

Early outcomes of implementing a new multilayer foam dressing in an acute setting: assessing clinical and financial impact through value-based procurement

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Introduction

- The rising burden of chronic wounds and increasing product costs make cost-effective procurement essential¹
- Traditional models that prioritize lowest upfront price risk higher long-term costs and poorer outcomes by neglecting healing time, resource use, and nurse workload²
- Value-based procurement (VBP), aligned with value-based healthcare, shifts focus from price to overall value-health outcomes achieved relative to costs³
- In wound care, advanced dressings can reduce dressing changes, resource use, and healing time
- Europe's MEAT framework reflects this by integrating cost-effectiveness, innovation, and sustainability in procurement decisions⁴

Objective

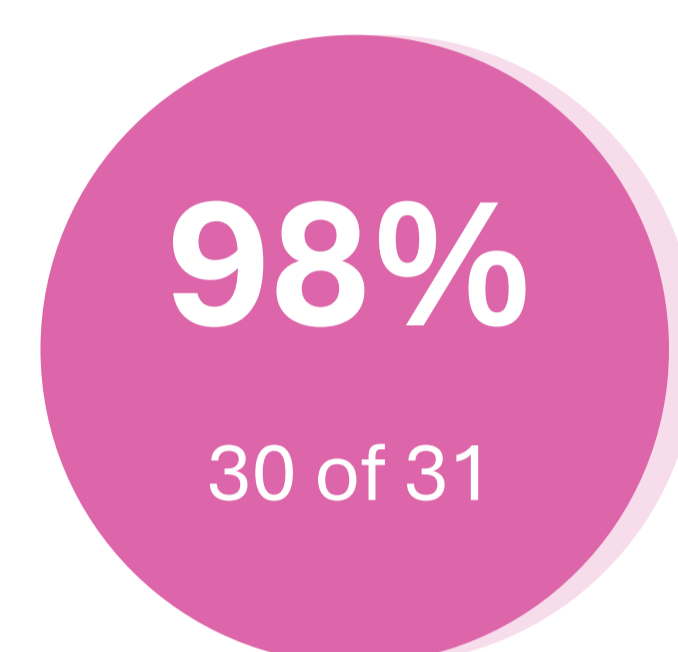
To demonstrate the clinical and economic benefits of adopting a multilayer foam dressing* within a VBP framework by improving wear time through effective exudate control, strong adhesion, and reduced need for dressing layering

Methods

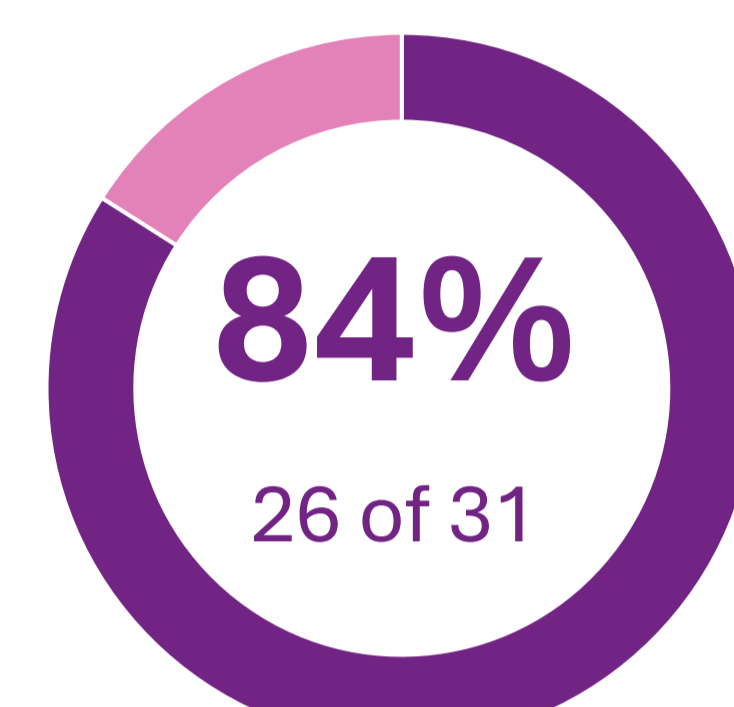
- Initial 28-patient (31-wound) product evaluation was completed, whereby HCPs were asked to assess the clinical performance and impact of the multilayer foam dressing using a standardized evaluation form
- Objectives for changing to a new multilayer foam dressing were:
 - Improved exudate management
 - Improved wear time
 - Reduced need for primary and secondary dressings
 - Improved adhesion
 - Reduced maceration
- After formulary inclusion and site-wide phased implementation, supported by product education and training, the impact was evaluated
- The analysis focused on reductions in the volume of silicone foam dressings, gelling fiber (GF), and alginate dressings across the corresponding months of 2023/24, 2024/25, and 2025/26 (YTD)

Results

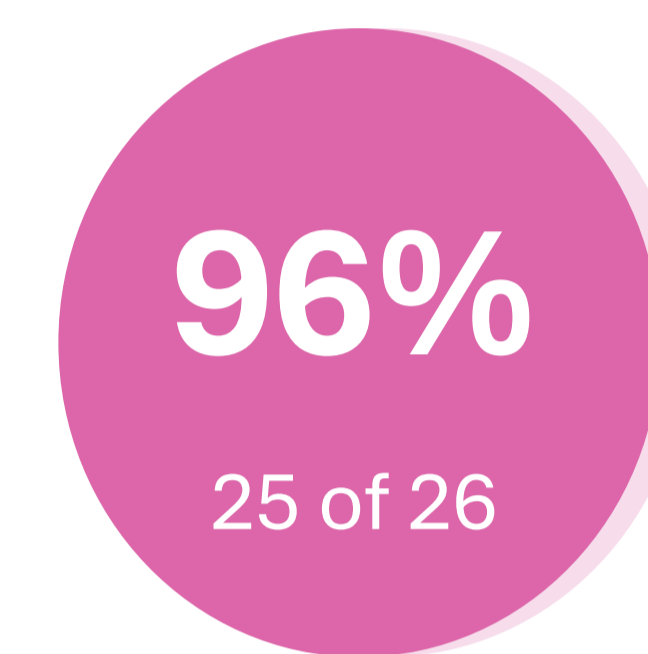
28-patient (31 wounds) evaluation of multilayer foam dressing* in 2 care settings at The Countess of Chester NHS Trust



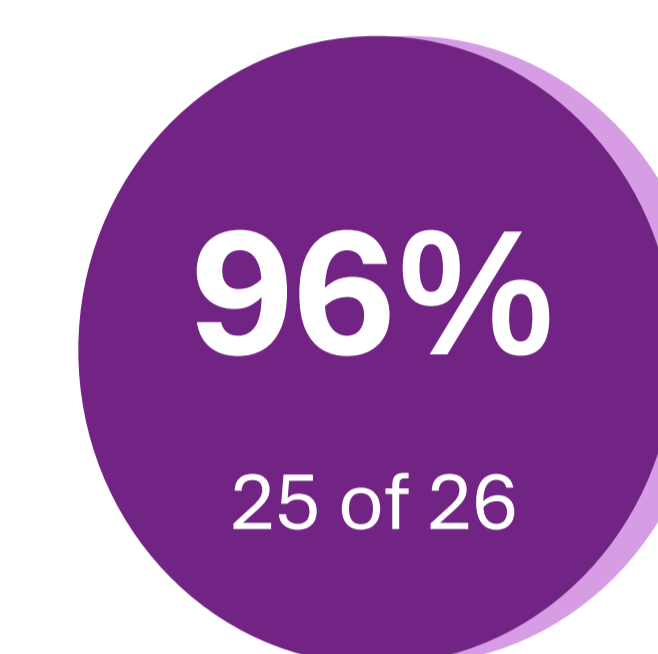
Of objectives set for rational change to a multilayered foam dressing were met for evaluations



Of patients experienced reduced dressing changes



Reducing the need for a primary and secondary dressing was set for 26 of 31 patients, with a 96% achievement



Of evaluations reported the new dressing to be more effective than previous dressing available



HCP feedback recorded via evaluation form

Post implementation analysis of volume and spend reduction in silicone foams and GF/alginate

| | 23-24 | 24-25 | 25-26 YTD |
|--------------------------------|------------|--------------------|--------------------|
| Foams | | | |
| Volume: Monthly average boxes | 627 | 658 | 455 |
| Volume: Percentage reduction | | Y1 & Y2 | Y2 & Y3 |
| | | 5% | -31% |
| Spend: Monthly average | £ 9,479.37 | £ 10,066.08 | £ 7,213.00 |
| Spend: Percentage reduction | | Y1 & Y2 | Y2 & Y3 |
| | | 6% | -28% |
| Gelling fibers/alginate | | | |
| Volume: Monthly average boxes | 406 | 325 | 122 |
| Volume: Percentage reduction | | Y1 & Y2 | Y2 & Y3 |
| | | -20% | -62% |
| Spend: Monthly average | £ 2,940.86 | £2,094.05 | £ 763.99 |
| Spend: Percentage reduction | | Y1 & Y2 | Y2 & Y3 |
| | | -29% | -64% |

Over the 3-year period, foam dressing **volume decreased by 27%**, while gelling fiber/alginate volume decreased by **70%**

Overall **spend decreased by 24%** for foams and **74%** for gelling fibres/alginate

Discussion

- The Countess of Chester Hospital has approximately 533 beds and serves a population of about 412,000 people. It is a district general hospital providing a wide range of acute and specialist services to Chester, West Cheshire, Ellesmere Port, Neston, and parts of Flintshire (COCH, NHS, 2025)
- Data from the tissue viability team showed that referral numbers have remained consistent year on year, with only minimal fluctuations
- This stability indicates steady demand for the team's services and suggests limited influence from external factors on the wider results of this project
- The phased transition to a multilayer foam dressing* is projected to drive a steady reduction in dressing volumes, with staged implementation enabling controlled change and sustainable impact over time

Conclusions

- Evidence from case studies and this study shows that VBP can improve clinical outcomes, optimize resource use, and reduce overall costs
- Achieving these benefits requires structured, evidence-informed frameworks, interdisciplinary collaboration, and a shift away from traditional price-driven procurement
- The results of this study help raise awareness of VBP and demonstrate its practical application in wound care procurement

*ConvaFoam™ dressings

1. Guest JF et al. *BMJ Open* 2020;10(12):e045253; 2. Posnett J. *Wounds UK* 2022;18(1):42-49; 3. Matre F et al. *Public Policy Projects* 2025:02-17; 4. Stanberry B et al. *Health Econ Rev* 2021;11(1):23.