Clinical In Market Evaluation of CliniFast Tubular Bandages

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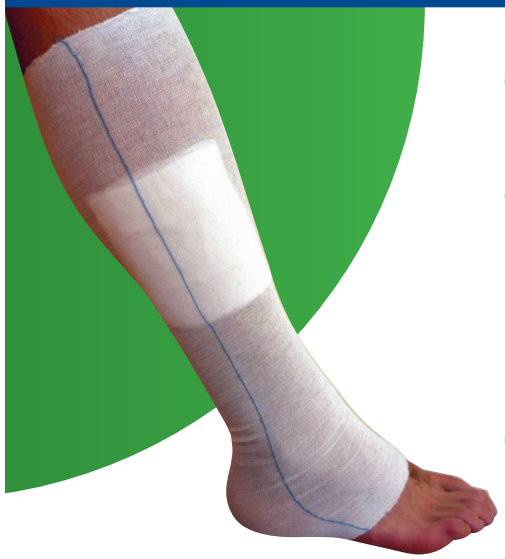

- **There is a need for evidence based practice for woundcare products**
- **A *Clinical In Market Evaluation* allows for non-comparative data collection on product performance in a wide range of clinical indications, without the need to seek ethical approval**
- **Tubular bandages make up a significant proportion of UK bandage spend**

BACKGROUND

In the current financial climate, the ability for clinicians and commercial companies to conduct comparative clinical trials is severely limited both in terms of finance and also in terms of randomisation of patients. However the need for evidence based practice remains and therefore alternative ways of collecting useful data on product performance is required. The use of a *Clinical In Market Evaluation* allows for non comparative data collection on product performance in a wide range of clinical indications, without the need to seek ethical approval.

Generally tubular retention bandages are considered a commodity product and therefore little evidence exists to identify which of the products available on the market are 'fit for purpose' whilst remaining cost effective. Although there is a Drug Tariff Specification for this group of products, it does not enable the clinician to make a decision about the product efficacy in clinical care. The purpose of this multi-centred *Clinical In Market Evaluation* was therefore to try and develop a process whereby clinicians could be informed about the potential clinical advantages and disadvantages of certain products considered commodity products. These commodity products make up a significant proportion of UK bandage spend.

Mean Performance of CliniFast

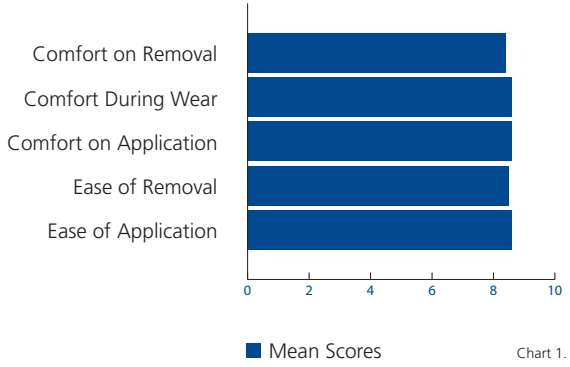

Chart 1.

Mean Score of Application & Comfort

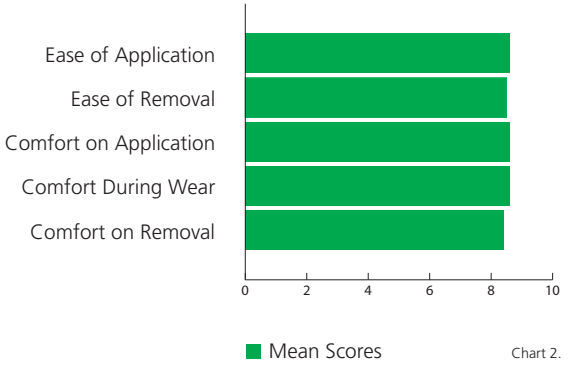

Chart 2.

Turn overleaf to continue reading

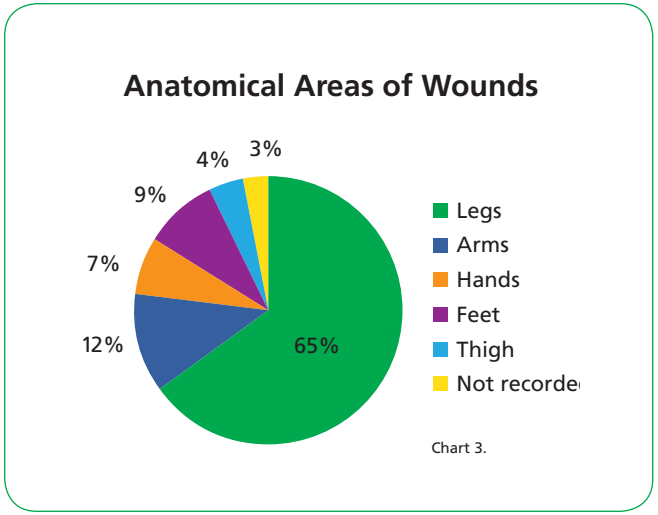

Chart 3.

METHOD

Six community clinics in Humber and the NE, three community leg ulcer services in Manchester and one Burns Centre in Manchester were identified as sites to evaluate the bandage. Each site identified suitable patients and performed a minimum of 3 assessments on each patient. These assessments were scored using a Likert scale of 1-10 with 10 being excellent and 1 being poor. The bandages were assessed for a range of measures, including **ease of application, ease of removal, duration of wear, retention of dressing, comfort, conformability, flexibility** and **cost effectiveness**.

RESULTS

The evaluation recruited 69 patients with 49 being in community and 20 being in acute. The age range overall was 20-90 years with a mean of 59 Years. The burn group had a mean age of 42 years and the community group a mean age of 66 years. In the burns group the male to female ratio was 1:1, whilst in the community group the male to female ratio was 1.2:1 males to females.

The predominant location was lower legs with arms being the second most common wound area (see Chart 3). The majority of wounds were leg ulcers, with burns being the second most common wound type.

Patients and staff rated the performance of the tubular bandage well and the majority said that it was the same as, if not better than their usual product (see Table below).

	YES	NO
Would recommend Product	**92.5%**	**7.5%**
Have Confidence in Product	**97.9%**	**2.1%**
Better than or as good as usual product	**90.4%**	**9.6%**

All staff were very happy or happy with the packaging of the product. Interestingly, despite asking about shrinkage when washing, only 16 of the 194 dressing changes involved any washing of the product. This seems to suggest that most nurses use the product as a single use product. However, in those changes where washing did occur, the mean score was 9.5, suggesting that the product copes well when washed. There were 5 patients who were withdrawn, due to the patients feeling that the product did not stretch as much as their usual product, over their thigh.

DISCUSSION

In the increasingly difficult financial climate, there is a need to be able to demonstrate efficiencies in product selection. However, it must not be at the detriment of patient care (DOH 2010). The NHS is currently facing the most significant and complex changes it has ever seen, whilst also trying to reduce costs and maintain the highest standards of care. This *Clinical In Market Evaluation* demonstrates that it is possible to gather evidence, even for what are considered to be "commodity products". Sainsbury (2009) suggests that evaluation requires measurement of efficacy, efficiency and effectiveness, something that this process has been able to achieve. Given the spend nationally on this group of products, perhaps it is about time that we had clinical evidence for their use?

CONCLUSION

The data from this study provides positive evidence regarding the use of **CliniFast Tubular Bandages** on a number of wound types in different treatment settings. Overall, it shows that **CliniFast Tubular Bandages** are acceptable for their intended use, given that they are one of the least expensive tubular bandages on Drug Tariff. This evidence should guide clinicians in determining both cost and clinical effectiveness in their choice of these products.

Further *Clinical In Market Evaluations* are planned for other "commodity products" to ensure that clinicians are able to make choices based not only on price, but on whether the product is *fit for purpose*.

REFERENCES

Department of Health (2010) Equity and Excellence: Liberating the NHS. DH, London

Sainsbury, D., C., G. (2009) Evaluation of the quality and cost effectiveness of Versajet Hydrosurgery. International Wound Journal. 6(1): 24-29.

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