NewTherapiesSubgroup

GMMMG Greater Manchester Medicines Management Group

NHS

May 2015

PICO® Dressing (MEDICAL DEVICE)
A Negative Pressure Wound Therapy (NPWT) System

The New Therapies Subgroup discussed the above at its meeting on 19th May 2015. The recommendation of this subgroup is as follows:*

The New Therapies Subgroup of the GMMMG considered the use of PICO® dressings for the treatment of wounds that would benefit from a negative pressure wound therapy system.

The group recommends the use of PICO® dressings in those patients with more difficult to manage wounds or in those at an increased risk of infection and would benefit from a negative pressure wound therapy system.

Whilst the published data for PICO® dressing is limited the data that is available shows benefits of increased perfusion and granulation, better healing rates, decreased nursing and healing time. When used in appropriate patients PICO® dressings are likely to be cost effective. The group therefore recommends that PICO® dressings should only be initiated by physicians with a special interest in wound therapy or by tissue viability nurses. Patients must have a full wound assessment documented. The underlying cause of the wound and any complications must be established to enable assessment of the appropriate application. Once initiated and the patient has been discharged back into the community then **all** patients must be reviewed by community tissue viability teams at **two weeks**, to ensure on-going need of PICO® dressings. A long term treatment plan should be outlined at this stage. Any ongoing prescribing of PICO® dressings in primary care must be overseen by the tissue viability nurses and there should be no GP prescribing.

New Therapies Subgroup Device classification: Case for adoption is partially supported i.e. recommended for use in particular circumstances.

According to set criteria PICO® dressings were found to be a medium priority for funding in the patient group specified.

Review date: May 2017

* Unless superseded by NICE guidance or substantial and significant new evidence becomes available.
▼ Newly marketed drugs and vaccines are intensively monitored for a minimum of two years, in order to confirm therisk / benefit profile of the product. Healthcare professionals are encouraged to report all suspected adverse drug reactions regardless of the severity of the reaction.

Further information / commissioning implications for CCGs

PICO® is one of a number of Topical Negative Pressure Systems [NPWT, with associated accessories] which are listed in the Drug Tariff and therefore prescribable in Primary Care. Such products in ePACT.net are classified under code 200321000.

Recommendation

It would be expected that these products would be prescribed by Tissue Viability nurses, or District Nurses working under their direction.

There is no prescribing within primary care in Bolton CCG *at all in the last 15 months*. This may reflect different local commissioning arrangements or a different view as to the effectiveness and usefulness of NPWT.

A number of different brands are used within individual CCG areas and this would seem to reflect unexplained variation. Commissioners may wish to investigate this in greater detail. Commissioners should ensure suitable access to [and commissioning of] Tissue Viability nurses to review and manage patients appropriately should this type of therapy be used.

This recommendation may result in increased usage of PICO [and perhaps NPWT in general]. Commissioners may wish to seek information on effectiveness through audit to confirm usage in line with this recommendation and that such investment from primary care prescribing is resulting in lowered hospital costs e.g. through earlier discharge or improved wound healing.

This is a growing area driven in some part by increases in diseases such as diabetes and peripheral vascular diseases. The published evidence for NPWT would seem to be scant at best e.g. a Cochrane review of its use in the management of pressure ulcers published the day after the NTS meeting concluded:

There is currently no rigorous RCT evidence available regarding the effects of NPWT compared with alternatives for the treatment of pressure ulcers. High uncertainty remains about the potential benefits or harms, or both, of using this treatment for pressure ulcer management.[1]

On the other hand, a review of its use in treating foot wounds in people with diabetes mellitus [DM] had a slightly more favourable conclusion:

There is some evidence to suggest that negative pressure wound therapy is more effective in healing post-operative foot wounds and ulcers of the foot in people with DM compared with moist wound dressings. However, these findings are uncertain due to the possible risk of bias in the original studies. The limitations in current RCT evidence suggests that further trials are required to reduce uncertainty around decision making regarding the use of NPWT to treat foot wounds in people with DM.[2]

Formulary and Interface considerations

The Formulary does not cover wound products and so there are no Formulary implications. Commissioners may wish to consider a Wound care Formulary or preferred NPWT supplier.

Dressings and such products are already widely prescribed in primary care and are therefore *de facto*, green

Summary of impact for Acute Trusts

This recommendation will allow patients to be discharged sooner. Trusts should work with their Commissioners and Community Provider arms to ensure NPWT use is appropriate.

Summary of impact for Mental Health Trusts

None except where they have a Community Provider; then as above for Acute trusts

Summary of impact

A growing area that should be closely monitored and audited. There may be commissioning implications for capacity within Community Nurse and Tissue Viability services.

References

1. http://www.cochrane.org/CD011334/WOUNDS_negative-pressure-wound-therapy-for-treating-pressure-ulcers accessed 7/7/15
2. http://www.cochrane.org/CD010318/negative-pressure-wound-therapy-for-treating-foot-wounds-in-people-with-diabetes-mellitus accessed 7/7/15