Name of project: Clinical evaluation of two skin protective products

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What was our aim?

To review the clinical outcomes and collate data and feedback on the Derma Protective Plus Skin Protectant versus our current product on formulary. The pilot will be undertaken in two community nursing localities and one community hospital and two nursing homes.

To review potential cost savings for the trust, through sourcing a more cost-effective product.

Why is it important to service users and carers?

Moisture associated skin damage (MASD) is the term used to describe damage to the skin from prolonged exposure from various sources of moisture, including urine, stool, perspiration, wound exudate and salvia (Voegeli, 2019). MASD is a common challenge within all health care settings and negatively affects the patient's quality of life, causing pain and distress, as well as presenting as a large financial burden to the NHS. In 2020, in the community in England alone, the cost of prescriptions for barrier products was £1.42 million (NHS Business Service Authority, 2021). Therefore, it is paramount to source a cost-efficient product which has evidence based effectiveness against MASD. In patients assessed as high risk, the use of a barrier product is required, alongside appropriate continence management and good skin care, to prevent MASD and reverse current skin damage thus improving patient outcomes and quality of life.

A tube of Derma Protective Plus is £3.99 compared to our current product which is priced at £9.94, therefore Derma Protective Plus provides a 60 per cent cost saving to the NHS.
In August 2021 in west Kent only, the usage of our current product was 1,148 units, costing £11,411.
The same amount of Derma Protective Pus would cost £4,580 generating a saving of £6,831 in one month in west Kent alone.

Ideas and tests of change

Pilot bases selected to swap out existing product with Derma Protective Plus for a four-week period and to complete the evaluation forms which were created specifically with the aim to capture the information required to understand whether Derma Protective Plus was as or more effective than our current product. The evaluation forms included a clinician feedback form and a wound assessment.

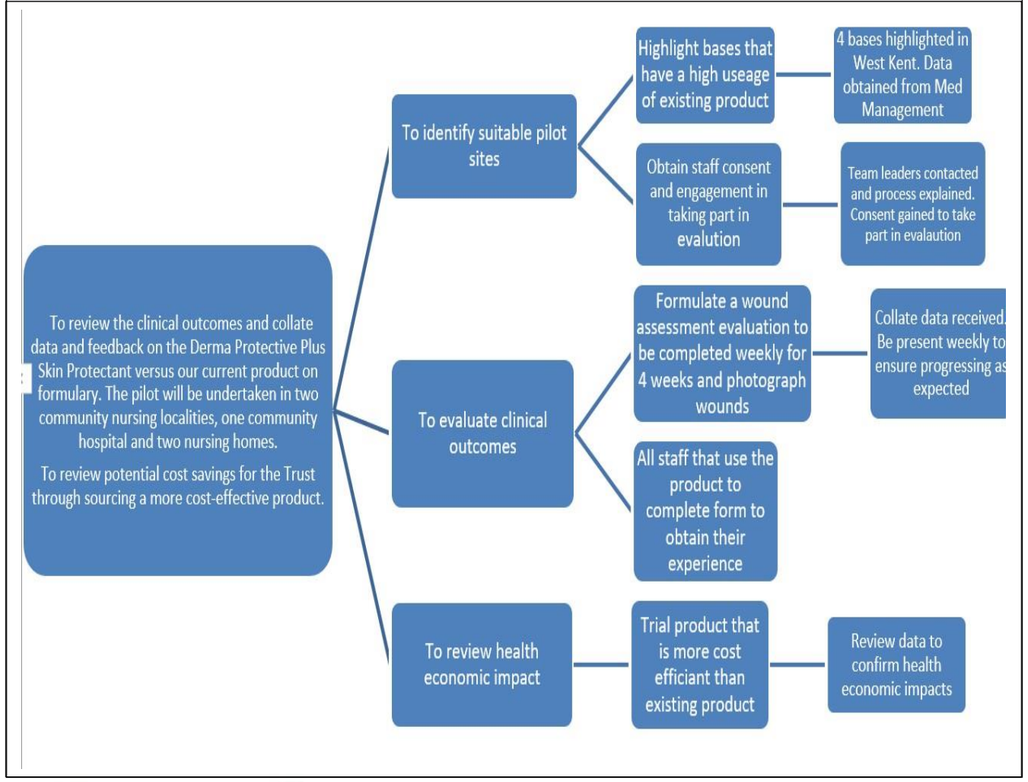
To make sure all colleagues understand our current MASD and IAD guidance and pathway and they are aware of Derma Protective Plus and its usage. Prior to commencing evaluation training on the Pathway B was revisited.

On collecting the data from pilot number one, it was found that the forms were completed incorrectly, not giving us the data required, thus following the plan, do, study, act (PDSA) cycle we reflected upon this and made the following changes in anticipation for pilot number two. No data in Pilot one was used for final results.

- Increased level of communication and expectations were explained before the evaluation, ensuring someone from the team took ownership and responsibility and cascaded the information to colleagues.
- Support from company to achieve a weekly presence within the bases was achieved to ensure evaluation was progressing as expected and any problems could be identified and managed in a timely manner.

We then repeated the evaluation across two bases in east Kent to capture further data. Delays occurred due to staffing and sickness.

The tools we used

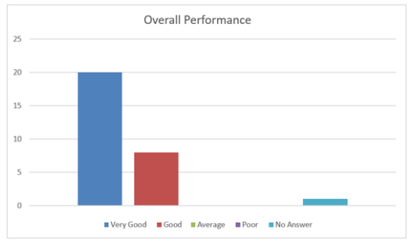


Results/How did we do/Anticipated outcome

- 30 patient and wound assessments received
- 29 clinician feedback forms received

28 out of 29 clinicians stated Derma Protective Plus was better or the same as existing product and they stated that the overall performance was very good or good.

28 out of 29 clinicians stated they used the same amount or less. This is important to ascertain in regards to cost effectiveness. Only one clinician reported using more, attempted to understand why but no apparent clinical reason for this.



There were no episodes of deterioration recorded that didn't have a relevant clinical rationale.

There are gaps in some of the wound assessment data due to patients being discharged elsewhere. All reasons behind no data was explored. Collecting the data from the community hospital site was a challenge as patients often didn't stay for the duration of the four-week trial, contributing to the high levels of no answers.

There have been no concerns highlighted from patients or staff throughout this evaluation.

Patient MB stated he was, "happy with the cream and does not want to change back, it is more comfortable and less sticky".

What we learned and what's next

Switching over to Derma Protective Plus presents significant financial savings.

This evaluation shows Derma Protective Plus is as effective in managing MASD versus current practice. There were no concerns in results or usage highlighted throughout.

It has been comparative if not preferred by both patients and staff to existing product.

we care