

Bringing The Quality Agenda To Life - Non Prescription In Community Hospitals

Introduction

The NHS is challenged with meeting the needs of a rapidly changing health service (DH 2006). Working in partnership with appropriate industry can aid practitioners in delivering efficient, high quality services that reflect the needs of the current NHS (DH 2008).

Wound care is estimated to cost £2.8 – 3.1 billion per year (Posnett & Franks 2008), studies indicate that wound prevalence is set to increase due to increasing population over the next 10 years (Sen et al 2009). In the current economic climate, it is vital that we find ways to improve quality outcomes whilst increasing cost effectiveness. As part of the Quality, Innovation, Productivity and Prevention (QIPP) agenda, the Department of Health (DH 2011) states that procuring new and innovative technologies can have a significant impact on cost and help to deliver more efficient care to patients.

In line with this, North Staffordshire Community Healthcare Tissue Viability services have introduced an online, non-prescription system (ONPOS) for the procurement and supply of dressings that has demonstrated cost savings, improvements in effective care delivery and more, within three community hospitals. We plan to roll out this innovation into the whole community.

Method

Coulter (Coulter 2005) suggests that patients using care services are generally only interested in the quality of their interactions with the practitioners, not how the service is organised. It is therefore important to our tissue viability service, that our patient's experience of care was greatly improved and that they had the right dressing available at the right time.

Before the introduction of ONPOS, ordering of dressings was ad-hoc, creating inefficiency. There were issues with wastage, use of out of date dressings, non compliance to local wound care formulary and inappropriate usage of dressings. Miller (2005) demonstrated that by adopting a lean philosophy significant improvements both financially and in patient safety can be made.

ONPOS was implemented in Bradwell Hospital as a pilot in April 2009 and quickly demonstrated efficiency and cost effectiveness, as a result the system was rolled out to the two remaining community hospitals in July 2009. As part of the ONPOS system an auditable trail was put into place to ensure all clinical governance requirements were met. This system enabled better planning of our service, and assisted in making the service cost effective without compromising patient care, in accordance with recommendations of the Patients Association (Patients association 2010). This also allowed for transparency of wound care products usage showing both management and the public how monies are being spent (DH 2010).

The adoption of a minimum and maximum stock level within each area ensured constant access to wound care formulary dressings, thus providing quality to all patients.

Results

In 2009/10 community hospital dressing spend was 44.8% over budget (fig.1). In the last financial year (2010-11) the community hospitals dressing spend was 20.1% under budget (fig 2.). ONPOS enabled a year on year reduction in spend of 15.7%. It is important to note that during this time the number of patients being treated in the community hospitals have increased significantly therefore ONPOS has reduced spend despite an increase in demand of dressings

Tissue Viability identified that using minimum and maximum level provides the right amount of stock within the hospitals and wards have access to dressings at all times. Dressings are delivered within 24 - 48 hours, again ensuring the correct dressings are readily available to nursing staff. The audit trail put into place allows Tissue Viability, management and nursing staff easy access to information about the dressings, the usage and costing. This allowed appropriate planning of care, appropriate treatment and cost analysis.

Fig 1

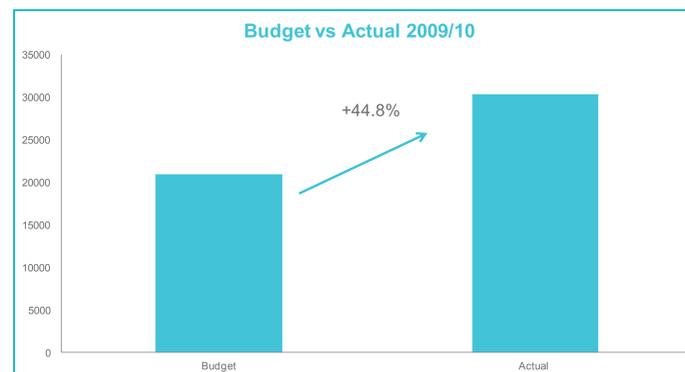


Fig 2

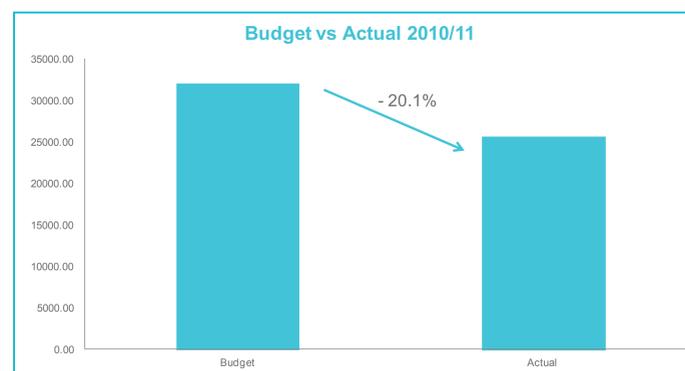


Fig 3



Dedicated wound care cupboard for lean working.

Discussion

Ordering of dressings is more efficient using ONPOS, with the original ordering system dressings could take up to 2 weeks to arrive after ordering. With ONPOS the dressings are received within 24 - 48 hours. Therefore patients receive treatment in a timely manner with continuity of dressing and ordering across the three sites.

The electronic system allows easy access to information and highlights training issues as the data is accessible immediately. Compliance to the wound care formulary prior to non prescription was around 10 - 15%; and since Tissue Viability authorise the items listed compliance has significantly increased to greater than 90%.

Conclusion

Working in collaboration with an industry partner we have managed to introduce a system that has allowed an efficient and cost effective supply of wound care dressings which is essential to ensure patients receive evidence based products in a timely manner (Patients association 2010), and is in accordance with the QIPP agenda.

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Working With Industry

References: Coulter A (2005) What do patients and the public want from primary care? Available at: <http://www.bmj.com/content/331/7526/1199.full> [25 October 2011]. Department of Health (2006) Our Health, Our Care, Our Community: Investing in the Future of Community Hospitals and Services. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4136932.pdf [28 October 2011]. Department of Health (2008) Best Practice Guidance on Joint Working Between the NHS and Pharmaceutical Industry and Other Relevant Commercial Organisations, Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_082569.pdf [28 October 2011]. Department of Health (DOH) (2010) The Operating Framework for the NHS in England 2011/12. Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_122736.pdf [29 October 2011]. Department of Health (2011) Procurement Matters: A Best Practice Statement Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_125076.pdf [25 October 2011]. Miller D (2005) Going Lean in Healthcare Available at: <http://www.entnet.org/Practice/upload/GoingLeaninHealthCareWhitePaper.pdf> [29 October 2011]. Patients Association (2010) Meaningful and comparable information? Tissue Viability Nursing services and Pressure Ulcers Available at: http://www.wcauk.org/downloads/tvn_report.pdf [29 October 2011]. Posnett J, Franks PJ (2008) The burden of chronic wounds in the UK. Nursing Times 104:3 pg44-45. Sen CK, Gordillo GM, Roy S et al Human Skin Wounds (2009): A Major and Snowballing Threat to Public Health and the Economy. Wound Repair Regen. Nov-Dec; 17(6): 763-771.