

# Guidance: ordering wound care products via Formeo and maintaining a stock cupboard



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# Guidance: ordering wound care products via Formeo and maintaining a stock cupboard

## Introduction

The Medicines Optimisation team at Bristol, North Somerset and South Gloucestershire (BNSSG) Integrated Care Board continually work to improve on the provision of dressings for patients across the BNSSG area. Following a review of business models, it has been decided that all dressings will be obtained from NHS Supply Chain rather than from prescriptions - using the Formeo platform to order them. This will standardise wound management and stock control and facilitate best practice across BNSSG. All ordering of dressings on prescription has ceased and dressings ordered via Formeo will be delivered to GP practices and care homes with nursing (CHwN) for storage. This will allow immediate access to wound care products by nurses as required.

The rationale for this is:

- Good practice regarding dressing provision that is in line with clinical governance
- Improved and timely accessibility to appropriate dressings for patients and staff
- Continuity of wound management treatment for patients, in line with the BSW & BNSSG Wound Care Formulary
- Standardising dressings stock control in all bases involved with ordering and management of dressings
- Cost effectiveness of provision of dressings
- Minimise wastage of dressings

## Responsibilities

The ordering of dressings should be allocated to designated team members as agreed by the GP practice or CHwN manager. All nursing staff involved in the ordering of dressings via Formeo should be competent in using the Formeo platform to order wound care products. Each site manager is responsible for ensuring that the site stays within their allocated indicative budget, where given.

## Setting maximum and minimum stock levels

GP practice nurses and CHwN nurses will need to have a small stock of dressings at their base that they can use. **The aim is to be as cost effective as possible so stock levels must be kept at an acceptable minimum.**

- Maximum and minimum stock levels should be set within each individual base, so staff only order when the minimum level is reached
- Assess your current caseload of wounds as a guide for your minimum level
- Consider the unplanned patients you may see and the types of dressings you generally use for them
- Your minimum level should be set as the average amount of dressings you use in one week
- Your maximum stock levels will be the amount of dressings you require for two weeks
- The maximum and minimum levels will depend on the size of your case load and the complexity of wounds.
- Maximum and minimum levels will need to be reviewed regularly to avoid stock levels being too high or low.
- Decide on core dressings that you use regularly and keep this in your cupboard as a core stock. Review your choice regularly. Keep your choice as small as possible - remember your order should come within a week
- Do not overstock your cupboard; it will cause you to overspend and increase wastage – aim to keep stock levels low.



- Do not keep every type of dressing on the formulary in your cupboard – if you stock dressings that you won't use this is dead stock and has a cost implication
- Order your non-core stock dressings and other sizes for individual patients as required
- Having a template with your minimum and maximum stock levels will speed up your ordering
- Your order needs to be submitted two working days before your delivery day.
- If your last ordering day or delivery day falls on a bank holiday, anticipate this and increase your order the preceding week. Ensure your stock levels reduce if you have over-ordered.
- Stock may be audited periodically by the Medicines Optimisation Team or clinical colleagues
- **Regularly review the stock in your cupboard.**

### Tips for Stock Rotation and Stock Control

- Keep the oldest stock at the front of the cupboard so that it is used first
- New stock needs to be put at the back or bottom of the pile
- Check the expiry dates
- You may wish to label the shelves with the name of dressing and the cost of the dressing
- Track how quickly products are being used. Dating the boxes with the delivery date when you put them in the cupboard will show you how quick stock is being rotated
- You may find it helpful to identify which boxes of dressings are currently being used and which boxes are full and yet to be started. If you have many open boxes this will affect your stock control. Tearing the top of open boxes or elastic bands around full boxes are two options to identify full or empty boxes. This will assist you when you are compiling your order
- Boxes of dressings vary in the quantity of content; some will have 5 in a box others may have 25 or 50. You may find for some products you do not need to reorder until the levels are down to the last few

### Stock delivery

- Delivery of stock will need to be accurately checked against the requisition order and the delivery note
- **Any discrepancies need to be raised within three days with NHS Supply Chain.**
- Watch and follow any instruction on the delivery sheet, for example, 'Discontinued', 'Remainder of order to follow' or 'Please reorder'.
- Failure to follow any instruction will result in either high stock levels or no stock.
- Discrepancies could be for example, wrong amount of dressings being delivered, wrong products being delivered, accidental over-ordering of stock or double delivery.

If you need to contact NHS Supply Chain Customer Care ensure you have the requisition number and point and the invoice in front of you, as they will ask for the product code. NHS Supply Chain contact details:

#### Customer Services NHS Supply Chain

Sheena Harvey, Customer Service Coordinator

[sheena.harvey@supplychain.nhs.uk](mailto:sheena.harvey@supplychain.nhs.uk)

0117 3429413

07714 043541 (mobile)

OR

#### Customer Services Bridgwater

Jade Smith, Customer Service Advisor

## Redundant Stock or Over-ordered stock

If you have a large quantity of stock you no longer require, see if you can redistribute or swap the dressings locally with GP practices or CHwN. If this is not possible, contact the ICB Medicines Optimisation team so that we can support you in sharing your excess stock amongst other GP practices or CHwN across BNSSG. If this is not possible, the ICB can then explore redistributing stock to the Tissue Viability Nurses (TVNs) or District Nurse teams. The Medicines Optimisation team and clinical colleagues may carry out checks to monitor redundant or over-ordered stock.

## Chronic wounds that are self-managed by a patient

Wounds will need to be reassessed by a nurse periodically to ensure treatment is still appropriate. Interval of review will be specific to individual patients. Patients' dressings will need to be ordered via Formeo rather than on prescription. The patient will therefore need to contact the nurse to arrange for an order to be submitted via Formeo. On delivery at the base it will need to be collected by the patient. It would be reasonable to give the patient four week's supply at a time. It would be useful to monitor how many dressings the patient is requesting to ensure proper use of dressings.

## Acute wounds that are self-managed by a patient

These wounds will need to be assessed regularly, either weekly or fortnightly. No more than two weeks' dressings to be supplied at any one time. The nurse will need to monitor the amount of dressings issued to ensure appropriate use. If these wounds are not healing after issuing 4 weeks of dressings, you should consider referring for specialist advice.

## Recording of products used on a patient

Record on the patient's wound assessment form or in clinical notes the dressings you have used. Ensure you document any dressing allergies or sensitivities the patient may have developed to products.

## Non-formulary products

If you want to use a product which is not available on Formeo you should identify an alternative suitable formulary choice product. CHwN have a slightly restricted formulary on Formeo, if there is no suitable product available nurses should seek advice from the patient's practice nurse (or from a TVN depending on the nature of the wound) as they have wider choice of products available to order and may then order on behalf of the CHwN. CHwN will need to collect items ordered for them by practice nurses from the GP surgery. If practice nurses cannot access the product they need on Formeo, they should discuss with a TVN for advice.

If there is a request for a non-formulary item (e.g., from secondary care) consideration should be given as to whether there is an appropriate formulary item that could be used instead. You may need to have a discussion with the hospital or department making the request. If they insist on the dressing being used, then it is their responsibility to provide it to the patient. It may also be helpful to discuss the request with a TVN. **TVNs have access to an extended specialist dressings formulary.**

## FP10 Prescription issue for wound care products

GP Practices will need to remove all dressings from the repeat prescription template on patient's notes. Pop-up messages will be added to GP practice prescribing systems to remind prescribers that dressings should be ordered via Formeo and not FP10 prescription. All FP10 prescribing of dressings will be monitored by the Medicines Optimisation team and queried where necessary.

## **BSW & BNSSG Wound Care Formulary**

Throughout University Hospitals Bristol and Weston (UHBW), North Bristol NHS Trust (NBT), Sirona care and health and Bath Virgin Care areas, the dressings available are decided through the BSW & BNSSG Wound Care Formulary Group. This is a group designed to standardise the dressing use throughout these areas with the assistance of Bristol Weston Purchasing Consortium (BWPC) in order to ensure clinically effective products that have been evaluated are in use only. The group is made up of specialist Tissue Viability Nurses from primary, community and secondary care, as well as ICB representatives and procurement colleagues. All products are evaluated against a number of clinical criteria, for example, quality of dressings, ease of use, fitness for purpose, patient experience and outcomes, clinical evidence, as well as place in treatment pathways and cost. If you feel there is a product which should be considered for inclusion on the formulary, or you have any feedback on the product choices available to you please contact Jenny Gibbs in BNSSG ICB Medicines Optimisation Team on 0117 9841714 or email [jennygibbs@nhs.net](mailto:jennygibbs@nhs.net) .

### **Contact details BNSSG ICB Medicines Optimisation Team dressings lead:**

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