

Stoma Appliance Service in the Community

Stoma Care Quality and Cost Effectiveness Review 2015

February 2016

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1. Executive Summary

QUALITY AND COST EFFECTIVENESS REVIEW

The main focus of the stoma care quality and cost effectiveness review is the stoma appliance service provided to patients in the community across Scotland.

The Specification of Requirements for Dispensing and Supply of Stoma Appliances to Patients in the Community for NHSScotland provides the national framework for the stoma appliance service in the community. It determines the service standards to be met by all dispensing appliance contractors (DACs) and community pharmacy contractors for the purposes of being placed on a list of approved suppliers authorised to dispense and supply stoma appliances to patients in the community. It also sets out the ongoing standards to be met for the purposes of remaining on that approved supplier list. The specifications for the service were first introduced in 2007 and updated in July 2011.

This report details the findings and recommendations following a multi-layered national audit involving patients, NHS Board staff, DACs, community pharmacies and manufacturers designed and conducted during 2014-15. The purpose of the national audit was to gauge whether the arrangements for the provision of stoma appliance services in the community remain fit for purpose and cost effective. It would also help to inform whether and what changes may now be appropriate.

Background

- 1.1** The provision of stoma appliance services and its associated care to post-operative patients in the community is an important and sensitive service for the patients concerned, many of whom continue to need this service for many years after their original surgery. The optimum choice of stoma appliance, and ready access to these appliances, significantly enhances the quality of life for stoma patients and supports them to live as near normal life as possible.
- 1.2** In 2014-15, over 361,600 stoma appliance items were dispensed to patients in the community with reimbursement to appliance contractors for the supply of these items of just over £21m. Between 2004-05 and 2014-15, the number of items dispensed and reimbursement to contractors has increased by 69% and 58% respectively. In 2014-15 remuneration (dispensing, customisation and delivery fees) for the service was over £3.6m.
- 1.3** Following a comprehensive review in 2006-09¹ of the Stoma Appliance Service within NHSScotland, one of the conclusions of the National Review Group was that national audit arrangements of contractors' performance against service standards (including patient satisfaction) would be developed in partnership with the key stakeholders. This would be augmented by supplementary checks by NHS Boards as they thought necessary to address specific local issues including patient complaints about stoma appliance service provision.

¹http://www.sehd.scot.nhs.uk/appliance_contractors/documents/s2d2F5D6B613C04753737049122BEEA7B17_1.pdf

- 1.4** Subsequently, new specifications for the supply of appliances were introduced in July 2011 (*The Specification of Requirements for Dispensing and Supply of Stoma Appliances to Patients in the Community for NHSScotland²*). During 2014-15, a multi-layered national audit involving patients, NHS Board staff, DACs, community pharmacies and manufacturers was designed and undertaken in order to assess whether the arrangements for the provision of stoma appliance services in the community remain fit for purpose and cost effective in meeting the needs of patients. It would also help to inform whether and what changes may now be appropriate.
- 1.5** The national audit was designed to assess both the quality and the cost effectiveness of the new arrangements and to determine the level of contractor compliance with the modified *Specification of Requirements* in meeting the needs of patients.

Overview of respondents

- 1.6** Patients (or carers) were invited to complete a survey questionnaire to assess the level of satisfaction with the stoma appliance service and related care. NHS Board staff, DACs, community pharmacies and manufacturers were invited to complete audit *pro forma* in relation to their specific role in the provision of stoma care in the community.
- 1.7** Over 960 responses were submitted as a result of the audit which was coordinated across all 14 territorial NHS Boards in Scotland. The spread of responses across patients, NHS Board staff, DACs, community pharmacies and manufacturers is set out in **section 4 (Respondents)**. The main findings from the audit exercise are summarised in following sections.

Views of Patients/Carers

- 1.8** Responses were received from **784** individuals. The majority of patients that took part in the survey audit reported that they routinely received their stoma appliances from a DAC (**59%**), with **39%** reporting that they routinely received the service from a community pharmacy. Four patients indicated they routinely use both suppliers to suit their personal preference and convenience at the time.
- 1.9** A high level of satisfaction with the appliance service and related care was generally reported by patients/carers. This included:
- The **majority** of patients/carers were satisfied with the standard of stoma care service provided, whether it involved NHS staff, a DAC or community pharmacy;
 - **94%** were satisfied with range of products available, and **88%** reporting free supplies of disposal bags and wipes when required;
 - **94%** were satisfied with the timeframe for supplying stoma items, with **95%** satisfied that products were provided in discreet packaging;

²http://www.psd.scot.nhs.uk/professionals/pharmacy/documents/Stoma_Service_Specification_Document_NPAug13.pdf

- The vast majority (**91%**) were satisfied that they could contact their pharmacy or DAC for advice or help when needed;
- Similarly most patients/carers (**89%**) were able to contact an NHS healthcare professional when needed, with **87%** reporting that they were always treated with dignity and respect.

Views of NHS Staff Teams

1.10 A total of **20** audit returns were completed by staff working in stoma care teams, including **9** of the largest NHS Boards reflecting the distribution of specialist centres across Scotland. Of the **20** staff audit returns submitted the following key points emerged from specific comments received:

- **18** reported that a Stoma Care Forum was established within their Health Board. **15** of these said Forum membership was inclusive and representative, with meetings held on a regular basis.
- **9** reported that planning of the service was incorporated into the Board's Strategic Plan, however more needed to be done to raise awareness and understanding of the service.
- A similar picture was reported in **12** of the returns regarding succession planning to support of continuity of service.
- **16** indicated satisfaction with current arrangements for provision of stoma care, with processes in place to gather intelligence to improve quality and effectiveness of service.
- **8** reported awareness of efforts to promote the service and inform patients, but it was clear from all **20** returns that more could be done to publicise information about local services across NHS Boards.
- Although specialist teams were invited to report on the numbers of stoma nurse specialists not all made a full contribution to this aspect of the audit. However, there was a perception that numbers were insufficient.

Views of Dispensing Appliance Contractors and Community Pharmacies

1.11 A total of **150** responses were received from stoma appliance contractors. This constituted returns from **21** dispensing appliance contractors (DACs) and **129** community pharmacies (CPs). Of the CPs and DACs who responded:

- **42%** confirmed they had appropriate support materials informing patients of arrangements in place to obtain stoma services in Scotland.
- **82%** confirmed that staff dealing directly with patients had a basic understanding of ostomy requirements, with DAC providers reporting a higher level of compliance.
- **92%** provide disposal bags and wipes free of charge, with DACs appearing to have a more established pattern of supply.
- The majority (**91%**) confirmed compliance with specifications in only ordering products for patients where a valid prescription is in place.

- **62%** indicated compliance with the requirement of basic Disclosure Scotland clearance for personnel having direct unsupervised contact with patients.
- Only **50%** reported compliance with the requirement to provide National Procurement with patient numbers every 6 months.

1.12 It should be noted that some DACs, although based within a particular location, supply products to patients throughout Scotland and may therefore have submitted a collective return covering all the NHS Board areas in which they operate. This may explain why fewer returns appear to have been received from DACs compared to community pharmacies where individual submissions were received. Conversely, some DACs may have responded to more than one NHS Board.

Views of Manufacturers

1.13 **8** manufacturers responded to the audit. They were generally less positive than patients, NHS staff or stoma appliance contractors about the arrangements for supply of stoma products.

1.14 When asked whether the process of adding products to the stoma appliance list in the community is efficient and fair, **6** agreed while **2** disagreed.

1.15 With regard to the introduction of the application of the 'limited list' of products in hospital settings, manufacturers who responded were of the view that it had not resulted in any cost savings to the NHS in Scotland. They believe that it limited patient choice and restricted opportunity to consider new and innovative products that may be more suitable and better value for money.

Cost Effectiveness

1.16 This strand of the review focused on the existing commercial arrangements and what, if any, changes may be appropriate. The evaluation of responses to the quality audit and engagement with interested parties helped to inform the outcome of the work in this area.

1.17 The group looked at 3 main Areas: the current arrangements for stoma fees; the current level of spend and recent trends; and areas for potential further review including guidelines and a greater involvement of Stoma teams in reviewing prescribing.

1.18 On fees, the current (2015/16) £3.8m Global Sum was considered together with increasing volumes and the fixed remuneration global sum for appliance contractor fees.

1.19 In the review of spend there was evidence of a steady increase in expenditure reflecting increasing use of stoma products from a widening of the patient base.

The community service, unlike the hospital service, has a wide range of available products and new products have been introduced over time but the principal growth factor is additional patients both for long and shorter term treatments. The spend patterns were consistent across the health boards. Stoma / Ostomy bags remain the major component of spend. Recently growth has been greater in the non-bag accessories.

- 1.20** There is potential to review and make efficiencies on the level of spend and maximise patient care at the most efficient cost. From the review of current spend it was established that the range of community products is far wider than those provided on hospital discharge. It is recognised that any future arrangements should focus on person-centred choice for patients and clinicians.
- 1.21** The principles of effective prescribing show it is important to minimise variation and review prescribing. The potential to adopt national guidelines and the protocols similar to those used in England were considered. Review of prescribing by appropriate clinical stoma teams is recommended. These teams are the wider resources over and above the Stoma Clinical Nurse Specialists. A detailed review of one health board showed there are potential outliers and scope for further review around the quantities prescribed and also the appropriateness of items prescribed.

Recommendations

- 1.22** Crucially, the findings of the multi-layered national audit demonstrated that the **784** patients and carers that took part have a high regard for all aspects of the service they receive.
- 1.23** The findings from this exercise in the main identify a number of improvements that may be required to fine tune the service offered and enhance the patient's experience. All responses to the audit surveys have been taken into account in drawing up the findings and the specific areas of recommendation detailed in this report.
- 1.24** In total there are 26 recommendations covering a range of areas associated with stoma care provision. These include, for example, the stoma appliance supply arrangements to patients; advice, help and contact with appliance contractors and health care professionals; patient/carer satisfaction with stoma care services; NHS Boards planning arrangements; information for patients.
- 1.25** All 26 recommendations are detailed in **section 8** of this report.

2. Background

- 2.1** The provision of stoma appliance services and its associated care to post-operative patients in the community is an important and sensitive service for the patients concerned, many of whom continue to need this service for many years after their original surgery. The optimum choice of stoma appliance, and ready access to these appliances, significantly enhances the quality of life for stoma patients and supports them to live as near normal life as possible.
- 2.2** The existing arrangements for the provision of stoma appliance services in the community were first introduced in 2007 and updated in 2011. In 2014-15, over 361,600 stoma appliance items were dispensed to patients in the community with the cost of reimbursement to appliance contractors for the supply of these items of just over £21m. This compares to some 341,100 items in 2013-14 at a reimbursement cost of just under £20m (increases of 6% and 5% respectively).
- 2.3** Between 2004-05 and 2014-15, the number of items dispensed and reimbursement to contractors has increased by 69% and 58% respectively. In 2014-15, remuneration (dispensing, customisation and delivery fees) for the service was over £3.6m.
- 2.4** As part of this review, information on the numbers of the different groups involved in the Stoma Appliance Service in Scotland has been gathered and provides a baseline for the future development of the service. The figures are as follows:-

Group	Number
Average number of patients receiving stoma appliances on prescription ³	14,400
Stoma Providers: Community pharmacy contractors (CPs) and Dispensing Appliance contractors (DACs) ⁴	1,330
Clinical Nurse Specialists - Stoma ⁵	23.1

- 2.5** In relation to staffing it should be noted that a range of nurses with mixed responsibilities can support patients who have stomas. This is a core skill set and there are many nurses within differing units and specialties within Boards, including in the community, who are able to support stoma patients who do not have the Clinical

³ Source: Information supplied by ISD special request. This is an approximate figure derived from quarterly prescription numbers where a valid CHI number was recorded for stoma products dispensed during the period June 2012-July 2015.

⁴ PSD website - <http://www.psd.scot.nhs.uk/pharmacists/stoma-providers.html>

⁵ Source: ISD National Statistics, NHS Scotland Workforce Information, Clinical Nurse Specialists as at 30 September 2015. Figure shown is Whole Time Equivalent (WTE)

Nurse Specialist title. It is therefore difficult to quantify exactly how many nurses within NHS Scotland are providing stoma care.

- 2.6** Following a comprehensive review in 2006-09⁶ of the stoma appliances service to patients in the community within NHS Scotland, new specifications for the service were introduced in July 2011 replacing the arrangements that had been in place since 2007.
- 2.7** *The Specification of Requirements for Dispensing and Supply of Stoma Appliances to Patients in the Community for NHSScotland*⁷ provides the national framework for the service. This determines the service standards to be met by all dispensing appliance contractors (DACs) and community pharmacy contractors for the purposes of being placed on a list of approved suppliers authorised to dispense and supply stoma appliances and associated services to patients in the community. It also sets out the ongoing standards to be met for the purposes of remaining on that approved supplier list.
- 2.8** Upon the introduction of the new specifications in 2011, an undertaking was given that the service would be subject to a subsequent audit to determine the level of compliance with these modified specifications and how well these met the needs of patients. This followed a key conclusion of the National Review Group (2006-09) that national audit arrangements of contractors' performance against service standards (including patient satisfaction) would be developed in partnership with the key stakeholders. These would be augmented by supplementary checks by NHS Boards as they thought necessary to address specific local issues including patient complaints about stoma appliance service provision.
- 2.9** To fulfil this commitment, a national Quality and Cost Effectiveness review was established to gauge whether the arrangements for the provision of stoma appliance services in the community, introduced in 2011, remain fit for purpose and cost effective. The review would also provide an opportunity to establish whether and what changes may now be appropriate.
- 2.10** In Summer 2013, the Scottish Government invited David Thomson, Lead Pharmacist, Community Pharmacy Development & Governance, and the Pharmacy Team at NHS Greater Glasgow and Clyde, who had been involved in previous Scottish Government work in this area, to undertake a quality and cost effectiveness review of the arrangements in place since July 2011. The review focussed on 2 strands: (1) the *Quality* of the service provided to patients as a result of *the Specification of Requirements*; and (2) the *Cost Effectiveness* of these arrangements.

⁶http://www.sehd.scot.nhs.uk/appliance_contractors/documents/s2d2F5D6B613C04753737049122BEEA7B17_1.pdf

⁷http://www.psd.scot.nhs.uk/professionals/pharmacy/documents/Stoma_Service_Specification_Document_NPAug13.pdf

2.11 After engagement with interested parties, the proposed way forward with respect to the *Quality* strand of the review involved a two part audit to be conducted commencing winter period 2014/15 involving:

- (a) Patients receiving stoma appliances on prescription during a set month were invited to contribute to the audit to be conducted across all Boards.
- (b) In parallel, other interested parties, Health Boards, professionals such as stoma nurses, and commercially interested parties including stoma appliance manufacturers, dispensing appliance contractors and community pharmacies and their representative bodies were invited to provide responses to structured audit *pro forma*.

2.12 The *Cost Effectiveness* strand of the review ran in parallel and would also be informed by the outputs from the quality audit. A team including National Procurement and NHS Board representatives was established under the leadership of Mark Hunter, Head of PCCO Finance, NHS Lothian to consider what updates to existing commercial arrangements may be appropriate drawing on the evaluation of responses to the quality audit and other relevant engagement with interested parties.

2.13 The objectives of the review were to ensure that:

- on-going commercial arrangements are updated to be contractually robust and to allow all interested parties to plan ahead;
- the range of stoma appliance products which are available continues to be subject to determination by prescribing clinicians;
- clinical discretion as to what appliances are appropriate for an individual patient is maintained and as part of that the views of the patient concerned remain central to product selection;
- individual patients are offered a reasonable choice at the point of dispensing;
- supply chain partners have an opportunity to participate in the development of updated arrangements;
- future arrangements are defensible on the grounds of cost-effectiveness for NHSScotland.

2.14 While the objectives of the review were to consider the quality and cost-effectiveness of the stoma appliance service, with the valuable input from the Scottish Stoma Forum, the opportunity was taken to seek feedback from staff working in NHS Board stoma care services and to gauge views on wider aspects of the quality and effectiveness of stoma care services in the community. This included for example the planning of stoma care services, succession planning and continuity of care, and service improvement activity.

3. Methodology

The Quality Audit

- 3.1** During 2014, four levels of the quality audit were developed, in conjunction with the Scottish Stoma Forum, tailored to facilitate responses from each of the targeted audiences:
- Patients/carers;
 - NHS personnel;
 - Community Pharmacy and Dispensing Appliance Contractors (DACs); and
 - Manufacturers
- 3.2** Patients (or their carers) were invited to complete a survey questionnaire to assess the level of satisfaction with the stoma appliance service and related care. NHS Board staff, DACs, community pharmacies and manufacturers were invited to complete audit *pro forma* in relation to their specific role in the provision of stoma care in the community.
- 3.3** The Scottish Government and NHSScotland wrote to Chief Executives of the 14 territorial NHS Boards in October 2014 providing details of the Quality and Cost Effectiveness Review and seeking nominated lead contacts to co-ordinate the process locally.
- 3.4** In December 2014, the suite of documentation was sent to each named lead that would be expected to manage the audit process within their respective NHS Board and collate responses for subsequent submission to NHS Greater Glasgow & Clyde (GGC) who were co-ordinating the exercise of behalf of NHSScotland and the Scottish Government.
- 3.5** The nominated NHS Board leads were requested to prepare sufficient copies of each version so that each community pharmacy and dispensing appliance contractor (DAC) would receive 5 copies of the patient/carer survey questionnaire, plus 1 copy of the service audit *pro forma* relevant to the nature of the appliance contractor. Sufficient quantities of pre-paid addressed envelopes were also to be provided to facilitate responses from patients (or carers).
- 3.6** It is not possible to state the patient/carers sample size with accuracy as it is not known exactly how many survey questionnaires were handed out to patients as it was possible for contractors to photocopy additional copies if they wished.
- 3.7** The audit *pro forma* for NHS personnel working in stoma care services was issued within NHS Boards to the lead nurse within the stoma service.

- 3.8** The audit *pro forma* for manufacturers was distributed by the relevant NHS Boards to manufacturers of stoma products providing supplies to contractors and patients within that NHS Board's area.
- 3.9** Copies of all documentation were scheduled for distribution to all participants during December 2014 with an expectation that the actual audit would commence on 5 January 2015 and continue for a 4 week period. For a variety of reasons, this timescale could not be accommodated and in an effort to encourage participation, and be as inclusive as possible, timescales were extended as necessary on a Board by Board basis to suit local circumstances.

Cost Effectiveness

- 3.10** A team including National Procurement and NHS Board representatives was established under the leadership of Mark Hunter of NHS Lothian to consider what updates to existing commercial arrangements may be appropriate. Engagement involved other interested parties such as the British Healthcare Trades Association (BHTA) and NHS Board FHS Finance Leads.
- 3.11** The cost effectiveness strand of the review has taken into account the information in the Quality Audit and the views of interest parties such as dispensers and manufacturers through the BHTA.
- 3.12** The arrangements for Stomas fees (dispensing, customisation and delivery) were considered. Most dispensing is covered within the community pharmacy remuneration and reimbursement arrangements and in the main specific dispensing fees no longer exist. However, the retention of fees was considered to be appropriate for the supply of stoma appliances given its specialist nature. The service is not provided by all pharmacists and the majority is through DAC's (Dispensing Appliance Contractors).
- 3.13** Detailed analysis of expenditure on stoma appliances was carried out by NHS Board, product and manufacturer. This suggested a high degree of consistency of behaviour across all health boards.
- 3.14** The main source of information was PRISMS (the Prescribing Information System for Scotland) with the focus on cost and quantity. In addition, there was analysis by NSS Information Services Division to determine patient levels through unique patient identifiers (e.g. patients' Community Health Index (CHI) number). This helped to distinguish patients receiving longer term stoma supplies and those receiving products for shorter periods.
- 3.15** Prescribing information data was used to further enhance the PRISMS summaries and develop some anonymised patient level statistics. This allowed NSS National Procurement to match the 2014-15 prescribing against quantity and product protocols adopted in England, highlighting the areas for further review.

3.16 There was considerable interest from industry members of the Scottish Stoma Forum in this aspect of the review. Manufacturers were keen to explore ways in which they could assist in future arrangements, including the introduction of new cost effective products which would be more beneficial to patients.

4. Respondents

- 4.1 All of the 14 territorial NHS Boards were requested to participate, with all Boards subsequently contributing to the agreed process. Each NHS Board co-ordinated responses from patients, NHS Board staff involved in stoma care services, Dispensing Appliance Contractors (DACs) and community pharmacy contractors, and manufacturers known to operate in their NHS Board area.

Response levels

- 4.2 A total of **962** responses were submitted across the four levels of the quality audit. The level of response across each of these groupings is set out in the table below:

NHS Health Board	Manufacturer	Appliance Contractors		NHS Staff	Patient
		Community Pharmacies	DACS		
Ayrshire & Arran	-	1	1	1	20
Borders	-	5	2	0	72
Dumfries & Galloway	-	8	1	1	27
Fife	-	3	0	0	12
Forth Valley	-	13	2	2	124
Grampian	-	28	2	3	84
Greater Glasgow & Clyde	-	38	3	2	111
Highland	-	4	1	3	39
Lanarkshire	-	9	0	1	17
Lothian	-	4	0	1	84
Orkney & Shetland combined	-	0	0	0	7
Tayside	-	16	3	6	142
Western Isles	-	0	1	0	0

Responses where NHS Board was not specified

Urostomy Association	-	-	-	-	14
Coloplast UK	-	-	-	-	31
Dual Manufacturer/DAC	4	-	4	-	-
Manufacturer	4	-	-	-	-
DAC	-	-	1	-	-
TOTAL	8	129	21	20	784

Patients/Carers

- 4.3 With regard to the patient responses, separate contributions were received from other sources complementary to the process. These included 45 completed patient survey questionnaires co-ordinated through the patient support group the Urostomy Association and through the manufacturer Coloplast UK, who distributed copies of

the patient/carer survey questionnaire to the cohort of patients they supply directly to across Scotland.

Dispensing Appliance Contractors and Community Pharmacies

- 4.4** Ostomy patients resident in the Western Isles rely on a mainland DAC provider for their requirements with associated activity incorporated into the final totals. It should also be noted that some DACs supply to patients in more than one NHS Board area, but may have opted to make a collective submission in response to only one Board's survey. This may explain why fewer returns appear to have been received from DACs compared to community pharmacies where individual responses were received. Conversely, it was possible for DACs to respond to more than one NHS Board data gathering activity.

NHS Staff Teams

- 4.5** Not all NHS Boards submitted a staff return, particularly where patient populations are small and service arrangements, planning and the need for local stoma fora are scaled and applied proportionately to local circumstances. In addition, some staff returns may have been from an individual while others may have been a team response. It is difficult to be precise about this based on the information contained in the completed audit *pro forma* submitted.

5. The Survey and Audit Exercise

5.1 As discussed in previous sections to this report, the quality and cost effectiveness review involved a multi-layered audit involving patients/carers, NHS Board staff, DACs, community pharmacies and manufacturers.

5.2 Patients (or carers) were invited to complete a survey questionnaire to assess the level of satisfaction with the stoma appliance service and related care. NHS Board staff, DACs, community pharmacies and manufacturers were invited to complete audit *pro forma* in relation to their specific role in the provision of stoma care in the community.

Patient/carers

5.3 Patient/carers were asked to comment on a range of questions about their appliance service provider and NHS staff, the quality and content of the service they received and their overall satisfaction with the standard and quality of care.

NHS Staff

5.4 Staff working in NHS Board stoma care services were asked for their feedback and views on the planning of stoma care services, succession planning and continuity of care, and service improvement activity. Views were also sought on the effectiveness of local stoma fora arrangements and their role and contribution in helping to inform improvements to NHS Board services.

Dispensing Appliance Contractors and Community Pharmacies

5.5 The audit *pro forma* for this audience sought to gauge the level of compliance by contractors with the *Specification of Requirements for Dispensing and Supply of Stoma Appliances to Patients in the Community*. This included compliance with service standards and quality requirements, statutory obligations in relation to staff, the supply and range of products, and the overall administration of the service.

Manufacturers

5.6 Manufacturers were asked to provide views on the Framework Agreements for hospital and community, and the related processes for products being made available, their impact on cost efficiencies, and the benefits for stakeholders and patient care.

Audit Pro forma

5.7 Sample *pro forma* distributed to NHS Board lead contacts are included at **Appendices 2 to 5**.

6. Survey Results

Patient/carers

6.1 Overview

6.1.1 A total of **784** patients/carers participated in the patient survey questionnaire. Most respondents provided an answer to each question. A high level of patient satisfaction was reported across each of the 11 areas covered in the survey.

6.1.2 The survey asked patients/carers to feedback their experiences of using the stoma appliance service in terms of the supply arrangements for receiving stoma products and whether they were generally satisfied with the service they receive. It also asked if respondents knew who to contact for help or advice and asked for feedback on the quality of the support provided; and whether they had made any complaints and, if so, how well they were handled.

6.2 Choice of supplier

6.2.1 The survey began by asking respondents if their stoma requirements were routinely provided by a community pharmacy or a dispensing appliance contractor. Patients would usually use one or the other as their main supplier for stoma items. Of the **788**⁸ who responded to this question:

- **39%** used a community pharmacy contractor;
- **59%** used a dispensing appliance contractor (DAC); and
- **2%** responded 'Other' or were not sure.

6.2.2 At **59%**, the majority of respondents said they receive their service from DAC suppliers. Respondents report similar experiences from both types of providers with no strong preference expressed at the expense of the other.

6.2.3 A number of patient comments indicate a strong loyalty to their stoma appliance provider, with many remaining with the same contractor for several years.

6.2.4 It was apparent that a small proportion may be confused with the terms used to describe the contractor with **2%** selecting other or not sure as their stoma appliance supplier.

"I use both, my own chemist if I'm short."

"Prefer to use [DAC] contractor as it is more anonymous and discreet."

"My pharmacist has looked after my needs for over 20 years and there are no complaints from me. His service is really outstanding."

"I have tried a DAC but the best service I get is from my pharmacy."

"I found using the pharmacist proved to be quite difficult – items were not always available."

⁸ Includes 4 patients who opt for either type of supplier to suit personal convenience and preference at that time

6.2.5 One respondent provided an additional comment on the importance of maintaining and respecting the patient's choice of service supplier.

6.3 Supply arrangements

6.3.1 Patients were asked if stoma items were supplied within an acceptable timeframe once their provider had received their prescription. Of the **691** respondents who answered this question:

- **94%** answered Yes/Always;
- **5%** answered Sometimes; and
- **1%** answered No/Never.

6.3.2 Although **94%** of respondents to this question indicate they are satisfied with the time taken to deliver an order, **86%** reported difficulty in obtaining supplies within the specified time frame of 48 hours with around **92%** believing a 2 week period to be the normal timeframe.

6.3.3 Around **23%** of patient/carer respondents also reported difficulties with deliveries and missing items on occasions. Some reported ordering more stock than they need to ensure they have a sufficient supply at home in case of any future delays.

6.3.4 Patient/carers appear critical of GP involvement in the ordering process and suggest this is the cause of the extended timescales. Supplies rightly cannot be provided through the NHS until the supplier is in receipt of a valid prescription. However, it is apparent that a longer timeframe is necessary as GPs are not always able to provide prescriptions in time to allow for supplies to be made within 48 hours. This was an area covered in patients' comments suggesting that the delivery timescales may need to be reconsidered.

(1) *NHS National Services Scotland National Procurement (NP) should work with NHS Boards and appliance contractors to determine a more realistic timeframe for delivery of products to patients, recognising the time pressures in GP practices in issuing prescriptions. A time period of up to 5 working days for delivery following the patients request should be considered as the potential new standard.*

6.3.5 Patients were asked if they were provided with free supplies of disposal bags and wipes when these are required. Of the **774** respondents who answered this question:

"Items are dispatched quickly but have had a few problems with delivery."

"Although delivered within 2 weeks supplier used to deliver next day or day after but now need to wait on prescription."

"I do keep a month's stock in hand."

"I was advised to allow 14 days for delivery and work on this basis."

"Used to be next day delivery but now its 10 days."

- **88%** answered Yes/Always;
- **7%** answered Sometimes; and
- **5%** answered No/Never.

6.3.6 From the responses it can be concluded that the majority of respondents are receiving free supplies of disposal bags and wipes when required. Those using DAC suppliers report obtaining bags and wipes routinely, however, **18%** of respondents who use community pharmacy providers reported difficulties in obtaining sufficient quantities.

6.3.7 **10** patients reported receiving wipes but not disposal bags while **15** reported the opposite experience. **5** respondents were unhappy that certain types of accessories are not available on the NHS e.g. deodorant sprays. One respondent suggested that bags and wipes should be provided without patients having to request them.

6.3.8 It is noted that patients have different regimes so some require more bags than others, or prefer different types of wipes.

(2) NHS National Services Scotland NP should work with NHS Boards and all appliance contractors to ensure compliance with the specification requirement that sufficient quantities of bags and wipes are supplied with each prescription.

6.4 Advice/ help

6.4.1 Patients were asked if they were able to contact the pharmacy or DAC for advice or help. Of the **726** respondents who answered this question:

- **91%** answered Yes/Always;
- **5%** answered Sometimes; and
- **4%** answered No/Never.

6.4.2 The vast majority of respondents report being able to contact their provider for help and advice when necessary. A small proportion (**4%**), indicate they are unable to contact their provider for this type of support while some respondents appear to be unaware that they could. Some patients (**5%**) acknowledge the help and support they receive from the third sector which could be more formally recognised.

6.4.3 There were also suggestions that there should be a named member of staff at the service supplier as the patient's key contact; a helpline or website for patients; and advance notice of public holidays or other events which may impact on delivery times.

“Supplier has a good telephone advice line.”

“DAC better at advice.”

“Very fortunate to have a local pharmacy who are always happy to make sure I have everything I need on time.”
“service

“Never fail to be surprised at continued level of support and pleasant response.”

(3) All appliance contractors should provide a mechanism which allows this patient group to access appropriate help and advice when required. The expectation would be that this should be available from trained personnel during opening hours, and a website or help line during 'out of hours'. The website should also provide links to third sector support organisations and patient groups.

“A very busy [stoma] nurse. Can't always get an answer the same day. Also can't get to see her except on certain days.”

6.5 Contact with health care professionals

6.5.1 Patients were asked if they were able to contact an appropriate healthcare professional when necessary. Of the **654** respondents who answered this question:

- **89%** answered Yes/Always;
- **7%** answered Sometimes; and
- **4%** answered No/Never.

“I have an excellent stoma nurse with whom I can easily get in touch with.”

6.5.2 The majority of respondents indicate they have access to a healthcare professional when needed and mentioned the support available from stoma nurses, GPs, pharmacists and NHS24. References were made to the general perception of stoma nurses being very busy and resources appearing to be stretched.

“Only my GP. Have great problems getting advice and help.”

6.5.3 A number of patients did not answer this question denoting that the question was either n/a (not applicable) suggesting they are satisfied with the current level of provision across most Boards, or that they had not had cause to contact someone for advice.

“I do not have a stoma nurse.”

6.5.4 Some patients commented that they did not know who or how to contact a healthcare professional or stated that they did not have a stoma nurse.

“Would like a stoma nurse to be more available.”

(4) NHS Boards should prepare a directory of services relevant to stoma care provision in their area. This should include details of who and how to contact the appropriate healthcare professional, and under which circumstances, to ensure effective resolution of the support or advice required.

6.6 Packaging

6.6.1 Patients were asked if products were supplied in discreet packaging. Of the **754** respondents who answered this question:

- **95%** answered Yes/Always;
- **3%** answered Sometimes; and
- **2%** answered No/Never.

6.6.2 **95%** of respondents confirm products are received in discreet packaging. Around **12** commented on the need for greater discretion when goods are delivered. Concern was also expressed that the use of orange bags for disposing of waste is inappropriate.

- (5) NHS National Services Scotland NP and NHS Boards should work with appliance contractors to ensure the specification requirement of discrete packaging is adhered to at all times, and the need for discretion and sensitivity of staff when working in this area is emphasised. Manufacturers and appliance contractors should review the types of packaging in use and improve as necessary.**

“Packaging carries suppliers’ name.”

“Have had problems with my packaging been open and people could see what it was.”

6.7 Satisfaction with service

6.7.1 Patients were asked if they were satisfied with the standard of stoma care service provided. This question was broken down into the service provided by community pharmacists, DAC suppliers, and healthcare professionals.

6.7.2 Of the **300** respondents who commented on their level of satisfaction with the service provided by **community pharmacists**:

- **83%** answered Yes/Always;
- **11%** answered Sometimes; and
- **6%** answered No/Never.

6.7.3 **481** respondents commented on their level of satisfaction with the service provided by **DAC Suppliers**:

- **90%** answered Yes/Always;
- **7%** answered Sometimes; and
- **3%** answered No/Never.

“Sometimes have to wait too long before we receive our order.”

6.7.4 With regard to the service provided by **NHS Board healthcare professionals**, of the **556** who commented on their level of satisfaction with the service:

- **83%** answered Yes/Always;
- **13%** answered Sometimes; and
- **4%** answered No/Never.

6.7.5 There was a high level of satisfaction with the standard of service reported across all three levels of service provision, with the highest level of satisfaction amongst those who use a DAC (patients can opt to change supplier if they are unhappy with service received). The majority are also satisfied with the standard of service provided by healthcare professionals.

6.7.6 The responses indicate that patients are not fully informed of the services available to them and what they can expect from their stoma care provider. Some respondents felt their GP did not have sufficient knowledge to provide support.

(6) NHS Boards should work with NHS Education for Scotland (NES), healthcare practitioners and appliance contractors to:

- ***Ensure all practitioners are competent and confident to advise and support patients, with mechanisms in place to refer to specialist advice should this be necessary;***
- ***Improve the content of patient advice materials available, including website and information leaflets;***
- ***Develop a template detailing core stoma services to ensure consistency across Scotland irrespective of provider, with a facility for Boards to tailor to local provision. This is directly linked to recommendation (4) regarding the NHS Board directory of services relevant to stoma care.***

“From my experience and speaking to one other stoma patient there is little help available.”

“Feel GPs don’t have enough training on matters relating to stoma. Quite a few in my surgery looked a bit panicked when I refer to my stoma and don’t really know me.”

“Never had any dealings with NHS staff regarding stoma care for years.”

6.8 Range of products

6.8.1 Patients were asked if they were satisfied with the range of products available. Of the **646** respondents who answered this question:

- **94%** answered Yes/Always;
- **6%** answered Sometimes; and
- **1%** answered No/Never.

6.8.2 The vast majority of patients responding (**94%**) are satisfied with the range of products available to them. Although many would appear reluctant to change the products they use, patients indicated they are unaware of new products and no formal procedure appears to be in place to manage this process.

6.8.3 There was a general desire for more information on the range of products available as well as new products.

(7) NHS National Services Scotland NP and NHS Boards should work with appliance contractors to develop and apply good governance principles in the product selection process that respects patient choice and the impartiality of clinician involvement.

6.8.4 A small number of patients indicated a personal preference for specific products they like to use, some of which are available on prescription and some that they purchase.

(8) NHS National Services Scotland NP and NHS Boards should work with appliance contractors to ensure that product choice is person-centered and cost-effective. This is intrinsically linked to the recommendations relating to the cost effectiveness strand of the review.

6.9 Complaints

6.9.1 Patients were asked if they had ever had cause to complain about the standard of service provided. Of the **664** respondents who answered this question:

- **2%** answered Always;
- **6%** answered Usually;
- **2%** answered Sometimes;
- **16%** answered Rarely; and
- **74%** answered Never.

“I feel the range of products available is able to meet the needs of any stoma patient.”

“I am able to contact my provider and get samples.”

“The only thing I don’t like is when ‘a company’ send you letters saying you can claim free samples then when you phone them they tell you, you can’t get them because you do not get your supplies from them.”

“Supplier active in advising any changes or improvements in what’s available.”

“Unaware of all products available. Not sure if there maybe something more suitable for me.”

“Better to stick to product always used. Any change just causes huge problems.”

6.9.2 They were also asked, if they had complained, were they satisfied with the outcome of their complaint. Of the **237** respondents who answered this question:

- **40%** answered Always;
- **29%** answered Usually;
- **14%** answered Sometimes;
- **6%** answered Rarely; and
- **11%** answered Never.

6.9.3 The majority of respondents have had no cause to complain (**74%**), although around a quarter of patients on occasion have had reason to raise an issue.

6.9.4 Comments on complaints appear to apply to a cross section of the service in general rather than highlight a specific aspect. The complaints referred to in responses were across a range of issues including damaged products, delays in receiving prescription, GPs not providing complete prescriptions, perceived confidentiality issues within a community pharmacy, difficulty accessing support/ advice, and obtaining supplies out of hours.

6.9.5 Overall, responses received regarding satisfaction with the outcome of complaints are less positive suggesting that contractors could improve upon their handling of complaints. One respondent called for more robust complaint procedures.

(9) NHS National Services Scotland NP, NHS Boards and appliance contractors should work in partnership to:

- **Promote the NHS complaints procedure as a mechanism to obtain patient feedback and to improve the overall quality of the stoma appliance service in the community;**
- **Extend the NHS complaints procedure to include DAC suppliers;**
- **Reinforce principles of handling complaints and promote a more positive culture regarding receipt and response of stoma appliance complaints within an acceptable timely period.**

“Have had a few times that there was damage to my products.”

“Problem only seems to be when using local chemist. Again any problem usually time taken for script to get to suppliers.”

“Often supplier blaming GP and vice versa on delay from prescription being returned.”

“Letter to supplier re leaking bags not acknowledged or responded to.”

6.10 Respect and dignity

6.10.1 Patients were asked if they felt NHS staff treated them with respect and dignity. Of the **661** respondents who answered this question:

- **87%** answered Always;
- **11%** answered Usually;
- **2%** answered Sometimes;
- **1%** answered Rarely; and
- **0%** answered Never.

6.10.2 The majority of respondents agreed they were always or usually treated with respect and dignity. Very few were dissatisfied with their experience of NHS staff. One respondent suggested the service could be improved through additional training for staff to ensure patients are treated with respect and dignity.

“My experience with NHS staff has always been first class – always respectful and dignified.”

“Very grateful for the care and understanding shown to me at a difficult time.”

“Locum pharmacist, whilst on the phone, shouted out my name and stoma bag query.”

“Found Stoma Care Staff very supportive.”

“I am very happy with the service I get.”

NHS Staff

6.11 Summary

6.11.1 A total of **20** completed staff audit surveys were received from NHS staff working in health board provided stoma care services. This responses were from staff employed in **9** out of the **14** territorial NHS Boards and representing most of the largest NHS Boards across Scotland.

6.11.2 The audit survey was distributed to the lead nurse within the managed stoma service and was aimed at all NHS personnel involved in the stoma care service. The survey sought feedback from staff on a range of aspects concerning stoma care provision within their Board, and provided an opportunity to suggest modifications they would wish to be considered for the service.

6.12 Health board structures and resources

6.12.1 Respondents were asked to confirm whether their NHS Board has appropriate structures in place to support local Stoma Care Fora. Of the **20** completed NHS staff audit surveys received, **18** reported that a Stoma Care Forum was established within their NHS Board, with **15** who thought the membership to be inclusive and representative and with meetings being held on regular basis. **15** felt that action points from Forum meetings were progressed by the health board, whilst **5** suggested this was not the case. Staff/teams felt there should be better recognition of stoma care services and there was also a suggestion to have a stoma care champion in each NHS Board.

"We have stoma nurse specialist meetings 2-3 times a year."

"Not aware of the Stoma Care Forum."

"Have an annual meeting."

6.12.2 Although not covered in the audit survey, at a national level the Scottish Government should continue to engage with established groups, in particular the Scottish Stoma Forum (SSF) on service and policy issues. The Scottish Government and SSF should consider how the membership of the SSF could be developed so that it is fully representative.

(10) NHS Boards should review and update local stoma fora arrangements to ensure they are relevant, add value and are fit for purpose. At a national level the Scottish Government should continue to work with the Scottish Stoma Forum (SSF) as a reference group on policy and service provision.

6.12.3 Not all NHS Board staff teams completed the audit *pro forma*, especially in the smaller board areas where structures, resources and patient populations do not lend themselves to specially designed arrangements for stoma care services. For

example, NHS Borders and the island Boards do not have stoma fora, but regularly liaise with consultants, hospital management, GP practices and pharmacies with regular patient satisfaction surveys to inform service improvement.

6.13 Staffing

6.13.1 Respondents were asked to specify the ratio on WTE of Stoma Nurse Specialists to stoma patients within their NHS Board. Although specialist teams within NHS Boards were invited to participate, not all made full contributions to this section. However, there was a perception among NHS personnel that insufficient numbers of specialist staff are deployed within the service. Changes in working practices and devolvement of responsibilities from secondary to primary care were considered to have had an impact on workload.

6.13.2 This aspect requires fuller consideration within NHS Boards at a national level in context of known numbers of specialist nurses in the field of stoma care, the use of nurses in other specialisms, and nurses in the community who are able to support stoma patients. There is also a clear link to **future** and **succession** planning and how the wider skill mix of the nursing workforce can be developed to meet the ongoing needs of stoma patients, drawing on the skills of specialist stoma nurses to support this and develop capacity.

(11) *The Scottish Government should work with NHSScotland to identify a stoma care service within a specific NHS Board that could be designated as a ‘demonstrator’ that others could learn from and benchmark against in terms of planning, skill mix and service delivery.*

6.13.3 Staff comments included the suggestion that roles and responsibilities of stoma care nurses and district nurses should be redefined.

6.14 Future and succession planning

6.14.1 Respondents were asked to state if future planning of stoma services features in the Board’s Strategic Plan. Of the **15** who responded to this aspect of the audit, **9** indicated that the future planning of stoma services had been incorporated into the Board’s Strategic Plan, whilst **6** indicated no awareness.

“All nurses are providing a professional high level of care to stoma patient due to their competencies and experience. However satisfaction could be increased with greater numbers of CNS’s.”

“This is delivered from stoma nurses. I feel we provide a good service to stoma patients. I still feel there is a gap in community follow up since home visits from stoma nurses were stopped. It can be difficult managing a busy service at times.”

“Yes – due to the geographical area covered, the team rationalise patient care providing equity of care.”

6.14.2 Responses suggest a low level of awareness and understanding of the service with a perception amongst staff of no visible leadership in evidence.

(12) NHS Boards should review their arrangements for the planning of Stoma Care Services and give proper recognition of these services within their Strategic Plans. An appropriate person within the established team should be designated as the lead or champion for Stoma Care Services.

6.14.3 Respondents were also asked to state if a succession plan was in place to maintain continuity of the service. **12** of the **16** responding to this aspect of the audit reported that a succession plan was in place, whilst **4** indicated they were unaware of any such plan. In most instances, it appeared that planning had been initiated at a local level in isolation from other areas of the service.

(13) NHS Boards should adopt a more formal approach to assess capacity and manage projected demand for stoma care services to inform local succession planning processes and continuity of service. The role of the designated lead or champion for Stoma Care Services will be important in this process.

6.14.4 As highlighted at **6.12.3**, not all NHS Board staff teams completed the audit *proforma*, especially in the smaller board areas where arrangements are scaled and proportionate to local circumstances. However, service planning and development is reported to be carried out on an ongoing basis with all that this entails for the stoma service involving multidisciplinary team members and management in both primary and secondary care.

6.14.5 The particular circumstances pertaining to smaller NHS Boards should be recognised in taking forward the findings and recommendations from the review.

6.15 Staff input

6.15.1 Respondents were asked if a process was in place for staff to comment and feedback on service provision.

6.15.2 Of the **17** who responded to this aspect of the audit, **16** acknowledged that a system was in place to comment on service provision, while **1** respondent indicated no awareness. Whilst the majority of respondents indicated that a system did exist, it was unclear as to how structured and effective the process is.

“No – I have discussed the future of the service with my line manager.”

“No succession planning is in place.”

“From within the stoma department and colorectal unit rather than being planned by the Board.”

“I discuss the service with the ward managers but there is no formal tool.”

“An audit was done a few years ago but has to [be] repeated.”

“Questionnaire sent out but not sure how often.”

6.15.3 In addition, respondents were asked if their NHS Board maintained a process for gathering intelligence on what aspects of the service could be improved upon in terms of quality, effectiveness and efficiency. Of the **18** who responded to this aspect of the audit, **15** reported an awareness of a process in place to improve services although this may not be specific to Stoma Care services. **3** reported no awareness.

6.15.4 Respondents expressed pride in the service they provide but have concerns over some aspects.

(14) NHS Boards should have a formal, structured mechanism to facilitate staff feedback, comments and concerns on Stoma Care services, with systems in place to respond accordingly to points raised where there is potential opportunity to improve the quality, safety, effectiveness and efficiency of service provision.

6.16 Information

6.16.1 Respondents were asked if their NHS Board publishes information on the stoma service e.g. website, leaflets. **18** Responses were received, with **8** reporting an awareness of efforts to promote the service and inform patients. On the other hand, **10** indicated no awareness. **4** of the **10** confirmed they have produced information leaflets within the department to supplement this need.

6.16.2 Respondents were asked if they were satisfied with the current arrangements for provision of stoma care to their patients. Of the **20** responses received, **16** reported satisfaction with current arrangements whilst **4** did not answer this question. There was a suggestion to have standardised information detailing local stoma care service arrangements in place for each Health Board.

See recommendations 3, 4 and 6.

6.16.3 From the range of feedback received through the completed staff returns, it is recognised that there would be benefit in ongoing audit of stoma services within NHS Boards, building on the tools developed for this national exercise. Regular audits would serve to benchmark service improvement and development as a result of audit activity.

(15) Building on the tools developed for the national quality and cost effectiveness review, NHS Boards should introduce quality monitoring of Stoma Care services to assess the quality, effectiveness and efficiency of existing services to support continuous quality improvement.

“Have not seen anything regarding the stoma service.”

“Our contact numbers are on the Board’s website and we are completing a service booklet at present.”

“Colorectal/ stoma community Nurse Specialists have written and given out informative handbooks.”

Stoma Appliance Contractors: DACs and Community Pharmacies

6.17 Summary

6.17.1 A total of **150** stoma appliance contractors responded to the audit survey. **21** were received from dispensing appliance contractors and **129** from community pharmacies.

6.17.2 The audit survey asked stoma appliance contractors to submit a response on the level of compliance with the specifications for the service. It also provided an opportunity to record any additional comments about the service.

6.18 Profile

6.18.1 Stoma appliance contractors were asked if their publicity material or website, which advises patients across the UK on dispensing arrangements for stoma appliances provided by the contractor, has a specific section detailing the arrangements for patients in Scotland. Of the **126** contractors who responded to this section of the audit:

- **42%** answered Yes;
- **9%** answered No; and
- **48%** answered Not applicable.

6.18.2 The importance and availability of appropriate publicity material appears not to be supported by the majority of the responding contractors, although stipulated in the service specifications. There is an opportunity to stipulate use of a standardised template to ensure consistency of core information. In addition, several patients perceive supply through a DAC as a non-NHS service. This misunderstanding should be clarified and addressed.

(16) *NHS National Services Scotland NP and NHS Boards should work with appliance contractors to implement a standardised template listing core services, complaints procedures, key contacts and what patients can expect from this key NHS service.*

6.19 Training

6.19.1 Stoma appliance contractors were asked if staff dealing directly with patients or healthcare professionals have a basic understanding of colo/ileo/urostomy normal function. Of the 132 contractors who responded to this section of the audit:

- **82%** answered Yes;
- **9%** answered No; and
- **9%** answered Not applicable.

6.19.2 While responses show a good level of basic understanding of colo/ileo/urostomy normal function, the responses to other aspects of training suggest that patients may be experiencing a lesser standard of service in some locations where practitioners may not be meeting the required level of training.

6.19.3 There was also a suggestion that a list of the various support groups in place should be developed (see also recommendation 3).

6.19.4 Specific training requirements expected of appliance contractors are detailed in the training section of the audit questionnaires completed by DACs and community pharmacies (see Appendices 4 and 5). Further work will be required to establish the principle that both strands of provision are equitable and that patients experience no disparity in their care whichever contractor they select to provide the service.

6.19.5 The responses from the DACs suggested that training and development of staff is higher than that of community pharmacies, with nearly all staff trained to the level expected of the *Specification of Requirements*.

6.19.6 Community pharmacists and pharmacy technicians have professional responsibility to keep practice, knowledge and skills up to date. There was also comment that there should be recognition of the pharmacist role in identifying interactions with medicine that may have an adverse effect on patient's ability to manage their stoma.

(17) It is essential that all staff are fully knowledgeable and competent to comply with the Specification of Service Requirements. Working with NHS Education for Scotland (NES) community pharmacists should assess their current level of knowledge and expertise and undertake further training where this is identified. NES should consider potential increase in activity in this area.

6.20 Legislation

6.20.1 Stoma appliance contractors were asked to confirm that only those stoma appliances listed on the Information Services Division (ISD) website are supplied. Of the **138** contractors who responded to this section of the audit:

- **81%** answered Yes;
- **12%** answered No; and
- **7%** answered Not applicable.

“Although pharmacists are trained, staff would benefit from update training at some point at a local level to cover recent advances.”

“More training required.”

“Counter staff need some basic training.”

6.20.2 The responses from community pharmacists and patients suggest that this element of the supply function works well with no major difficulties encountered.

6.21 Disposal bags and wipes

6.21.1 Stoma appliance contractors were asked to confirm that disposal bags and wipes are provided free of charge and without the payment of a dispensing or delivery fee. Of the **141** contractors who responded to this section of the audit:

- **92%** answered Yes;
- **3%** answered No; and
- **5%** answered Not applicable.

6.21.2 This has been established practice for DAC suppliers for some time. Anecdotal comment had suggested that pharmacies were not routinely offering free disposal bags and wipes unless requested by the patient. The responses suggest that the majority of patients routinely receive supplies of these items without challenge. This issue was also raised in comments from contractors with one suggesting that pharmacies should provide wipes and bags without the patient having to specifically ask.

(18) NHS National Services Scotland NP and NHS Boards should ensure that all elements of the specification of requirements are adhered to and ensure that appliance contractors fulfill these obligations.

6.22 Prescription supply

6.22.1 Stoma appliance contractors are asked to ensure that no items are provided without obtaining a prescription beforehand. With regard to compliance with this requirement, of the **140** contractors who responded to this section of the audit:

- **91%** answered Yes;
- **5%** answered No; and
- **4%** answered Not applicable.

6.22.2 In exceptional circumstances, such as an urgent requirement for the patient, items can be dispensed without a prescription but this should only be done if agreement of the prescriber has been obtained in advance by telephone with the prescription to follow retrospectively. Under previous arrangements, in a number of cases prescriptions were routinely requested after supplies had been dispensed.

6.22.3 As indicated above, the current specification requires contractors to obtain a prescription prior to placing or fulfilling any order for stoma products. Introduction of this revised procedure followed a previous review, and represented a major process change for DAC suppliers in particular. Criticism of the delays perceived to be associated with this revised procedure needs to be investigated by NHS Boards

locally to determine the extent of the problem and how this can be resolved satisfactorily.

(19) NHS National Services Scotland NP and NHS Boards should ensure contractors place particular emphasis on the handling of prescriptions and the need to follow due process, as set out in the specification for the service.

6.23 Disclosure Scotland

6.23.1 Stoma appliance contractors were asked if basic disclosure records from Disclosure Scotland have been obtained for all personnel who may have unsupervised contact with patients (i.e. a driver delivering into a patient's home). Of the **137** contractors who responded to this section of the audit:

- **62%** answered Yes;
- **15%** answered No; and
- **23%** answered Not applicable.

6.23.2 All stoma appliance contractors are required to comply with this principle and ensure that staff attending a patient's home have Disclosure Scotland clearance. The reported compliance needs to be further investigated, amongst pharmacy staff in particular, who may be required to routinely undertake unsupervised visits to a patient's home.

(20) NHS National Services Scotland NP and NHS Boards should ensure appliance contractors place emphasis on the need to obtain Disclosure Scotland clearance for relevant staff, as set out in the specification for the service.

“Have not been asked for customisation.”

“Patient numbers not routinely supplied to National Procurement every 6 months.”

6.24 Administration

6.24.1 Stoma appliance contractors were asked if they complete a form from PSD claiming customisation and delivery fees if they have an activity level of more than 1200 items per month. Of the **114** contractors who responded to this section of the audit:

- **50%** answered Yes;
- **10%** answered No; and
- **40%** answered Not applicable

6.24.2 Responses indicate a low level of adherence to the timely submission of claims for payment, which may impact on the accuracy of prescribing data and late settlement for contractors. Furthermore, most contractors do not routinely supply patient numbers to National Procurement as stipulated in the specification.

6.24.3 It is important that the administration function supporting the service is effective and that claims for reimbursement are submitted on time as late submissions affect

payment schedules, skew supply statistics, remuneration and reimbursement monitoring.

(21) NHS National Services Scotland NP and NHS Boards should ensure appliance contractors comply with the administration requirements as crucial to the governance of the specification of requirements.

6.25 Quality

6.25.1 Stoma appliance contractors were asked if they maintain a list of appropriate self-help and support groups for patients. Of the **134** who contractors who responded to this section of the audit:

- **62%** answered Yes;
- **26%** answered No; and
- **12%** answered Not applicable.

6.25.2 Although one respondent indicated they would refer the patient to their GP for details of support groups, this information should be available from all healthcare locations the patient is in contact with for stoma care. GPs may not necessarily be the best referral point for this type of information.

6.25.3 Stoma appliance contractors were also asked if they have contact numbers for patients' key healthcare workers e.g. Stoma Nurse. Of the **139** contractors who responded to this section of the audit:

- **62%** answered Yes;
- **28%** answered No; and
- **10%** answered Not applicable

6.25.4 The responses suggest that little progress has been made in collating and maintaining a directory of key workers involved in this specialty.

See recommendation 3, 4, 6 and 16.

6.25.5 Stoma appliance contractors were asked if they facilitate the supply of sample packs by order, or appropriate products to allow patient/Stoma Nurse to select the most appropriate solution to the individual's needs. Of the **140** contractors who responded to this section of the audit:

- **60%** answered Yes;
- **24%** answered No; and
- **16%** answered Not applicable.

6.25.6 The responses suggest an issue for community pharmacies in either obtaining samples or their understanding of how to source these items. Current guidance on how the process operates may need to be more specific to better facilitate community pharmacy's ability to access product samples. Several pharmacists report a decline in activity in this area resulting in a reduced awareness of current developments and their skills and knowledge of products and processes as result.

6.25.7 Stoma appliance contractors were asked if complaints regarding Stoma Services are included in the totals submitted quarterly to the Health Board. Of the **135** contractors who responded to this section of the audit:

- **79%** answered Yes;
- **13%** answered No; and
- **8%** answered Not applicable.

6.25.8 The audit results indicate that all aspects of complaints handling and processing are dealt with appropriately. However, current legislation⁹ regarding Patients' Rights does not require DAC suppliers to report complaints data to the NHS. The principles apply equally to this type of service provider and the procedure should extend to include DACs. (See recommendation 9)

Manufacturers

6.26 Summary

6.26.1 A total of **8** manufacturers responded to the audit survey. **4** of them had also submitted responses in their dual capacity as Dispensing Appliance Contractors. The audit survey asked manufacturers to submit a response on the level of compliance with the specifications for the service. It also provided an opportunity to record any additional comments about the service.

'Limited list' process for the addition of new products

6.26.2 As part of the 2 year Framework Agreement¹⁰ National Procurement has in place processes for the addition of new products to both the Community Stoma List and for products being made available in the hospital setting¹¹.

6.26.3 Manufacturers were asked whether they thought the process for adding products to the Community Stoma List is efficient and fair. **6** respondents deemed the process currently in place to be efficient and fair. Comments received from the **2** respondents expressing an opposing view indicated concerns over the speed and

⁹<http://www.legislation.gov.uk/asp/2011/5/contents> Patient Rights (Scotland) Act 2011

¹⁰http://www.psd.scot.nhs.uk/professionals/pharmacy/docs/Stoma_Service_Specification_Document_Mar11.doc

¹¹http://www.publiccontractsscotland.gov.uk/search/show/search_view.aspx?ID=AUG151459

level of bureaucracy associated with the process which significantly added to the related costs.

6.26.4 They were also asked whether they thought the process for products being made available in the hospital setting is efficient and fair and works well for stakeholders. **6** respondents were of the view that it was neither efficient nor fair, commenting that the current arrangements limited patient choice and restricted opportunity to consider new and innovative products that may be more suitable and better value for money.

6.26.5 Manufacturers were then asked if they believe the 'limited' list has resulted in any cost savings for NHSScotland. Only **3** respondents completed this section and were of the view that the introduction of a 'limited list' had not resulted in any cost savings. They cited the purchase of samples and restricted access to innovative products in managing problematic stomas as areas where additional costs may have been incurred.

6.26.6 They were also asked if the use of a 'limited list' has had an impact on patient care. All **8** manufacturers completed this section and were of the view that restriction in choice imposed by the use of a 'limited list' has had a negative effect on patient care. They believe that use of a 'limited list' prevented patient access to products they could benefit from. The addition of products that do not require to be customised could result in savings. Respondents were of the view that the care provided by the service may be compromised by restricting choice at the initial stage of product selection.

6.26.7 Manufacturers were asked if they felt there should be an annual price increase mechanism in place similar to current arrangements in England. All respondents supported this concept.

6.26.8 NHS National Services Scotland NP has responsibility to manage the frameworks and processes for both hospital and community on behalf of NHSScotland acknowledging the different arrangements for the supply of stoma care products within each respective country.

(22) *NHS National Services Scotland NP should regularly engage with the manufacturers' representative body to discuss any issues concerning the frameworks relating to the 'Community' and 'Acute' product lists that apply in Scotland.*

7. Cost Effectiveness

- 7.1** This strand of the review focused on the existing commercial arrangements and what if any changes may be appropriate. The evaluation of responses to the quality audit and other relevant engagement with interested parties helped to inform the outcome of the work in this area. The views of interest parties such as dispensers and manufacturers through the BHTA were taken into account.
- 7.2** The cost effectiveness group also took into account the principles of effective prescribing when exploring key themes identified for the supply of stoma appliances in the community. The principles include:
- To provide patients with appropriate products at the best possible cost;
 - For prescribers to have control over expenditure with monitoring and feedback arrangements to support decision making;
 - Reducing variation by using formularies/guidelines;
 - Reducing spend on products less suitable for prescribing;
 - Reducing wastage by ensuring appropriate quantities dispensed;
 - Importance of good information and appropriate interpretation of this data;
 - Regular reviews to ensure consistency /appropriateness of prescribing.
- 7.3** The group explored the following 3 Areas through the course of its work;
1. The level of expenditure on Stoma products in Primary Care.
 2. The arrangement for fees (dispensing, customisation and delivery).
 3. Potential areas for further investigation and discussion include:
 - Establishment of National Protocols Guidelines.
 - Review of current spend and potential outlier for review.
 - Role of stoma teams in Prescribing and Review.
 - Alternative Models (Rotherham Model).

Exploration of Themes of Review

7.4 Expenditure on Stoma products in Primary Care

- 7.4.1** The expenditure on stoma products in Scotland has been analysed by review of BNF Chapter 23 from PRISMS.
- 7.4.2** This analysis may include items that are not exclusively used in stoma care but it was the groups best approximation of spend on stoma products. Expenditure has increased over time to a level of just over £21m in 2014-15. This primary care

spend is significantly larger than the c£1m spend covering arrangements up until discharge from hospital.

- 7.4.3** The prescriptions are issued primarily by GPs with a small element of around 1% attributable to nurse prescribing. The prescriptions are dispensed and supplied to patients either through local community pharmacy or Dispensing Appliance Contractor (DAC). The DACs are spread throughout the country and provide the majority of dispensing.
- 7.4.4** 80% of the spend is on the 4 types of ostomy bags (Colostomy, Ileostomy, Urostomy and Two Piece Ostomy Systems). There has been a decrease in two piece ostomy system reflecting change in clinical preference to products which provide more mobility and more discretion. Growth has been highest in ileostomy which now comprises a similar spend and volume to colostomy.
- 7.4.5** The average cost per item has been relatively consistent and growth is mainly determined by higher volumes and additional patients but there has more growth in the volume of non-bags or accessories. The range of products available in Primary Care is wider than those for hospital use and new products have been introduced over time.

7.5 Fees

- 7.5.1** The stoma appliance service is currently supported by a system of fees paid to appliance contractors (DACs and community pharmacies) for dispensing, delivery and customisation of products for patients. Specific rates are set for each component. Delivery is a flat fee regardless of volume, but there are volume related tiers for dispensing and customisation and the fee decreases at higher volumes. The fees are adjusted quarterly to ensure the fixed global sum is delivered and not exceed.
- 7.5.2** A fixed global sum ensures that NHS Boards are aware of the potential exposure in terms of spend. A fixed global sum is also a feature of the overall community pharmacy remuneration arrangements for NHS pharmaceutical services.
- 7.5.3** In 2015-16 the global sum for stoma fees was uplifted in line with that applied to the overall community pharmacy remuneration arrangements (1.44%) and it now stands at £3.8m. Dispensing covers 70% of the total with customisation and delivery accounting for 7% and 23% respectively.
- 7.5.4** There are specific volumes applied to each fee component with dispensing fees paid on all items and customisation and delivery at lower volumes reflecting the level of service provided.
- 7.5.5** **It is proposed that main elements of current fee arrangement will continue** i.e. a fixed global sum, and reviewed quarterly to determine any required rate adjustment to deliver the total global sum.

7.5.6 It is noted that under a fixed global sum that increases in volumes means that rates have to be reduced to deliver the fixed global sum. The group recognised the concerns from appliance contractors that increasing volumes are not directly compensated in the current structure.

7.5.7 It is the intention to work within current funding levels to address equity concerns. Replacing the current system would be administratively complex and would be difficult to deliver within available resources.

7.6 National Guidelines

7.6.1 National Guidelines could establish a policy for the prescribing of stoma products and appliances. They could be developed from existing guidelines in place in England covering, for example:

- Policies to reduce cost by reducing variation, waste and inappropriate prescribing.
- Awareness of normal usage rates and prescribing of stoma appliance at appropriate quantities.
- Role of local Stoma Teams in monitoring response to treatment and advise GPs of any changes to prescriptions.
- Policies for active review of prescribing by establishing expected duration of treatment and if long term set a date for review.
- Annual Review of Stoma prescriptions.
- Strategies to maintaining patient independence and avoiding unintended admissions.
- Allow product initiation and give patients appliances which enable them to better lead independent lives.
- Monitor closely those patients with high usage.
- Procedures for responsibility for stoma prescriptions and repeats (both administrative and clinical). Eliminate retrospective prescriptions (i.e. matching quantities already dispensed and re-establishing control with the prescriber).
- Only accept requests for prescriptions including initiation of and changes to prescription after clinical review.

7.7 Trigger Tools /Alerts

7.7.1 It is proposed that the development of reports is considered to help identify outliers and high cost prescriptions. Establishing a process of trigger tools give direction to potential reviews and would help achieve the twin aims of cost minimisation and also maximising patient care and quality of care by allowing a greater focus on patient centred product selection from these reviews.

7.7.2 While outliers can be established against guidelines as a desk top exercise, it is important that these outliers are clinically reviewed. It is recognised that Stoma

Teams may require some changes to infrastructure to deliver benefits from the following areas:

- 1. Potential Over prescribing.** Indicative volumes for normal usage can be determined and exception to these levels highlighted for investigation and potential corrective action.
- 2. Prescribing of non-recommended accessories.** Guidelines or standards can be implemented to help the service identify and focus expenditure on clinically appropriate products. In Stoma / Ostomy it appears that approximately 5% of spend is on products that are currently not part of English protocols.
- 3. High Annual Costs of Prescribing.** A further trigger or alert can come from highlighting high total cost or patient treatment and to review outliers.

7.7.3 It is acknowledged that there must be great care when using information at patient level.

7.7.4 From detailed work for one NHS Board area it was determined that approximately 10% of patients would be in a category that would benefit from review, and extrapolation to a national level suggested a potential £2.5-£3m saving from corrective action (**Appendix 1** shows this in detail). These savings could be potentially reinvested in the introduction of new cost effective products which would be more beneficial to patients.

7.8 Rotherham Model

7.8.1 One area that arose during the review into alternative arrangements is the model developed by the Rotherham NHS Foundation Trust. This approach moves away from the standard GP route for prescriptions for stoma supplies to a centralised prescription service, under the control of stoma care teams. Background on the model is shown below. As it would be a significant redesign and largely determined by local circumstances it is not part of recommendations but has been included for awareness.

7.8.2 Savings were achieved by the improved management of prescriptions. There was greater control of prescribing due to involvement of clinical specialists. The project did not restrict product choice but aimed to provide the most suitable products, using the knowledge of the specialist nurses, reducing waste and potentially inappropriate prescribing.

7.8.3 The new service is declared to deliver a higher quality, more cost efficient service and better care for patients. It is similar to the centralisation of Continence Service that has been undertaken by some NHS Boards in Scotland, although dispensing and delivery remain with community pharmacy and Dispensing Appliance Contractors.

Recommendations of the Group

- (23) *NHS Boards should maximise effective prescribing through a system of review of Stoma prescriptions to ensure that expenditure is appropriate and thus ensure that resources available to patient care can be maximised.*
- (24) *NHS Boards should develop a system of ‘Trigger Tools’ in line with protocols in England to ensure there is no oversupply and to minimise potential wastage.*
- (25) *NHS National Services Scotland NP and NHS Boards should bring the provision of non-bag products or accessories into line with standard protocols established in the NHS in England:*
- *There is potentially a cost saving to boards from more rigorous reviews of outliers.*
 - *While desktop Non clinical Review has some use it is more appropriate that the review should involve Stoma Nurses although it is recognised that these resources are limited.*
 - *It is possible that locally NHS Boards could consider investment in Stoma Teams to facilitate this work. These reviews would not be purely financially driven and would give a route into developing patient centred approaches.*
 - *It is noted that Manufacturers were keen to explore ways in which they could assist in future arrangements, including the introduction of new cost effective products which would be more beneficial to patients. This needs to be considered.*
- (26) *NHS National Services Scotland NP and the Scottish Government, in consultation with NHS Boards, should maintain the fees for dispensing, delivery and customisation. Fees need to ensure that all providers of all sizes get a fair share of the remuneration global sum. It is proposed that the current quarterly review continues to ensure the total funding for fees is distributed equitable and not overcommitted. The fees should remain as a fixed total and be adjusted to take account of volume changes on a quarterly basis. The fees should remain capped with discretion to uplift in line with the community pharmacy funding uplifts where these apply.*

8. Findings and Recommendations

- 8.1** Patients have a high regard for all aspects of the service and come to rely heavily on the contractor they engage with to obtain their ostomy requirements. Findings from this exercise identify a number of minor changes that may be required to fine tune the service provided and enhance the patient's experience.
- 8.2** At national and at NHS Board level, the service is perceived as lacking leadership and profile. Selection of a Stoma Care Champion within each Board is an option to consider in developing leadership amongst practitioners.
- 8.3** As detailed throughout the report, the Review Leads have made a number of recommendations to in order to help improve the overall quality and cost effectiveness and the sustainability of the stoma appliance service and associated care into the future.
- 8.4** The vast majority of the recommendations are for NHS National Services Scotland and NHS Boards to effect in partnership with stoma appliance contractors. The Scottish Government should continue to engage with the Scottish Stoma Forum as a national reference group on policy and service delivery.
- 8.5** The Review Leads have formulated 26 recommendations and these have been categorised as follows:

Stoma Appliance Contractors - Supply Arrangements

- (1) NHS National Services Scotland National Procurement (NP) should work with NHS Boards and appliance contractors to determine a more realistic timeframe for delivery of products to patients, recognising the time pressures in GP practices in issuing prescriptions. A time period of up to 5 working days for delivery following the patients request should be considered as the potential new standard.**
- (2) NHS National Services Scotland NP should work with NHS Boards and all appliance contractors to ensure compliance with the specification requirement that sufficient quantities of bags and wipes are supplied with each prescription.**

Advice, Help and Contact with Healthcare Professionals

- (3) All appliance contractors should provide a mechanism which allows this patient group to access appropriate help and advice when required. The expectation would be that this should be available from trained personnel during opening hours, and a website or help line during 'out of hours'. The website should also provide links to third sector support organisations and patient groups.**

(4) NHS Boards should prepare a directory of services relevant to stoma care provision in their area. This should include details of who and how to contact the appropriate healthcare professional, and under which circumstances, to ensure effective resolution of the support or advice required.

Satisfaction with Service, Range of Products and Complaints Procedures

(5) NHS National Services Scotland NP and NHS Boards should work with appliance contractors to ensure the specification requirement of discrete packaging is adhered to at all times, and the need for discretion and sensitivity of staff when working in this area is emphasised. Manufacturers and appliance contractors should review the types of packaging in use and improve as necessary.

(6) NHS Boards should work with NHS Education for Scotland (NES), healthcare practitioners and appliance contractors to:

- **Ensure all practitioners are competent and confident to advise and support patients, with mechanisms in place to refer to specialist advice should this be necessary;**
- **Improve the content of patient advice materials available, including website and information leaflets;**
- **Develop a template detailing core stoma services to ensure consistency across Scotland irrespective of provider, with a facility for Boards to tailor to local provision. This is directly linked to recommendation (4) regarding the NHS Board directory of services relevant to stoma care.**

(7) NHS National Services Scotland NP and NHS Boards should work with appliance contractors to develop and apply good governance principles in the product selection process that respects patient choice and the impartiality of clinician involvement.

(8) NHS National Services Scotland NP and NHS Boards should work with appliance contractors to ensure that product choice is person-centered and cost-effective. This is intrinsically linked to the recommendations relating to the cost effectiveness strand of the review.

(9) NHS National Services Scotland NP, NHS Boards and appliance contractors should work in partnership to:

- **Promote the NHS complaints procedure as a mechanism to obtain patient feedback and to improve the overall quality of the stoma appliance service in the community;**
- **Extend the NHS complaints procedure to include DAC suppliers;**
- **Reinforce principles of handling complaints and promote a more positive culture regarding receipt and response of stoma appliance complaints within an acceptable timely period.**

NHS Board structures, planning, staffing and resources

- (10) NHS Boards should review and update local stoma fora arrangements to ensure they are relevant, add value and are fit for purpose. At a national level the Scottish Government should continue to work with the Scottish Stoma Forum (SSF) as a reference group on policy and service provision.**
- (11) The Scottish Government should work with NHSScotland to identify a stoma care service within a specific NHS Board that could be designated as a 'demonstrator' that others could learn from and benchmark against in terms of planning, skill mix and service delivery.**
- (12) NHS Boards should review their arrangements for the planning of Stoma Care Services and give proper recognition of these services within their Strategic Plans. An appropriate person within the established team should be designated as the lead or champion for Stoma Care Services.**
- (13) NHS Boards should adopt a more formal approach to assess capacity and manage projected demand for stoma care services to inform local succession planning processes and continuity of service. The role of the designated lead or champion for Stoma Care Services will be important in this process.**
- (14) NHS Boards should have a formal, structured mechanism to facilitate staff feedback, comments and concerns on Stoma Care services, with systems in place to respond accordingly to points raised where there is potential opportunity to improve the quality, safety, effectiveness and efficiency of service provision.**

Services and Information for Patients

- (15) Building on the tools developed for the national quality and cost effectiveness review, NHS Boards should introduce quality monitoring of Stoma Care services to assess the quality, effectiveness and efficiency of existing services to support continuous quality improvement.**
- (16) NHS National Services Scotland NP and NHS Boards should work with appliance contractors to implement a standardised template listing core services, complaints procedures, key contacts and what patients can expect from this key NHS service.**

Compliance with Key aspects of the Specification of [Service] Requirements

- (17) It is essential that all staff are fully knowledgeable and competent to comply with the Specification of Service Requirements. Working with NHS Education for Scotland (NES) community pharmacists should assess their current level of knowledge and expertise and undertake further training where this is identified. NES should consider potential increase in activity in this area.**

- (18) NHS National Services Scotland NP and NHS Boards should ensure that all elements of the specification of requirements are adhered to and ensure that appliance contractors fulfill these obligations.**
- (19) NHS National Services Scotland NP and NHS Boards should ensure contractors place particular emphasis on the handling of prescriptions and the need to follow due process, as set out in the specification for the service.**
- (20) NHS National Services Scotland NP and NHS Boards should ensure appliance contractors place emphasis on the need to obtain Disclosure Scotland clearance for relevant staff, as set out in the specification for the service.**
- (21) NHS National Services Scotland NP and NHS Boards should ensure appliance contractors comply with the administration requirements as crucial to the governance of the specification of requirements.**
- (22) NHS National Services Scotland NP should regularly engage with the manufacturers' representative body to discuss any issues concerning the frameworks relating to the 'Community' and 'Acute' product lists that apply in Scotland.**

Cost Effectiveness

- (23) NHS Boards should maximise effective prescribing through a system of review of Stoma prescriptions to ensure that expenditure is appropriate and thus ensure that resources available to patient care can be maximised.**
- (24) NHS Boards should develop a system of 'Trigger Tools' in line with protocols in England to ensure there is no oversupply and to minimise potential wastage.**
- (25) NHS National Services Scotland NP and NHS Boards should bring the provision of non-bag products or accessories into line with standard protocols established in the NHS in England:**
- **There is potentially a cost saving to boards from more rigorous reviews of outliers.**
 - **While desktop Non clinical Review has some use it is more appropriate that the review should involve Stoma Nurses although it is recognised that these resources are limited.**
 - **It is possible that locally NHS Boards could consider investment in Stoma Teams to facilitate this work. These reviews would not be purely financially driven and would give a route into developing patient centred approaches.**
 - **It is noted that Manufacturers were keen to explore ways in which they could assist in future arrangements, including the introduction of new cost effective products which would be more beneficial to patients. This needs to be considered.**

(26) NHS National Services Scotland NP and the Scottish Government, in consultation with NHS Boards, should maintain the fees for dispensing, delivery and customisation. Fees need to ensure that all providers of all sizes get a fair share of the remuneration global sum. It is proposed that the current quarterly review continues to ensure the total funding for fees is distributed equitable and not overcommitted. The fees should remain as a fixed total and be adjusted to take account of volume changes on a quarterly basis. The fees should remain capped with discretion to uplift in line with the community pharmacy funding uplifts where these apply.

9. Acknowledgements

We would like to thank the following for their contribution and support:

David Thomson, Lead Pharmacist, Community Pharmacy Development & Governance, and the Pharmacy Team at NHS Greater Glasgow and Clyde for their work in co-ordinating the Quality Audit on behalf of NHSScotland and in preparing the review report.

Mark Hunter, Head of PCCO Finance, NHS Lothian for his work in leading the cost effectiveness strand of the review and preparing the review report.

All 14 territorial NHS Board stoma care leads for their work in co-ordinating the quality audit locally.

The Chair, Mr Mark Potter, and members of the Scottish Stoma Forum for their input to the design of the quality audit pro forma, and for supporting the participation of patients, appliance contractors and manufacturers in the quality audit exercise.

Appendix 1

Ostomy Community Data Review

Introduction

This paper provides analysis for one NHS Board for the financial year 2014-15 based on anonymised patient prescribing data to try to assess the value for money for the products dispensed to patients in the Board area.

The local usage information was compared to the published guidance developed by stoma nurse specialist staff in Trusts from NHS England. This guidance covers the prescribing of accessories and also indicative appliance usage based on the clinical indication and associated products. The analysis looks at the potential effect of applying these protocols.

The analysis looked at three specific triggers (or alerts) that would suggest the patient's needs are reviewed to ensure the product demand is in alignment to stoma ostomy prescribing guidelines which meet the actual demand and clinical requirements of the patient.

Trigger One: Potential Over Prescribing of stoma appliance (Bags)

There may be many reasons why bags are being prescribed in excess of the indicative volumes indicated below. An annual alert level was set at 25% more than the indicated volumes from NHS England information and then checked against prescribed items per patient identifier.

Table 1 – Usage Indications	Bag usage per day	Bag usage per week	Volume per year	Indicative Annual Alert (>25%)
Colostomy Patient	2.5	17.5	910	1,138
Ileostomy Patient		4	208	260
Two Piece Patient	2.5	17.5	910	1,138
Urostomy Patient		4	208	260
Colostomy / Urostomy Patient	2.5	21.5	1118	1,398

Trigger Two: Prescribing of Non-Recommend Accessories

The guidelines from NHS England indicated a variety of items deemed as accessories (such as deodorants) that should not be prescribed and this was analysed against the usage of these items from the data set.

Trigger Three: Annual Cost of prescribed Items

Based on the usage indications in Table 1 an annual spend of £3,000 should trigger a review to ensure the prescribed items are meeting the requirements of the patient.

Based on these three triggers the following findings have been made that may warrant further review and follow up.

Trigger One: Potential Over Prescribing of Bags

Colostomy – 8% of patients would appear to be oversubscribed colostomy bags

Ileostomy – 40% of patients would appear to be oversubscribed Ileostomy bags

Two Piece – 9% of patients would appear to be oversubscribed Two Piece bags

Urostomy – 1% of patients would appear to be oversubscribed Urostomy bags

Trigger Two: Prescribing of Non-Recommend Accessories

5% of the total Health Board spend was assessed as products that are not recommended in the guidance from England and therefore may benefit of a review with the patients to determine the clinical requirements and how these products are being used.

Trigger Three: Annual Cost of prescribed Items

It was determined that 8% of patients equated to 21% of the Health Board costs (some of which would be the potential oversubscribing as indicated above). Some patients had accessories between 30% and 50% of the total annual cost and may benefit of a review with the patients to determine the clinical requirements and how these products are being used.

Conclusions

This initial analysis has indicated that a review of approximately 10% of an identified group of patients may lead to a significant opportunity in reviewing prescribed products and adopt the effective prescribing guidance currently being implemented across NHSScotland. Some of this identified group may already be under regular review of a clinical specialist and therefore this identified group may be reduced.

Based on the data provided and indicative guidelines used, implementation of specific patient reviews based on the prescribed item alerts indicated above would reduce the national spend across NHSScotland from between £2.0M and £2.5M from an annual spend of £21M.

Appendix 2

Stoma Survey – Patient/Carers Feedback

Purpose of this survey

Following on from the new Stoma Care Service launched in July 2011, an undertaking was given that the service would be subject to a survey to determine the quality of the service.

The aim of this survey, being carried out across all NHS Boards in Scotland, is to give patients and carers an opportunity to indicate any changes they wish to be considered should a need for a further review of the service be identified. This document is provided as an audit tool to assist you in completing this exercise.

Guidance on completing the survey

The feedback form is enclosed for you to consider and complete.

It should be completed and returned in the envelope provided by the end of January 2015.

At the same time we will be gathering a range of information from Doctors, Stoma Care Nurses and from Dispensing Appliance Contractors and Community Pharmacists who supply and fit stoma appliances as prescribed by your Doctor or Stoma Nurse. For the process to be effective and meaningful, we ask you to be as honest as you can in your feedback. Some of the questions may not be applicable to the service you receive. Feel free to provide additional comments to identify areas where improvements may be needed.

We particularly value any comments and feedback about the content of the survey.

Stoma Appliances:

1. Are your Stoma requirements routinely provided by a:

a) Community Pharmacist?

Yes No Not sure

b) Dispensing Appliance Contractor¹² (DAC)?

Yes No Not sure

Comment:

2. Are your stoma items supplied within an acceptable timeframe once your provider has received your prescription?

Yes, always Sometimes No, never

Comment:

¹² Dispensing Appliance Contractor is a term used to describe another provider of products classified as appliances, e.g. stoma products, dressings etc

3. Are you provided with free supplies of disposal bags and wipes when these are required?

Yes, always Sometimes No, never

Comment:

4. Are you able to contact the pharmacy or DAC for advice or help?

Yes, always Sometimes No, never

Comment:

5. Are you able to contact an appropriate healthcare professional – e.g. Hospital Nurse, Community Nurse, Pharmacist, GP when necessary?

Yes, always Sometimes No, never

Comment:

6. Products are supplied in discreet packaging?

Yes, always Sometimes No, never

Comment:

7. Are you satisfied with the standard of Stoma Care service provided by:

a) The Community Pharmacy?

Yes, always Sometimes No, never

b) The DAC (if applicable)?

Yes, always Sometimes No, never

c) The healthcare professional, e.g. Nurse, Doctor, Pharmacist etc?

Yes, always Sometimes No, never

Comment:

8. Are you satisfied with the range of products available?

Yes, always Sometimes No, never

Comment:

9. Have you ever had an occasion to complain about the standard of service provided?

Always Usually Sometimes Rarely Never

Comment:

10. If so were you satisfied with the outcome of your complaint?

Always

Usually

Sometimes

Rarely

Never

Comment:

11. Do you feel NHS staff treated you with respect and dignity?

Always

Usually

Sometimes

Rarely

Never

Comment:

Thank you for completing this survey.

Appendix 3

Stoma Appliance Service

Quality and Cost Effectiveness Review Managed Service – Audit Tool

Purpose of this audit

Following a comprehensive review of the Stoma Appliances Service within NHS Scotland, new specifications for the service were introduced in July 2011. As part of this exercise an undertaking was given that the service would be subject to audit at some stage to determine the level of compliance with these modified specifications and how these met the needs of patients during the intervening period.

The audit also provides an opportunity for NHS Personnel involved in the provision of stoma care to indicate any modifications they wish to be considered, should a need for a further review of the service be identified. This document is provided as an Audit Tool to assist you in completing this exercise.

Guidance on completing the audit

The Audit Tool covers two sections: section 1 is NHS Personnel Audit Tool and there is also a second section for you to record additional comments you feel are pertinent to the Review and its outcome.

A similar audit is also being undertaken with Patient and Carers in parallel with exercise. A separate element for the Cost Effectiveness strand of the Review is also in hand.

Respondents are required to record their name, contact details and designation (e.g. position) within their health board for their contribution to be considered and the opportunity for further engagement on a particular point. A section has been provided at the foot of the document for this purpose.

For the process to be effective and meaningful, respondents are encouraged to be honest in their assessment. Feel free to change or add new criteria to identify areas where improvements may be needed.

We particularly value any feedback about the content of the audit and the relevance of criteria.

Section 1 – to be completed by NHS Personnel

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
NHS				
The Health Board has appropriate structures and resources in place to support the Stoma Service:				
A local Stoma Care Forum is in place				
Membership of the Stoma Care Forum is inclusive and representative with meetings held on a regular basis				
Points from Forum meetings are actioned by the Board				
What is the ratio of WTE of Stoma Nurse Specialists to stoma patient within your Board? Please indicate how this may have changed over the years				
Future planning of Stoma Services features in the Board's Strategic Plan				
A succession plan is in place to maintain continuity of the service				
A process is in place for staff to comment and feedback on service provision. If yes, please provide details				
The Board has a process for gathering intelligence on what can be improved in terms of quality, effectiveness and efficiency. If yes, please give details				
The Board publishes information on the stoma service, e.g. web site, leaflets				
Are you satisfied with the current arrangements for provision of stoma care to your patients? Please give background to your rationale				

Section 2 – this section optional for all respondents to record additional comments they feel pertinent

Completed audit submitted by:

Name	Contact Details	Designation

REFERENCES

Stoma Nurse Specialists

http://www.sehd.scot.nhs.uk/appliance_contractors/StomaNurseContacts.htm

Ostomy Suppliers

<http://www.psd.scot.nhs.uk/pharmacists/stoma-providers.html>

2005 Standards

http://www.sehd.scot.nhs.uk/appliance_contractors/documents/service_standards.htm

Ostomy Prices

<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Stoma-Supplies/>

Patient Leaflet

http://www.sehd.scot.nhs.uk/appliance_contractors/documents/pil_revised.pdf

2011 Legislation

http://www.communitypharmacyscotland.org.uk/_resources/files/NHSCareServices/Specification_Requirements_Stoma2011.pdf

Practitioner Services Division

<http://www.psd.scot.nhs.uk/professionals/pharmacy/stoma-providers.html>

NES Training

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/about-nes-pharmacy/educational-resources/resources-by-topic/gastrointestinal-disease/stoma.aspx>

GLOSSARY

- CP - Community Pharmacy
- CPS - Community Pharmacy Scotland
- DAC - Dispensing Appliance Contractor
- GMS - General Medical Services
- NES - National Health Education Scotland
- NP - National Procurement
- PSD - Practitioner Services Division

Appendix 4

Stoma Appliance Service

Quality and Cost Effectiveness Review Community Pharmacy Stoma Care Service Contractors Audit Tool

Purpose of this audit

Following a comprehensive review of the Stoma Appliances service within NHS Scotland, new specifications for the service were introduced in July 2011. As part of this exercise an undertaking was given that the service would be subject to audit at some stage to determine the level of compliance with these modified specifications and how these met the needs of patients during the intervening period.

The audit also provides an opportunity for Community Pharmacy Stoma Care Service Contractors to indicate any modifications they wish to be considered should a need for a further review of the service be identified. This document is provided as an Audit Tool to assist you in completing this exercise.

Guidance on completing the audit

The Audit Tool covers two sections: section 1 is Community Pharmacy Audit Tool and there is also a second section for you to record additional comments you feel are pertinent to the Review and its outcome.

A similar survey is also being undertaken with Patient and Carers in parallel with exercise. A separate element for the Cost Effectiveness strand of the Review is also in hand.

Respondents are required to record their name, contact details and designation (e.g. position) within your organisation for their contribution to be considered and the opportunity for further engagement on a particular point. A section has been provided at the foot of the document for this purpose.

For the process to be effective and meaningful, respondents are encouraged to be honest in their assessment. Some of the criteria may not be applicable to your organisation or the service you provide. Feel free to change or add new criteria to identify areas where improvements may be needed.

We particularly value any feedback about the content of the audit and the relevance of criteria.

Section 1 – to be completed by Community Pharmacy

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Profile				
The Stoma Service supplier is included on a list maintained by the Practitioner Services Division (PSD) at www.psd.scot.nhs.uk/professionals/pharmacy/stoma-providers.html				
Any publicity material or website which advises patients in the UK on dispensing arrangement for Stoma Appliances provided by the supplier, has a specific section detailing the arrangements for patients in Scotland				
If the Stoma Service supplier is not a Community Pharmacy, a standard profile statement has been provided to National Procurement (NP) which includes:				
A brief description of the Company				
A brief description of the skills and competencies offered by the Company to Scottish Ostomists				
Contact details including any emergency or out of hours details				
Arrangements for handling patient prescriptions including delivery arrangements				
Formal complaint process and handling				
A statement of any related interests such as vertical integration with an appliance manufacturing organisation and a Pharmacy or DAC supplier				
The results of the most recent audit undertaken within NHS Scotland				
Training				
Staff dealing directly with patients or healthcare professionals have a basic understanding of colo/ileo/urostomy normal function				
Such staff have undertaken an approved training programme e.g. BHTA BTEC course in Stoma & Continence Customer Support or National Health Education Scotland (NES) training to include knowledge and understanding of:				
The different types of appliance				

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Training cont.				
Removing and fitting an appliance				
How to clean the stoma and peristomal skin				
The disposal of a used appliance				
How to prepare a new appliance				
The correct positioning of a new appliance				
Why an appliance must have the correct aperture cut out to correspond with the size and shape of the stoma				
How a correctly fitted appliance will achieve patient confidence, comfort, no odour, leakage or sore skin				
How the filter should reduce ballooning of an appliance				
The term 'pan caking' and be familiar with ways of reducing the effect				
The linkage of a night drainage system for urostomy patients				
The use of medication in regard to stoma management e.g. effect on stoma output and the use of delayed release medicines				
Psychological effects of a stoma on the patient				
Patient support or self-help groups				
Legislation	Yes	No	n/a	
Only those Stoma Appliances listed in the most current document at the Information Services Division (ISD) website are supplied www.isdscotland.org/health-topics/prescribing-and-medicines/stoma-supplies including:				
Colostomy bags (one piece bags)				
Ileostomy bags (drainable bags)				
Urostomy bags				
Two piece ostomy systems				
Flanges				
Skin protectors				
Stomacaps				

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Legislation cont.				
Support underwear				
Belts (Apparatus) are only supplied under a Hospital and Specialist Service				
Repairs and replacements are only supplied through the general medical services				
Only prescriptions ordering replacement of a complete Belt (Apparatus) are accepted. Any orders for replacement of "a belt" are referred back to the prescriber to specify order for a Complete Belt (Apparatus) when required				
Disposal bags and wipes are provided free of charge and without the payment of a dispensing or delivery fee				
No items are provided without a prescription unless there is an urgent requirement and the agreement of the prescriber has been obtained in advance by telephone				
All requests for changes or additions to prescriptions are made to the prescriber and/or the Nurse, specifying the appliance before an item is provided				
Information on pricing enquiries to establish discount levels is readily supplied to the Scottish Government when requested				
Basic disclosure records from Disclosure Scotland have been obtained for all personnel who may have direct unsupervised contact with patients (i.e. a driver delivering into a patients home)				
Relevant Legislation is observed and adhered to e.g. Advertising and Marketing, Disability Rights, Consumer Protection from Unfair Trading Regulations 2008, relevant European Directives/Regulations, Data Protection				

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Administration				
A separate form from PSD claiming customisation and delivery fees is completed by Stoma Service suppliers with an activity level of more than 1200 items per month				
The form is:				
Submitted monthly				
At the same time as prescriptions submitted for reimbursement				
Signed, scanned and send electronically or handed in to PSD				
The form is not faxed to PSD				
When a customisation and/or delivery fee is sought – relevant line items are endorsed as appropriate:				
Product customised				
Product delivered				
Product customised and delivered				
Records are maintained to show when customisation and/or delivery has taken place				
All deliveries are made from the Stoma Service suppliers address to which the prescription has been sent				
Prescriptions are not redelivered to a different Stoma Service supplier and patients are not asked to redirect prescriptions unless there are exceptional circumstances e.g. adverse weather conditions, major disruptions to normal delivery methods				
Patient numbers are supplied to NP every 6 months by email or fax, with a breakdown of the numbers of patients supplied from each Health Board, determined by post code, from table available at http://www.psd.scot.nhs.uk/pharmacists/stoma-providers.html				

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Quality				
The Stoma Service supplier ensures that:				
Adequate stocks of components/parts are held to facilitate prompt service for repeat requests and appropriate supply lines are established for items only intermittently required				
Supply and delivery schedules are tailored to suit the needs of the individual patient				
The patient is informed as soon as practicable, with an honest explanation for the reason for any delay in supply				
All supplied packages are discreet				
They maintain a list of appropriate self-help and support groups for patients				
Have contact numbers for patients key healthcare workers e.g. Stoma Nurse				
The Stoma Service supplier has a complaints procedure in place and ensures that patients understand:				
How to make a complaint				
How an unresolved complaint may be escalated				
Complaints regarding Stoma Services are included in the totals submitted quarterly to the Health Board ¹³				
Advice and support to the patient is provided in a confidential and private atmosphere				
There is a robust system in place to ensure confidentiality of patient information				
On receipt of a prescription, the supplier:				
Notifies the patient of the expected delivery date immediately				
Advises the patient of any anticipated delay				
Delivers the prescriptions within 2 working days if requested by the patient				

¹³ Patient Rights (Scotland) Directions 2011

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Quality cont.				
The Stoma Service supplier has systems in place to:				
Provide a customer modification service of stoma appliance as required e.g. flange cutting and customisation				
Automatically supply disposal bags and wipes with each delivery				
For referral of the patient to the appropriate healthcare professionals to address patient concerns, queries and problems				
Monitor the supply of stoma products to patients and notify the prescriber in the event of any unusual requests or change in ordering patterns				
Facilitate the supply of sample packs or by order, of appropriate products to allow patient/Stoma Nurse to select the most appropriate solution to the individuals needs				
Provide a confidential and private patient support service staffed by individuals trained in the management of stoma products e.g. telephone help-line, direct face-to-face information flow				
Remuneration	Yes	No	n/a	
Do you feel the current 3-tier fee structure is fit for purpose? If No – please explain why				
Does the quarterly review of fees currently in place work for your business? If 'No' – please explain why and offer any suggestions for improvement				
Should the Global Sum be revised after remaining static for the past 3 years? If 'No' please explain your rationale				

Section 2 – this section optional for all respondents to record additional comments they feel pertinent

Completed audit submitted by:

Name	Contact Details	Designation

REFERENCES

Stoma Nurse Specialists

http://www.sehd.scot.nhs.uk/appliance_contractors/StomaNurseContacts.htm

Ostomy Suppliers

<http://www.psd.scot.nhs.uk/pharmacists/stoma-providers.html>

2005 Standards

http://www.sehd.scot.nhs.uk/appliance_contractors/documents/service_standards.htm

Ostomy Prices

<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Stoma-Supplies/>

Patient Leaflet

http://www.sehd.scot.nhs.uk/appliance_contractors/documents/pil_revised.pdf

2011 Legislation

http://www.communitypharmacyscotland.org.uk/resources/files/NHSCareServices/Specification_Requirements_Stoma2011.pdf

Practitioner Services Division

<http://www.psd.scot.nhs.uk/professionals/pharmacy/stoma-providers.html>

NES Training

<http://www.nes.scot.nhs.uk/education-and-training/by-discipline/pharmacy/about-nes-pharmacy/educational-resources/resources-by-topic/gastrointestinal-disease/stoma.aspx>

GLOSSARY

- CP - Community Pharmacy
- CPS - Community Pharmacy Scotland
- DAC - Dispensing Appliance Contractor
- GMS - General Medical Services
- NES - National Health Education Scotland
- NP - National Procurement
- PSD - Practitioner Services Division

Appendix 5

Stoma Appliance Service

Quality and Cost Effectiveness Review Dispensing Appliance Contractors/Manufacturers – Audit Tool

Purpose of this audit

Following a comprehensive review of the Stoma Appliances Service within NHS Scotland, new specifications for the service were introduced in July 2011. As part of this exercise an undertaking was given that the service would be subject to audit at some stage to determine the level of compliance with these modified specifications and how these met the needs of patients during the intervening period.

The audit also provides an opportunity for Dispensing Appliance Contractors to indicate any modifications they wish to be considered should a need for a further review of the service be identified. This document is provided as an Audit Tool to assist you in completing this exercise.

Guidance on completing the audit

The Audit Tool covers three sections: section 1 is Dispensing Appliance Contractors Audit Tool; section 2 Manufacturers and there is also a third section for you to record additional comments you feel are pertinent to the Review and its outcome.

A survey is also being undertaken with Patient and Carers in parallel with this exercise. A separate element for the Cost Effectiveness strand of the Review is also in hand.

Respondents are required to record their name, contact details and designation (e.g. position) within your organisation for their contribution to be considered and the opportunity for further engagement on a particular point. A section has been provided at the foot of the document for this purpose.

For the process to be effective and meaningful, respondents are encouraged to be honest in their assessment. Some of the criteria may not be applicable to your organisation or the service you provide. Feel free to change or add new criteria to identify areas where improvements may be needed.

We particularly value any feedback about the content of the audit and the relevance of criteria.

Section 1 – to be completed by Dispensing Appliance Contractors

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Profile				
The Stoma Service supplier is included on a list maintained by the Practitioner Services Division (PSD) at www.psd.scot.nhs.uk/professionals/pharmacy/stoma-providers.html				
Any publicity material or website which advises patients in the UK on dispensing arrangement for Stoma Appliances provided by the supplier, has a specific section detailing the arrangements for patients in Scotland				
If the Stoma Service supplier is not a Community Pharmacy, a standard profile statement has been provided to National Procurement (NP) which includes:				
A brief description of the Company				
A brief description of the skills and competencies offered by the Company to Scottish Ostomists				
Contact details including any emergency or out of hours details				
Arrangements for handling patient prescriptions including delivery arrangements				
Formal complaint process and handling				
A statement of any related interests such as vertical integration with an appliance manufacturing organisation and a Pharmacy or DAC supplier				
The results of the most recent audit undertaken within NHS Scotland				
Training				
Staff dealing directly with patients or healthcare professionals have a basic understanding of colo/ileo/urostomy normal function				
Such staff have undertaken an approved training programme e.g. BHTA BTEC course in Stoma & Continence Customer Support or National Health Education Scotland (NES) training to include knowledge and understanding of:				
The different types of appliance				

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Training cont.				
Removing and fitting an appliance				
How to clean the stoma and peristomal skin				
The disposal of a used appliance				
How to prepare a new appliance				
The correct positioning of a new appliance				
Why an appliance must have the correct aperture cut out to correspond with the size and shape of the stoma				
How a correctly fitted appliance will achieve patient confidence, comfort, no odour, leakage or sore skin				
How the filter should reduce ballooning of an appliance				
The term 'pan caking' and be familiar with ways of reducing the effect				
The linkage of a night drainage system for urostomy patients				
The use of medication in regard to stoma management e.g. effect on stoma output and the use of delayed release medicines				
Psychological effects of a stoma on the patient				
Patient support or self-help groups				
Legislation	Yes	No	n/a	
Only those Stoma Appliances listed in the most current document at the Information Services Division (ISD) website are supplied www.isdscotland.org/health-topics/prescribing-and-medicines/stoma-supplies including:				
Colostomy bags (one piece bags)				
Ileostomy bags (drainable bags)				
Urostomy bags				
Two piece ostomy systems				
Flanges				
Skin protectors				
Stomacaps				

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Legislation cont.				
Support underwear				
Belts (Apparatus) are only supplied under a Hospital and Specialist Service				
Repairs and replacements are only supplied through the general medical services				
Only prescriptions ordering replacement of a complete Belt (Apparatus) are accepted. Any orders for replacement of "a belt" are referred back to the prescriber to specify order for a Complete Belt (Apparatus) when required				
Disposal bags and wipes are provided free of charge and without the payment of a dispensing or delivery fee				
No items are provided without a prescription unless there is an urgent requirement and the agreement of the prescriber has been obtained in advance by telephone				
All requests for changes or additions to prescriptions are made to the prescriber and/or the Nurse, specifying the appliance before an item is provided				
Information on pricing enquiries to establish discount levels is readily supplied to the Scottish Government when requested				
Basic disclosure records from Disclosure Scotland have been obtained for all personnel who may have direct unsupervised contact with patients (i.e. a driver delivering into a patients home)				
Relevant Legislation is observed and adhered to e.g. Advertising and Marketing, Disability Rights, Consumer Protection from Unfair Trading Regulations 2008, relevant European Directives/Regulations, Data Protection				

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Administration				
A separate form from PSD claiming customisation and delivery fees is completed by Stoma Service suppliers with an activity level of more than 1200 items per month				
The form is:				
Submitted monthly				
At the same time as prescriptions submitted for reimbursement				
Signed, scanned and send electronically or handed in to PSD				
The form is not faxed to PSD				
When a customisation and/or delivery fee is sought – relevant line items are endorsed as appropriate:				
Product customised				
Product delivered				
Product customised and delivered				
Records are maintained to show when customisation and/or delivery has taken place				
All deliveries are made from the Stoma Service suppliers address to which the prescription has been sent				
Prescriptions are not redelivered to a different Stoma Service supplier and patients are not asked to redirect prescriptions unless there are exceptional circumstances e.g. adverse weather conditions, major disruptions to normal delivery methods				
Patient numbers are supplied to NP every 6 months by email or fax, with a breakdown of the numbers of patients supplied from each Health Board, determined by post code, from table available at http://www.psd.scot.nhs.uk/pharmacists/stoma-providers.html				

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Quality				
The Stoma Service supplier ensures that:				
Adequate stocks of components/parts are held to facilitate prompt service for repeat requests and appropriate supply lines are established for items only intermittently required				
Supply and delivery schedules are tailored to suit the needs of the individual patient				
The patient is informed as soon as practicable, with an honest explanation for the reason for any delay in supply				
All supplied packages are discreet				
They maintain a list of appropriate self-help and support groups for patients				
Have contact numbers for patients key healthcare workers e.g. Stoma Nurse				
The Stoma Service supplier has a complaints procedure in place and ensures that patients understand:				
How to make a complaint				
How an unresolved complaint may be escalated				
Complaints regarding Stoma Services are included in the totals submitted quarterly to the Health Board ¹⁴				
Advice and support to the patient is provided in a confidential and private atmosphere				
There is a robust system in place to ensure confidentiality of patient information				
On receipt of a prescription, the supplier:				
Notifies the patient of the expected delivery date immediately				
Advises the patient of any anticipated delay				
Delivers the prescriptions within 2 working days if requested by the patient				

¹⁴ Patient Rights (Scotland) Directions 2011

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Quality cont.				
The Stoma Service supplier has systems in place to:				
Provide a customer modification service of stoma appliance as required e.g. flange cutting and customisation				
Automatically supply disposal bags and wipes with each delivery				
For referral of the patient to the appropriate healthcare professionals to address patient concerns, queries and problems				
Monitor the supply of stoma products to patients and notify the prescriber in the event of any unusual requests or change in ordering patterns				
Facilitate the supply of sample packs or by order, of appropriate products to allow patient/Stoma Nurse to select the most appropriate solution to the individuals needs				
Provide a confidential and private patient support service staffed by individuals trained in the management of stoma products e.g. telephone help-line, direct face-to-face information flow				
Remuneration	Yes	No	n/a	
Do you feel the current 3-tier fee structure is fit for purpose? If No – please explain why				
Does the quarterly review of fees currently in place work for your business? If 'No' – please explain why and offer any suggestions for improvement				
Should the Global Sum be revised after remaining static for the past 3 years? If 'No' please explain your rationale				

Section 2 – to be completed by Manufacturers

Criteria	Audit Result			Comments/action to be taken
	Yes	No	n/a	
Manufacturers				
'Specification of Requirements for Stoma Appliances in the Community' – 2 year Framework Agreement: do you believe the process for products being added to the Community Stoma List is efficient and fair. If 'No', please explain your answer and give suggestions for improvements				
'Stoma New Patient – Acute Care' – 3 year Framework Agreement: do you believe the process for products being made available in the hospital setting is efficient and fair and works well for stakeholders? If 'No' please give more detail and provide suggestions for improvement				
Do you believe this 'limited' list has resulted in any cost savings for the NHS in Scotland? If 'No' please give more details				
Do you believe use of a 'limited' list has an impact on patient care? Please explain your answer				
Do you feel there should be an annual price increase mechanism in place similar to current arrangements in England?				

Section 3 – this section optional for all respondents to record additional comments they feel pertinent

Completed audit submitted by:

Name	Contact Details	Designation

REFERENCES

Stoma Nurse Specialists

http://www.sehd.scot.nhs.uk/appliance_contractors/StomaNurseContacts.htm

Ostomy Suppliers

<http://www.psd.scot.nhs.uk/pharmacists/stoma-providers.html>

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http://www.sehd.scot.nhs.uk/appliance_contractors/documents/service_standards.htm

Ostomy Prices

<http://www.isdscotland.org/Health-Topics/Prescribing-and-Medicines/Stoma-Supplies/>

Patient Leaflet

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2011 Legislation

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Practitioner Services Division

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NES Training

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St Andrew's House
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