# Options Appraisal for Stoma Products

**Date of the meeting**: 05/10/2016

**Author**: K Gough, Head of Medicines Management

**Purpose of Report**: The purpose of this report is to provide an options appraisal on the prescribing of stoma and continence products.

**Recommendation**: The Committee is asked to **approve** the option to have stoma nurses going out to practices to review existing patients in the community and adjust prescribing according to their needs.

**Stakeholder Engagement**: There are patient representatives on the Medicines Optimisation Group (MOG) and the GP prescribing leads for each locality are members of the MOG and work closely with the medicines team on prescribing issues.

**Previous GB / Committee/s, Dates**: The full details of this options appraisal was taken to the Medicines Optimisation Group on 13 September 2016.

## Monitoring and Assurance Summary

<table>
<thead>
<tr>
<th>This report links to the following Strategic Principles</th>
<th>Yes [e.g. ✓]</th>
<th>Any action required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Services designed around people</td>
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<tr>
<td>• Preventing ill health and reducing inequalities</td>
<td></td>
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<tr>
<td>• Sustainable healthcare services</td>
<td></td>
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<tr>
<td>• Care closer to home</td>
<td></td>
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</tbody>
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<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>All three Domains of Quality (Safety, Quality, Patient Experience)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Board Assurance Framework Risk Register</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Budgetary Impact</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Legal/Regulatory</td>
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<td>✓</td>
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<td>People/Staff</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Financial/Value for Money/Sustainability</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Information Management &amp; Technology</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Equality Impact Assessment</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Freedom of Information</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
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**I confirm that I have considered the implications of this report on each of the matters above, as indicated**

Initials: KMG
1. **Introduction**

1.1 The Head of Medicines was asked to provide an options appraisal on the potential to consider an alternative supply system for stoma products.

1.2 This report includes this as well as incontinence products as there are similar concerns in primary care, though differing options for ongoing management.

1.3 These options were presented to the Medicines Optimisation Group (MOG) on 13 September and this report includes MOG recommendations.

2. **Report**

**Stoma and continence appliances**

**Current position**

2.1 Waste reduction programmes in Clinical Commissioning Groups (CCGs) across England have identified that there are issues with over ordering and overstocking of catheters and other appliances. This is often backed up with anecdotal reports of stockpiles cleared when a patient dies or moves.

2.2 Guidance on managing requests for such products have been issued by the CCG medicines team for some years and there is work underway on an updated continence formulary and a formulary for the ancillary products associated with stomas such as adhesive removers and air fresheners.

2.3 There has been a recent waste study done in Bristol CCG that recommended as a waste reduction initiative that prescribing for stoma and continence appliances should be done by specialist nurses rather than GPs. This is generally supported by GPs as this is an area in which there is a poor understanding of the products, and a great deal of requests from patients and appliance contractors for newer products, without any evidence base to support it.

2.4 The total CCG spend on this group of products is listed below.

<table>
<thead>
<tr>
<th>Period Name</th>
<th>Prescriber Name</th>
<th>BNF Name</th>
<th>Total Items</th>
<th>Total Act Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial 2015/2016</td>
<td>PCT DORSET CCG</td>
<td>Catheters</td>
<td>19,495</td>
<td>£1,774,172.20</td>
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<tr>
<td>Financial 2015/2016</td>
<td>PCT DORSET CCG</td>
<td>Incontinence Appliances</td>
<td>37,033</td>
<td>£870,452.37</td>
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<tr>
<td>Financial 2015/2016</td>
<td>PCT DORSET CCG</td>
<td>Stoma Appliances</td>
<td>105,663</td>
<td>£3,641,137.46</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td><strong>162,191</strong></td>
<td><strong>£6,285,762.03</strong></td>
</tr>
</tbody>
</table>

2.5 The over 160k items per year being prescribed have a value of over £6million per annum and a very high average cost per item of £38.
2.6 There are a number of ways in which prescribing for these products could be managed. Each will require significant resource to procure, implement and deliver the service.

2.7 These products are all prescribable on FP10 prescriptions and there has been national advice to CCGs that to take these products “off Script” is not an option. Nor is there a legal option to have one dispenser of the FP10s. The prescriptions will have to continue to be generated and the dispenser of those prescriptions remains the choice of the patient, and healthcare staff cannot influence that. However there are ways in which waste may be reduced.

**Stoma Appliances**

2.8 Currently there are stoma nurses in each of the three acute Trusts. The Service in Dorset County Hospital (DCHFT) receives sponsorship from the manufacturer Convatec. The Poole Hospital (PHFT) and Royal Bournemouth (RBCHFT) employed stoma nurses are independent. As well as supporting patients with a new stoma following surgery, these nurses also have a role in reviewing existing patients in the community. There are no accurate figures for the number of patients in the community being managed with stomas but in West Dorset alone it is thought to be about 800. Using the number of items dispensed, if each patient had six items per month, there could be around 1,500 patients across Dorset, potentially more.

2.9 Some patients may be using outdated technology and could benefit from newer products and have improved quality of life in using their products if reviewed by an experienced nurse.

2.10 Anecdotal reports from Somerset are that when the hospital stoma nurses (sponsored) held clinics in Practices and reviewed patients they found that there were cases in which outdated metal rings etc. were still in use and patients were helped by improving their use and experience with their stoma products. This was not done as a savings exercise, but there are thought to be some savings in the system through rationalising prescribing and reducing waste.

2.11 The stoma nurses in Royal Bournemouth have carried out GP evening events and training, linked through the medicines team to good effect and there is some scope for community based reviews. There is a new stoma nurse in DCHFT, as part of the Convatec funded service and they are keen to undertake reviews of more patients in the community but as is the case across Dorset, they are resource limited. They are also keen to undertake additional review on a shared gain arrangement.

2.12 In addition, the appliance contractors supplying the products can carry out Appliance Use Reviews (AUR)s for patients in their homes.

2.13 There are a ways in which these reviews can be undertaken within existing resources, linking stoma nurses with Practices, carrying out clinics to review the existing patients. There may be some scope for pilots or volunteer practices to establish whether such services can create savings and or improve quality.
Options to consider

2.14 Option 1: No change:

2.15 Option 2: Start a networked approach (Maintain current prescribing arrangements, improve access to stoma nurses, consider networking and training opportunities with practice nurses/locality solutions).

2.16 Option 3: Commission a nurse/non-medical prescribing service for all prescribing of stoma products and take away from general practice.

2.17 MOG Discussions: the group considered that there would be a great value in the decrease in workload for GPs if this prescribing was taken away, however, it was recognised that this would not be a great financial savings. There should be a reduction in waste. The use of practice nurses was not regarded as an option, but the use of specialist nurses visiting practices and setting up the prescribing on a repeat dispensing cycle was considered positive, and to be taken forward as a recommendation.

2.18 Therefore the preferred solution was for stoma nurses to come out to practices, review patients on a rolling programme and have them set up for a 12-month repeat dispensing cycle.

2.19 In order to implement this, arrangements would need to be made with the acute trust contracts to enable such a service development and the Primary Care Commissioning Committee is asked to consider whether this is something that can be put forward for a service development.

2.20 DCHFT have indicated that they would be keen to do this in the West of the County but would be looking for staffing resource and the possibility of a gain share on any savings. This discussion was not part of a formal contract meeting, but part of scoping potential solutions.

2.21 Implementation would need the training of the nurses as non-medical prescribers (ideally) and freeing up of their time to visit practices for review. IT access and prescribing permissions on the GP practice systems, as well as additional staff training.

Incontinence appliances and catheters

2.22 A number of CCGs are exploring the use of third party support to reduce and manage spend on incontinence supplies and catheters. Locally, both Fareham and Berkshire have undertaken procurement processes and selected BARD, an incontinence supplier/manufacturer as they market the Cobweb system which brings together the current patients and runs a sort of “EMIS for continence products” which is a paper based prescribing system for these products.
Fareham has just awarded the contract and is yet to feedback on progress. In Berkshire they have been running for a bit longer and have provided the following feedback:

“Berkshire reviewed four companies offer before selecting BARD - Bard was selected on the basis of a robust system and the offer of cover from BARD when the employed administrator is on Annual Leave or off sick. This gives continuity for patients and no other offered this. Berkshire have a Band 7 nurse and Band 4 admin. To do without BARD would take a lot of man hours to identify patients from the GP systems and set up lists of these – BARD does all this.

Financial benefit: reduced growth in continence which was running at about 8% before doing this, reduced item spend
Other benefits: Taken out of GP prescribing (very positive from GPs), AURs being carried out and being effective, improved patient satisfaction with care and delivery of product.”

If Dorset were to consider a similar approach, then a commissioning decision and procurement would need to be undertaken due to the value of the prescribing. Dorset HealthCare University NHS Foundation Trust (DHUFT) manage the continence service and are keen to engage with such a system on a shared gain arrangement.

Members of the medicines optimisation group supported a similar model to that recommended for stoma produces, using repeat dispensing and annual review. The group was also keen to wait and see the outcome of the services in Berkshire and Fareham areas.

**Equality Impact Assessment**

If taking this service change any further then a full equality impact assessment would need to be undertaken.

**3. Conclusion**

The Primary Care Commissioning Committee is asked to consider the MOG’s recommended option for changing the supply of stoma and continence products and the potential of an extended service coming from the existing stoma nurse network, how this may be commissioned and funded.

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