a local prescription/drug chart or e-prescribing.
- Hospital pharmacies order the products from wholesalers.
- A distinction is often made between medicated and non-medicated dressings with medicated dressings sometimes supplied via the hospital pharmacy and non-medicated dressings supplied through NHS SC but this is subject to local variation.
- For patients seen in an outpatient clinic setting, sometimes an FP10 HP is used to access wound management products. These products may then be dispensed by a community pharmacy.

Product listing

- Local product formularies will usually be in place for most hospital trusts.
- There is variation around how well hospital formularies are aligned with the wider ICS footprint.

Patients

- Supply by hospital pharmacy may be in place in some, but not all hospital trusts.
- There may be differences in access to some products between the hospital and community settings. For example, patients may have one product brand supplied in community but may not be able to access the same branded product in the hospital setting (and vice versa)

Workforce/clinical practice

- Prescribing products in the hospital setting adds steps in the supply process through requiring dispensing and checking, compared to simple selection of products from ward stock when products are stocked using NHS Supply Chain.

Quality assurance

- Local formulary and procurement processes address issues on quality assurance and cost.

Healthcare systems, audit and financial management

- Reporting on usage via hospital pharmacy systems is usually available on a monthly cycle.
- Nationally, data is submitted for reporting in the Define system. NHS England have purchased a licence to access Define data.
- FP10 HP is reported via the NHSBSA and Define.

Supply and distribution

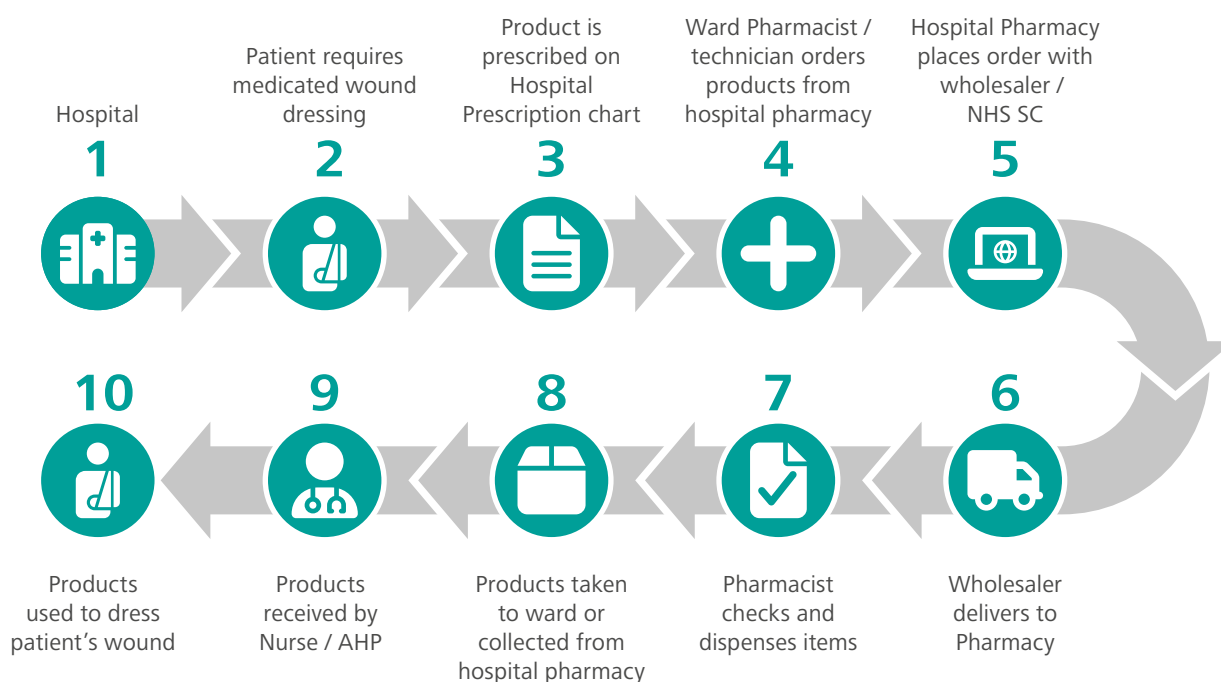
- Products are delivered to the ward via pharmacy or NHS supply chain
- Products are dispensed by a community pharmacy if prescribed via FP10HP

Example 3 - Using a hospital prescription

John is a 72-year-old diabetic gentleman who has undergone Ray’s amputation on his left foot. John is recovering well having had the operation 3 days previously, but the wound is continuing to show clinical signs of ongoing local infection. He is taking oral antibiotics but having been reviewed by the multidisciplinary foot team, he was prescribed a medicated dressing to attempt to reduce bacterial load in the open wound.

The hospital has a system in place which requires medicated dressings to be issued by the hospital pharmacy. The medicated dressing is therefore added to John’s prescription chart and the ward pharmacist orders the items from the hospital pharmacy. The hospital pharmacy orders the medicated dressing from a wholesaler and receives the supply of dressings within 8 hours. When received, the dressing is then dispensed and delivered to the ward.

The ward staff use these dressings to dress John’s wound. After a further 3 days he is generally showing signs of improvement and is ready for discharge home.



4. Purchase routes

4.1 NHS Supply Chain

NHS Supply Chain manages the sourcing, delivery and supply of healthcare products, services and food for NHS Trusts and healthcare organisations across England and Wales. The NHS Supply Chain operating model, launched fully in 2019, is aligned to Lord Carter of Coles' independent review of unwarranted variation in procurement³.

Supply Chain Coordination Limited (SCCL) oversees continuous improvement of the new NHS Supply Chain operating model, is answerable to the Department of Health and Social Care and is now part of NHS England.

Procurement activity for wound dressings is coordinated and managed through NHS Supply Chain and in accordance with clinical specifications and quality assurance by SCCL Clinical and Product Assurance (CaPA). Procured products are listed in the NHS SC online catalogue. Online order and supply of wound dressings via NHS Supply Chain is the main route of supply chosen by many hospitals, clinics, and many NHS providers and commissioning organisations in the community.

The order is placed online (nominating a specific requisition point) and is then delivered to the appropriate hospital or clinic location via the NHS Supply Chain logistics provider. Most of the supplier-driven online order platforms also have access to NHSSC catalogue.

Key areas for consideration

Ordering

- Products are ordered online via NHS Supply Chain online catalogue. This can be automated if using materials management or an automated online system.
- Products can also be ordered via an alternative online ordering system which may be industry designed or independent of industry.
- Whilst all platforms can operate with NHS Supply Chain systems, the supplier would need to work closely with NHS SC regarding the interface.

Product listing

- Wound management products primarily sit within NHS Supply Chain advanced wound care, general wound care and negative pressure frameworks. These include dressings and skin care products, fixation and compression bandages and negative pressure wound therapy.
- The range of products listed in each category is based on a clinically assured framework in accordance with an agreed clinical specification.
- Where there are differences in access to branded products (dependent on route of supply), this will require increased collaboration for joint decision making on formulary review across a wider health economy.
- Some products are held in stock by NHS Supply Chain, whereas others may incur a lead time for delivery.

Patients

- Products can be obtained without the need for a prescription, which usually results in faster access to the product, providing shelf stock is available.
- Products are owned by the provider organisation, rather than the patient, which may help to reduce wastage.
- There may be differences in access to some products between primary and secondary care. For example, patients may have one product brand supplied in community (via FP10) but may not be able to access the same branded product in the hospital setting (via NHS Supply Chain) or vice versa.

Workforce/clinical practice

- NHS SC Specification includes supplier education for clinicians on product use.
- There is evidence of increased formulary compliance (via masking of products) when compared with FP10 prescribing in the community setting.
- Trust formularies may require amendment, where products are subject to range optimisation.
- Clinicians need to be supported by a stock management system as products are no longer the patient's property. Availability of storage solutions (particularly in the community) will be a requirement.

Quality assurance

- Products are procured from a clinically assured framework following engagement with clinicians in NHS Trusts and national groups.
- There is alignment of the NHS SC wound care frameworks with essential and desirable outputs set out by the NWCSP in 2020 (including packaging, absorbency, tensile strength, and independent lab testing where relevant).
- A Safety and Quality Complaints process has been established working in partnership with NHS England and the Medicines and Healthcare Regulatory Authority (MHRA) where required.

Healthcare systems, audit and financial management

- Use of a procurement process to list products on the framework can provide savings for some products compared to Drug Tariff pricing
- Buy price is the same as sell price, so pricing is transparent to the user.
- VAT is applied to products
- Additional savings for Provider Trusts are made through Nationally Contracted Products (NCPs), National Pricing Matrix (NPMs) and product switching is available.
- There is access to real time reporting on trust usage which is available via online Trust Reports (TR) from NHS SC.
- More detailed reporting is also available via NHS SC account managers to assist with review of product use and to inform clinical practice.
- Budgets are usually held by provider trusts or community commissioning organisations where a direct purchase system is put in place.

Supply and distribution

- Frequency of deliveries by the NHS SC logistics provider is agreed based on need and volume with multiple deliveries every week to hospital Trusts but may be less frequent for community trusts, as this is currently an area of ongoing development and improvement.
- Storage space to keep sufficient stocks of dressings on sites can be challenging, particularly in the community setting.
- Bulk buying still takes place as deliveries are made less frequently in community settings, sometimes resulting in over-ordering and high stock levels.
- In the community environment, clinicians need to take the products to the patient as the home delivery planned service for NHS SC is not yet available.

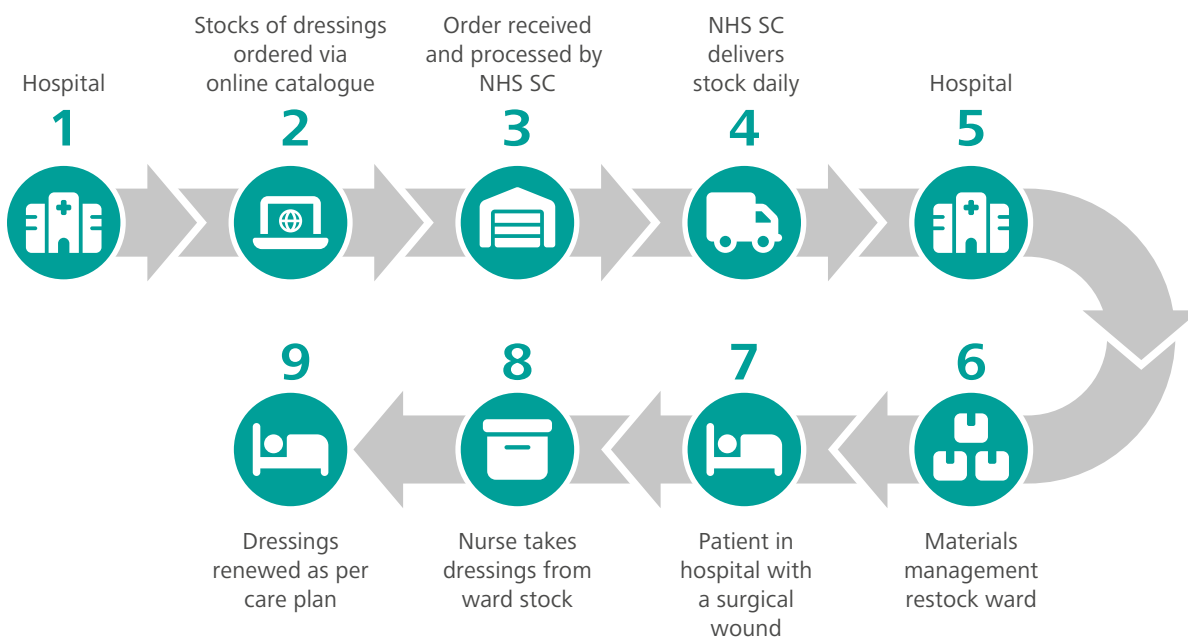
Sustainability

- A review relating to carbon and greenhouse gas reduction; reduction and elimination of single use plastics waste; circular economy and transparency in supply chains and assessments regarding human rights and modern slavery is included for all specifications.

Example 4 – NHS Supply Chain (Hospital)

Mark is a patient in hospital who is recovering following a hip replacement. The hospital acquires all local formulary dressings via NHS Supply Chain with daily deliveries to the site. Materials management check the stock on the ward and top up the ward with dressings as required.

Aidan, the nurse on the ward uses the dressing stock to select an appropriate post operative absorbent dressing and uses this to re-dress Mark's wound.

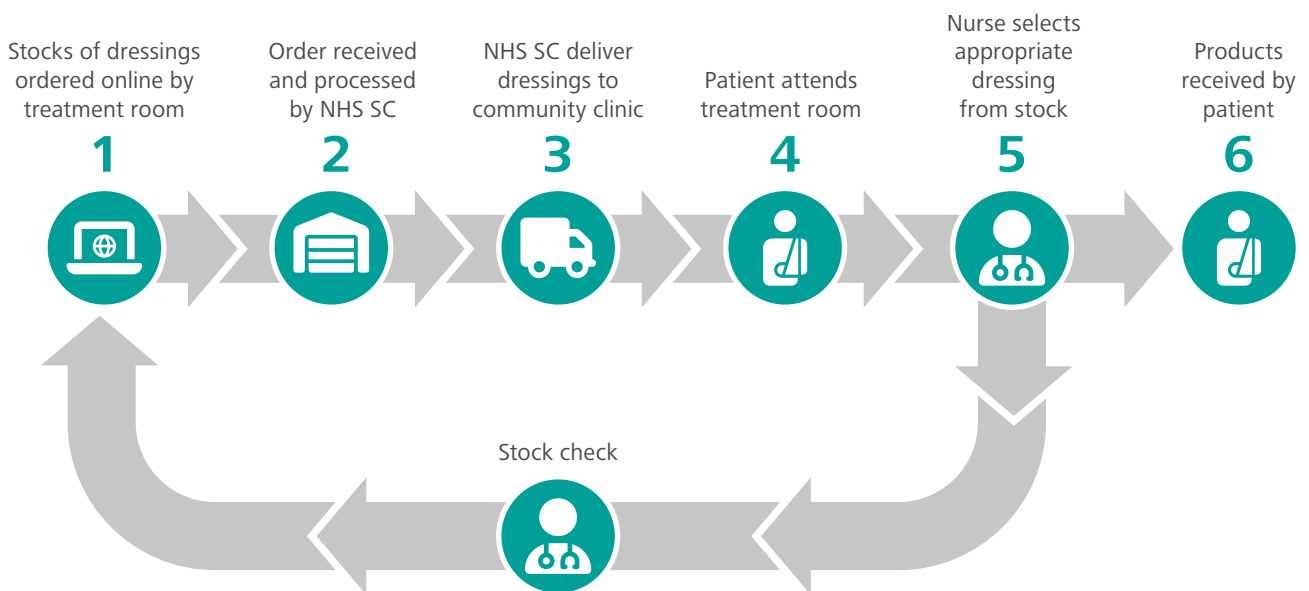


Example 5 - NHS Supply Chain (Community)

Melissa is a community staff nurse who regularly assesses and manages patients with leg ulcers, minor wounds and post-surgical wounds. She works in the treatment room setting with patients who are mobile and able to access a clinic for assessment and management of their wounds. In the treatment room, stocks of dressings and bandages which are available on her local formulary are ordered via NHS Supply Chain weekly and are stored in the treatment room cupboards when they arrive. As some products on the formulary are used more than others, minimum and maximum stock levels are agreed to reduce risk of waste. Stock rotation is carried out monthly, to reduce the risk of products reaching their expiry date.

For each patient she sees, she assesses the patient and their wound to determine an appropriate plan of care, treatment goals, and frequency of evaluation. Having direct access to the products at the point of care enables her to select the appropriate dressing to manage the wound symptoms from her locally approved list of products. She then monitors the patient and reassesses the wound frequently to monitor healing. If the patient's needs change and a different formulary product is required, Melissa will have access to this via treatment room standard stock.

Although there is full access to the Trust's formulary products, if Melissa decides that the patient requires a product which is not available on her local formulary, she discusses this with the Treatment Room Clinical Lead and if approved, she is able to request this product from NHS Supply Chain for delivery on the next scheduled delivery date.



4.2 Other NHS frameworks

Other NHS frameworks are available. For example, NHS Shared Business Services (NHS SBS) manages an advanced wound care and lymphoedema products and services framework agreement, and some community trust providers use these frameworks for supply and distribution of wound products. NHS SBS is limited to procurement support as ordering of products is sourced through other providers using online ordering platforms. For delivery, NHS SBS have a contract with several delivery partners.

When the provider organisation has chosen their delivery partner (and ordering platform) the Trust formulary is uploaded and may include rag rating of Green (general use), Amber (restricted use), Red (specialist use, requiring authorisation). Once the order is placed (via the online platform) it goes direct to the delivery partner and is usually distributed within 24 to 48 hours.

Key areas for consideration

Ordering

- Orders are placed using an online ordering platform.
- There are several platforms to choose from (industry/supplier led & independent of suppliers). The online platforms may link to the same, or different delivery partners. When the customer (Trust) has chosen a delivery partner (and online ordering platform), their formulary is uploaded.

Product listing

- Products are listed on the frameworks following an evaluation process via a clinical stakeholder group and formal assessment.
- Products belong to the organisation rather than the patient so one box of dressings can be used for several patients, therefore reducing waste.

Patients

- Frequent product deliveries to provider bases enables fast delivery to the care provider who can then take the product to the patient.
- Whilst not all products listed on the Drug Tariff are listed on the frameworks, there is usually a wide product choice available.

Workforce/clinical practice

- Education may be provided as part of the contract by industry partners.
- If specialist products are ordered, the online ordering systems can mandate authorisation by Tissue Viability Nurses to avoid errors in ordering and potential for waste.
- Red/Amber/Green listings of products are available with different levels of authorisation and a number of formularies can be uploaded as required for different clinical areas.

Quality assurance

- Weighting assigned to products in the evaluation is biased towards quality rather than cost.

Healthcare systems, audit and financial management

- Customers can use the frameworks or can run mini competitions where required.
- Use of a procurement process to list products on the framework can provide savings for some products compared to Drug Tariff pricing.
- VAT is applied to all products purchased via this route.
- Delivery service charges may vary dependent on the delivery partner/provider chosen.
- Budgets usually remain within the remit of the CCG unless delegated to the community trust.

Supply and distribution

- Small stocks of products are usually available so that the care provider can provide the first dressing to the patient and then, once assessed, orders for the dressings required are placed via the online system.
- The requirement for small stock quantities negates the need for large storage solutions in the community.

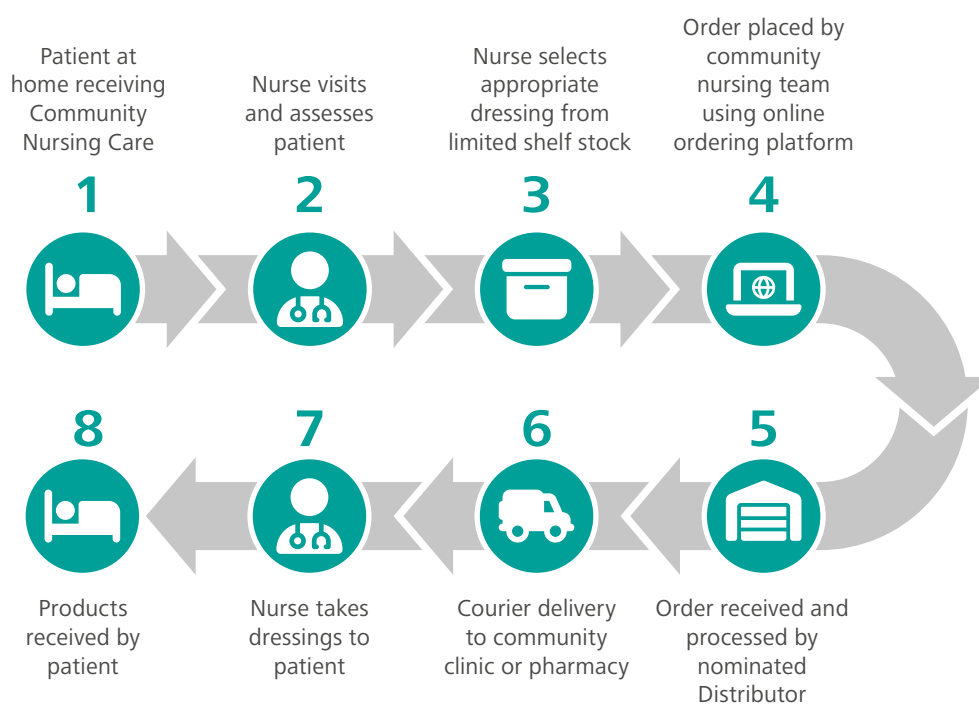
Sustainability

- Sustainability should be included in the framework specifications by all those who provide NHS Frameworks.

Example 6 – Purchase route using NHS Framework agreement

Amanda is a community nurse who visits patients with poor mobility for wound assessment and management in their own homes. The Trust that she works for uses an online ordering platform to order dressings listed on the NHS SBS framework. Amanda has access to a small stock of formulary dressings to ensure that she can provide an appropriate dressing for each new patient.

When she has assessed the patient, she then determines the most appropriate product that is required and places the order on the online system. These products are then delivered to her Community Nursing base within 24-48 hrs of the order being placed by the chosen supplier. Amanda is then able to take the products to the patient and provide care in accordance with the plan.



4.3 Local tender or commissioning arrangement

In addition to the national frameworks which procure products and services on behalf of the NHS, a number of online ordering platforms have been developed, predominantly by wound product suppliers, to provide access to web-based ordering and reporting systems. These systems predominantly access the national frameworks (with an appropriate delivery partner), to supply the products once ordered, but can also be sourced direct from the supplier. There are instances where a commissioning organisation may choose to commission the provision of wound care product supply and management as a service. This would entail a defined service specification with key performance indicators and the possible requirement for analysis and budget management. Visibility of data on products used varies and is dependent on the agreed specification or local arrangement in place. This may therefore affect where data on wound product use may be found.

As online ordering platforms differ significantly, the Integrated Care System should engage with the suppliers to determine functionality of their platform prior to entering into a contract.

The role of DACs is more frequently encountered for provision of compression hosiery garments in wound care using the prescription route to order products, but they can also act as 'distributors' to supply wound management products via these purchasing routes.

4.4 Self-Care

Supported self-care of wounds (where appropriate) is one of the key opportunities for future wound management. Some people with wounds will choose to independently purchase wound care products either online or through community retail shops and pharmacies. Others will rely on wound care products being supplied to them through their care provider. The supply of wound care products to those caring for their wounds with support from a care provider should consider all available routes, including direct supply via community pharmacy, prescription, and purchase routes.

5. Summary and recommendations

Wound care products form a small but important part of the overall costs associated with the provision of wound care. It is important that patients and clinicians have access to appropriate products and confidence in the clinical evaluation and procurement processes for their organisation. Health care provider organisations need to be able to make an informed decision about the most appropriate supply and distribution option for their population to optimise patient experience and outcomes, reduce waste and achieve the best possible use of NHS resources.

Different organisations have different requirements and priorities so choosing the most appropriate route (or routes) of supply of wound care products is complex. Information is essential to ensure that people with wounds and their health and care professionals have access to the right wound care product at the right time and in the right place.

This review has outlined key features for each known type of route of supply. Those responsible in Integrated Care Systems (ICS) for making decisions about the supply and distribution of wound management products are encouraged to use the information in this document to inform their decisions about which route(s) will be most appropriate for their organisations.

NWCSP Supply and Distribution Advisory Group, 2022

References

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Appendix 1

Abbreviations

BNF	British National Formulary
CaPA	Clinical and Product Assurance
CCG	Clinical Commissioning Group
DAC	Dispensing Appliance Contractor
DHSC	Department of Health and Social Care
ICS	Integrated Care System
NCP	Nationally Contracted Product
NPM	National Pricing Matrix
NHSBSA	NHS Business Services Authority
NHSSBS	NHS Shared Business Services
NHSSC	NHS Supply Chain
NWCSP	National Wound Care Strategy Programme
SCCL	Supply Chain Coordination Limited
TVN	Tissue Viability Nurse
VAT	Value added tax

Appendix 2

Methodology for the development of this review

This review has been produced by the NWCSP's Supply and Distribution Advisory Group which includes representation from Department of Health and Social Care (DHSC), NHS Business Services Authority (NHSBSA), NHS Supply Chain Coordination Limited (NHS SCCL), Clinical Procurement Specialists, PrescQIPP CIC and National Institute for Clinical Excellence (NICE).

In March 2020, the NWCSP devised a survey which was sent to all stakeholders registered with the Health and Care Professionals NWCSP Stakeholder forum. The consultation ran from 9th March 2020 to 7th April 2020, and feedback was sought from 957 stakeholders. 246 anonymised responses were received, with almost half (46%) from nurses working in tissue viability in acute and community settings.

The survey sought information about several issues regarding supply and distribution of wound products, including:

- Current route of supply used by the respondent.
- Time spent ordering, prescribing, checking orders.
- Time spent chasing deliveries and putting stock away.
- Potential issues around waste.
- Presence of wound care formularies and compliance.
- Suggestions for improvements in ordering, delivery, storage and distribution.

The responses showed that:

- 93% of respondents had wound care formularies in place.
- Respondents were concerned about:
 - Over-ordering of stock.
 - Delays in delivery of supplies and incorrect sizes provided.
 - Time spent sorting out supply and stock issues.
 - Insufficient education about wound care products.
 - Over packaging and limited recycling opportunities.

A key theme from the consultation was that monitoring use of products and linking this to clinical practice wasn't easy due to fragmented systems in place.

The feedback from this initial consultation informed the development of a draft document. The draft document was subject to internal review by NHS organisations in February 2022 before a further stakeholder consultation in April 2022. This consultation sought feedback from all stakeholders (1,424) registered with the NWCSP Health and Care Professionals Stakeholder Forum and the NWCSP Suppliers Stakeholder Forum.

There were 103 responses from across the NHS England regions. 67% of respondents were health and care professionals and 27% of respondents were suppliers. Feedback was broadly positive with some useful suggestions which have been used to further improve the review.

Appendix 3 - Glossary

British National Formulary (BNF)

A medical and pharmaceutical publication that contains information and advice on prescribing and pharmacology, along with specific facts and details about medicines available on the NHS. Wound management products and elasticated garments are listed in Appendix 4 of the BNF.

Community or Primary Care Prescription (FP10)

FP10 prescriptions are purchased by NHS organisations including Hospital Trusts and are distributed free of charge to medical and non-medical prescribers, NHS dentists and other organisations as required.

The FP10 prescription may be handwritten, or computer printed.

RX Info Define system

The Define software package is compatible with all pharmacy systems and provides intelligence in medicines usage in Secondary Care in a similar way to the ePACT system used in Primary Care. Define runs within the NHS's secure network.

Dictionary of Medicines and Devices (dm+d)

The dm+d is a dictionary of descriptions and codes which represent medicines and devices in use across the NHS. The dm+d data is refreshed weekly and includes:

- whether a product will be reimbursed by NHSBSA
- the indicative price of each pack of a product
- current and discontinued products and packs available from manufacturers and suppliers

Dispensing appliance contractor (DAC)

Contracted to the NHS, these businesses dispense appliances listed in the Drug Tariff against prescriptions issued by medical and non-medical prescribers.

Dispensing doctor

If a patient lives more than a mile from the nearest pharmacy, they can apply to become a dispensing patient. If their surgery is listed as a dispensing surgery, then the doctors can dispense medications and devices to the patients without the need for them to go to a pharmacy.

Drug Tariff

The Drug Tariff is produced by NHS Prescription Services monthly on behalf of the Department of Health and Social Care and is available online.

The Drug Tariff outlines:

- what will be paid to pharmacy contractors for NHS services provided either for reimbursement or for remuneration
- rules to follow when dispensing
- value of the fees and allowances paid
- drug and appliance prices paid

Wound management products are listed in Part IX of the Drug Tariff.

FP10 HP

Some Trusts allow use of a hospital FP10 (FP10HP) for outpatients which can only be dispensed by a community pharmacy

Materials Management

A materials management service will provide a top up replenishment service on all consumable items by providing the ward/department with a regular order and putting away of goods to replenish stock to agreed levels.

Nationally Contracted Products (NCPs)

For certain products where there is significant national demand NHS SC purchase products on behalf of the whole of the NHS in order to optimise value.

National Pricing Matrix (NPMs)

A National Pricing Matrix (NPM) is offered for some products at the discretion of the supplier. Each NPM allows an NHS Trust to benefit from a discounted pricing structure from a supplier in return for either a value or volume commitment, for an agreed time.

Non-medical prescriber (NMP)

Non-medical prescribing (NMP) is the term used to describe any prescribing completed by a healthcare professional other than a doctor or dentist.

Online ordering platform

An online ordering service which allows an organisation to purchase wound care formulary products without the need for a prescription.



National Wound Care Strategy Programme

Citylabs 1.0, Nelson Street,
Manchester M13 9NQ

nationalwoundcarestrategy.net



A programme commissioned by
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