Comment on Pharmac proposal to list a range of wound care products supplied by Molnlycke Health Care Pty Ltd.

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The cost of wound products has, for a long time, been in the sights of managers of health facilities but is seldom weighed up against the actual total cost to the health system of various wounds. New Zealand, in particular, has a paucity of research and data around wounds and one problem is that a patient with a wound rarely stays in one area but can move across DHB and community settings while the wound continues not to heal. One of the few studies which was done in New Zealand showed that people in the Auckland region admitted to hospital with a leg ulcer stayed on average 34 days, which at that time was higher than the average length of stay for any other conditions combined (Walker, Rodgers, Birchall, Norton & McMahon, 2002). The approach of rationalising products does have some value, but is the bottom of the cliff approach. What is needed in New Zealand is research around prevalence of different types of wounds and actual costs of wound healing from start to finish, not just within a silo of health e.g. a surgical ward or District Nursing. This would provide a base line for proper strategies and guidelines to reduce the cost on the health system.

There is recognition internationally that product use is an inevitable target of wound management and the latest international consensus document on cost-effective wound management makes the point that the ageing population are making increasing demands on the health services, which in turn requires the need to demonstrate that “health interventions provide value for money for the patient benefits it provides” (pp1). This in turn requires decisions around purchases and some sacrifices will need to be made. (Wounds International, 2103).

Pharmac’s remit is to rationalise health costs and providing this is a consultative process, it would seem sensible to pursue some level of rationalisation. I note that other companies are expected to be included in this process and this is essential. Australia and most other Western nations have a far larger selection of companies marketing products and the risk is that companies who do not get included in these agreements will discontinue marketing in New Zealand, potentially reducing consumer choice further. Wound management is a dynamic and constantly changing environment and we are continuing to learn more about chronic wound healing and what is happening at the cellular and microbial level in particular which delays healing. This results in new products arriving on the market. During the last year two well researched products have arrived in New Zealand and are being marketed solely by two different companies; if these companies were lost to New Zealand this would put us at a disadvantage in terms of effective treatment choices based on research of wound healing and product research.

In terms of the Molnlycke products presumable the whole Mepilex range is being included, e.g. non adhesive, adhesive and silver? I would also query the inclusion of Setopress – this is an excellent bandage which I used for many years in the UK but it is a long stretch bandage, and the majority of providers applying compression nowadays are using the 2 layer system (Coban 2 and Coban 2 lite – 3M); even the 3 layer and 4 layer systems are less frequently used now, and the potential dangers of incorrect application of long stretch have led to far less use of it as a compression system. Also in terms of cost Setocrepe is another excellent product, but presently much more expensive than other 10 cm crepe bandages – even with the bulk price how will this compare to other effective crepe bandages? Once all companies have signed up and can be seen together it would be easier to comment on similarities, and advantages and disadvantages of some products, as presumably there will still be choices that can be made within a range e.g. foams or compression bandages. It would be useful if ACC adopted the recommendations once they have been completed to provide the opportunity for continuation of care and product choice.

References

Walker,N., Rodgers.A., Birchall,N., Norton, R. & McMahon.S (2002). Leg ulcer in New Zealand; Age at onset and provision of care in an urban population. *Journal of NZ Medical Association.115.* 1156.

Wound international (2013) International consensus; Making the case for cost effective wound management. www.woundsinternational.com

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