Wound Care Advisory Group

Meeting held 12 May 2015

(Minutes for web publishing)

The role of the Wound Care Advisory Group (WCAG) is to:

- provide objective advice to PHARMAC on the possible approaches for standardisation and rationalisation of wound care products nationally,
- assist with defining requirements and specifications that require consideration in relation to each wound care subcategory,
- review clinical evidence and appropriateness of new wound care products and/or new technology offered by wound care suppliers,
- help ensure that products are fit for purpose, clinically appropriate and meet the needs of patients at a sustainable cost, and
- consider, make recommendations or report to PHARMAC and/or PTAC on any other matters that may be referred to it by PHARMAC.

Note that this document is not necessarily a complete record of the WCAG meeting; only the relevant portions of the minutes relating to WCAG discussions regarding recommendations and categorisations are generally published. Numbering has been updated to reflect this.

1. Previous recommendations/action points

1.1. The Group reviewed the additional information requested from the previous WCAG meeting dated 10 February 2015 regarding Contact Layer Dressings.

1.2. After reviewing the additional information, the Group:

1.2.1. Recommended that the 'Contact Layer Dressing' subcategory heading should be amended to 'Tulle Dressing'.

1.2.2. Recommended that 'Impregnated Tulle Dressing' and 'Non-impregnated Tulle Dressing' subcategory heading should be listed under the 'Tulle Dressing' subcategory heading.

1.2.3. Recommended that the Atrauman brand of contract layer dressing should be listed under the 'Impregnated Tulle Dressing' subcategory heading.

1.2.4. Recommended that the Duratouch, Mepitel, Mepitel One brands should be listed under the 'Silicone Contact Layer Dressings' subcategory heading.

1.2.5. Recommended that PHARMAC gather further information on Suprasorb X so that a recommendation could be made as to where this product should be listed.

1.2.6. Recommended that Tegaderm Contact should be listed under the 'Tulle non-impregnated Dressing' subcategory heading.

1.2.7. Recommended that Tenderwet should be listed under its own subcategory heading as 'Debriding Agent Contact Layer Dressing'.

1.2.8. Recommended that Tricotex be listed under the 'Non-impregnated Tulle Dressing' subcategory heading.

1.3. The Group reviewed the additional information requested from the previous WCAG meeting dated 10 February 2015 regarding Propax Post-Surgical Dressing, 60 pack size. After reviewing the information the Group:

1.3.1. Recommended that Propax Post-Surgical Dressings, 60 pack size should be listed under sterile adherent dressing or sterile tape subcategory heading.

2. Therapeutic Group Review on a Selection of Wound Care Subcategories

2.1. The Group were asked the following set of standard questions when reviewing the range of products available under a specific subcategory heading:

2.1.1. What are the products in each subcategory mainly used for?

2.1.2. Are there any other specialised uses for products in this subcategory?

2.1.3. What would an optimal and clinically appropriate range of options be for this subcategory (eg sizes, number of brands) and why?

2.1.4. How many suppliers would be optimal in this subcategory and why?

2.1.5. What are some of the key features/ properties that should be evaluated when looking at products in this subcategory?

2.1.6. Is there anything that is particular to this subcategory that requires specific consideration (eg additional costs/ time in using one product/brand over another?

2.1.7. Is there anything else that can be done to assist with standardisation in this subcategory?

2.2. Additional questions were also asked for specific subcategories.

Range Subcategory: Foam adhesive dressings

2.3. The Group recommended that the Foam Adhesive Dressings should be separated into two different subcategory headings – Foam Adhesive Dressings and Foam Dressing with Adhesive Border.

2.4. The Group advised that foam adhesive dressings were all in one absorbent dressings.

2.5. The Group advised that certain brands of foam adhesive dressings were useful for the prevention of pressure ulcers and noted that there was evidence to support its effectiveness.

2.6. The Group advised that some of the key things to consider for foam adhesive dressings were the different shapes and sizes available, absorbency/ ability to wick away exudate and the adhesive used (eg silicone). The Group recommended PHRMAC seek detailed information and evidence from suppliers when requesting for proposals.

2.7. The Group advised that it would be appropriate to have more than one supplier in the foam adhesive dressing market. The Group noted that this was because of

the need to accommodate for a wide range of patient groups and needs (eg allergies to adhesive and materials used).

2.8. The Group agreed that the question around the appropriate number of suppliers should be amended to focus more on the clinical aspects of a product and the clinical need of the patient using the product.

2.9. The Group noted that other key features and properties that should be evaluated when looking at products in this subcategory included:

2.9.1. fluid retention properties under pressure;

2.9.2. presence of silicone border;

2.9.3. patient comfort and pain upon application/removal;

2.9.4. density of foam;

2.9.5. ability to be used for various patient groups (eg elderly, diabetics, paediatrics, epidermolysis bullosa, palliative care, active patients);

2.9.6. convenience of dressing; and

2.9.7. types of wounds the dressing can be used on.

2.10. The Group recommended that PHARMAC seek further information regarding the Defries brand of foam adhesive dressing (36 mm) to clarify what it was currently being used for and to determine whether it belonged in a different subcategory.

2.11. The Group recommended that Allevyn Plus Cavity range of foam dressings belonged in the Foam Cavity Dressings subcategory.

Range Subcategory: Foam non-adhesive dressings

2.12. The Group advised that foam non-adhesive dressings were used to treat the same wounds as foam adhesive dressings, except that they were mainly used on patients that had extremely fragile skin where an adhesive foam dressing was inappropriate.

2.13. The Group commented that it was possible that foam dressings were more absorbent.

2.14. The Group advised that the sizes available were relatively standard and could be rationalised to a number of sizes, being categorised as small, medium or large as required.

2.15. The Group advised that as long as there was an appropriate range of sizes available, and products were of the same or similar quality, then it was possible to have one or two suppliers.

2.16. The Group advised that the edge profile was important, especially when being used under compression.

2.17. The Group commented that having one or two suppliers in the foam dressing market could simplify the education and training required in DHB hospitals, when compared to having multiple suppliers and brands.

Range Subcategory: Foam shaped dressings

2.18. The Group advised that shaped foam dressings were used on parts of the body where standard dressings could not be applied, such as curved areas (eg sacrum, ears).

2.19. The Group advised that shaped foam dressings were used for the same or similar indications as foam adhesive/ foam-non adhesive dressings.

2.20. The Group noted that some shaped dressings may also be used as skull caps for neonates, but required further investigation.

2.21. The Group advised that foam dressing rolls should not come under the Foam shaped dressings subcategory heading.

2.22. The Group advised that the size range was important as the proper fit for a patient was important for shaped dressings.

2.23. The Group advised that as long as there was an appropriate range of shapes and sizes available, and products were of the same or similar quality, then it was possible to have one or two suppliers.

2.24. The Group advised that it would be important to assess the silicone interface for shaped foam dressings.

2.25. The Group noted that Allevyn Heel may be used as skull caps for neonates.

2.26. The Group recommended that PHARMAC identify the size for Allevyn Life brands of foam shaped dressings (small and large).

2.27. The Group recommended that PHARMAC seek further information on the characteristics of 3M's brand of oval dressing with adhesive so that a determination could be made regarding its classification.

2.28. The Group recommended that PHARMAC include Molnlycke shaped dressings into this subcategory (Mepilex shaped foam dressings).

Range Subcategory: Foam cavity dressings

2.29. The Group advised that foam cavity dressings had the same use as other foam dressings – providing a high level of absorbency and moisture control.

2.30. The Group advised that the use of cavity dressings was decreasing due to the increasing use of negative pressure wound therapy.

2.31. The Group advised that the key features/ properties of a foam cavity dressing was the ability to cut and shape (which reflects flexibility).

Range Subcategory: Foam dressing rolls

2.32. The Group recommended that foam dressing rolls should sit under the foam non-adhesive dressings subcategory heading.

2.33. The Group noted that it was unlikely that foam dressing rolls were used in DHB hospitals or by District Nurses as it was not clinically appropriate for these settings.

2.34. The Group recommended that the Polymem range from USL be removed from this subcategory range.

Range Subcategory: Foam moisture control dressings and foam moisture dressing with adhesive border

2.35. The Group advised that Cutinova was a gel dressing and that Kendall Copa could be classified either as a foam adhesive or foam non-adhesive dressing.

2.36. The Group recommended that PHARMAC should investigate further on what these products were mainly used for before reviewing further.

Range subcategory: Undercast padding (Cotton, Foam, Synthetic, Viscose and Water Resistant padding)

2.37. The Group advised that it was important to have different types of undercast padding to account for different attributes of the patient, such as allergies and the requirement to wash regularly.

2.38. The Group advised that undercast padding was used as protection underneath casting.

2.39. The Group noted that it was aware that the Soffban range of undercast padding had other uses, such as soft tissue injuries, fractures and orthopaedics.

2.40. The Group advised that some of the key features that should be evaluated when looking at products in this category, included:

2.40.1. Compressibility

2.40.2. Skin tolerability

2.40.3. Water resistance properties

2.40.4. Absorbency

2.40.5. Quality of thickness

2.40.6. Moisture transfer rate/properties

2.41. The Group noted that there were risks around causing disruption in DHBs if there was a change in suppliers or reduction in the number of suppliers in this market.

2.42. The Group noted the need for further investigation and information around this market.

2.43. The Group advised that it was important to have sterile versions of undercast padding for theatre environments but considered that further information should be sought on the need for sterility.

2.44. The Group advised that the subcategory heading ‘resistant undercast padding’ should be amended to ‘water resistant undercast padding for more clarity.

Range Subcategory: Layer compression kits

2.45. The Group advised that compression kits were mainly used for the treatment of venous leg ulcers (VLU) and lymphoedema.

2.46. The Group noted that one specialised use of compression kit was in scrotal support.

2.47. The Group advised that it was important to have different types of compression kits (eg two layer, three layer or four layer) to cater for different patient characteristics, such as leg shape, size and lifestyle.

2.48. The Group noted that a two layer compression kit was needed for a specific group of patients, but proportionally the majority could use the 3 – 4 layer compression kits.

2.49. The Group advised that the two layer kit system was still relatively new and there may be other competitors in the future.

2.50. The Group noted that while compression kits could be made up using the individual components, there were risks around the use of incorrect individual components.

2.51. The Group noted that further consideration should be given around the cost of making up kits from individual components versus the cost of the kits.

2.52. The Group advised that the key features that PHARMAC should consider when evaluating compression kits included:

2.52.1. Storage

2.52.2. Compression level

2.52.3. Adherence

2.52.4. Hypoallergenic properties

2.52.5. Ease of use/ convenience

2.52.6. Training and education

2.53. The Group advised that the subcategory could be further categorised as providing ‘high’ and ‘reduced’ level of compression.

Range Subcategory: Compression bandages

2.54. The Group advised that compression bandages were used for the same purpose as the layer compression kits, but some products under this subcategory heading could be used in scar management, post-surgical swelling, post burns and stump bandaging.

2.55. The Group noted that compression bandages could be further categorised into short-stretch and high-stretch bandages.

2.56. The Group recommended that this group should be reviewed at a later stage once the characteristics of each bandage had been identified.

Range Subcategory: Compression layer

2.57. The Group recommended that the products under the compression layer subcategory heading should be moved under compression bandages subcategory heading.

Range Subcategory: Padding layer

2.58. The Group recommended that the products under the padding layer subcategory heading should be moved into the compression bandages subcategory heading.

3. Discussion: Evaluation process, user testing and other opportunities in wound care

3.1. PHARMAC staff provided a short overview of the next steps PHARMAC wanted to take with MSP, which was to start developing specifications and evaluation processes for the wound care subcategories selected for MSP.

3.2. PHARMAC staff asked the Group to consider what some of the key specifications would be for the products selected for MSP and also to consider what a robust evaluation process might look like and who should evaluate the different products, noting the time and resource constraints of both PHARMAC and DHB hospitals.

3.3. PHARMAC staff asked the Group to start thinking about how PHARMAC could carry out a well thought out MSP process, in terms of:

3.3.1. whether further information was needed;

3.3.2. whether other stakeholders should be consulted with more closely; and

3.3.3. whether the Group could identify any other risks with progressing to MSP.