Addition of a novel emollient to the wound care formulary – a process case study

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Aim

To support the application of evidence-based practice in skin care provision by evidencing the need for a new formulary addition.

Method

As an evidence-based service the two specialist wound care services within the Doncaster Wound Care Alliance (SIT and TVALS) regularly review pathways and support guidance for product removal, continuity and addition to the wound care formulary. Following review meetings it was identified that outside of Dermatology guidance there was a gap for standard emollient application for lower limbs and lymphoedema. This was likely due to historical practice within organisations, due to emollients primarily being classified as dermatology products because they are fundamentally used to treat, manage, and medicate active skin pathologies, such as chronic inflammatory conditions characterised by skin barrier failure, for example atopic eczema and psoriasis. However, they are essential for maintaining skin integrity and preventing wound breakdown, despite their primary pharmacological action and regulatory, aligning them with dermatological treatment.

We were made aware that HOFA based emollients had been introduced into the UK market. We wanted to evaluate whether a new approach to emollient therapy could be effective for our patients and whether this would enhance care and bridge some of the gaps identified in the needs for our lower limb and lymphoedema patients. We conducted an initial evaluation including 36 patients with a lower limb wound or lymphoedema.

Results

94% of patients met their treatment objective of hydrating the skin, improving appearance, removing plaques, or easier application of compression. It was noted that patient compliance, and easier fit with lifestyle, were reported, and overall less product was used meaning that this was easier for application and coverage – providing a cost-neutral option to the current emollients.

Results

Using this evidence and the process outlined in the Best Practice Statement for Developing a Wound Care Formulary (Wounds UK 2023), we submitted a formulary update to the medicine management group of the ICB, providing a rationale and summary of the evidence and explained the reasoning for adding HOFA based emollient to the wound care formulary.

The summary included information confirming the impact the product would have on system wide working, reducing variation in practice, reducing cost, increasing cost effectiveness, benefiting the workforce and improving patient outcomes:

- HOFA-based emollients demonstrate their potential to support a consistent, evidence-informed approach to skin care across lower limb and lymphoedema services. By addressing previously identified gaps in emollient effectiveness and usability, promoting more integrated and standardised care delivery.

- The high success rate (94%) in achieving treatment objectives indicates that HOFA-based emollients provide predictable and reliable outcomes across a diverse patient group. Improved ease of application and compatibility with compression therapy reduces variability in product choice and application technique, supporting more uniform clinical practice and reducing unwarranted variation in care.

- Although clinically effective, the HOFA-based emollient was shown to be cost-neutral when compared with existing emollients. Reduced product usage, due to better coverage and absorption, suggests potential downstream cost savings through lower prescribing volumes, reduced waste, and fewer repeat applications.

- Improved patient compliance, and reduced product consumption, enhance overall cost-effectiveness. By achieving clinical goals more efficiently and supporting sustained skin condition improvement, HOFA-based emollients may reduce the need for additional treatments, escalation of care, or management of preventable skin complications.

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Results

- Simpler application and improved compatibility with compression therapy, reduced the time and effort required by clinicians and carers. This supports more efficient clinical encounters, reduces treatment burden, and increases staff confidence in treatment outcomes, contributing to improved workforce productivity and satisfaction.

- The evaluation demonstrated significant benefits for patients, including improved skin hydration, appearance, plaque removal, and ease of compression application. Enhanced usability and better fit with patient lifestyles improved adherence, supporting sustained skin health and potentially reducing the risk of skin breakdown, infection, and wound deterioration.

It was agreed following the review that HOFA would be included within the system wide wound care formulary, as a specialist request for a wound care or lymphoedema service, to initiate Tissue Viability, Lymphedema, Skin Integrity, Podiatry, Vascular and Dermatology.

Formulary Evaluation and Review Checklist

- [ ] Conduct evaluation, review findings, and compile results
- [ ] Use local evaluation data to tailor cost or clinician-time savings to the local area
- [ ] Identify key stakeholders (e.g., procurement, relevant clinical specialisms, integrated services)
- [ ] Send a one-page evidence overview, evaluation results, and costing information to all stakeholders ahead of formulary review
- [ ] Present and review the product at the formulary meeting
- [ ] Assess product access pathways - determine how it will be purchased or distributed for patient care
- [ ] If added to formulary, continue collecting evaluation data to monitor usage and clinical outcomes

Conclusion

This evidence-based approach to product evaluation and formulary listing ensured all stakeholders were part of a collaborative formulary listing approach. Monitoring trials continue with 72 evaluations completed.

Category	Paraffin Free Emollient	Specification	HOFAs product to provides essential fatty acids, in the form of linoleic acid, to the skin's intercellular lipid matrix, mechanically repairing the stratum corneum; helping to increase skin hydration, strengthen the skin barrier and improve elasticity whilst reducing TEWL.				
Product Name and Image	**Pathway indicated for use**	**Size/pack**	**Second line product if predictable variation has occurred**	**Information and restrictions for use**	**Formulary Traffic Light**	**Rational, reason or evidence for product selection**	**Product information links**
Linovera Oil	**Tier 4**	**30ml**	**n/a**	**As below**	**RED**	**As below** DBTH and RDaSH initial evaluation: The evaluations also found that considerably less product was required to cover the same surface area compared to previous practice. The unique formulation of both LV products allowed for easier application and coverage; absorbing into the skin was noted to be much	

Placement of a novel emollient on the Doncaster Wound Care Alliance Wound Care Formulary

Reference: Wounds UK (2023) Best Practice Statement: Development of a wound care formulary using clinical evidence and ensuring effective change management. London: Wounds UK

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