Lincolnshire Community Health Services
NHS Trust

FORMULARY OF WOUND MANAGEMENT PRODUCTS

(Incorporating the SOP for Direct Supply of Wound management Products)

Reference No:	P_CS_26
Version:	8
Ratified by:	LCHS Trust Board
Date ratified:	11 May 2021
Name of originator/author:	Medicines Management Officer / Tissue Viability Team
Name of responsible committee:	Clinical Safety and Effectiveness Group
Date approved by responsible committee:	30 March 2021
Date issued:	May 2021
Review date:	May 2023
Target audience:	All staff and service leads
Distributed via:	LCHS Website

Formulary of Wound Management Products
Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
1	Section 4	Updated information	September 2010	Lorna Adlington
	Section 7	Revised evaluation process	September 2010	Lorna Adlington
	Section 10	Limited product amendment.	September 2010	Lorna Adlington
	Section 10	Update product prices	September 2010	Lorna Adlington
	Appendix four	Removed new product assessment process.	September 2010	Lorna Adlington
	Section 12	Update references	September 2010	Lorna Adlington
2	Section 1	Update information relating to organisational change and East Midlands Network	January 2012	Lorna Adlington
	Section 7	New Section – non prescription route of supply	January 2012	Lorna Adlington
	Section 5	New section – specialist formulary	January 2012	Lorna Adlington
	Section 12	Product amendments and update product prices and sizes	January 2012	Lorna Adlington
	Section 12	Addition of specialist formulary	January 2012	Lorna Adlington
	Section 14	Updated references	January 2012	Lorna Adlington
	Appendix One	Updated product classifications	January 2012	Lorna Adlington
	Appendix Four	New section – Tissue Viability Specialists contact details	March 2012	Lorna Adlington
3	Section 12	Amend product size (K Two) and update product name (Silvercel)	June 2012	Lorna Adlington
4	Throughout	Branding changes	May 2013	Lorna Adlington
	Throughout	Updated to reflect organisational changes	May 2013	Lorna Adlington
	Section 12	Minor product amendments / update product prices and sizes	May 2013	Lorna Adlington
	References	Update reference list	May 2013	Lorna Adlington
	Appendix 4	Updated contact details	May 2013	Lorna Adlington
5	Section1	Update changed to every two years	December 2015	
	Section 3	Role of link champions	December 2015	
	Section 4.7 and Appendix 3	Formulary equivalents list	December 2015	
	Section 8	Updated stock on shelves	December 2015	

	Section 9	Update formulary review process	December 2015	Lorna Adlington
	Section 12	Update product list, specialist formulary and starter pack list.	December 2015	
	Section 13	Update product classifications	December 2015	
	Section 14	Updated references	December 2015	
		Updated appendices.	December 2015	
8	Throughout	Amalgamate WM formulary guidance and SOP for direct supply of wound management products	November 2016	Lorna Adlington
	Throughout	Update product costs / product codes.		
	Page 7 Page 9	Summary of clinical guidance for wound management Emollients	January 2017	Colette Longstaffe
	Section 3, 4 & 6 Appendix 4 and 7	Removal of Advadraw – no longer available. Change to Medihoney wound gel Change to Blue Dot irrigation fluid (NHS SC)	17th March 2017	Lorna Adlington
	Section 2, page 14, no 8.8	Addition of disposal of damaged stock and record of cost.	7th July, 2017	Lorna Adlington
6.1	Section 3, 4, 6 and appendix 4 and 7	Addition of Kerramax Care and removal of Flivasorb. Addition of Flaminal, Hydroclean cavity and debrisoft debridement pad to specialist formulary.	19th September, 2017	Lorna Adlington
		Updated references throughout.		
7	Section 5.12	Updated evaluation process.	20th January, 2019	Sara Brooks / Lorna Adlington
	Section 11	Revised product review process		
	Section 3, 4, 5	Product list updates		
	Appendix 1, 2, 3, 4, 6, 7	Updated products		
	References	Updated throughout.		
8.	SECTIONONE 1.1 and 3.5	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	4 .1,.2,.5,.6	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	5, 7.2, and 8.1,	All Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	9.3	Removed	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	10.2	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby

	11.1 and 11.3	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	13.1	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	SECTION TWO 2.1	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	4	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	5	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	6.5,8.5,10.1,	Updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	Section Three	Updated Formulary list	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	Section Four	Specialist Formulary updated	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	Section 5	Removed as no longer in place.	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	References	Updated ref list	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby
	APPENDIX	All updated, removed if no longer in use.	March 2021	Katie Dalton /Michelle Porter / Vicky Callaby

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Formulary of Wound Management Products
Policy Statement

Background	The purpose of the Lincolnshire Joint wound management formulary is to work towards standardisation of the practice of wound care across organisations providing a clinically effective range of products selected on the basis of clinical need, cost effectiveness and best available evidence. The SOP for direct supply of wound management products for LCHS is included within this document.
Statement	This policy supports local and national guidance and promotes 'best practice'.
Responsibilities	Implementation and compliance with this policy will be the responsibility of all staff.
Training	Directors/Heads of Service are responsible for arranging the provision of appropriate training to ensure relevant skills, knowledge and competencies are maintained.
Dissemination	Website Service Leads
Resource implication	This guideline has been developed in line with national guidelines and 'best practice' to enable the appropriate delivery of standardised wound care across the interface between primary and secondary care. There are no additional resource requirements.

SECTION ONE WOUND PRODUCT SELECTION INFORMATION

1. Introduction and Background

1.1 The Lincolnshire Joint Wound Management Formulary provides an opportunity to standardise the practice of wound management across the health care community. The wound management formulary is intended to support services in delivery of evidence-based healthcare.

1.2 This formulary provides an initial baseline to support practitioners in their treatment choices and care planning. It has been formulated following review and consultation with Tissue Viability Specialists across the community and secondary care settings. It is intended to facilitate continuity of a shared range of products across primary and secondary care. This is an evolving process involving regular reviews to ensure best practice, innovations and clinical effectiveness is incorporated into the formulary. This process will incorporate working in partnership with practitioners in United Lincolnshire Hospitals Trust (ULHT) and Lincolnshire Partnership NHS Trust (LPFT) which will enable development and implementation of a functioning countywide formulary. This will support collaborative working between primary and secondary care; dependent upon the appropriateness and availability of products, which aims to ensure continuity of treatment and service provision.

1.3 The Lincolnshire joint wound care formulary is intended to inform the practice of all practitioners within Lincolnshire primary and secondary Healthcare settings.

1.4 This document and product formulary has been devised by local Tissue Viability Clinical Nurse Specialists within both primary and secondary care settings, who provide specialist knowledge and expertise in wound care management.

1.5 The formulary aims to provide a clinically effective range of products, that are deemed appropriate to manage the majority of wounds. The products are selected on consideration of clinical need and cost effectiveness in conjunction with best evidence and suitability.

1.6 It aims to ensure that patients have, where appropriate, continuity of wound care products across the interface between primary and secondary care.

1.7 The Lincolnshire Joint Wound Management Formulary has been through the Clinical Safety and Effectiveness Group (CSEG) and the Drugs and Therapeutics Group to provide assurance to LCHS and PACEF that the decisions are based on best practice and effectiveness for our population group.

2. Aims

2.1 The aims of this document are to:

2.1.1. Promote best practice in wound management.
2.1.2. Guide practitioners in appropriate dressing's choice.
2.1.3. Standardise appropriate practice.
2.1.4. Promote cost effective practice.
2.1.5 Provide an operational guide to management stock on shelves.

3. Responsibilities of the practitioner

3.1 Individuals are responsible for maintaining their own professional knowledge and competence and ensure they work within the limits of their competence (NMC 2015).

3.2 All patients with an open wound will have a full holistic assessment, wound assessment and an individualised care plan devised by a registered practitioner. The practitioner will be accountable and responsible for the plan of care following initial assessment and any subsequent changes. Any changes in the wound and surrounding skin appearance and / or patient reported symptoms must be documented and care plans adjusted, as necessary.

3.3 The wound management products on formulary are suitable for the majority of wounds and for each stage there are appropriate product choices to accommodate practitioner preference. When formulary choices have been exhausted and a satisfactory outcome has not been achieved, practitioners may select other products providing choice is supported with a clear rationale and evidence base.

3.4 Use of any non-formulary product must first be agreed with the local Tissue Viability Specialists, who will be responsible for; ensuring that formulary products have been applied as a first line treatment choice; challenging non formulary product choice requesting a clear rationale for off formulary prescribing; and suggesting potential formulary alternatives. If a Tissue Viability Specialist is not available, then advice should be sought from a local Case Manager or Non-Medical Prescriber.

3.5 Following full assessment, highlighting to senior staff where required and implementing standard/conventional wound care practice, there is an expectation that Tissue Viability specialists will provide first line support to advise healthcare staff to ensure delivery of safe, evidence based and cost-effective practice.

3.6 Non-medical prescribers are professionally accountable for their prescribing decisions, including actions and omissions. All registered nurses are personally accountable for their practice, including acts and omissions, regardless of advice or directions from another professional (NMC 2006).

3.7 Non-medical prescribers may issue repeat prescriptions where appropriate, however they should recognise that as signatory they are responsible and remain accountable for their practice. Before undertaking to sign a repeat prescription, the prescriber has a responsibility to ensure that it is safe and appropriate to do so.

4. Summary of Clinical Guidance for Wound Management

4.1 Wound Assessment

4.1.1 Wound management choice and care planning should be based around the findings of a holistic patient assessment and wound assessment. All patients admitted to any LCHS caseload for wound management interventions require the following to be implemented and documented:

- Holistic assessment including previous medical history and medication.
- Risk assessments including pressure ulcer risk assessment, if clinically indicated
- Documentation of allergies including previous dressings and tapes used.
- Establishing the cause of the wound i.e., surgical wound, venous leg ulcer, pressure ulcer or traumatic wound.
- Weekly Wound assessments to be fully completed which includes the wound Length, Width, and depth. Tissue in wound bed to be recorded in percentages e.g., 50% granulation.
- Careful examination of wound bed undermining and tunnelling to be fully recorded.
- Clinical photography is to be completed for all wounds on first assessment and as a minimum Monthly. Photography should be repeated at the time of wound change, this may be more than weekly dependent on the wounds. Photography should support the wound management plan and rationale for treatment used.
- Blood samples and wound swabs to be taken and recorded if infection suspected and followed up with the GP for treatment which needs documenting.
- Pain assessment to be completed and referred to GP for analgesia review if current medication not effective in managing patient pain.
- Lower limb assessment to be completed where patient has any wound on the leg or foot.

4.2 Care planning and wound management

- A management plan should be agreed with the patient that addresses both intrinsic and extrinsic factors that may delay wound healing.
- Appropriate referral to the wider acute Multi-Disciplinary Team (MDT) should be considered.

- Wound management care plans are to be individualised highlighting rationale for the dressing regime choice and frequency of the dressing change. The principles of wound bed preparation and moist wound healing should be understood.
- Devitalised tissue must be assessed by a registered healthcare practitioner for suitability of removed from the wound bed. Where deemed appropriate a suitable debridement method should be implemented to promote wound healing and alleviate symptoms such as malodour.
- Dressings used must be prescribed according to the needs of the patient, wound, exudate levels, pain and malodour and in line with LCHS wound management formulary.
- If the patient has a leg ulcer the lower limb pathway should be followed in line with 'The Clinical Guidelines for The Assessment and Management of Lower Limb Ulceration within Adult Community Services (2016).
- If the patients wound is being managed with Negative Pressure Wound therapy clinicians should refer to the @Guidelines for the use of 'Negative Pressure Wound Therapy' (LCHS 2020)

4.3 Cavity Wounds

4.3.1 Cavity Wounds are common in clinical practice and provide several challenges to clinicians. This includes malodour, high exudate levels, prolonged healing times, increased risk of infection, pain, difficulties in viewing the wound bed or accessibility and exposure of fascia, tendons, muscle and bone.

4.3.2 There is currently no clear agreed definition of what a cavity wound is however this be defined as any wound that extends beneath the layer of the dermis (Timmons and Copper 2008), or any wound that requiring more than a simple flat dressing (Williams 1997).

4.4 Referral

- In some cases the wound may be too deep to probe or may contain sinuses that will need to be investigated by x ray or MRI.
- The presence of excessive pain, suspected deep infection, bleeding, increased volumes of exudate and failure to heal require further investigation.

4.5 Cavity Wound management

- Both the findings of the holistic and wound assessment will determine the management plan.
- Tissue type, exudate volume and bioburden should be considered when selecting a dressing. In addition, consideration should be made to facilitate free drainage of exudate and understanding that this is atraumatic on removal and can contour to the wound bed.
- Where possible, clinicians should use a single layer primary dressing in a wound cavity to prevent fragments being left embedded in the wound e.g. Aquacel ribbon.
- If more than one dressing is required always document the quantity of dressings used in wound bed i.e., 3 alginate ribbons and subsequent dressings removed. A tail from the dressing should be left exposed to aid removal.
- Packing of wound cavities should be considered post assessment from a registered healthcare practitioner and with consideration of the size and depth of the wound. If the wound bed cannot be located, then a referral for a scan should be made.
- All wounds are to be redressed as per Aseptic Non-Touch Technique (ANTT) guidance

4.6 Referral to Tissue Viability

- Referral to the Tissue Viability Team can be made via the ops centre or task on SystmOne, following full assessment and implementation of conventional treatment plans. Prior to referral escalation of concerns should be made to the case manager for further interventions.

5. Wound management product selection

5.1 Product selection presents a challenge for clinicians with choice often being lead by local practice, clinical experience and limited evidence. With an increasing range of products available, choosing a suitable wound management product can be difficult.

5.2 Aronson (2017) states that a prescriber should take into account the patient's ideas, concerns, and expectations. Select effective, safe, and cost-effective products which are individualized for

the patient. The chose should adhere to national guidelines and local formularies where appropriate.

5.3 Choose an appropriate dressing using the quick reference guide in Appendix One. In particular consider the condition of the wound bed, the amount of exudate and treatment aims and objectives. Practitioners should ensure they make product choices and deliver care based on the best available evidence or best practice (NMC 2015).

5.4 Dressing size should be based on wound assessment and choice of an appropriate size dressing is to be selected in line with clinical and cost effectiveness.

5.5 Consider whether the dressing needs to be self-adhesive or whether secondary fixation with a bandage is required to prevent the use of adhesives on delicate skin.

5.6 Avoid using layers of dressings. Most products are designed as primary wound contact layers;' putting layers on top of one another is neither clinically nor cost effective.

5.7 Extra absorbency can be achieved through absorbent pads used as a secondary dressing rather than dressings designed to be placed on the wound bed.

5.8 Check the manufacturer's instructions for the recommended wear time, contraindications, and application guidance.

5.9 Check the product is within the 'use by date'.

5.10 Ensure that the products are obtained through the recognised / recommended route. Use of samples from pharmaceutical companies is not accepted practice.

5.11 Evaluation of wound management stock should be coordinated by the team lead with agreed levels ordered and maintained by an appointed person. Manufacturer's supply of identified wound management products may be used for evaluation stock for use in work associated with formal evaluations only, with agreement of the Tissue Viability Specialist Team. Manufacturers will not approach community nursing teams regarding products without the agreement of the Tissue Viability Specialist Team.

5.12 All organisational documentation should be completed as appropriate. Records should be accurate and recorded in such a way that the meaning is clear. All documentation should be in line with local policy and guidance. The time and date should be accurate to annotated to correspond to activity, Abbreviations and jargon should be avoided within documentation. d to all records.

5.13 The frequency of dressing change depends on each individual wound. Consideration should be given to the level of exudate being produced and the product chosen however many products can remain in place for 5-7 days. Practitioners should be guided by their own clinical judgement and the guidance provided in the manufacturer's instructions.

5.14 There may be specific circumstances when a patient is discharged from an acute care setting with a detailed treatment plan that requires specific training and competencies to deliver. On these occasions the referral should involve the tissue viability specialists and provision will be made for the delivery of local support and training. Colleagues within ULHT have agreed to provide such support and training should local competencies not be available to support a non-formulary treatment.

6. Emollients

6.1 Reference should be made to the following documents when using emollients and barrier preparations:

- PACE bulletin Vol 9 no 5 (May 2015) Prescribing emollients for dry skin conditions.
- PACE bulletin Vol 9 no 19 (November 2015) Guidance on the prescribing of barrier preparations and skin protectants.

- MHRA (2016) Paraffin-based skin emollients on dressings or clothing: fire risk,
- MHRA (2018) Emollients: new information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients
- PACE Bulletin Vol 10 No 5 March 2016
- UKMI 2012 Can topical steroids be applied at the same time as emollients?

6.2 Further information can be found within Lincolnshire Joint Formulary http://www.lincolnshirejointformulary.nhs.uk/

7. Specialist Formulary

7.1 It has been recognised that there are occasions when the Tissue Viability Nurse Specialist may require access to more specialist products. These products are only to be used directly via the Tissue Viability Nurse Specialists or on the recommendation of the specialist. They are not for wider use.

7.2 These products should be avoided where possible the Non-Prescription Supply Route.

7.3 These products will either be prescribed directly via the Tissue Viability Nurse Specialists or on their behalf following professional recommendation.

7.4 Patient documentation will need to reflect the clinical rationale for the use of these products.

8. Sensitivities and Allergies

8.1 Any drug may produce unwanted or unexpected adverse reactions. Rapid detection and recording of adverse drug reactions is of vital importance so that unrecognised hazards are identified promptly, and appropriate regulatory action is taken to ensure that medicines are used safely. Healthcare professionals and coroners are urged to report suspected adverse drug reactions directly to the Medicines and Healthcare products Regulatory Agency (MHRA) through the Yellow Card Scheme using the electronic form at www.mhra.gov.uk/yellowcard (BNF, 2021). Practitioners should always consider constituents, application, and indications and be aware of any potential sensitivities or contra-indications before commencing treatment with any wound management product.

8.2 Should signs of sensitivity reaction develop during the use of any wound management product, treatment should be discontinued.

8.3 Some wound management products may contain animal by-products, latex or excipients known to cause sensitivities. Practitioners are advised to contact manufacturers for further information on individual products should this be required.

9. Underpinning Philosophies

9.1 All patients should have access to wound management materials that have been shown to optimise both the local wound healing environment and the patient's own healing potential and in addition have been demonstrated to be efficacious and cost effective.

9.2 All practitioners should have a choice of products to ensure that they are actively involved in the wound management assessment process and are able to exercise their own accountability.

9.3 The formulary aims to guide prescribers in their choice of the most appropriate product whilst ensuring value for money in the use of NHS resources.

10. Non-Prescription Route of Supply

10.1 In identified areas practitioner teams are receiving wound management products through direct supply rather than via the FP10 route. This product list for this supply route is the local formulary list.

10.2 Section Two of this document details the operational process for management, ordering and implementing this route of supply.

11. New Products and Review of the Formulary

11.1 The formulary will be reviewed at regular intervals determined by the specialist services within the healthcare settings in conjunction with procurement services and any other services deemed necessary for best practice and clinical effectiveness to be achieved.

11.2 Contributions to the process are invited from all practitioners.

11.3 All product reviews, local evaluations and recommendations will be considered by LCHS TVNs. If deemed appropriate this will be presented at the LCHS Drugs and Therapeutic Committee (DTC) and furthermore at PACEF for integration into the joint Lincolnshire Formulary.

11.4 This is the only approved route of product evaluation for LCHS.

11.5 No evaluations should be undertaken which are not linked to the Tissue Viability service work programme. This will ensure appropriate monitoring and delivery of a robust process.

11.6 Evaluation forms relating to individual product categories will be sent out prior to each individual product evaluation.

12. Guidance on quantities

12.1 Where appropriate and products are needed to be prescribed, quantities should be considered to avoid waste products. This is dependent on individual need however long-term use should be established when prescribing a product, including length of product use and reassessment time.

13. Information distribution

13.1 This formulary will be available to all acute and secondary services.

13.2 Supporting communication and all updates will be detailed through the Tissue Viability App, link practitioner meetings, local healthcare team and service meetings and through appropriate application of the role of Tissue viability link practitioners or integrated lead in the absence if a link practitioner.

13.3 Copies of the document will be made available to CCGs, ULHT and LPFT as required.

13.4 All practitioners will have access to copies of this document via the Trust Website.

SECTION TWO

Standard Operating Procedure (SOP) for the direct supply of wound management products

1. Introduction

1.1 This Standard Operating Procedure supports direct ordering of wound management products via an on-line ordering system called FORMEO. This is an alternative method of ordering and supply via NHS Supply Chain (NHS SC) replacing the more traditional FP10 route.

1.2 A stock list of products is available through a third-party supplier, delivered directly to identified bases and supplied directly to Community Nurses and Community Hospitals and ultimately patients via requisition. This eliminates the need to prescribe and dispense wound management products for patients.

1.3 Stocks will be carefully managed, monitored and replenished dependent upon the needs of individual nursing teams. The overall stock list is determined in accordance with the Lincolnshire Wound Management Formulary and local usage patterns.

1.4 FORMEO is a web – based ordering system. This system enables easy on-line ordering from a pre – defined formulary. It is user friendly and an easy to use system allowing the quick and easy ordering of wound management products.

2. Practitioner supply

2.1 A maximum of five days' supply should be taken into a patient's home at any one time to reduce the incidence of waste. If treatment has been ongoing long term without change and it is expected to continue then level of supply should be informed on an individual patient basis.
2.2 Stock which has been stored in a patient's home should not be returned to the central store cupboard.
2.3 Stock should be transported to the patient's home in an appropriate container as agreed by the Trust Prevention lead.
2.4 Practitioners should not maintain a stock of wound management products in car boots or clinical.
bags. Stock should be accessed on a patient by patient basis dependent on clinical need. Products for first dressing supply can be carried in clinical bags, however, should not be level stored in the car overnight.
2.5 The request for stock will be allocated by the individual responsible for allocation and stored appropriately until taken to the patient's home.
2.6 Stock is allocated on a patient by patient basis.
2.7 Patients discharged from community hospitals should provide adequate supply to cover treatment changes, by the community nurses, for up to 5 days.

3. Ordering

3.1 Orders will be placed on a weekly basis dependent on the stock level requirements of each nursing team. This should be informed by the minimum stock levels set at team level.
3.2 Orders will be placed through the on–line ordering system FORMEO.
3.3 Each team will order on a specific day per week.
3.4 A nominated person will be responsible for the ordering of stock, stock rotation, record keeping and audit.
3.5 At each individual storage point an identified individual should be appointed to manage the ordering and monitoring of stock.
3.6 Each storage location will be identified through a specific order code to enable monitoring of volume and value of stock ordered.
3.7 Orders may need to be placed early if usual order / delivery day falls on a Bank Holiday. Further advice can be provided by NHS Supply Chain customer service contacts (see appendix five).

4. On – line ordering

4.1 The user will connect to the web site using the web address www.formeo.co.uk .
4.2 The user will be expected to log in using a unique 'log in' and password. These are individual to each order point.

4.3 Passwords are individual to each order point and security should be maintained appropriately.
4.4 Select the 'New Order' tab from the options at the top of the screen.
4.5 The screen asks you to select a supplier – there is only one option available 'NHS Supply Chain'.
4.6 Select the 'Process' icon. This displays all the available dressings.
4.7 On the left hand side of the screen select 'Dressing Name'.
4.8 Click on the named dressing required. This will bring up another screen showing all the products available. Insert the number of dressings required and click the icon for 'Add required items'.
4.9 Should you wish to delete any items added then click on the product and drag down to the bin icon labelled 'Remove Item'.
4.10 Should you wish to decrease the number of products ordered then click on the product and drag down towards the bin icon labelled 'Reduce Quantity'.
4.11 When all items are added to the order select the 'Process Order' icon on the bottom right of the screen. This moves to another screen which will request a reference for the order placed. The name of the person placing the order should be added as a reference, to enable the order to be traced if required.
4.12 Finally tick the icon to 'Confirm order'.
4.13 This has completed the order process. Print a copy of the order created for cross reference with the delivery note upon delivery. A copy of the order placed can be obtained by following the process for review order below.
4.14 Click on the 'Log Out' icon when finished. This will take you out of the FORMEO site securely.

5. Review order
5.1 The review order screen allows the user to view all orders in a list format.
5.2 Select the 'Review Order' tab from the tool bar at the top of the screen.
5.3 This will provide a list of all orders for the selected individual base.
5.4 The list can be filtered by order status, location and user.
5.5 By clicking on the magnifying glass icon on the right-hand side of the order, the user may view the order in more detail. This will provide a complete list of the orders placed.
5.6 The order should be printed to provide a cross reference list to check delivery.
5.7 This screen also enables the user to view the cost of the individual products and the cost of the entire order placed.

6. Deliveries
6.1 Deliveries will be received on a specified day each week. Each team will have a cut off time for orders to be placed. These will be arranged by NHS SC and notified to each individual team.
6.2 Deliveries will be signed for on receipt. It is expected that deliveries will be brought inside the building and will not be decanted outside.
6.3 Deliveries will need to be checked against the original order to ensure the order is complete.
6.4 Any incomplete orders should be communicated to NHS SC via customer services – See contact details at Appendix Two.
6.5 Receipt of a correct order should be acknowledged on the 'online' ordering system, to support monitoring and to ensure correct invoicing.
6.6 Any error with the received order should be re-boxed and an email detailing the error sent to NHS SC (see communications list in Appendix two) to request collection.
6.7 Returns should be communicated to NHS SC as soon as possible but within 3 days of delivery. See attached 'NHS SC Returns Policy' at Appendix Four.
6.8 If usual deliveries are planned for bank holiday, the delivery will be made on the following working day – for example if delivery is planned for a Bank Holiday Monday expect delivery on the following Tuesday.

7. Storage
7.1 Once the delivery has been checked the products should be put away in storage areas.
7.2 Stock rotation is important to reduce the risk of stock expiring.
7.3 Stock levels should be monitored and be appropriately managed to inform weekly ordering.

8. Stock levels
8.1 Stock levels should be identified for each storage area / individual base.
8.2 Stock rotation should be implemented to avoid stock expiring.
8.3 It is advisable that each individual base should set their own individual minimum and maximum

stock levels which they apply to the stock within their cupboard. These should be reviewed annually taking into account any stock which has had to be disposed of or written off.
8.4 Stock will be replenished on a weekly basis. There is no requirement to over order as stock can be accessed weekly. Likewise, if stock is not required there is no expectation that an order will be submitted.
8.5 Stock levels should be reviewed on a 6-month basis to ensure that there is no overstocking and ensure
products are used within their expiry date.
8.6 Stock levels should be checked prior to sending of any weekly order.
8.7 Stock with a short expiry date should be identified and moved to areas which may utilise the stock.
8.8 Any damaged or expired stock should be disposed of as appropriate and a record made of the quantity and cost. This record should be included in the annual stock review.

9. Non formulary prescribing
9.1 Ordering via FORMEO will enable supply of formulary items only.
9.2 Non formulary prescribing / ordering wound management products via the FP10 route may be required in exceptional circumstances. Prior to obtaining a prescription for a non-formulary product the practitioner should discuss the clinical rationale with local Tissue Viability Champion / non-medical prescriber or case manager.
9.3 Any non-formulary prescribing should be recorded providing a clear rationale for wound product choice.

10. Monitoring / Audit
10.1 FP10 prescribing will be monitored via ePACT data and will be supplied to clinical leads for monitoring and audit purposes.
10.2 All products ordered on line through FORMEO will be subject to regular scrutiny and monitoring to enable monitoring of costs and to enable identification of product use trends.
10.3 Regular audits of the system should be undertaken.

11. Documentation
11.1 Individual requirement for patient stock should be clearly documented within the individual patient record. The entry should detail:

- A clear rationale for the products chosen.
- Name of the product / products supplied.
- Quantity of the products supplied.
- Date of next intended supply.
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11.2 The treatments used should be documented in the individual patient's record. A clear rationale should be provided for the products chosen.
11.3 Standard stock management forms are provided at Appendix Seven.

12. Incident reporting
12.1 Any incidents should be reported as per the Trust's Incident Reporting policy. A datix report should be completed as appropriate.
12.2 Incidents directly involving the products delivered should be communicated to NHS SC via telephone call or email (see communication details in Appendix Two).
12.3 The patient's notes should be annotated to reflect the incident and action taken.
12.4 Any defective products or contaminated products should be identified to NHS SC and returned to the supplier. A datix report should be completed as per Trust Incident Reporting Policy.

SECTION THREE. **Formulary List – Quick Reference Guide**

JOINT LINCOLNSHIRE FORMULARY PRIMARY DRESSINGS			
Product Type	**Brand**	**Size**	**Code**
Adhesive Remover	Medi-Lifteez	Wipe – 30 in box	EXC042
Antimicrobials	Flaminal forte	15gx5	ELG022
		50g	ELG023
	Flaminal Hydro	15gx5	ELG021
		50g	ELG025
	Activon tube	25g	ELZ069
	Actilite	5x5cm	EJE079
		10x10cm	EJE042
	Cutimed Sorbact	4x6cm	ELY212
		7.9cm	ELY213
	Cutimed Sorbact Gel	7.5x7.5cm	ELY338
		7.5x12cm	ELY339
	Inadine	5x5cm	EKB501
		10x10cm	EKB502
	Iodaflex	5g	EKB007
	Prontosan solution	40mls	ELY424
		350mls	ELY248
	Prontosan Gel X	50g	ELZ542
Hydrofiber	Aquacel Extra	5x5cm	ELY377
		10x10cm	ELY378
		15x15cm	ELY379
	Aquacel Ribbon	1x45cm	ELY368
		2x45cm	ELY013
Hydrocolloid	Comfeel Plus Transparent	5x7cm	ELM036
		9x14cm	ELM002
Hydro sheet	Hydrosorb sheet NA	10x10cm	ELE012
Hydrogel	Hydrogel	8g tube	ELA639
Barrier Film	Cavilon	1ml	ELY038
		3ml	ELY039
Skin Protectors	Dermis Plus	Heel (pair)	ELY729
		10x10x0.3 square	ELY718
		Sacrum	ELY734
Wound Contact Layer	Atrauman	7.5x10cm	EKA020
		10x20cm	EKA036
	Mepitel One	6x7cm	EKH037
		9x10cm	EKH038
		13x15cm	EKH039
Odour Reducing	Clinisorb	10x10cm	ELY051
		15x25cm	ELV053
Saline Irrigation Fluid	Blue Dot	25x20mls	MRB1140
Adhesive Tape	Clinipore	2.5cmx5m	EHU027
		5cmx5m	EHU028
Medicated Bandages	Zipzoc	One size	EFA029
	Viscopaste	7.5cmx6m	EFA011
	Icthopaste	7.5cmx6m	EFA051

JOINT LINCOLNSHIRE FORMULARY SECONDARY DRESSINGS			
Product Type	Brand	Size	Code
Film Adhesive	365 Transparent Film	6x7cm	ELW550
		10x12cm	ELW542
		15x20cm	ELW544
N/A Foam	Tegaderm None Adhesive	10x10cm	ELA166
N/A Silicone Foam	Mepilex XT	10x11cm	ELA722
		15x16cm	ELA724
Adhesive Foam	Tegaderm foam adhesive	10x11cm oval	ELA177
		14x15cm oval	ELA178
		19x22cm oval	ELA179
		6.9x6.9cm wrap	ELA493
Silicone Adhesive Foam	Mepilex Border Comfort	7x7.5cm	ELA1103
		10x10cm	ELA1104
		15x20cm	ELA1106
Superabsorbers	Kerramax	5x5cm	EME120
		10x10cm	EME045
		20x10cm	EME023
		20x20cm	EME024
		20x30cm	EME025
Island Dressings	Hydrofilm Plus	5x7.2cm	ELW291
		9x10cm	ELW292
		10x20cm	ELW302
Absorbent Pad	Xupad	10x20cm	EJA093
		20x20cm	EJA094
		20x40cm	EJA095
Stockinette	Comfifast	17.5cmx1m (beige)	EGP057
		7.5cmx3cm (blue) (12)	EGP167
		10.5cmx3m (6)	EGP162
Bandages	Urgo – K-Lite	10cmx4.5m	ECA100
	Urgo – K-Soft	10x4.5cm	EPA174

JOINT LINCOLNSHIRE FORMULARY ADJUNTIVES			
Product Type	Brand	Size	Code
Probes	Advancis Medical	Box of 50	ELZ865
Softdrape	Richardson Healthcare	Small	EJA045
		Medium	EJA046
		large	EJA047

JOINT LINCOLNSHIRE FORMULARY COMPRESSION BANDAGES			
Product Type	**Brand**	**Size**	**Code**
Toe bandaging	L&R Mollelast	4cmx4m	EBA064
Compression	Actico	8cmx6m	EBA032
		10cmx6m	EBA016
		12cmx6m	EBA033
		4cmx6m	EBA030
		6cmx6m	EBA031

	Cellona bandaging	10x2.7cm	EPA035
	K Band	5cmx4m	EDB034
	K Band	7.5cmx4m	EDB035
	K Band	10cmx4m	EDB039
	K Three C	10cmx3m	EBA060
	K Two (kit)	0 short	ECA151
	K Two (kit)	18-25cm (10cm)	EDC152
	K Two (kit)	25-32cm (10cm)	ECA164
	K -Lite #2	10cmx4.5m	ECA100
	K-Lite long #2	10cmx5.25m	ECA173
	Ko-Flex long #4	10cmx7m	ECD028
	Ko-Flex #4	10cmx6m	ECD018
	K-Plus #3	10cmx8.7m	ECA162
	K-Plus long #3	10x10.25m	ECA172
	K-Soft #1	10x3.5m	EPA028
	K-soft long#1	10cmx4.5m	ECA174
	Profore #1	10cmx3.5m	EBA053
	Profore #2	10cmx4.5cm	ECA029
	Profore #3	10cmx8.7m	EBA050
	Profore #4	10cmx2.5m	ECD007
	Profore +	10cmx3m	EBA023

SECTION FOUR

SPECIALIST FORMULARY

The products listed below are for prescribing by or on the recommendation of the Tissue Viability Nurse Specialists. These products are considered specialist items and are not considered to be for first and second line implementation.

If all formulary options have been exhausted then practitioners may need to seek the advice of the Tissue Viability Nurse Specialists for recommendation of an alternative.

These products are not for inclusion within the non prescription route of supply direct supply route.

Product Type	Brand	Size	Code
Alginate	Kaltostat	7.5x12cm	ELS231
Antimicrobials	Aquacel Ag+ extra	5x5cm	ELY514
		10x10cm	ELY515
		1x45cm	ELY518
	Atrauman Ag	5x5cm	EKB039
		10x10cm	EKB040
		10x20cm	EKB041
	Algivon	10x10cm	ELS195
Debridement	UCS debridement pad	19x19cm 10 in a box	ELZ746
	Hydroclean Plus	4cm round	ELZ860
		7.5cm round (cavity)	ELZ859
		10x10cm	ELZ863
	Larvae Therapy	Various sizes	Obtained via prescription
MMP modulator	Urgostart Plus	10x10cm	ELZ880
Polymeric membrane	Polymem	10x10cm (15)	ELA303
	Polymem Max	20x20cm (5)	ELA491
TNP	PICO	Many sizes with pump sets and dressing boxes	
	TNP consumables	Foam/gauze kits, gel pad, canisters (go & touch)	
	Acticoat flex 3 (under TNP)	10x10cm	ELY292
		10x20cm	ELY293
Wound Manager Bag	Oakmed	Mini Ileo	GCE623
		Small	GCE987

SECTION SIX - REFERENCES.

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APPENDIX ONE
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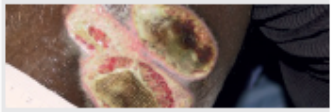
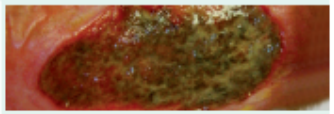
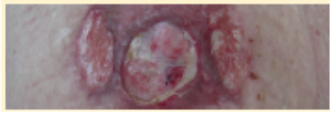
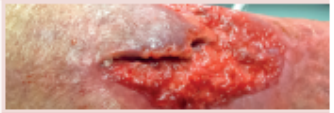
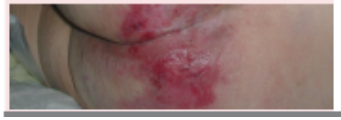
GUIDE TO PRODUCT SELECTION

WOUND MANAGEMENT GUIDE – GENERAL

WOUND BED TYPE	EXUDATE	TREATMENT OBJECTIVES	WOUND BED PREPARATION		RECOMMENDED DRESSING
NECROTIC					
	None – Moderate	■ Refer to Tissue Viability	Follow Tissue Viability recommendations		1. Keep wound dry and refer to Tissue Viability who will recommend dressings
	Moderate – Heavy				
INFECTED					
	Moderate – Heavy	■ Treat infection with systematic antibiotics ■ Reduce Bacterial burden/prepare wound bed ■ Swab on intial assessment ■ Control any associated offensive odour	 15 Minutes	 Gel	1. Dressing choice based on wound condition 2. Hydrocolloid » Hydrogel » Antimicrobial 3. Charcoal based dressing » Cadexomer Iodine » Silver
SLOUGHY					
	Minimal – Moderate	■ Deslough/protect healthy tissue	 5 – 10 Minutes	 Gel	1. Hydrogel » Hydrocolloid » Particulat 2. Silicone/Soft silicone 3. Silicone Foam » Cavity filler
	Heavy	■ Promote patient comfort, control exudates and/or odour	 5 – 10 Minutes	 Gel	1. Charcoal based dressing 2. Metronidazole gel » Cadexomer Iodine
GRANULATING					
	Minimal	■ Optimise healing potential and protect tissues	 0 – 5 Minutes	 Gel	1. Alginate » Silicone foam dressing 2. Hydrocolloid » Silicone/Soft silicone 3. Silicone foam dressing » Hydrofibre » Hydrogel
EPITHELISATION					
	Minimal	■ Complete healing process ■ Protect health/fragile tissue			1. Low adherent » Silicone Foam dressing 2. Silicone/Soft silicone » Hydrocolloid

APPENDIX TWO

Emollients: information about risk of severe and fatal burns with paraffin-containing and paraffin-free emollients – Reference MHRA Drug Safety Update July 2020

Warnings about the risk of severe and fatal burns are being extended to all paraffin-based emollients regardless of paraffin concentration. Data suggest there is also a risk for paraffin-free emollients. Advise patients who use these products not to smoke or go near naked flames, and warn about the easy ignition of clothing, bedding, dressings, and other fabric that have dried residue of an emollient product on them.

The following advice is being issued to all health care professionals:

- emollients are an important and effective treatment for chronic dry skin conditions and people should continue to use these products. However, you must ensure patients and their carers understand the fire risk associated with the build-up of residue on clothing and bedding and can take action to minimize the risk
- when prescribing, recommending, dispensing, selling, or applying emollient products to patients, instruct them not to smoke or go near naked flames because clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient-treated skin can rapidly ignite
- there is a fire risk with all paraffin-containing emollients, regardless of paraffin concentration, and it also cannot be excluded with paraffin-free emollients. A similar risk may apply for other products which are applied to the skin over large body areas, or in large volumes for repeated use for more than a few days
- be aware that washing clothing or fabric at a high temperature may reduce emollient build-up but not totally remove it
- warnings, including an alert symbol, are being added to packaging to provide a visual reminder to patients and those caring for them about the fire hazard
- report any fire incidents with emollients or other skin care products to the Yellow Card Scheme
- MHRA, in partnership with the National Fire Chiefs Council, charities, and organizations from across health and social care, launched a campaign to raise awareness of this important risk. A toolkit of resources is available for health and social care professionals to support the safe use of emollients

References:
https://www.gov.uk/drug-safety-update/emollients-new-information-about-risk-of-severe-and-fatal-burns-with-paraffin-containing-and-paraffin-free-emollients

https://www.gov.uk/guidence/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions

APPENDIX THREE

NHS Supply Chain

Returns/Discrepancies

NHS Supply Chain is more than happy to accept product returns providing they are in line with our returns policy below. Our customer service team will then help you make the necessary arrangements.

We are more than happy to accept product returns from you, providing they are:

- **Reported in time** - You will need to report any discrepancies to customer services at the earliest opportunity within three days of the delivery, unless agreed otherwise.
- **Returned within time** - Upon agreement of a return, NHS Supply Chain will provide you with the latest acceptable collection and return date. To ensure that we are able to action your return, we must receive your goods by this date.
- **Fit for re-sale** - Unless the items were found to be damaged on arrival at your delivery point, returned goods must be in a condition fit for re-sale.
- **Licensed Medicinal Products (LMP)** – NHS Supply Chain cannot accept returns for re-sale of products classed as Licensed Medicinal Products due to the restrictions placed on us by the MHRA and EU regulations for the Wholesale Distribution of Medicines for Human Use.
- **Non-Returnable Products** – We have a number of products which are non-returnable. These include some consumable items, including paper and some high value products. Your customer service advisor will advise you if a product is not returnable and will help you to redistribute within your trust.
- **Over £10 in value** - To ensure a cost effective service in relation to the collection, processing and restocking of returned items, and to ensure that unnecessary costs are not incurred by the greater NHS, a minimum order value of £10 per product line for return requests is in place. Orders below this value cannot be returned and will not be credited in the event of a customer order error.

Providing all of the above criteria have been satisfied, our customer service team will then:

- Raise a return on the system (an “uplift”) and provide you with an uplift number, along with a date and time when the items will be collected. We will e-mail you a copy of the ‘returns’ paperwork for you to enclose with the items to be returned to us. Please ensure that the items for return are made available to the delivery driver at this time, and that you retain one copy of the signed paperwork as proof of collection.
- Provide you with a call log number for your reference.
- Once the items have been received by us, a credit will be raised for the value of the goods. N.B. All e-Direct products need to be returned directly to the supplier, and not NHS Supply Chain. Your customer service team will be happy to assist you when dealing with e-Direct product returns.

Please be aware that from time to time e-Direct suppliers may levy a charge for the return of an item. Any additional costs that may be incurred will be discussed / advised prior to collection being made.

Product recalls

From time to time, it may be necessary for us to recall products as directed by either the supplier or the Medical Devices Agency (MDA).

On such occasions, information regarding the recall will be emailed to your nominated supplies department to cascade and manage within your organization.

Our customer service team will co-ordinate all activities relating to the return, replacement or crediting of any products that may be recalled.

Whilst suppliers may occasionally choose to manage the recall directly with customers, our customer service team will always be available to assist and support you with any product recalls.

Information on recalls can be located und

APPENDIX FOUR

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	Contact	Contact details	Can help with...
KEY CONTACT TO SUPPLY ROUTE	 **Imran Rouf** NHS Supply Chain	Tel: 07850 098 237 imran.rouf@supplychain.nhs.uk	• Orders & delivery queries
	 **Eleanor Cubbin** NHS Supply Chain	Tel: 01623 587 173 eleanor.cubbin@supplychain.nhs.uk	• Customer services
SMITH+NEPHEW	 **Catherine Darke** Advanced Wound Care Territory Manager	Mobile: 07802 860 393 catherine.darke@smith-nephew.com	• Formeo training • Changes to formularies • Smith+Nephew product enquiries • Arranging clinical education • Amendments to Formeo • Product listing queries • General enquiries
	 **James Hamilton** Regional Manager	Mobile: 07912 576 183 james.hamilton@smith-nephew.com	• Smith+Nephew product enquiries • General enquiries
ADDITIONAL SMITH+NEPHEW SUPPORT	**Customer Support** Monday - Thursday 8.00 - 17.30 Friday 8.00 - 17.00	Tel: 08000 157 573 (Freephone) For enquiries about orders, invoices, deliveries or prices relating to our products, please contact our Customer Services Team.	
formeo MANAGER	 **Jonny Nye** formeo Manager	Mobile: 07583 090193 jonathan.nye@smith-nephew.com	• Technical issues with formeo system

The formeo service is provided by T.J.Smith & Nephew Limited, registered office at 101 Hessle Road, Hull, HU3 2BN.

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APPRNDIX FIVE

NHSLA Monitoring Template

Lincolnshire Community Health Services NHS Trust

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
NHSLA standard 3 Criterion 2. Local induction to policies and procedures	On Induction	Local managers / service leads	Following induction	Service Leads	Service Leads Matron	Service specific quality and risk groups / DTC
Monitor compliance with policy	NHS SC reports / prescribing data	Service Leads / Matrons	Annually	Service Leads	Service Leads Matrons	Service specific quality and risk groups / DTC

APPENDIX SIX

Equality Analysis

Name of Policy/Procedure/Function* - Formulary of Wound management products	
Equality Analysis Carried out by:	**Sue Kinder**
Date:	**11/03/2021**
Equality & Human rights Lead:	**Rachel Higgins**
Director\General Manager:	

Section 1 – to be completed for all policies

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be.	This guidance applies to all clinicians involved in all aspects of wound management. It is intended as a general guide to clinically and cost effective wound management products.		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	This policy applies to all healthcare staff, including bank and agency involved in the provision of wound management treatment. • Medical and Nursing staff • Emergency Care Practitioners • Pharmacy associated staff • Allied Health Care Professionals		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	No.		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		X	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			

The above named policy has been considered and does not require a full equality analysis	
Equality Analysis Carried out by:	Sue Kinder
Date:	11/03/21