

Lessons learned and next steps

- Despite the speed of the changeover of supply from FP10 to the online ordering system, the CCG team recognise that further work is still to be done surrounding the residual wound care products that continue to be supplied via FP10. The CCG now plan to examine this further.
- There were initial concerns amongst some nurse prescribers within the CCG that switching over to the online ordering system and away from prescribing would lead to nurse prescribers becoming de-skilled. The CCG worked closely with the TVN's to address the concerns by emphasising prescribing is about making clinical decisions to use a given product for a given wound, rather than the physical act of signing a prescription form.
- Further work is being done to analyse data and explore the appropriateness of 'sandwiching' dressings and education around the best use of products to improve patient care and identify potential savings.
- The CCG are working with the online ordering system supplier to develop their current system to meet the Commissioning for Quality and Innovation (CQUIN) 'Improving the assessment of wounds' 2017/19 target. Good initial and on-going communication is essential to inform, drive and sustain the change.



Pacific Programme

North Tyneside case study:

How a managed procurement-based system for wound care can provide clinical, financial and operational benefits and meets the needs of patients.

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Background

The majority of wound care products within primary care are prescribed to individual patients via the FP10 prescribing route. However, a number of commissioners and providers have moved away from using the traditional FP10 route to an off-prescription solution.

In 2017, NHS North Tyneside Clinical Commissioning Group (CCG) reviewed their wound care products in order to address avoidable

waste, potential unjustified use of expensive dressings, formulary non-compliance and the financial burden of wounds. It was identified that current behaviours must be challenged to successfully tackle these issues. The clinical lead for tissue viability stated that the CCG may consider implementing budgetary and behavioural controls by using an online ordering platform.

The Issues:

- Avoidable waste
- Potential unjustified use of expensive dressings
- Formulary compliance
- Financial burden

Action Taken:

Within a month a centralised online ordering platform was introduced to locations across the CCG; going live in April 2017. The locations included district nurse bases; general practices that provide wound dressing clinics; nursing homes; and specialist sites such as podiatry and out of hours base.

The clinical lead for tissue viability was integral to driving the clinical engagement required to establish the new off-prescription solution. The objectives of the change were:

- Eliminate wasteful over supply of dressings
- Reduce the unjustified use of more expensive dressings
- 100% formulary compliance
- Improve cost efficiency

An online ordering system was chosen enabling the budgetary control for different groups of users, such as tissue viability, district nurses, podiatry, diabetic podiatry and practice nurses. Various

online ordering systems are available; Online Non Prescription Ordering Service (ONPOS) was selected by North Tyneside CCG.

These systems have the ability to apply a hierarchy of control to wound care products that are not recognised as first line choice for all online ordering system users. Products that are not considered first line choice can still be ordered but a clinical justification for the product selection must be documented. Following this, the tissue viability team review and authorise the order prior to processing. This administrative tier eliminates the wasteful use of inappropriate, non-locally approved dressings and unjustified use of more expensive products such as antimicrobial dressings.

An allocated budget was set for each location: nursing homes, practice nurses, district nurses (DNs) and specialist groups such as podiatry and out of hours. Tissue viability nurses (TVN) were given overall management control.

A selection of patients who were not managed by a community/ primary care healthcare professional but were actively managed by another Foundation Trust TVN or other specialist service such as dermatology continued to receive their wound care products via the traditional FP10 prescription route as it was more efficient to do so.

Benefits:

The changeover from FP10 to off-prescription supply was quickly implemented in March 2017 with support from the online ordering system supplier, participating practices and district nurse managers led by a TVN.

The key benefits of implementation:

- **Financial benefits** - the business case for the move to ONPOS was based on expenditure growth and cost avoidance. A total saving of 22%, as a minimum, against projected growth is on track to deliver. An additional saving of 14% has also been realised by rationalising the use of cost effective foam dressings.
- **Budgetary and behavioural control** - setting up separate budgets for individual groups allowed expenditure to be controlled and greater transparency of the products being ordered and supplied by each group. Budget alerts have been set up to advise users when they are potentially overspending, providing a level of spend control that was previously not available.
- **Clinical governance** - nursing homes and TVNs – providing an allocated budget within the system for nursing homes allowed nurses working in that area to take more clinical ownership for the products and quantity required for a patient: improving the governance process for supplying dressings. The shift from providing wound care products from prescription also acknowledged that nurses particularly TVN's, rather than GPs are often better placed to make wound care related decisions.
- **Reduced workload for DNs and GPs** - Removing the majority of prescribing away from the FP10 route reduced the burden on GPs managing requests for dressings. DNs have also experienced time efficiencies, spending less time following up dressing requests with GPs; it is estimated that approximately 1 hour a day of a nurse's time and associated travel expenses are saved by using an online ordering system.
- **Reduction in avoidable waste** - Removing individual prescriptions for patients enabled a reduction in stockpiling of dressings and subsequent waste. The dressings are owned by the CCG, not the patient, eliminating the waste associated with oversupply.
- **Improved safety and outcomes** – greater visibility to the community team, of patients who self-manage their wounds and may not be under the direct care of a nursing team or clinician. This new approach allows improved monitoring of this patient group, allowing for continuity of care and earlier intervention to prevent wound deterioration.
- **Data Importance** - The ability to review and understand the wound care data in a timely manner supporting the CCG in managing their wound care spend and prescribing behaviour. The ONPOS system allows for regular real time reporting that is fully auditable, providing the ability to drill data to individual locations, analyse patterns and spikes in spend.

