Doncaster Wound Care Formulary and Associated Pathways and Policies

For use across the Doncaster Wound Care Alliance

- Doncaster Primary Care
- Doncaster NHS SY ICB Doncaster Place
- Rotherham Doncaster and South Humber NHS Foundation Trust (RDaSH)
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTH).
- FCMS Doncaster Urgent Treatment Centre (UTC) & GP Out Of Hours service

(This is an interactive document, therefore is not to be printed. This is access via the below link where the most update version will be available: https://www.dbth.nhs.uk/services/skin-integrity/information-for-healthcare-professionals/doncaster-wound-care-alliance/doncaster-wide-associated-clinical-pathways/)

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Contributions to the Doncaster Wound Care Alliance include:

Organisation	Job Title / Department	Organisation	Job Title / Department
NHS SY ICB Doncaster Place	Lead Commissioner Finance Lead Chief Pharmacist Locality Lead Pharmacist	**Rotherham Doncaster and South Humber NHS Foundation Trust**	Doncaster Care Group Director Service Manager The Tissue Viability and Lymphoedema Service The Podiatry Foot Protection Service Continuous Service Improvement Manager Finance Lead
Doncaster and Bassetlaw Teaching Hospitals	The Skin Integrity Team Communication and Media Graphic Designer Clinical Specialist – Procurement		
FCMS	Service Lead	**Additional Support**	Lead Nurse - Sheffield Adults Burns Unit Burns Care Nurse Advisor - Sheffield Children's Hospital Community Practice Teacher - RDaSH Vascular Nurse Specialist – DBTH Service Manager Planned and Unplanned Community Nursing Service
Primary Care Doncaster	Chief Executive Doncaster Provider Alliance Lead Chief Nurse Contracts Manager Projects Coordinator Finance Lead		

Amendment Form:

Version	Date Issued	Brief Summary of Changes	Author
Version 8	**September 2029**	• Updated with south yorkshire procurement project changes to superabsorbent pads and post operative dressings, including film and pad dressings	Kelly Phillips
Version 7	June 2026	• Updated with pathway changes for cellulitis and lymphoedema, along with appendix 7 • Updated with new chronic non healing pathway • Updated with updated navigation tool • Update of SYICB Doncaster Place emollient guidance • Update national emollient alerts	Kelly Phillips
Version 6	May 2026	• Updated with updated navigation tool	Kelly Phillips
Version 5	April 2026	• Updated with pathways changes for leg ulcer, skin tears and traumatic wounds	Kelly Phillips
Version 4	December 2025	• Update to pathways with changes to products in line with South Yorkshire TVSIG Procurement Project group e.g. remove Biatain Silicone, replaced with Suprasorb P Sendiflex	Kelly Phillips
Version 3.9	November 2025	• Updated Leg Ulcer Pathway and Lower Limb Assessment Pathway with immediate and necessary care	Kelly Phillips
Version 3.8	October 2025	• Multiple product changes to aligned with South Yorkshire TVSIG Procurement project 2025 – see formulary change tracker for more details	Kelly Phillips
Version 3.7	July 2025	• Wound Infection Pathway updated to ensure it is clear around the need for a 14 day re review	Kelly Phillips
Version 3.6	June 2025	• Acticoat flex 3 was agreed at Doncaster PMOC to be moved from red to amber guidance to ensure practice nurses in Tier 2 and above accessing the leg ulcer, foot ulcer or infection pathway could get access to this product as specified in the pathways • Updated skin tear pathway with updated wound cleansing recommendations	Kelly Phillips
Version 3.5	May 2025	• Changes to film dressing s and honey due to SY alignment and company changes • Updated pathways for Burns 1staid, TIMES, PU category 3 and 4 surgical revision, discharged flowchart, MASD pathway and navigation tool	Kelly Phillips

CONTENT

1. INTRODUCTION

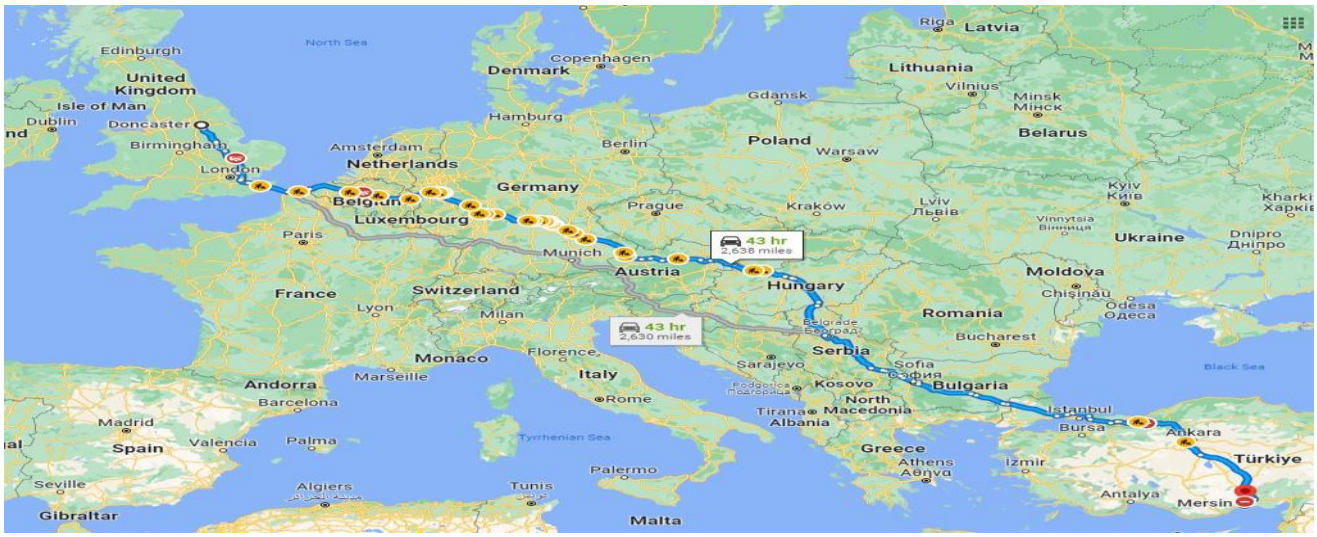
The Doncaster Wound Care Alliance appreciates the role that a joint wound care formulary and associated pathways and policies play to assist health practitioners in providing safe effective and economic products to service to people living with and at risk of developing a wound. It is important that any new or amended products are introduced in conjunction with the lead clinicians, Medicine Management and the Procurement Teams across the Doncaster Wound Care Alliance. This policy applies to all staff that provide wound care that are employed by one of the organisations within the Doncaster Wound Care Alliance:

- Primary Care Doncaster
- NHS Doncaster NHS SY ICB Doncaster Place
- Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Rotherham Doncaster and South Humber NHS Foundation Trust
- FCMS Doncaster Urgent Treatment Centre (UTC) & GP Out Of Hours service

The Wound Care Formulary and Associated Pathways is an interactive document aimed at increasing accessibility and saving C02e through being paper free. Therefore thought the document you will find hyperlinks to navigate you to other document, websites or sections of this document:

If you see a QR code this indicates it will take you to a relevant document or website with supporting information. Either use you camera phone to access the QR code or hover over the icon and press ctrl + click.	
If you see a blue/purple underlined part of the text this indicates it will take you to a relevant document or website with supporting information.	Wound Bed Preparation Pathway
If you see a house this indicates it will take you back to the content page	

Since 2021 when The Wound Care Formulary and Associated Pathways was launched and became interactive, combining several documents we have saved on average 10,298.7 sheets of paper which equated to 617.922kg CO2e. 617.922kg CO2e equates to 2648 miles travelling by car. With the CO2e saved we could travel to Mersin in Turkey.



2. PURPOSE

The purpose of this formulary is to provide clear, understandable guidance on the processes to follow when caring for people living with or at risk of developing a wound. To ensure consistency and evidenced based care across the Doncaster Wound Care Alliance with evidence based assessments, prevention and management of patients at risk of wounds and/or with wounds.

A wound care formulary is a clinical and financial necessity [1]. The wound care formulary is developed by a multidisciplinary team to include a range of clinical and cost-effective products, to serve the patients wound requirements. The formulary is based on a wide range of clinical evidence and peer reviews, with the products being selected on the current clinical evidence and cost considerations. The formulary is balanced with the need for education to underpin the use of the formulary and the wound products included, to ensure that appropriate care is provided. The Doncaster Wound Care Alliance includes a universal structured competency based educational programme for health practitioners providing care for people living with and at risk of developing a wound, to ensure a consistent and cohesive approach for wound care interventions is provided that reflects the current evidence, local policy and pathways, whilst incorporating the national agenda.

3. DUTIES AND RESPONSIBILITIES

3.1 Education

This formulary is for the use of health practitioners who have completed the relevant educational modules to provide direct assessment, prevention and management of wounds in line with the Tier provider across the Doncaster Wound Care Alliance. Choosing a wound management plan depends greatly on a holistic assessment of the patient and their wound; the patient should be at the centre of all care decisions made. The complexity of the wound is divided over 4 tiers.

It is expected that providers of this service will ensure their clinical staff are trained and skilled to the standards set out in the Doncaster Wound Care Pathways and Doncaster Wound Care Training Programme, bespoke to the tiers. The structured educational programme will provide assurance that all staff across Doncaster engaged in wound care interventions are providing a consistent and cohesive approach.

Clinicians providing wound care under the remit of the service must undergo a three yearly update of the Doncaster Wound Care Alliance Education Programme or equivalent approved training. In delegating any element of a wound care plan to non-registered roles within the healthcare delivery team, it is the responsibility of the provider to ensure that the appropriate competency, supervision, indemnity and insurance is in place, and that patient consent is duly sought and recorded. Declarations of assurance to this effect will be required as part of signing up to this specification.

- Tier 1 – acute healing wounds, less than 14 days old with healthy granulation/epithelial tissue, managed by the General Practice/ District Nurse / Ward Staff
- Tier 2 – chronic healing wounds, more than 14 days old with 50% or more healthy granulation/epithelial tissue, managed by the General Practice/ District Nurse / Ward Staff
- Tier 2 LL – chronic healing leg ulcer that have had a comprehensive lower limb assessment and diagnosis within a Tier 3 or 4 service previously, with more than 14 days old with 50% or more healthy granulation/epithelial tissue, and managed by the General Practice/ District Nurse / Ward Staff
- Tier 3 – non healing wounds, 50% or more devitalised/slough/necrotic tissue, managed by the General Practice/ District Nurse / Ward Staff AND a specialist service e.g. The Skin Integrity Team, Tissue Viability and Lymphoedema Service, Vascular Service, Podiatry.

- Tier 4 – Complex non healing wounds, 50% or more devitalised/slough/necrotic tissue, managed by a specialist service only e.g. The Skin Integrity Team, Tissue Viability and Lymphoedema Service, Vascular Service, Podiatry.

The wound care tier module for Doncaster is:

The modules within each tier of the Doncaster Wound Care Alliance and the alignment to the notational frameworks are:

Tier 1

Tier 2 and 2LL

Tier 3

3.2 Direct Wound Care Provisions

General Practitioners (GP's) will receive requests for wound care product perceptions, however the direct wound care intervention need to be undertaken by the healthcare professional that has completed the Wound Care Alliance Education Modules. Do not exceed a 14 day supply of dressings and products at any one time, unless the patient has a long term conservative plan in place where there will be no change to the products required.

3.3 Off formulary prescribing

Where a community tier 4 specialist service has exhausted all options of the formulary and request a specific treatment or product for a patient they will provide communication with the GP via letter for an off formulary product to be prescribed. Where secondary care Tier 4 specialist service has exhausted all options of the formulary and request a specific treatment or product for a patient they will provide communication with the Inventory Management and Procurement Department for a specialist request for an off formulary product to be ordered.

3.4 Wound Care Alliance Meeting

Representatives of the Doncaster Wound Care Alliance meet on a bi-monthly basis to review any KPI's or actions for the Wound Care Formulary and the Doncaster Wound Care Alliance.

3.5 Formulary review

A Doncaster wide wound care formulary representative meeting is held Bi- monthly to review any new product, evidence, research that requires review for consideration or any existing products or process that have raised concerns or issue that need re review. The meeting consists of representatives from:

- The Skin Integrity Team
- The Tissue Viability and Lymphoedema Service
- The Podiatry Foot Protection Service
- Procurement at Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust
- Procurement at Rotherham and Doncaster and South Humber NHS Foundation Trust
- Procurement at the NHS Supply Chain.

Any suggestions of new products, available new evidence or any concerns are to be submitted to either the Skin Integrity Team, Tissue Viability and Lymphoedema Service or Podiatry Foot Protection Service to enable discussion and review at a Doncaster wide wound care formulary representative meeting:

- The Skin Integrity Team. Tel: 01302 642439. Email: dbth.skinintegrityteam@nhs.net
- The Tissue Viability and Lymphoedema Service Tel via SPA 01302 566999 Email doncaster.spa@nhs.net
- The Podiatry Foot Protection Service 03000 211 550. Email: Rdash.podiatryreferrals@nhs.net

The lead representatives will review and discuss the information presented and identify if there are benefit to the Doncaster Wide Wound Care Formulary or not, taking in into consideration the following points:

- Evidence based practice
- Patient outcomes
- Sustainability
- Net zero carbon emissions.
- Service provisions
- Procurement
- Costings

Sustainability and Net Zero:

NHS England established a target to becoming net Zero by 2040 for the emissions the NHS controls directly with an ambition for an 80% reduction by 2036.
Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust has committed to support delivery the set objectives laid out by the Health and care act 2022 climate change.
As a trust, we are asking suppliers to support this commitment and work with them to achieve a standard that adheres to social value outcomes on ethics, labour and the environmental risk but also mitigating that risk by providing a good quality product that does not affect the outcome for the patient.

4. PROCEDURE

The formulary provides guidance on the processes to follow when caring for people living with or at risk of developing a wound.

4.1 Holistic Wound Assessment

A systematic approach to holistic wound assessment is essential for the delivery of high quality care. A holistic wound assessment considers the 'whole' patient and should comprise of a generic wound assessment minimum data

set[1]. A holistic wound assessment has the potential to:

- Identify factors that require intervention and indicate objectives for management
- Guide appropriate patient and wound management
- Improve healing rates
- Reduce the physical, emotional and socioeconomic impact of wounds on patients
- Benefit practitioners and the NHS by reducing the overall burden of wounds, potentially decreasing workload and the costs associated with wound care
- Raise practitioner and patient morale by improving patient outcomes.

A holistic wound assessment should be performed by a healthcare professional with sufficient knowledge and skills and they should be given sufficient time to perform a holistic wound assessment [3].

Best practice Statement - Holistic wound Assessment

4.2 TIMES

Wounds UK (2018)[1] recommend that a holistic wound assessment includes a generic minimum data set for assessment and documentation. Using a structured approach through a generic holistic wound assessment criteria will underpin the assessment, documentation and practice to facilitate a more consistent approach to wound management and can re-focus services and promote improvements in wound care. Additional assessment parameters may be necessary according to wound type, for example when assessing a wound on the lower limb. This has been compiled using all the criteria from the NHS England Leading Change Adding Value Framework[4] and the assessment criteria from the SIGN Guideline for Venous Leg Ulcers[5].

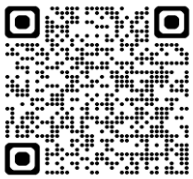
The wound assessment tool recommended to use as part of a holistic wound assessment is T.I.M.E.S. This tool was developed and published in 2003[6] by an international group of wound healing experts, to provide a framework for a structured approach to wound bed preparation. The T.I.M.E.S acronym facilitates the assessments of:

- Tissue
- Infection, inflammation or biofilm
- Moisture
- Edges of the wound
- Surrounding skin.

Generic wound assessment minimum data set

Criteria of T.I.M.E.S and the assessment of associated barriers to wound healing

Wound bed preparation. TIME in practice



4.3 Documentation and Photography

High standard, consistent documentation can guide objective setting, care planning and evaluation/reassessment[1]. Documentation of a holistic wound assessment and a management plan should take place at each dressing change including each parameter in the generic wound assessment minimum data set. The reviews should determine whether the patient and the wound are improving, deteriorating or unchanged; checking the progress against the objectives of management[1]. Any adjustments to the management plan should be fully documented. Drawings and/or photography can illustrate the wound, aiding the assessment. If photography is used, local photography guidance and polices should be adhered to at all times. Only take photographs when consent has been given and according to local guidelines (which may include who is permitted to take photographs and require that camera users are registered)[7]. The National Wound Care Strategy Programme (NWCSP) provides recommendations on photography, however ensure that local Trust/organisation photography guidance is adhered to:

NWCSP Photography recommendation

4.4 Antimicrobial Guidance

Evidence concerning the efficacy of topical antimicrobial agents in the management of wounds remains equivocal[8]. Reports of resistance to antimicrobial agents are limited but misuse of these products must be avoided. Managing wound infection is costly for the patient and to the health economy, and a structured approach to assessment and management of the patient as well as correct use of antimicrobials is essential to ensure safe, effective and person-centred care[9]. Antimicrobials including silver dressings should be used in an appropriate and structured manner for limited periods with clear clinical treatment objectives.

Best practice recommendations for the appropriate use of silver dressings suggest a 'Two-week challenge' where the efficacy of silver dressings can be assessed[10]. Use should be based on an accurate and detailed holistic assessment and then monitored and controlled. Therefore it is recommended that antimicrobial agents are used in accordance with the Pathway for Wound Infection with a review of the antimicrobial agent requirements undertaken after two weeks[8] (as a minimum).

Wound Infection Institute Consensus 2022

4.5 Diabetic Foot Guidance

For successful treatment of Diabetic Foot Ulcers (DFU) it is essential that an assessment is undertaken to determine the underlying causative factors, and where possible, the cause removed or modified. DFU's are

commonly neuropathic or ischaemic, however, they can be a mix of both and are often complicated by co-morbidities and lifestyle factors such as Hyperlipidaemia, Obesity, Cardiovascular Disease, Chronic Kidney Disease, tobacco smoking, minimal physical activity and poor glycaemic control.

Diabetic patients with foot ulcers within Doncaster should be referred to the Podiatry Foot Protection Service at Cantley Health Centre for assessment as per Doncaster diabetic guidelines, unless presenting with critical limb ischaemia and/ or spreading systemic infection where urgent referral to vascular/ hospital admission is required. The Podiatry Foot Protection Service is for all patients with diabetic foot complications requiring treatments such as regular debridement, wound care, offloading and insole therapy.

Neuropathic or Ischaemic

4.6 Compression Guidance

Compression is used to manage conditions associated with chronic venous insufficiency, including post-thrombotic syndrome, varicose veins, venous eczema, lipodermatosclerosis, and swelling in the legs associated with pregnancy[11]. It is also effective as part of an integrated, multifaceted approach to managing lower limb wounds and oedema, as it has been demonstrated to help improve skin integrity, restore limb shape and enhance patient quality of life[12]. Compression options vary in degrees of compression, fabric, stiffness, size, length, and whether they are closed or open-toe. For example hosiery kits, hosiery, wraps and bandages. They exert the greatest degree of compression at the ankle, and the level of compression gradually decreases up the leg[13].

A full Lower Limb Assessment (see Lower Limb Assessment Pathway and Appendix 1,2 and 3), including an Ankle Brachial Pressure Index reading should be completed prior to compression being applied[2]. Compression should continue for as long as there is evidence of venous disease – in most cases this is life-long (exc. pregnancy). Many brands of compression garments and bandages are available. The recommended degree of compression and compression garment or bandage type needed depends on the condition being treated. The healthcare professional completing the Lower Limb Assessment will indicate the most suitable product based on the assessment in line with Appendix 2. Please note all requirements for flat knit garments must be reviewed and assessed by TVALS prior to ordering.

Made to measure compression garments should only be selected if the patient has had their leg measurements checked in the past six months and none of the standard sizes are appropriate. Patients treated with compression hosiery should be reviewed every 3, 6 or 12 months depending on their risk factors[14] (Appendix 3 provides guidance on this). Compression hosiery for the sole prevention of DVT for travellers is not available on NHS prescription and patients should be advised to purchase class 1 below knee stockings or proprietary “flight socks”.

NICE compression stockings

4.7 Emollients

Ensure emollient users and their carers understand the fire risk with these products and can take action to minimise the risk:

- Instruct them to not smoke, cook or go near any naked flames or heat source (gas, halogen, electric bar or open fire) whilst wearing clothing or dressings that have been in contact with emollients or emollient treated skin. If they cannot do this advise on measures to do so safely eg, use safety lighters or e-cigarettes; remove long sleeved or loose clothing before cooking; put on a thick uncontaminated shirt, overalls or apron; move chairs further away from the open fire or other heat source.
- Be aware that washing clothing and bedding at a high temperature may reduce emollient build up but does not totally remove it. It is important to minimise the risk in additional other ways (as above).
- For complex cases contact the local fire and rescue service for advice and support.

Please see links below to Medicines and Healthcare products Regulatory Agency:

- Skin Creams Alert
- Risk of severe and fatal burns with use of emollients. There is a risk of severe and fatal burns with all emollients, including paraffin-free products

The South Yorkshire Doncaster Place ICB Emollient and barrier Formulary and Guidance can be found **here.**

This is in addition to the recommendations within this Wound Care Formulary where Linoveria Oil and Emulsion is recommended: 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.

5. PATHWAYS AND PRODUCTS

Clinical pathways are a common component in the quest to improve the quality of health[15]. Clinical pathways aim to enhance the quality of care by guideing the user through the evidence based decision-making, translating clinical practice recommendations into clinical processes, which in turn will:

- Shorten the duration of the process with faster diagnosis
- Increase coherence of care between different professionals provides
- Reduce the risk of opposing opinions and therapies
- Avoid duplication
- Increase the opportunity for patient empowerment
- Reducing the risk of errors
- Enable cost effectiveness
- Increasing job satisfaction.

All associated pathways and policies can be found in section 5.1. To open the associated pathway (PDF), double click on the paper icon in the PDF link column. The PDF will open in a separate screen. Follow the Aetiology of wounds pathways section first. If there is not a pathway relevant for the wound type you require, follow the Optimisation of wound pathways section. **NB: Only prescibe and provide a 14 day supply of dressings and products unless the patient has a long term concernvative plan in place where there will be no change to the products required.**

5.1 Associated Pathways and Policies

Associated Aetiology of wounds pathways	
To help you navigate to the most appropriate pathway for the wound type you are managing you can use our Doncaster Wound care Formulary and Associated Pathway and Polices Navigation Flowchart	
1	Wound Bed Preparation and Therapeutic Cleansing Pathway with associated Prontosan System Ulcer Guide and associated Therapeutic Cleansing wound and Skin Guide
2	Pathway for larval debridement therapy
3	Pathway for Skin Care Regime for MASD
4	Pathway for the Emergency Department for Prevention and Management of Moisture Associated Skin Damage (MASD)
5	Pathway for Skin Care Regime for Nappy Rash and IAD (Neonates)
6	Pressure Ulcer Management
7	Pressure Ulcer Clinical Pathway
8	Prevention of medical device related pressure ulcer (MDRPU) guidance
9	Prevention of Paediatric/Neonatal Medical Device Related Pressure Ulcers (DRPU)
10	POSIE's clinical pathway for malignant/fungating wounds
11	Pathway for medical adhesive related skin injuries (MARSI)
12	Skin Tear and Traumatic Wounds Pathway
13	Pathways for pre-tibia lacerations
14	Pathway for well legs
15	Lower leg wound guidance
16	Pathway for the application of safe soft lower leg bandaging technique
17	First to dress lower leg pathway for Emergency Departments
18	Guidance for identifying cellulitis or red legs
19	Pathway for Lower limb Lymphoedema
20	Pathway for limb Haematoma
21	Leg Ulcer Pathway
22	Lower limb assessment pathway (Tier 3, 4 and District Nurses)
23	Foot ulcer diagnosis guidance
24	Foot ulcer pathway
25	Foot ulcer assessment pathway – secondary care
26	Pathway for non-Complex Burns (Adult)
27	Adult Burn referral Guidance
28	Paediatric Minor Burns Injury Pathway
29	MDSAS Paediatric Burn Referrals
30	Pathway for Burns First Aid
31	Pathway for Obstetrics, Gynaecology and Breast surgical wounds
32	Pathway for Orthopaedic Surgical wounds
33	Pathway for Healing by Secondary Intention Surgical Wounds
34	PICO and negative pressure wound therapy (NPWT) selection guide
35	Negative pressure wound therapy (NPWT) ordering, collecting and returning pathway – secondary care
36	Pathway for external fixation and pin site care
37	Pathway for Category 3 or 4 pressure ulcers for consideration of surgical debridement and revision (Secondary Care)
38	Chronic non healing Pathway
Associated Optimisation of wounds pathways	
39	T.I.M.E.S Pathway

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Associated Aetiology of wounds pathways	
40	Pathway for Wound Infection

Associated Policies	
A	Pathway for discharge communications for patients living with wounds
B	Pathway for Patient with Wounds and Complex Lives
C	Appendix 1 – Lower Limb Assessment Criteria (Tier 3, 4 and District Nurses)
D	Appendix 2 - Compression options following lower limb assessment
E	Appendix 3 – Recommended lower limb assessment frequency (Tier 3, 4 and District Nurses)
F	Appendix 4 – Neuropathic and Ischemic Foot Ulcers
G	Appendix 5 – Wound care alliance education programme per Tier
H	Appendix 6A - Doncaster Wound Care Alliance Learning outcomes for Tier 1 Appendix 6B - Doncaster Wound Care Alliance Learning outcomes for Tier 2 and 2LL Appendix 6C – Doncaster Wound Care Alliance Learning outcomes for Tier 3
I	Appendix 7 – Compression hosiery and wrap product order list
J	Appendix 8 – Assessment of competency: Practical application of safe soft lower leg bandaging technique
K	Appendix 9 - Assessment of competency: Practice application of compression bandaging: UrgoKTwo
L	Appendix 10 – Assessment of competency: Negative pressure wound therapy
M	Appendix 11 - Assessment of competency: MESI ankle brachial pressure index (ABPI) medical device
N	Appendix 12 – Assessment of competency: Dopplex DMX/DMXR
O	Appendix 13 – GP prescription request form for on formulary for TVALs and FCMS
P	Appendix 14 – GP prescription request form for off formulary dressing/products
Q	Appendix 15 – DBTH Discharge with wounds communication and referral form – Form A
R	Appendix 16 – DBTH Discharge with wounds communication and referral form – Form B
S	Appendix 17 – DBTH Discharge with wounds communication and referral form – Form C
T	Appendix 18 – Wound Care Shared Care Communications Form
U	Appendix 19 - Assessment of competency: Urgo 4 layer system
V	Appendix 20 - Vascular Service - Venous Insufficiency Referral form
W	Appendix 21 - Vascular Service – Peripheral Arterial Disease (PAD) / Chronic Limb Threatening Ischemia Disease Referral Form
X	Appendix 22 - Application guide for Renasys NPWT gauze
Y	Appendix 23 - Application guide for Renasys NPWT foam
Z	Appendix 24 – How to use Flaminal – Tailor made application
AA	Appendix 25 – How to use Flaminal as a wound filler – Tailor made application

5.2 Predictable variation

If the named product on the pathway is not available a temporary second line product is available to use. This can be found within the section 5.3

5.3 Products for use

Full Product List for 2nd line variation options:		https://www.dbth.nhs.uk/wp-content/uploads/2026/06/Doncaster-Wound-Care-Alliance-Formulary-Product-list-v6-1.pdf		
Product	**Specification**	**Name**	**Image**	**Information**
Absorbent – Super absorbent non adhesive dressing	A super absorber dressing manages high levels of exudate, to maintain skin integrity and support healing by absorbing exudate through the skin contact layer, into the core, which contains superabsorbent polymers where it locks in exudate, bacteria and matrix metalloproteinases. This means the fluid is retained, even under compression.	**Standard exudate management = Emsorb max** **Lymphoedema exudate management = Drymax super**		
Adhesive island wound dressing	Self-adhesive wound dressing made of a soft non-woven fabric as support material, with a non-adherent wound dressing pad	**Cosmopore**		
Adhesive Remover	Non-sting 100% silicone medical adhesive remover that does not cause skin trauma and evaporates in seconds.	**Brava adhesive removal spray**		

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Alginate	Sterile non-woven alginate fibre dressing or Enzyme Alginogel	**Kaltostat**		
		Flaminal Hydro or Forte		
Antimicrobials / Bacteria binding	Topical antimicrobial dressing can be used to reduce the level of bacteria at the wound surface but will not eliminate a spreading infection. Some dressings are designed to release the antimicrobial into the wound, others act upon the bacteria after absorption from the wound. *In relation to NICE HTE27 2025 - Our leg ulcer pathway does specific one particular antimicrobial as 1st line, however in line with NICE 1.4 factors that need to be considered when choosing a dressing, therefor it is clinically appropriate that meets the needs of an infected leg ulcer:* • *This product is a multidimensional product (so reduced the cost of additional products) as it cleanses, debrides, treats and prevents reoccurrence biofilm and bacteria.* • *It can stay in place for 7 days (so takes into consideration frequency of dressing changes needed)* • *As it is a multidimensional product it increases the opportunity for a person to change their own dressing. There for it is clinically appropriate that meets the needs of an infected leg ulcer* *In line with NICE 1.2 we have access to a range of different types of antimicrobials on our formulary, including: silver, honey, phmb, enzymatic alginates, DACC, iodine. We have 4 antimicrobials that are Green (accessible to all) of which the one on our leg ulcer pathway is one of those, 3 that are amber (in line with specific pathways in out*	**UrgoClean Ag** ***Also De-Sloughing Multidimensional – cleanse, debride, treat and prevent. Anti biofim.***		
		Flaminal Hydro or Forte		
		Cutimed Sorbact		
		Kerlix AMD		

	formulary) and 8 that are red (for predicted variability of stock accessibility and/or specialist use only).	**Activon** As part of the Pathway for Wound Infection		
		Algivon As part of the Pathway for Wound Infection		
		Acticoat Flex 3 As part of the Foot Ulcer, Leg Ulcer or Infection Pathway, to be reviewed after 14 days unless Tier 4 service specifies differently		
	1st line Ag form across south yorkshire	**Biatain Ag foam – adhesive and non adhesive** Around port sites and drains		
Bandages	Tubular bandages for dressing retention. Sub wadding bandages. An absorbent, non-woven, sub-bandage wadding comprising a blend of viscose and polyester. Used to reduce the effect of compression bandages and orthopaedic casting materials on the skin. May also be used to reshape the leg around the calf or ankle, to ensure correct pressures are achieved when applying four-layer compression, and to protect the bony prominences.	**Bandage – Tubular Clinifast**	 	
		Bandage - Sub Wadding K – Soft		**Click Browse Youtube**

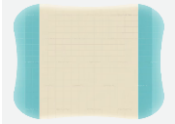
		Cellona **To be commenced by Tier 3, 4 ONLY**		
		Bandage - Light support **K- lite**		
Compression Bandages – Lower Limb	To improve vein circulation in legs to treat chronic oedema and aid venous return to prevent or assist healing for lower limb wounds	**Urgo K Two 40mmHg and 20mmHg**		
		Actico For patient with Lymphoedema or as instructed by a Tier 4 service		
Compression Lower Limb Hosiery and Wraps (Size and ordering PIP number as per Appendix 7)	To improve vein circulation in legs to treat chronic oedema and aid venous return to prevent or assist healing for lower limb wounds	**Jobst Leg Ulcer Kit** 40 mmHg		

		Jobst Leg Ulcer Care 18 -21 mmHg,		
		Altipress 40 Leg Ulcer Kit (40 mmHg)		
		Altifrom (18 -21 mmHg,)		
		• **Prescribe 2 garments per limb.** • **If the patient required made to measure Hosiery please refer to TVALS.** • **If there are no changes in the Lower Limb Assessment then 2 garments per limb should last 6 months.** **If the wear time is not lasting the frequency then please refer to TVALS.**		
Compression Hosiery applicators	To assist with the application of compression hosiery to aid self-management. Must have compression hosiery – **Primary/community care only**	**Melany Sigvaris – Primary/community care only**		
		The compressana Snapper – Primary/community care only		

		MagnIglide– Primary/community care only		
		Sockald Urgo Medical – Primary/community care only		
		Rolly – Primary/community care only		
		Ezy- As (with or without handles) – Primary/community care only		
Bandage protectors	Waterproof protection for your cast or dressing below the knee (not suitable for orthopaedic boots). Perfect for your bath or shower	**Limbo - Primary/community care only**		
Debridement (mechanical)	Either a Microfibre pad that is thin enabling easy access to hard-to-reach and undermined wound edges and cavities. Or a sterile, pre-moistened, single-use cloth for wound debridement and cleansing of the surrounding area.	**Prontosan Debridement Pad**		

		UrgoClean Ag		
		Flaminal Forte and hydro	 	
		UCS debridement wipes To be commenced by Tier 4 or District Nurses ONLY		
De Sloughing Dressing	Polyabsorbent fibres in the dressing pad provide a complete and continuous cleaning action to remove slough and exudate.	**UrgoClean Ag**		
Dermal Gel Pad	Dermal Pads are hypoallergenic and latex free and help to cushion & protect against bruising, injury & pressure ulcers.	**Kerrapro**		
Emollient	Emollients are moisturising treatments applied directly to the skin to soothe and hydrate it. They cover the skin with a protective film to trap in moisture.	https://mpd.doncasterccg.nhs.uk/therapeutic-sections/13-skin/132-emollient-and-barrier-preparations/1321-emollients/		

Film	A latex-free, transparent film dressing, coated with a layer of hypoallergenic acrylic adhesive. The frame delivery system provides a gentle but secure adherence to the skin, whilst allowing simple and accurate positioning over the wound site.	**EmFilm**		
		Leukomed T Skin Sensitive **DBTH Chatfield suite and Dialysis unit**		
Film Island Dressing	Vapour permeable dressing with adhesive and pad.	**365 transparent island dressing (MEDIQ)**		
		Leukomed T plus skin sensitive **DBTH Chatfield suite and Dialysis unit**		
Fludroxycortide	Fludroxycortide in tape from with 4mg per cm2	**Fludroxycortide tape 4mg per cm2** Only in line with the T.I.M.E.S Pathway for the management of over granulation. Ordered via Pharmacy not NHS supply chain.		

Foams	Conformable, absorbent polyurethane foam pad with a vapour-permeable film backing and a gentle silicone adhesive border and a non-silicone boarded version	**Suprasorb P senisiFlex foam – adhesive**		
		Suprasorb P Sensitive non border foam For use where the patient has an allergy or sensitivity to adhesive		
Foams Featuring TLC	A soft-adherent foam dressing featuring TLC (technology lipido-colloid) Healing Matrix that provides a nurturing environment for healing, pain-free dressing changes and harm-free care.	**UrgoTul Absorb**		
Foams Featuring TLC NOSF	Technology Lipido-Colloid with Nano Oligo Saccharide Factor (TLC-NOSF) is a healing matrix reduces excess matrix metalliproteunases, rebalancing the wound and closing it sooner.	**UrgoStart Plus Border**		
		UrgoStart Plus Pad		
Hydrocolloid	Absorbent hydrocolloid dressing with added alginate for absorption, a vapour-permeable film backing and bevelled edge to reduce the risk of rolling edges. Mapping grid to aid wound measurement. Absorbent hydrocolloid dressing with added	**Comfeel Plus**		

	alginate for absorption, a vapour-permeable film backing and bevelled edge to reduce the risk of rolling edges. Mapping grid to aid wound measurement.	**Comfeel Plus Contour**		
		DuoDERM		
Hydrogel	To hydrate wounds, re-hydrate eschar and aid in autolytic debridement. Hydrogels are insoluble polymers that expand in water and are available in sheet, amorphous gel or sheet hydrogel-impregnated dressings.	**Hydroclean Plus** To be commenced by Tier 4 or District Nurses ONLY		
Irrigation and Wound Cleansing	Wound Irrigation Solutions or Gel that can be used treat and help prevent infections in acute and chronic wounds including: Traumatic wounds. Post-operative wounds. Chronic skin ulcers (e.g. venous, diabetic or pressure ulcers)	**Prontosan Solution (Irrigation Solution)**		
		Prontosan Wound Gel X (Cleansing Gel)		
		Normasol – Normal Saline		

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Low Adherent dressing	Highly absorbent, low-adherent dressing.	**Melolite** For use under plaster caster and around fingers only		
Negative Pressure Wound Therapy	Aims to optimize the physiology involved in wound healing by applying sub-atmospheric pressure to help reduce inflammatory exudate and promote granulation tissue.	**PICO 7 and PICO 14** To be commenced by Tier 3 and 4 or District Nurses ONLY and be reviewed after 14 days as per		
		Renasys Touch Canister		
		Renasys F Foam Kit **Renasys -F/AB Abdominal Foam Kit** **Renasys -G Gauze Kit** **Y-Connector** **Renasys G 10FR Round Drain Gauze Kit** **Renasys G 10mm Flat Drain Gauze Kit** To be commenced by Tier 4 or District Nurses ONLY Tier 4 will supply the consumables for Tier 3 Shared Care	   	
Odour Control	Sterile, non-adhesive, multilayer dressing with an absorbent layer, a one-way, water-resistant film to delay strikethrough to the carbon layer, thereby prolonging its odour-adsorptive properties, an activated charcoal cloth, an absorbent pad for comfort and a water-resistant top layer	**Actisorb** Only for odour control		

Paraffin Free Emollient	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.	**Linovera Oil**		
		Linovera Emulsion		
Post-Operative dressing	Bacteria proof, water proof film island dressing with an absorbent pad. Visibility through the dressing is ideal as this can prevent dressing changes.	**365 transparent island dressing (MEDIQ)**		
		OPSITE Post Op Visible		
		Mepilex border post op		
		Leukomed sorbact		

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Skin Protection – Incontinence and Moisture	A gentle, pH-balanced, no-rinse moisturising cleanser designed to protect against moisture-related skin damage (MASD) such an incontinence-associated dermatitis on intact and injured skin, and a dimethicone-based skin protectant containing copolymer bioadhesives. Can be used to protect against or manage moisture-related skin damage (MASD).	**Medi Derma Pro Foam and Spray and Protectant Ointment**		
Skin Protection	Non-sting barrier cream or film providing transparent long-lasting protection from moisture-associated skin damage. Moisturises and protects mildly damaged and intact skin by forming a waterproof barrier, preventing irritation from bodily fluids, adhesive products and friction.	**Medi Derma-S Total Barrier Film and Barrier Cream**		
Wound Contact Layer	Non-adherent, polyester mesh wound contact layer. 1mm pore size and impregnation of neutral triglycerides to prevent penetration of granulation tissue into dressing. Petrolatum-free.	**Atrauman**		
		Atrauman Silicone Children only		
Zinc dressings	Zinc paste (10% zinc oxide) bandage for the treatment and management venous insufficiency associated skin conditions and for use in dermatology to treat chronic eczema and dermatitis. Can be used as a primary contact layer under compression therapy systems where venous insufficiency exists.	**Viscopaste** To be commenced by Tier 4 ONLY		

Tier 4 Products

Product	Specification	Product	Image	Click or Scan below QR code to take you to the Product List
Antimicrobials	Topical antimicrobial dressing can be used to reduce the level of bacteria at the wound surface but will not eliminate a spreading infection. Some dressings are designed to release the antimicrobial into the wound, others act upon the bacteria after absorption from the wound.	**Activon** Tier 4 As part of the Pathway for Wound Infection		
		Algivon Tier 4 As part of the Pathway for Wound Infection		
		Iodoflex (Iodine Cadexomer) and Inadine To be commenced by a Tier 4 service ONLY following change to BNF guidance To be commenced by a Tier 4 service ONLY following change to BNF guidance		
		Durofiber Ag To be commenced by a Tier 4 service ONLY Where no effect has been seen with UrgoClean Ag		
		Askina Calgitrol Paste To be commenced by Podiatry Services ONLY		
		Acticoat flex 7 **Tier 4 service**		

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Debridement Larval Therapy	Biosurgical treatment for the debridement and cleansing of wounds consisting of aseptically produced larvae of Lucillia sericata sealed in a finely woven polyester pouch containing larvae and PVA foam spacer piece(s)	**Larval Therapy Biomond** To be commenced by Tier 4 ONLY		
Dermatology chemical compounds, steroids, and any other medication		To be prescribed as recommended by the Dermatology Department in line with Doncaster and Bassetlaw Joint Formulary, for guidance refer to Doncaster and Bassetlaw Joint Formulary on the NHS SY ICB Doncaster Place Medicines Management Website. http://medicinesmanagement.doncasterccg.nhs.uk/		
Gelling Fibers	A highly absorbent, non-woven, gelling fibre dressing composed of a blend of cellulose-based fibres. When the dressing fibres come into contact with exudate, they swell and form a soft cohesive gel sheet. Exudate is locked within the gel dressing structure.	**Durafiber** To be commenced by Tier 4 ONLY		
Heel Balm	Balm containing 25% Urea	**Flexitol Heel Balm containing 25% Urea** To be commenced by Tier 4 ONLY		
		Flexitol Cream 10% To be commenced by Tier 4 ONLY		

- Flexitol heel balm (25% urea) is recommended for those people who have severe dry skin with the presence of underlying medical conditions that increase the risk of potential limb loss (such as **diabetes**, **peripheral vascular disease**, **severe chronic kidney disease**, **total sensory neuropathy** to lower limbs).
- Some long-term conditions such as diabetes lead the individual more prone to dry skin that if not managed may deteriorate and lead to a breach in the skin surface allowing bacterial entry and infection. Those patients who also have lower limb vascular disease and/ or neuropathy are at extremely high risk of amputation and therefore a good skin care regime is essential.
- Diabetic feet are more likely to become dry and callused due to autonomic neuropathy. Urea is a keratolytic which removes dead skin cells, and it is also a humectant which helps hydrate the skin.

Where necessary patients with Severe/ moderate callus associated with the conditions listed will be advised by the Podiatry Foot Protection Service to request a prescription for 25% Flexitol Heel Balm for 2-4 weeks on an acute prescription. If no improvement or a deterioration seen when reviewed, refer back to Podiatry Foot Protection Service. After 2-4 weeks, if the patient's skin has improved with 25% Flexitol Heel Balm, the patient should then be advised to switch to 10% Flexitol urea cream, most patients should be advised to purchase OTC but there may be patients who will require an ongoing prescription and would be reviewed by the Podiatry Foot Protection Service.

Dermatology chemical compounds, steroids, and any other medication

To be prescribed as recommended by the Dermatology Department in line with Doncaster and Bassetlaw Joint Formulary, for guidance refer to Doncaster and Bassetlaw Joint Formulary on the NHS SY ICB Doncaster Place Medicines Management Website.

mpd.doncasterccg.nhs.uk/therapeutic-sections/13-skin/132-emollient-and-barrier-preparations/1321-emollients/

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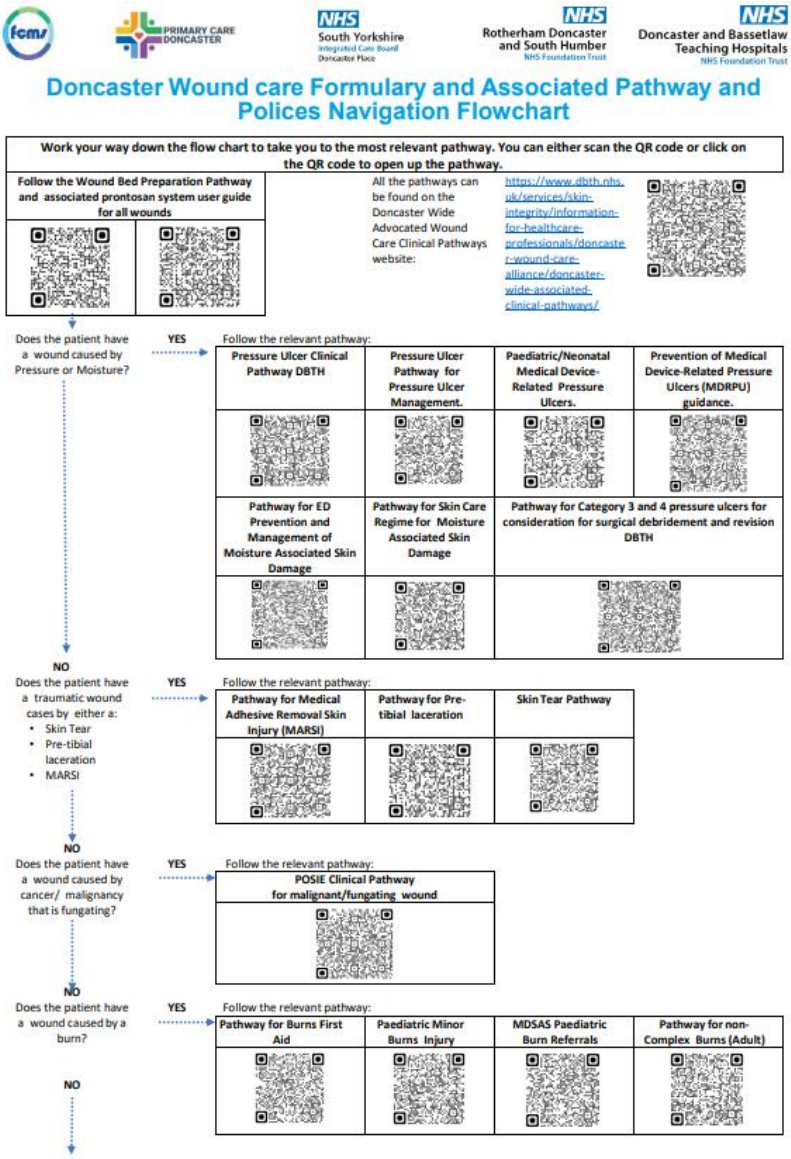
Formulary change tracker 2026

Products reviewed	Description	Date	Changes	Rational	Outcome	Formulary list updated
Proshield System (cleanser, spray and plus)	moisture barrier products	11.3.25	removed	to align with SY to mediderma which will achieve cost saving for doncaster and also regionally	removed from formulary	
Mediderma Cleanser and Spray and Pro ointment	moisture barrier products	11.3.25	added in replace of Proshield System (cleanser, spray and plus)	to align with SY to mediderma which will achieve cost saving for doncaster and also regionally	added to the formulary and new pathway	
Mepilex XT	Non adhesive foam	11.3.25	removed	was on as a podiatry only product and they no longer use this	removed from formulary	
Mepilex Border Ag Foam	foam adhesive antimicrobial	11.3.25	removed	was on as a podiatry only product and they no longer use this	removed from formulary	
Formflex	Wadding bandage	11.4.25	removed	any longer	removed from formulary	
Ksoft	Wadding bandage	11.4.25	moved from 2nd line to 1st line	due to formflex being removed	1st line wadding	
Benecare wadding	Wadding bandage	11.4.25	Added as 2nd line flowing the change with ksoft	Added as 2nd line flowing the change with ksoft	Added as 2nd line flowing the change with ksoft	
Medi honey	honey 2nd line	6.5.25	removed	no longer available by the supplier	removed from formulary	
Altipress leg ulcer kit 40	Compression hosiery	10.10.25	change to amber	Immediate and necessary care for leg ulcer launch	change to amber 2nd line	
Altiform	Compression hosiery	10.10.25	change to amber	Immediate and necessary care for leg ulcer launch	change to amber 2nd line	
Jobst leg ulcer kit 40	Compression hosiery	10.10.25	change to Green	Immediate and necessary care for leg ulcer launch	change to Green	
Jobst leg ulcer care	Compression hosiery	10.10.25	change to Green	Immediate and necessary care for leg ulcer launch	change to Green	
Sigvaris hosiery	Compression hosiery	10.10.25	removed	Immediate and necessary care for leg ulcer launch	removed	
All other Hosiery kits other than the 5 listed above	Compression hosiery	10.10.25	change to Red G	Immediate and necessary care for leg ulcer launch	change to Red G	
All wraps	Compression hosiery	10.10.25	change to Red G	Immediate and necessary care for leg ulcer launch	change to Red G	
Biatain Silicone Foam Adhesive	Foam	10.10.25	change to amber	Procurement project	change to amber 2nd line	
Suprasorb P SensiFlex border	Foam	10.10.25	change to Green	Procurement project	change to Green	
Biatain non adhesive	Foam	10.10.25	change to amber	Procurement project	change to amber 2nd line	
Suprasorb P sensitive non border	Foam	10.10.25		Procurement project	change to Green	
Allevyn Life	Foam	10.10.25	removed	Procurement project	removed	
Allevyn gentle	Foam	10.10.25	removed	Procurement project	removed	
Allevyn non adhesive	Foam	10.10.25	removed	Procurement project	removed	
Mepilex post operative dressing	Post operative	10.10.25	change to Green	Procurement project	change to Green	
Kliniderm Superabsorbent	superabsorbent pad	7.8.26	removed	Procurement project	removed	
Emsorb max	superabsorbent pad	7.8.26	added green	Procurement project	added green	
Drymax super	superabsorbent pad	7.8.26	added green	Procurement project	added green	
EmFilm Plus	film island dressing	7.8.26	removed	Procurement project	removed	
(MEDIQ)	film island dressing	7.8.26	added green	Procurement project	added green	
OPSITE Post Op	post operative dressing	7.8.26	removed	Procurement project	removed	
OPSITE Post Op Visible	post operative dressing	7.8.26	made amber	Procurement project	amber	
Mepilex border post	post operative dressing	7.8.26	made amber	Procurement project	amber	
Leukomed sorbact	post operative dressing	7.8.26	made amber	Procurement project	amber	

Doncaster Wound care Formulary and Associated Pathway and Polices Navigation Flowchart

(Link to website: Doncaster-Wound-care-Formulary-and-Associated-Pathway-and-Polices-Navigation-Flowchart-June-2026.pdf)



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