

The benefits of using an online ordering service to improve efficiency in wound care services

Paddy Markey and Simon Barrett

ABSTRACT

ONPOS is an online non-prescription ordering service (ONPOS) provided by Coloplast that enables formulary wound dressing products to be purchased from a variety of supply routes without needing a prescription or paperwork. ONPOS has been available for over a decade and is currently used in over 30 trusts throughout the UK. This article presents the need for improved access to wound dressings in the community, and outlines the proven benefits of adopting ONPOS, including reduced dressing wastage, instantly accessible dressing stock, improved formulary compliance and more appropriate use of dressings. Using ONPOS also provides real-time data that enables tracking of product usage and spend which can then be used to inform decision-making and promote a cost-effective culture within the organisation.

Key Words: Improved efficiency ■ Online Non-Prescription Ordering Service (ONPOS) ■ Wound dressings ■ Procurement ■ Community wound care service ■ Education and training

Current wound care service provision in the community

There is great awareness of the monetary and resource challenges facing the NHS now and in the future. The elderly population is predicted to grow over the next decade and health care demand is highly geared to this aging population. In 10 years there will be 2 million more people aged over 75 years than there are currently (NHS, 2017), placing further strain on an already stretched NHS. Advances in medicine and technology mean that many people are surviving for longer with multiple co-morbidities, such as diabetes and venous disease, and together this is producing an increasingly large population of people at risk of wounding and wound chronicity (NHS England,

2014), the majority of whom are cared for in a community setting.

The Five Year Forward View (NHS England, 2014) initiated a shift of care into the community, which means that Clinical Commissioning Groups (CCGs) are now responsible for dealing with increasing numbers of patients with wounds. Ongoing investment into primary-care services is being made to upgrade primary care facilities and increase funding in GP services. Practices are being encouraged to pool resources such as community nursing, pharmacy and other services, where size allows (NHS, 2017).

However, as the elderly population increases, the workforce of nurses delivering care in a community setting is in decline. In the UK,

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the number of district nurses decreased by 39% between 2002 and 2012, as a result of funding constraints, an increase in the number of nurses leaving practice, increasing rates of retirement and reducing rates of newly qualified nurses (Royal College of Nursing, 2013). The increasing demands on nurse time will become unsustainable if the present trend continues, and health systems need to identify more efficient ways of managing the increased workload.

A pivotal paper by Guest et al (2015) highlighted the realities of wound care service provision in the UK, and the opportunities for improvement in efficiency.

The authors revealed that in 2012–2013, 2.2 million wounds were managed by the NHS at an estimated cost of £4.5–5.1 billion, a significant burden equal to that of obesity. Two thirds of this cost were incurred in the community, and included 18.6 million practice nurse visits, 10.9 million community nurse visits, 7.7 million GP visits, 3.4 million hospital outpatient visits, 97.1 million drug prescriptions and 262.2 million dressings, making it clear that wound care in the community is a nurse-led discipline.

The study revealed that approximately 30% of wounds lacked a differential diagnosis, which may be indicative of the practical difficulties experienced by non-specialist healthcare professionals in the community. Guest et al (2015) suggested that this highlighted a need to train non-specialist clinicians in the principles of wound management. It could also highlight a lack of time to thoroughly assess and diagnose patients as a result of a heavy caseload.

The paper concluded that clinical and economic benefits could accrue from improved systems of care and an increased awareness of

the impact of wounds (Guest et al, 2015).

The recommendations of Guest et al (2015) have now been acted upon in some part with ‘improving the assessment of wounds’ being specified as a key goal of the Commissioning for Quality and Innovation (CQUIN) scheme for 2017–2019 (NHS, 2016). Using CQUIN guidance and taking the time to conduct a full holistic assessment of the patient and their wound will save time and improve practice in the long term. A proportion of a healthcare service provider’s income will be conditional on demonstrating these improvements through CQUIN targets, such as reducing the number of wounds that have failed to heal after 4 weeks of treatment, by focusing on wound assessment and documentation, and introducing targeted healing rates.

The number and type of CQUIN targets are agreed locally between commissioners and providers of services. They will focus on three areas of quality: safety, effectiveness and patient experience. Elements may include the delivery of education to ensure that the nursing workforce understand CQUIN targets and how to meet them and the provision and monitoring of a local wound care formulary while optimising dressing use and nursing time.

It is clear that now more than ever there is a need for efficiency in community wound care service provision if increasing demand and reduced funding are to be balanced without reducing the quality of care provided. The CQUIN target for 2017–2019 ultimately aims to reduce wound care workload by improving practice, but in the short-term means that non-specialist nurses in the community will require support and training to achieve the targets that have been set.

An online non-prescription ordering service (ONPOS), has been available for more than a decade and is currently used by over 30 Trusts across the UK, processing over 300 orders per day (Grothier, 2015). Using the service means that wound management dressings can be ordered from an agreed formulary without the need for a prescription. The system and education and training to support use is supplied by Coloplast for free.

The use of ONPOS can help to overcome commonly encountered problems with the delivery of wound care in the community, namely formulary rationalisation and compliance and the reduction of product wastage and cost.

Barriers to delivering an efficient wound care service

There are several areas that have been commonly identified as barriers to the delivery of an efficient wound care service in a community setting. Two major contributors lie with the prescribing of dressings and dressing wastage (Knight, 2010; Grothier, 2013; North of England NHS Commercial Procurement Collaborative, 2013; Griffin, 2015).

Dressing prescription

In a community setting, dressings are usually ordered through a process in which the community nurse makes a request to a GP or a nurse prescriber such as a district nurse who then issues a FP10 prescription for the product(s). The local community pharmacist then dispenses the product. The prescribing process can be lengthy, with the patient having to wait an unreasonable period of time to access the correct dressing. An evaluation of practice by Harrogate and District NHS Foundation Trust (2015) found that 92% (n=12) of community staff spent one hour per day writing, collecting and organising prescriptions. Eighty three per cent of nurses had to wait for over 10 days to receive the dressings on some occasions (Harrogate and District NHS Foundation Trust, 2015).

A myriad of wound care dressings are available, and this can lead to a wide array of dressings being prescribed. With access to a wide variety of dressings, formulary compliance, spend and best practice can become difficult to control (Knight, 2010).

Once dispensed, prescribed dressings become the legal property of the patient, so dressings that are no longer needed or that are in excess due to pack size exceeding need cannot be used to manage other patients' wounds

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(Dimond, 2005). This results in a large percentage of prescribed dressings being wasted. One audit of a community practice in the West Midlands revealed that 35% of prescribed products remained unused (NPC, 2012).

Stockpiling of surplus dressings by community clinicians in their cars with the intention on using of other patients is referred to as 'boot stock' or 'grey stock'. A Car boot amnesty by Central Essex Community Services revealed inappropriate practice with product in value of £4000 being recovered (Grothier, 2013), while an amnesty by Provide uncovered products worth £2231.95 (Imbirski, 2013). However, this practice constitutes 'technical fraud' as it is illegal to transfer patient-named dressings to another patient, putting the clinician and/or organisation at risk of potential litigation (Knight, 2010). Unfortunately for most services, there is often no way to track usage of dressings, and if they have been prescribed appropriately.

The National Institute for Health and Care Excellence (NICE, 2013) recommended review and revision of wound dressing prescribing so that only cost and clinically effective dressings are used and that patients receive only the dressings they need to reduce wastage.

Formulary compliance

The purpose of a wound care formulary is to help all healthcare professionals delivering wound care to select the most appropriate dressings for the patients they treat. Products included on the formulary are pre-selected following evaluation of existing evidence that proves them to be clinically and cost-effective. By reducing the number of dressings

available to those listed on the formulary, nurse time spent on decision-making is greatly reduced and continuity of care promoted, as different care-givers can select the same dressing easily.

Despite this, many Trusts experience problems with clinicians still prescribing products not listed on the formulary, meaning that the most clinically and cost-effective dressings are not necessarily prescribed. Where the formulary is adhered to, the dressing may not be used as indicated due to lack of understanding by non-specialist practitioners, highlighting the need for education and training in wound management as highlighted by Guest et al (2015).

ONPOS benefits

Product waste reduction

Unlike prescribed dressings, those purchased via ONPOS are the property of the Trust allowing packs of dressings to be stored in a base location, and accessed, split and used as needed, minimising waste. The level of stock ordered can be determined according to need, improving cost effectiveness.

The need for patients to hold large quantities of their dressings at home is no longer required as stock is held by the clinicians in a central nursing base store; non-contaminated unused stock can be removed from the patient and returned to the store. In some areas, patients would need to bring their prescribed dressings along to clinic appointments, which could be forgotten or no longer appropriate if the patient's wound conditions had changed since the last visit (Grothier, 2011).

Immediate dressing availability via ONPOS means a reduction in 'just in case' ordering of extra dressings on prescription and that the patient can more frequently have access to the right dressing at the right time. Grothier (2011) reported that following the use of

ONPOS, clinicians were no longer wasting time waiting for prescriptions and that access to immediately available stock allowed them to be instantly reactive to the patient's wound needs.

Having a store of dressings that were immediately accessible also saw a reduction in patient waste and elimination of 'grey stock' in Powys Health Board (Griffin, 2013) and by Central Essex Community Services (2011). It has also been reported that using ONPOS has made the clinicians more mindful of the appropriate use of products and their costs, along with an awareness of when to seek advice (Imbirski, 2013).

Increases formulary compliance and control

The use of ONPOS has had a positive impact on formulary compliance at several trusts in the UK:

- Powys health board recorded formulary compliance of 95% following the adoption of ONPOS (Griffin, 2015)
- Central Essex Community Services saw an improvement in formulary compliance from <40% pre-ONPOS to 99% (Grothier, 2013)
- Community Health Buckinghamshire reported compliance greater >85% following the introduction of ONPOS, an improvement of at least 10% (Knight, 2010).

In the author's experience as Tissue Viability Lead, control over compliance to the formulary is achieved using ONPOS as it is the only route through which dressings can be procured. Off formulary prescribing can be agreed with the Tissue Viability Nurse via a justification system, although this is rare. Compliance does not equate to good practice and this relies heavily on education and training in the process of assessment, diagnosis and treatment plans. ONPOS supports the need for education by identifying areas of practice that need improvement through monthly reports.

Improved patient experience

The use of ONPOS has demonstrably improved patient experience by enabling access to the

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KEY POINTS

- The Online Non-Prescription Ordering Service (ONPOS) provided by Coloplast is an online portal through which wound dressings can be ordered from an agreed formulary without the need for prescription via 3 supply routes.
- Online non-prescription ordering service has several advantages when used in a community setting including improved access to wound care products for both clinicians and patients.
- Online non-prescription ordering service reduces dressing waste, promotes adherence to the formulary, and is invaluable when controlling and planning dressing expenditure.
- The use of ONPOS is supported by a broad-range of award-winning wound care products and a comprehensive professional educational programme, including materials endorsed by the European Wound Management Association (EWMA) and training from Coloplast.

most appropriate dressing as soon as possible, leading to better patient outcomes and faster wound healing.

The nursing staff at Powys Health Board felt that ONPOS was efficient for both patients and clinicians as it allowed an instant change in dressing regimen as there were no delays in waiting for a prescription and teams had direct and immediate access to the dressings, ensuring patients received the most appropriate care for their wound promptly (Griffin, 2015).

The GPs at Powys welcomed the system too, as it meant they did not have to write wound dressing prescriptions routinely, freeing up time to see patients and giving the confidence that the right people were making decisions on behalf of the patients (Griffin, 2015).

In the author's experience, ONPOS allows the patient to have the right dressing at the right time at the right place for the right length of time in an inpatient, outpatient or community setting. This prevents the delay in the product being prescribed and dispensed and therefore contributes to faster healing. It also alleviates the need for the patient to pick up the prescription making the experience easier for them. There is also no cost to the patient as they do not have to pay prescription charges. New wounds can be treated immediately with the right dressing to meet the needs of the patient and their wound.

Real time data

Monthly reports are produced by ONPOS that

enable the organisation to have a very clear view of dressing spend and use across one or more locations by gathering and analysing spend and usage of product. It allows the tissue viability service to identify any issues and provide very focused training to meet the specific needs of individual areas. The real-time data of spend, location and products used also enables realistic budgeting and the negotiation of costs with suppliers. It allows implementation of strategies to work smarter.

Grothier (2015) reported that access to live data and control realised instant savings when changing products to more cost-effective alternatives, with no adverse effect on clinical outcomes. For example, the data provided in one report enabled identification of the misuse of a superabsorbent dressing. By retraining and sourcing an alternative product, spend was reduced by 30% over a 3-month period.

Mark Turner, Procurement Manager, Humber NHS Foundation Trust commented 'ONPOS has enabled us to continually monitor and improve the quality of service and products supplied for the benefit of our patients. Consequently, this has helped deliver valuable savings and increased efficiencies while enabling greater visibility of product supply and control.'

Cost savings

Essex Trust reported that the use of ONPOS resulted in significant cost savings year on

Figure 1. Advantages of the ONPOS system for wound management in primary care

Reduced product waste	Packs/boxes of dressings can be split Dressings owned by the trust not the patient No large volumes of stock left in patient's home
Improved patient experience	Access the right dressing right away No delays to delivery of the right care
Improved formulary compliance	Adherence to formulary >90% when using ONPOS
Real time data reports	Access real time data via ONPOS Track spend, product use, location Use data to guide education and training and to manage spend
Saves time	No waiting for prescriptions No waiting for products Stock always available
Access to education and training	ONPOS is underpinned by HEAL, a comprehensive educational programme

year as a result of increased formulary adherence, reduction of waste, access to real-time data to inform decision-making and training and promote a cost-effective culture, plus the procurement of cost-effective products. In year one, spend was reduced from a budgeted £1.4 million to £1.1 million. In year two, spend was reduced to £1.16 million against a budget of £1.2 million; a saving of £40 000 (3%). In year 3, a £50 000 (4%) saving was made against a budget of £1.2 million (Grothier, 2013).

Powys LHB reported that following the introduction of ONPOS, its wound care expenditure stabilised with an estimated monthly saving of £30 000 from extrapolated spending patterns since 2007, when ONPOS was introduced (Griffin, 2013).

In another Trust, the use of ONPOS resulted in no change in spend, but the additional

benefits of the system resulted in improved efficiency and led to the adoption of the system by the Trust.

Current cost-effectiveness analyses are underway and findings will be reported in the near future.

Educational support

ONPOS can be used with 'non-ordering access', enabling staff to access educational materials, including local and national guidelines and a library of wound literature as part of their Healthcare Excellence through Access and Learning (HEAL) programme. ONPOS is also supported by other educational initiatives from Coloplast. In particular, the Triangle of Wound Assessment tool is of particular relevance with the CQUIN targets for 2017–2019. Its use is supported by educational materials such as e-learning and regional roadshows in association with the Journal of Community Nursing that are free to attend. The use of these educational materials in conjunction with ONPOS mean that not only is efficiency improved but education and training based on best practice recommendations underpins practice. In addition, Coloplast produce an award-winning range of wound care products that can be used as part of wound care delivery. The benefits of using ONPOS are summarised in *Table 1*.

Conclusions

ONPOS enables formulary wound dressing products to be purchased from a chosen supply route (supply chain, local pharmacy or wholesalers) without needing a prescription or paperwork. ONPOS has been available for over a decade and is currently used in over 30 Trusts throughout the UK.

In a time of increasing pressure on NHS budgets, the use of ONPOS enables dressing access and usage to be monitored in real time, enabling greater visibility of product supply and control. In turn, inefficiencies in wound care dressing use can be identified and improved for the benefit of both patients and Trusts. ONPOS also confers additional advantages in terms of accessing staff training; its use

REFLECTIVE POINTS

- Does your Trust have good wound care formulary compliance? Could it be improved?
- Would a Trust-wide system that allows real-time control and planning of dressing spend benefit your wound care service?
- Would your wound care service benefit from a more efficient dressing procurement system?
- Does your community wound care service have 'grey stock?' How do you think this inappropriate practice could be avoided?
- What training provision do you have in place to support wound management?

is complemented by access to educational resources and materials. In particular, the triangle of wound assessment tool designed for use in clinical practice and an accredited e-learning module on wound assessment are of particular relevance since the launch of the 2017–2019 CQUIN target.

In the author's experience, ONPOS has proven to be a great addition to the way we manage patients and their wounds. It has allowed the Tissue Viability Service to have a greater understanding of wound care spend and allowed us to keep within budget over a period in excess of five years against an ever increasing aging population with complex co-morbidities. [BJHCMI](#)

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