NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

Medical Technologies Evaluation Programme

MT 192 - Debrisoft single use pad for debridement of acute and chronic wounds

Expert Adviser Questionnaire Responses

Name of Expert Advisers	Job Title	Professional Organisation/ Specialist Society	Nominated by	Ratified
Mr Duncan S W Stang	Chief Podiatrist	Society of Chiropodists & Podiatrists (Feet for Life)	Sponsor	Y
Dr Louis Fligelstone	General and Vascular Surgeon	Vascular Society of Great Britain and Ireland	Specialist Society	-
Ms Sian Fumarola	Senior Clinical Nurse Specialist Tissue Viability	Tissue Viability Society	Sponsor	Y
Ms Sue Johnson	Clinical Nurse Specialist	Vascular Society of Great Britain and Ireland	Specialist Society	-
Professor Peter Vowden	Consultant Vascular Surgeon and Professor of Wound Healing Research	Vascular Society of Great Britain and Ireland	Specialist Society	-
Mr Steven John Boom	Vascular Surgeon	Vascular Society of Great Britain and Ireland	Specialist Society	-
Ms Sylvie Hampton	Tissue Viability Nurse Consultant	Royal College of Nursing	Sponsor	Y
Ms Kathryn Vowden	Nurse Consultant Wound Care	Royal College of Nursing	Sponsor	Y
Mr Douglas Orr	Consultant Vascular Surgeon	Vascular Society of Great Britain and Ireland	Specialist Society	-
Mr Paul Tisi	Consultant Vascular Surgeon	Vascular Society of Great Britain and Ireland	Specialist Society	-
Ms Cathie Bree-Aslan	Tissue Viability Clinician & Head of	Tissue Viability Society	NICE	Y

	Governance			
Mr Jonathan Hossain	**Expert Vascular Surgery Consultant**	**Vascular Society of Great Britain and Ireland**	**Specialist Society**	**-**

YOUR PERSONAL EXPERIENCE (IF ANY) WITH THIS TECHNOLOGY

Question 2: Please indicate your experience with this technology?

Expert Advisers	I have had direct involvement with this	I have referred patients for its use	I manage patients on whom it is used in another part of their care pathway	I would like to use this technology but it is not currently available to me
Mr Duncan S W Stang **Chief Podiatrist**	**Yes**	Blank	Blank	Blank
Dr Louis Fligelstone **General and Vascular Surgeon**	No	No	**Yes**	No
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**Yes**	**Yes**	No	No
Ms Sue Johnson **Clinical Nurse Specialist**	**Yes**	Blank	**Yes**	Blank
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Yes**	**Yes**	Blank	Blank
Mr Steven John Boom **Vascular Surgeon**	No	No	No	**Yes**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**Yes**	**Yes**	**Yes**	**Yes**

Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Yes**	**No**	**Yes**	**No**
Mr Douglas Orr **Consultant Vascular Surgeon**	**No**	**No**	**Yes**	**Yes**
Mr Paul Tisi **Consultant Vascular Surgeon**	**No**	**No**	**No**	**Yes**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Yes**	**No**	**No**	**No**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Yes**	**No**	**Yes**	**Blank**

Any Comments?	
Mr Duncan S W Stang **Chief Podiatrist**	**I use this product regularly and effectively in my clinic**
Dr Louis Fligelstone **General and Vascular Surgeon**	**If the evaluation confirms clinical benefit and cost effectiveness over existing technologies (as claimed by product info) it would be a worthwhile addition to the armamentarium of those caring for the appropriate patients.**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**Blank**
Ms Sue Johnson **Clinical Nurse Specialist**	**Blank**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**I have a specific interest in wound care and have run a wound care clinic for the last 20 years as part of my vascular surgical practice**
Mr Steven John Boom **Vascular Surgeon**	**Blank**

Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**It is an excellent method of cleaning wounds without damaging the newly formed tissues and surface vessels in a wound**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Blank**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Blank**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Blank**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Blank**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Currently available**

Question 3: Have you been involved in any kind of research on this technology? If Yes, please describe?

Expert Advisers	Yes/No	Comment
Mr Duncan S W Stang **Chief Podiatrist**	No	Blank
Dr Louis Fligelstone **General and Vascular Surgeon**	No	Blank
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	Yes	**Patient case studies**
Ms Sue Johnson **Clinical Nurse Specialist**	Yes	**The original UK evaluation published and presented at Wounds UK 2011**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	No	**Although I have conducted a clinical evaluation of the products effectivenes before electing to include it in our local wound care formulary**
Mr Steven John Boom **Vascular Surgeon**	No	Blank
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	No	**I have taken part in an internal and initial assessment of its benefits but now use it as part of my daily work**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	No	Blank
Mr Douglas Orr **Consultant Vascular Surgeon**	No	Blank
Mr Paul Tisi **Consultant Vascular Surgeon**	No	Blank
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	No	Blank

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	No	Blank

THIS PRODUCT (TECHNOLOGY) AND ITS USE

Question 4: How would you best describe this technology?

Expert Advisers	It is a minor variation on existing technologies with little potential for different outcomes and impact	It is a significant modification of an existing technology with real potential for different outcomes and impact	It is thoroughly novel - different in concept and/ or design to any existing
Mr Duncan S W Stang **Chief Podiatrist**	Blank	Blank	**Yes**
Dr Louis Fligelstone **General and Vascular Surgeon**	No	No	**Yes**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	No	No	**Yes**
Ms Sue Johnson **Clinical Nurse Specialist**	No	No	**Yes**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	Blank	Blank	**Yes**
Mr Steven John Boom **Vascular Surgeon**	No	No	**Yes**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	Blank	Blank	**Yes**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	No	No	**Yes**
Mr Douglas Orr **Consultant Vascular Surgeon**	No	No	**Yes**
Mr Paul Tisi **Consultant Vascular Surgeon**	No	**Yes**	No

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**No**	**No**	**Yes**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Blank**	**Blank**	**Yes**
Any Comments?			
Mr Duncan S W Stang **Chief Podiatrist**	**I am not aware of another product that does the same job**		
Dr Louis Fligelstone **General and Vascular Surgeon**	**The concept of minimal damage and maximal debridement is usually the benefit of larvae. The potential for this new form of debridement - could speed up a process that usually results in several days of dressings to moisten hyperkeratosis prior to soft mechanical removal. At a time where the NHS is addressing the reduction in funding, the concept that 'Time is money' applies here.**		
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**Blank**		
Ms Sue Johnson **Clinical Nurse Specialist**	**Blank**		
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Provides healthcare professionals with a simple method of conducting primary and maintenance debridement as well as offering a useful tool for wound and skin cleansing**		
Mr Steven John Boom **Vascular Surgeon**	**Looks a little too good to be true. If is as good as claimed it may also have domestic applications which may help reduce the cost of manufacture for medical use.**		
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**The alternative to Debrisoft is gauze which can be rough and does not remove the dead tissue from skin or the slough from the wound**		
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Blank**		

Mr Douglas Orr **Consultant Vascular Surgeon**	**This is a product which removes slough from chronic ulcers rapidly and effectively which should speed up ulcer healing. Currently such ulcers require prolonged, specialist dressings to remove this slough or surgical intervention and this product should help to speed this process up. Whilst I have not used this product myself, I have discussed it with our wound dressing specialist nurse who has used it and feels that it is effective.**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Blank**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Blank**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Blank**

Question 5: What is the most appropriate use (e.g. clinical indication) for the technology?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**This product is used to debride slough within diabetic foot ulcers and to dirupt biofilms which both prevent / inhibit healing**
Dr Louis Fligelstone **General and Vascular Surgeon**	**Any wound with necrotic slough - including burns, acute/chronic ulcers, sloughy post op wounds, edges of granulating wounds - see below.** **Patients with hyperkeratosis - includes advanced venous hypertension, lymphoedema patients, those with chronic oedema (cardiac failure, renal failure, hypoalbuminaemia etc.). Patients presenting with advanced neglect.** **Ulcers due to any non-malignant cause, including pressure necrosis, neuropathic ulcers (commonest cause diabetic neuropathy).**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**rapid debridement of the wound bed to enable accurate wound assessment and management plan. Accurate wound assessment is vital in acute care to enable decision making and ensure that patients receive the correct management at the beginning of the care episode. Aproximately 30% of in-patients have a wound. correct management has quality and cost implications. Debrisft can be used in a variety of wound aetiologies. I have used this product to debride haematoma, surgical wounds, leg ulcers, pressure ulcers and trauma wounds.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Debridement of non viable tissue in leg ulceration, diabetic foot ulceration and preparation of skin pre-amputation. Debridement of sloughy tissue in an acute wound. To stimulate cell activity in a static wound**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**This technology is particularly useful for removing adherent slough and "biofilm" from the wound bed and assists in wound debridement. Clinical experiencehas shown that the product is extremely well tolerated by patients and is simple to use and generally painfree** **We hve also found the product effective in removing accumulated cellular debris and emolients from intact skin, for example in patients with lymphoedema**
Mr Steven John Boom **Vascular Surgeon**	**To clean slough from infected ulcers/open wounds and to remove necrotic/hyperkeratotic skin.**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**It is used on wounds that have slough or dead tissue or on hyperkeratotic skin to remove the build up of dead cells. We place patients legs into warm**

Ms Kathryn Vowden **Nurse Consultant Wound Care**	**1. removal of hyperkeratosis or eczematous skin.** **2. It is of some benefit in wound cleansing where slough is loose or moist it is not suitable in all cases.** **3. It can aid the removal of foreign material from a traumatic wound (grit from a superficial graze)**
Mr Douglas Orr **Consultant Vascular Surgeon**	**It is used to deslough ulcers. It appears to be effective and rapidly improves the ulcer where other treatments may take many days to achieve similar results.**
Mr Paul Tisi **Consultant Vascular Surgeon**	**In my practice debridement of neuropathic ulcers and surrounding hyperkeratotic skin. May be too painful to use on venous ulceration but will depend on patient/ pain tolerance.**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**I personally have found this product useful for patietns with hyperkeratosis and sloughy wounds which require debridement, specifically in the care of lower limb uleration. I would use this product when there is a light covering of slough over the wound or where the surrounding tissues a covered with dry, flakey skin**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Used for rapid debridement of wounds - Novel approach to mechanical debridement.**

COMPARATORS (including both products in current routine use and also “competing products”)

Question 6: Given what you stated is the appropriate indication (clinical scenario) for its use, what are the most appropriate "comparators" for this technology which are in routine current use in the NHS?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**Ther are no other simple safe and easy to use comparators**
Dr Louis Fligelstone **General and Vascular Surgeon**	**Larvae, aqueous or lytic dressings, sharp debridement, ultrasound or water jet debridement**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**gauze swabs have historically been used in a similar way however I do not feel that this is either a similar product or achieves similar outcomes.** **Surgical scrub brushes are used in emergency care centres/ minor injury units to debride wounds. This often requires a local anaesthetic and can be very painful. Debrisoft is very gentle by comparison.** **Maggots are used to debride wounds, the cost is significantly higher and treatment time longer.** **Sharp debridement with a surgical blade can be performed by a specialist practitioner. This often requires a hospital or specialist clinic appointment and may be painful.** **A variety of wound dressings and topical products can be used to debride wounds. This can be a lengthy and expensive process, requiring regular dressing changes/ reviews by a nurse.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Autolytic debriders i.e. hydrogels, hydrocolloids. Maggot Larval Therapy. Mechanical debriders i.e. Versajet. Moisturisers re pre-amputation skin conditioning.**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**There are no true comparators for this technology. It provides a simple "non-technical" tool for mechanical debridement that could be used in any healthcare setting allowing effective debridement to be integrated into any dressing change**
Mr Steven John Boom **Vascular Surgeon**	**Sharp debridement, surfactant solutions, Versajet debridement, maggots, ColatampEG (unlicenced use), topical colloids**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**There are no comparators. Mist can be used to clean the slough but cannot clear the hyperkeratotic skin. Gauze is not a good choice or there is nothing**

Ms Kathryn Vowden **Nurse Consultant Wound Care**	**1. skin cleansing with water and emollients (but the effects are not as good as Debrisoft) 2. wound cleansing with water or solution, or debridement using either dressings or scalpel although a direct comparison cannot be made. 3. cleansing of trauma wounds is done using a soft brush, again some wounds will still require a soft brush**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Standard Wound Dressings**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Biological (larvae), other wound dressings (honey, Ag, Actiform Cool), surgical debridement**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Gauze swabs**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**No other methods of mechanical debridement routinely used**

Question 7: "Competing products": Are you aware of any other products which have been introduced with the same purpose as this one?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**No**
Dr Louis Fligelstone **General and Vascular Surgeon**	**None - other than those mentioned in 6 above.**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**No**
Ms Sue Johnson **Clinical Nurse Specialist**	**Blank**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**There are no directly competing products although a number of alternative debridement methods exist which can produce a similar effect. These include larval debridement, Versajet and ultrasounic debridement. All of these processes supplement and support the action of autolytic debridement.**
Mr Steven John Boom **Vascular Surgeon**	**Cutimed Sorbact is marketed as able to remove bacteria from wounds**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**None. This is unique in action. Mist is an alternative for the slough but is more expensive and is probably more for the intractable wound**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**No**
Mr Douglas Orr **Consultant Vascular Surgeon**	**None**
Mr Paul Tisi **Consultant Vascular Surgeon**	**No**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**No**

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Versajet offers hydro debridement but this is costly and difficult to access.**

POSSIBLE BENEFITS FOR PATIENTS

Question 8: What are the likely additional benefits for patients of using this technology, compared with current practice/comparators?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**The benefits to the patient in using this technology are more effective, pain free debridement which is easy to use by any health care professional thus will encourage quicker wound healing**
Dr Louis Fligelstone **General and Vascular Surgeon**	**Reduced clinical episodes, more rapid entry to 'healing' phase of a pathway, fewer surgical episodes, less discomfort**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**reduced pain experience. More rapid debridement. enables accurate assessment of the wound and surrounding skin and so a more clinically effective management plan. potential reduced length of stay in hospital. more rapid wound healing. can be facilitated by a generalist nurse where as many other debridement methods require specialist input/ a hospital visit. safe to use in the community setting enabeling care closer to home/at home.** **Potentially less wound infection due to the removal of bacteria from the wound surface by the product.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Quick, simple to use, no specific education issues, no specialist input required therefore can be delivered in community. Painless. Immediate action.**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Rapid, easy to use and readily available, seems to be relatively pain-free, requires no additional equipment or skills**
Mr Steven John Boom **Vascular Surgeon**	**Rapid results, less pain, accurate debridement, ?cheaper(I don't know the cost)**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**The patient generally finds Debrisoft comfortable in use. It will debride a wound and, thereofre, there will be lower fluid loss, less malodour and faster healing**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**reduced need for topical steroid prepirations, reduced bacterial load at the wound bed which may potentially reduce the need for antimicrobial treatments which may improve outcomes**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Rapid improvement in slough ulcers**

Mr Paul Tisi **Consultant Vascular Surgeon**	**More rapid time to wound assessment and healing**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Less abrasive than gauze; gentler when used directly on the wound and less likely to cause trauma to the wound bed**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**The ability to debride wounds within a clinic rather than using wound dressings to debride wounds which takes a number of days/weeks.**

Question 8.1: Is each additional benefit likely to be realised in practice? What are the likely obstacles?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**I do not see any obstacles as this is a safe and easy to use product that can be used in any care setting**
Dr Louis Fligelstone **General and Vascular Surgeon**	**This remains to be proven.** **Obstacles include: increased initial cost of the item.** **Training (claimed to be minimal.** **Acceptance of a new technology.**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**yes. minimal training required. current obstacle is unit cost. An economic model will need to be more visible around the product**
Ms Sue Johnson **Clinical Nurse Specialist**	**Easily transferred to practice. Most likely obstacle would be added cost if this product used as an adjunct therapy.**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Yes, the wider adoption of this product should make effective wound debridement more widely available, particularly in a community setting where the skills and equipment necessary for other forms of debridemnt may be lacking. Are there any obstacles to wider adoption, potentially yes. Wound cleansing, other than in the simple form of washing, has largely been excluded from general woun d care practice. The introduction of this product and its effective use represents a change in general practice however this is a relatively minor obstacle to general adoption.**
Mr Steven John Boom **Vascular Surgeon**	**If as good as it seems and is appropriately priced (it looks cheap to manufacture) lack of awareness may be the greatest obstacle.**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**the only obstacles I can see are doctors reluctance to prescribe but that covers many dressings as well and is based on cost saving - this is unit cost saving and not long term cost saving, which are two different things.**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Yes**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Ulcers should improve more rapidly than with conventional treatment. This should speed up ulcer healing and reduce the need for ongoing dressings.**

Mr Paul Tisi **Consultant Vascular Surgeon**	**Yes**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**yes; likely obstacles include nurses not wishing to use on directly on the wound for fear of trauma. Also there is a common if misguided practice that patinets with leg ulcers should not have their legs washed**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Yes so long as correct wounds and tissue type are selected.**

Question 8.2: How might these benefits be measured? What specific outcome measures would enable assessment of whether additional benefits for patients are being realised?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**More regular debridement and not just in specialist centres and improved healing times**
Dr Louis Fligelstone **General and Vascular Surgeon**	**Impact of the use of debrisoft as the only alteration in an existing care pathway.** **Time to healing** **Opinion of the user - Nursing - opinion re: ease of use, time required compared with traditional wound management systems.** **Patient satisfaction with the product** **Reduction in referral for other more invasive/specialist treatment modalities**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**patient experience including anxiety and pain experiences. Length of stay. time to heal. wound infection. Nurse/doctor experiace of using the product.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Benefits measured by time to debride wound and in the case of venous ulcers healing rates provided gold standard practice is observed. Re skin conditioning pre amputation wound breakdown rates**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Assessing the impact of debridement on overall wound healing has been challenging as a number of previous studies have demonstrated. If further studies on this product are undertaken then time to wound healing will remain the primary endpoint. Secondary endpoints should include pain, incidence of infection, requirement for other debridement methods**
Mr Steven John Boom **Vascular Surgeon**	**Pain can be assessed using established tools. Nurse treatment time and time to healing of comparable wounds, overall treament costs and hopefully less need for antibiotics.**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**Before and after cleaning photographs clearly demonstrate the difference when the slough/hyperkeritotic skin is debrided. Also clearly see with the eye and reports of changes would rely on what is seen**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**wound healing complications and rate of healing**

Mr Douglas Orr **Consultant Vascular Surgeon**	**This will be difficult to measure as it is impossible to predict exactly how long an ulcer will take to heal. A randomised controlled trial would be very difficult to conduct due to the heterogeneity of ulcers treated.**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Would probbaly require a RCT to identify otherwise would be case report evidence only.**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**reduction in wound slough and reduction in hyperkeratotis skin**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Measurable benefits by post wound bed assessment - amount of sloughy tissue reduced.**

Question 8.3: How good is this evidence for each of these additional benefits?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**From what i have read and my personal experience quite good**
Dr Louis Fligelstone **General and Vascular Surgeon**	**Unknown**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**there are a number of case studies demonstrating the above. A multi centre patient experience study would be helpful. The patient experience has been a significant benefit for me in using this product in clinical practice.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Good evidence available re debridement but limited evidence re amputation.**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**The limited published evidence on debrisoft would indicate that it is a rapid, largely painfree, simple to use debridement tool**
Mr Steven John Boom **Vascular Surgeon**	**Uncertain**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**In my clinical experience, along with the photographs and videos that I have taken, demonstrates how well this works. Other Tissue Viability Consultants have also reported very similar findings**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Poor**
Mr Douglas Orr **Consultant Vascular Surgeon**	**It is largely anecdotal**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Limited at present**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Good**

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Scientific evidence poor as based on case studies.**

Question 8.4: Please add any further comment on the claimed benefits of the technology to patients, as you see applicable

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**As I have stated earlier the great benefit of this product is its ease of use with little training, it is safe to use and can be used in any care setting**
Dr Louis Fligelstone **General and Vascular Surgeon**	**Logical principal - evidence on website link lacking - this needs a formal literature review, and case study evaluation, with full access to the company data.**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**Blank**
Ms Sue Johnson **Clinical Nurse Specialist**	**In the scenario of self caring patients could be easily used by the patient/carer.**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Patients seem to find this a comfortable method of debridement and one that several patients have been happy to use themselves on their own wound. This means that as maintenance debridement is frequently necessary in chronic wounds the product is well tolerated**
Mr Steven John Boom **Vascular Surgeon**	**Evidence presented is largely anecdotal**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**There is nothing else to report other than to underline that this benefits the patient who will heal faster, have less odour and feel more comfortable. Increase in quality of life.**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Blank**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Blank**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Blank**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Blank**

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Product also claims to reduce the amount of hyperkeratosis of skin - which it does but same benefits on hyperkeratosis can be seen with emollients and general skin care.**

POSSIBLE BENEFITS FOR THE HEALTHCARE SYSTEM

Question 9: What are the likely additional benefits for the healthcare system of using this technology, compared with current practice/comparators?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**More regular effective debridement, thus better and quicker wound healing**
Dr Louis Fligelstone **General and Vascular Surgeon**	**If claims substantiated, saving in time and costs**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**reduced hospital visits/ admissions. less associated cost ref wound healing. shorter LOS in hospital. better patient experience.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Quicker healing rates therefore reduced costs. Less surgical debridements required therefore reduced costs and bed stay days. Reduction in costly high tec procedures.**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Simple to use, applicable to many wound types, suitable for use by both expert and non-expert, rapid in use, requires no additional equipment, instantly available, well tolerated**
Mr Steven John Boom **Vascular Surgeon**	**Reduced inpatient stay, ? reduced cost ?reduced nursing time**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**Faster healing, cost effective due to cleaner wounds requiring less changes and less expensive dressings required**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**low skill required to use this product**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Quicker ulcer healing and so reduction in expensive dressings and nursing time to apply these.**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Health economy- reduced cost per patient due to potential more rapid wound assessment and healing**

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**to improve the integrity of the patients skin and aid wound healing**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Reduction in wound dressing costs and time to healing.**

Question 9.1: Is each additional benefit likely to be realised in practice? What are the likely obstacles?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**Yes, no obstacles that I can think of**
Dr Louis Fligelstone **General and Vascular Surgeon**	**Unknown**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**yes. obstacle is buy-in from practitioners ref unit cost and implementation of new technology. Innovation in wound care generally led/implemented by the tissue viability nurse. This is a very finite resource in the NHS.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Yes The only obstacles i can visualise are professional preferences..**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Yes, although its ease of use may lead to over use and potentially delayed application or referral for other forms of debridement**
Mr Steven John Boom **Vascular Surgeon**	**Yes. Currently wound debridement with maggots etc can take days.**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**Yes, definitely**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**yes, obsticles inappropriate and overuse**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Each case will be different and some may not respond**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Possibly**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Yes**

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Benefits will be realised so long as used on appropriate wounds and tissue types.**

Question 9.2: How might these benefits be measured? What specific outcome measures would enable assessment of whether additional benefits for the healthcare system are being realised?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**Patient and clinician satisfaction and healing times**
Dr Louis Fligelstone **General and Vascular Surgeon**	**This needs further discussion**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**measurement of time to debride/assess the wound. this will be significantly less than current practice** **Patient experience feedback** **staff experience.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Debridement rates. Healing rates. Reduced theatre usage for debridement Reduced bed stay days Reduced readmissions for wound breakdown.**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**If used appropriately in a community setting it should reduce the need for onwards referral to either community tissue viability services or secondary/tertiary care for specialist input.**
Mr Steven John Boom **Vascular Surgeon**	**Length of stay etc see 8. above**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**How many times a nurse is changes dressings prior to use of Debrisoft, and how many times they change dressings post use of Debrisoft. It would be difficult for most nurses to audit healing rates as it is not something they generally are asked to do. However, in wound centres, healing rates are generally part of KPIs, so the rates could be monitored before and after.**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Use of this product in primary care settings**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Questioning the experienced practitioners who have used this product to see if they feel that it does consistently improve ulcers.**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Cost analysis as part of RCT**

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**improving the integrity of the skin could potentially reduce recurrence of ulceration**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Measurement of healing rates**

Question 9.3: How good is this evidence for each of these additional benefits?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**Good**
Dr Louis Fligelstone **General and Vascular Surgeon**	**None provided**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**Single and multiple case studies**
Ms Sue Johnson **Clinical Nurse Specialist**	**Strong evidence for debridement rates.Anecdotal evidence for reduced admision rates, bed usage and theatre usage**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Currently lacking evidence that observed clinical benefit improves outcome or reduces referral or care costs**
Mr Steven John Boom **Vascular Surgeon**	**Anecdotal**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**The evidence that is already collected is mostly via specialist nurses so the evidence for generalist nurses is quite low. However, the specialists that I have spoke to and heard lectures from on Debrisoft, all agree that the evidence is strong.**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Poor**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Anecdotal**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Limited**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**unsure of firm clinical data - anecdotal from personal experience**

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Poor evidence as based on case studies**

Question 9.4: Please add any further comment on the claimed benefits of the technology to the healthcare system, as you see applicable

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**Blank**
Dr Louis Fligelstone **General and Vascular Surgeon**	**The videos are persuasive - and the product needs further assessment**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**Blank**
Ms Sue Johnson **Clinical Nurse Specialist**	**Blank**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Blank**
Mr Steven John Boom **Vascular Surgeon**	**Blank**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**At the moment, gauze is commonly used to cleanse wounds and this is a rough material that can tear the small capillary loops that form granulation in a wound. This does delay healing. Gauze cannot remove hyperkeritotic skin. Therefore, although there are few other benefits, the patient will have a greater quality of life if this product is used over gauze. The hyperkeritotic skin is ofyen removed with forceps and this can scrape the good skin beneath the hard skin cells, causing further injury. Debrisoft never does this.**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Blank**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Blank**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Blank**

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	Blank
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	Blank

FACILITIES, TRAINING AND FUNCTIONING

Question 10: Are there any particular facilities or infrastructure which needs to be in place for the safe and effective use of this technology?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**No this is simple and safe to use and minimal skill required to use it**
Dr Louis Fligelstone **General and Vascular Surgeon**	**None apparent**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**Minimal training required**
Ms Sue Johnson **Clinical Nurse Specialist**	**No**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**No this product would be easy to introduce**
Mr Steven John Boom **Vascular Surgeon**	**Could be introduced via the established Tissue Viability Nursing structure**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**No. It is simple to use and does not require any training at all**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**no, limited training in its use required. some understanding of when this product would see most benefit is required by the practitioner**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Dressing clinic, district nurses**
Mr Paul Tisi **Consultant Vascular Surgeon**	**No**

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Basic instruction would be required**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**None**

Question 11: Is special training required to use this technology safely and effectively?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**No not specialist training for use but possibly more awarness of why debridement is important**
Dr Louis Fligelstone **General and Vascular Surgeon**	**They do not state that this is required, however any new technique or new technology should have some form of training prior to introduction.**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**advisable to ensure correct use and cost control, however would be safe if not.**
Ms Sue Johnson **Clinical Nurse Specialist**	**No**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**No only very simple training is required, this is a "treatment" that patients could self use.**
Mr Steven John Boom **Vascular Surgeon**	**Probably minimal for trained TV nurses**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**No-as above**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Yes-minimal**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Yes but this is not difficult**
Mr Paul Tisi **Consultant Vascular Surgeon**	**No**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Minimal instruction**

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Yes - Practitioner need to be made aware of the limitations of the product to ensure correct wounds and tissue types are selected.**

Question 12: Please comment on any issues relating to the functioning, reliability and maintenance of this technology which may be important to consider if it is introduced

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**Easy to store within clinic, can be used in any care setting, safe and easy to use**
Dr Louis Fligelstone **General and Vascular Surgeon**	**N/A**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**Blank**
Ms Sue Johnson **Clinical Nurse Specialist**	**None**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**There should be no issues relating to function, reliability and maintenance**
Mr Steven John Boom **Vascular Surgeon**	**Simple and mechanical therefore reliable. Single use therefore no maintenance**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**It is simplistic and completely relaible**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**N/A**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Appears to be reliable and consistent**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Blank**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Blank**

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**None**

COSTS

Question 13: Please provide any comments on the likely cost consequences of introducing this technology. In particular, please comment on the implications of this technology replacing the comparator/s you have described above

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**The cost of this product is minimal compared to the benefits of it's use in improving woung healing**
Dr Louis Fligelstone **General and Vascular Surgeon**	**I could not find cost information on the website, and in the clinical practice development paper it only states that Debrisoft is inexpensive - no direct comparisons available.**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**will cause cost pressure associated with some products/techniques for example gauze/ surgical scrub brush, but cost benefit compared to maggots/ sharp debridement. Significant cost benefit will be achieved from shorter wound heaing time**
Ms Sue Johnson **Clinical Nurse Specialist**	**More cost-effective than using autolytic debriders, Maggot Larval Therapy,and Versajet**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Its simplicity of use could result in over use and therefore additional costs to the NHS**
Mr Steven John Boom **Vascular Surgeon**	**Should save money if realistically priced. Maggots take several days and are not cheap and Versajet is expensive.**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**Although the cost is higher than gauze, the long term costs are far lower.**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Increased item cost in use of this product**
Mr Douglas Orr **Consultant Vascular Surgeon**	**There should be a net cost saving with this product as it should increase ulcer healing and so reduce the length of time a patient requires dressing and professional input.**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Cost per Debrisoft use not known**

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**should provide a cost benefit if it can reduce ulcer recurrence**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Costs potentially will be off set by the reduction in dressings costs.**

GENERAL ADVICE BASED ON YOUR SPECIALIST KNOWLEDGE

Question 14: Is there controversy about any aspect of this technology or about the care pathway?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**No**
Dr Louis Fligelstone **General and Vascular Surgeon**	**No**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**I am not aware of any**
Ms Sue Johnson **Clinical Nurse Specialist**	**No**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**No**
Mr Steven John Boom **Vascular Surgeon**	**No**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**None**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Its use is demonstrated in treatment of dry skin conditions but practitioners are not clear when its use is of most benefit in debridement of Wounds.**
Mr Douglas Orr **Consultant Vascular Surgeon**	**No**
Mr Paul Tisi **Consultant Vascular Surgeon**	**No**

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**yes - some clinicians still feel lower limbs that are ulcerated should not be washed/immersed in water which in my experience is misguided; further, some clinicians would be reluctant to use product due to perceived likely trauma but I believe that if used correctly, this is an unlikely scenario**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**No**

Question 15: If NICE were to develop guidance on this technology, how useful would this be to you and your colleagues?

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**Yes useful to raise awareness of the benefits of all types of debridement**
Dr Louis Fligelstone **General and Vascular Surgeon**	**Potentially useful**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**very useful. it would assist in the implementation of the product and debridement technique.**
Ms Sue Johnson **Clinical Nurse Specialist**	**Very useful**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**If NICE supported the wider adoption of this technology I believe that basic wound care at community level could and would be improved**
Mr Steven John Boom **Vascular Surgeon**	**Useful if it allows its use and raises awareness.**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**Extremely useful**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**Useful**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Useful**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Use in primary care/community wound service**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**very useful - as the guidance would recommend washing the limb in conjuction with using the product which would have a huge impact on patient skin integrity and viability**

Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**it would be especially if there were a cost effectiveness analysis**

Question 16: Do any subgroups of patients need special consideration in relation to the technology (for example, because they have higher levels of ill health, poorer outcomes, problems accessing or using treatments or procedures)? Please explain why

Expert Advisers	Comment
Mr Duncan S W Stang **Chief Podiatrist**	**Patients with diabetic foot ulcers always need special consideration because of their other comobidities**
Dr Louis Fligelstone **General and Vascular Surgeon**	**The majority of the patients seen in my practice, and within the wound healing environment have a high level of ill health and poorer outcomes. Many patients in South West Wales rely on hospital transport to attend clinics, and a reduction in the number of visits would be appreciated by patients, staff and managers alike.**
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	**i am not aware of any. i have used this product in a wide range of patient groups, including children.**
Ms Sue Johnson **Clinical Nurse Specialist**	**No**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**There are no specific restrictions to the use of this product however it is not a universal debridement tool and will only function on soft eschar. Patients requiring more extensive wound debridement will still require specialist input and the introduction of othert debridement methods**
Mr Steven John Boom **Vascular Surgeon**	**No**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**None**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**N/A**
Mr Douglas Orr **Consultant Vascular Surgeon**	**No**
Mr Paul Tisi **Consultant Vascular Surgeon**	**No**

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**potentially some patinets this would not be suitable for as they may be risk of trauma in those with very poor/friable skin integrity**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**No**

CONFLICTS OF INTEREST

Question 18.1: Do you or a member of your family have a personal pecuniary interest? The main examples are as follows:

Expert Advisers	Consultancies or directorships	Fee-paid work	Shareholdings	Expenses and hospitality	Investments	Personal non-pecuniary interest
Mr Duncan S W Stang **Chief Podiatrist**	No	**Yes**	No	No	No	No
Dr Louis Fligelstone **General and Vascular Surgeon**	No	No	No	No	No	No
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	No	No	No	No	No	No
Ms Sue Johnson **Clinical Nurse Specialist**	No	No	No	No	No	**Yes**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**Yes**	**Yes**	No	No	No	**Yes**
Mr Steven John Boom **Vascular Surgeon**	No	No	**Yes**	No	**Yes**	No
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**Yes**	**Yes**	No	No	No	No
Ms Kathryn Vowden **Nurse Consultant Wound Care**	No	**Yes**	No	No	No	No

Mr Douglas Orr **Consultant Vascular Surgeon**	No	No	No	No	No	No
Mr Paul Tisi **Consultant Vascular Surgeon**	No	No	No	No	No	No
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	No	No	No	No	No	No
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	No	No	No	No	No	No

If you have answered YES to any of the above statements please describe the nature of the conflict(s) below.

Mr Duncan S W Stang **Chief Podiatrist**	**I have given presentation on many aspects of diabetes foot care, which I have received an honorarium over many years and debridement does sometimes get mentioned depending on the nature of the presentation**
Dr Louis Fligelstone **General and Vascular Surgeon**	Blank
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	Blank
Ms Sue Johnson **Clinical Nurse Specialist**	**As previosly mentioned I was part of the original evaluation group and presented ny finding at Wounds UK 2011 and published the findings in Wound UK in 2011.**
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	**I have acted as Chief/Principal investigator in a number of wound-related clinical trials and have had a number of short term consultancy arrangements with several wound care industry partners although I have no on-going consultancy arrangeemtns at present. I have been paid for my expert advice producing concensus statements on the subject of wound debridement and have written a review article for Wounds UK on Debrisoft. I am the Clinical Director of the NIHR Healthcare Technology Co-operative for wound treatment at Bradford Teaching Hospitals NHS Foundation Trust and act as Chair for the National Advanced Wound Care Group, a specialty interest group within the UK's Knowledge Transfer Network.**

Mr Steven John Boom **Vascular Surgeon**	**I and my wife have AstraZeneca and Glaxosmithkline shares and have unit trust investments that may include healthcare shares although they are not healthcare funds and I am not aware of the specific shareholdings. I also have small holdings of shares in BTG, Skyepharma and Cathay International.**
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	**We are a research unit and so we do receive payments from companies. However, we have never been paid for any work on Debrisoft and undertook an evaluation for our own benefit**
Ms Kathryn Vowden **Nurse Consultant Wound Care**	**I have been asked by this company to speak about debridement at conferences and have mentioned this product**
Mr Douglas Orr **Consultant Vascular Surgeon**	**Blank**
Mr Paul Tisi **Consultant Vascular Surgeon**	**Blank**
Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Blank**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Blank**

Question 18.2: Do you have a non-personal interest? The main examples are as follows:

Expert Advisers	Fellowships endowed by the healthcare industry	Support by the healthcare industry or NICE that benefits his/her position or department, e.g. grants, sponsorship of posts
Mr Duncan S W Stang **Chief Podiatrist**	No	No
Dr Louis Fligelstone **General and Vascular Surgeon**	No	No
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	No	No
Ms Sue Johnson **Clinical Nurse Specialist**	No	No
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	No	No
Mr Steven John Boom **Vascular Surgeon**	No	No
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	No	No
Ms Kathryn Vowden **Nurse Consultant Wound Care**	No	No
Mr Douglas Orr **Consultant Vascular Surgeon**	No	No
Mr Paul Tisi **Consultant Vascular Surgeon**	No	No

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	No	No
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	No	No
If you have answered YES to any of the above statements please describe the nature of the conflict(s) below.		
Mr Duncan S W Stang **Chief Podiatrist**	Blank	
Dr Louis Fligelstone **General and Vascular Surgeon**	Blank	
Ms Sian Fumarola **Senior Clinical Nurse Specialist Tissue Viability**	Blank	
Ms Sue Johnson **Clinical Nurse Specialist**	Blank	
Professor Peter Vowden **Consultant Vascular Surgeon and Professor of Wound Healing Research**	Blank	
Mr Steven John Boom **Vascular Surgeon**	Blank	
Ms Sylvie Hampton **Tissue Viability Nurse Consultant**	Blank	
Ms Kathryn Vowden **Nurse Consultant Wound Care**	Blank	
Mr Douglas Orr **Consultant Vascular Surgeon**	Blank	
Mr Paul Tisi **Consultant Vascular Surgeon**	Blank	

Ms Cathie Bree-Aslan **Tissue Viability Clinician & Head of Governance**	**Blank**
Mr Jonathan Hossain **Expert Vascular Surgery Consultant**	**Blank**