SCCA
Stoma and Continence Care Alliance

Stoma and Continence Care Standards

for organisations and individuals involved in Stoma and Continence Care



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Foreword

Living with a stoma inevitably means some change in lifestyle to ensure any real degree of wellbeing. Likewise, experiencing incontinence can be devastating and lead to a huge health and social burden if not treated effectively. Ensuring a decent quality of life and dignity for both groups of people depends on high standards of care, as well as innovation, choice and excellent products that are both accessible and available.

The Stoma and Continence Care Alliance (SCCA) is committed to improving standards of products and services, bringing benefit to a sensitive part of healthcare which much of the population still finds embarrassing to talk about. Invariably, a stoma comes at a time of personal trauma for the patient.

Usually new stoma patients are recovering from the mental stress in facing up to serious illness as well as the physical stress in recovering from major surgery. Incontinence is a highly prevalent condition that for the majority of people can be treated. However, for those who have untreatable incontinence, access to sophisticated and discreet products that maximise health and social inclusion is essential.

Dependable service in the care and products available to people facing these problems is crucial to the process of recovery and in enabling them to face everyday life with confidence. I welcome the Standards for Stoma and Continence Care which the SCCA have published. These standards should lead to more innovation, new improved products, greater satisfaction and a better quality of life for people living with a stoma or experiencing incontinence. They are extremely welcome.

Introduction, scope and quality standards

The **Stoma and Continence Care Alliance (SCCA)** (formerly The Patient Industry & Professionals (PIPs) Forum) was formed in 2003 and is a multi-stakeholder platform that brings together healthcare professionals, industry representatives and patient advocacy groups who work with policy makers to safeguard standards of care, discuss challenges and ensure products, services and innovative solutions are accessible to patients.



Scope

These service standards are intended to:

- Reflect a philosophy of care and support.
- Set an agreed minimum standard of care and service for customers.
- Oversee the activities of companies and professionals operating in England, Wales and Northern Ireland who have registered to abide by these standards.
- Be mandatory for BHTA members, and guidance for all other Trade association members.
- Ensure the quality delivery of services and products to customers requiring stoma and continence care.

Quality standards

The following standards will ensure Patients and Professionals are provided with product and service choice as well as setting minimum standards for Industry:

- Management of prescription requests and dispensing.
- Training for customer service staff.
- Delivery standards.
- Ethics and professionalism.
- Clinical governance including patient concerns.

Introduction, scope and quality standards

SCCA

Stoma and Continence Care Alliance



Patients

- Bladder & Bowel UK
- Colostomy UK
- IA (The Ileostomy and Internal Pouch Support Association)
- Spinal Injuries Association
- Urostomy Association



Industry

British Healthcare Trades Association:

- Dispensing Appliance Contractors section
- Stoma and Continence Product Manufacturers section



Professionals

- Association for Continence Professionals
- The Association of Coloproctology of Great Britain & Ireland Nurses Forum (ACPN)
- Association for Prescribers
- British Association of Urology Nurses (BAUN)
- Bladder and Bowel UK
- Royal College of Nursing (RCN)
- Association of Stoma Care Nurses UK (ASCNUK)
- Paediatric Stoma Nurse Group (PSNG)

Management of prescription requests and dispensing

The Stoma and Continence Clinical Nurse Specialist can expect:

1. The patient/carer to have ownership of the prescription and to choose their preferred dispensing option.

2. The patient to have a choice of the most appropriate products to suit their needs.

3. To be alerted by the customer service staff employed by dispensing appliance contractors (DACs), to any unusual patient requests or a change in ordering pattern.

4. To be informed if the dispenser is unable to supply the product(s) prescribed.

5. To be contacted by the dispenser if any queries or problems occur in the dispensing of the product(s).

6. The customer service staff handling the prescription and having contact with the customers to have a broad knowledge of all available products in Part IX of the Drug Tariff.

7. The personnel handling the prescription and with patient contact to have undergone appropriate training to deal with telephone enquiries.

The patient and carer can expect:

1. To be advised and given a free choice of products and services based upon their clinical needs.

2. To obtain repeat prescriptions, as required, for ongoing needs and to have access to the Electronic Prescription Service.

3. To be informed of any changes in the delivery service that affect the receipt of their goods.

4. To give consent, verbal or written, to any changes of dispenser nomination.

5. To be informed immediately of any delay in fulfilling their order and be offered an alternative provider if required.

6. A customised modification service and if required referral to another dispenser who can provide this.

7. The customer service staff handling the prescription, within the dispensing contractor, and having contact with the patient/carer to have a broad knowledge of all available products in Part IX of the Drug Tariff.

8. The personnel handling the prescription and with patient or carer contact to have undergone appropriate training to deal with telephone enquiries.

9. The HCP and the dispenser to communicate with each other, and the prescriber, regarding any dispensing changes, emergency supplies, and individual prescription requirements.

Management of prescription requests and dispensing



Industry can expect:

1. The patient or carer to inform them regarding correct ordering details, exemption procedures, repeat ordering, and customisation of products if required.

2. To clarify the method by which the patient or carer will obtain the prescription and how it will be sent/ delivered.

3. When the prescription arrives by post or electronically:
   - To process the prescription on day of receipt.
   - To check exemption details.
   - To check ordering details, e.g. codes, amounts, packs and delivery address.
   - To send for amendment if necessary to the GP Practice, prescription service hub or nurse prescriber.

4. If the prescription is not received within five working days of the postal/telephone/e-mail order:
   a. To inform the patient of any delay.

   b. To contact the patient's prescriber to initiate a 72-hour emergency supply if required.

5. To take responsibility to ensure efficient usage of stock, be aware of changes in the repeat orders, i.e. amounts and frequencies and over ordering of all products.

6. To take responsibility for informing the relevant HCP of any problems, complications or changes that are beyond the scope of the customer service staff and require review.



Appliance Prescription Management Services

Over the last 20 years there have been approximately 40 stoma and continence appliance prescribing management services introduced across England and Wales.

They have been implemented by local NHS organisations either via a pilot programme or through an official HUB or ICB tender or framework process and are a blend of both NHS and Private Provider managed services.

The APMSs that have been implemented differ depending on the contract, framework or pilot agreement. The key change is that the GP has transferred the prescribing responsibility to specialist nurse prescribers. Providers of these services should abide by the following key points:

- Patients remain central to decision making over which products are used and are offered a reasonable choice.
- Ensure items issued are cost-effective and quantities supplied are in line with a patient's clinical needs, delivering value for money for commissioners.
- Help patients to make an unbiased and objective choice of dispensing appliance contractor (DAC) or local pharmacy.



The key change is that the GP has transferred the prescribing responsibility to specialist nurse prescribers.

Training for customer service staff

Services

To be aware of all local policies concerning Prescription services and prescribing guidelines or formularies.

Products

Knowledge of all products available on Part IX of the Drug Tariff, which should include:

- At least annual updates from all company sales teams – e.g. literature files/samples/display of products.
- Awareness of accessory products from all manufacturers and their appropriate use.
- Understanding of appropriate amounts for monthly usage.



Stoma products

- Knowledge and usage of all types of one- and two-piece stoma systems.
- Knowledge of appropriate use of closed, drainable, convex and tap outlet bags.
- Knowledge of different closures/clips, tap outlets and drainage systems.
- Knowledge of irrigation systems.
- Knowledge of supplementary items, support garments, for example: belts, support pants and abdominal supports.

Continence products

- Knowledge of all types of urology and continence products: catheters, sheaths, drainage bags and rectal irrigation.
- Knowledge of pack sizes.
- Knowledge of normal usage/awareness of change of ordering.
- Knowledge of different drainage taps and capacity sizes.
- Knowledge of suspensory systems, for example: belts, support briefs and belly bags.

Training for customer service staff

Basic stoma and continence care

Basic understanding of normal bladder and bowel function:

- Knowledge of removing or changing an appliance.
- Knowledge of disposal of used products.
- Appropriate storage of appliances dispensed.
- That the patient should only be ordering items that they need when they need them and should not be stockpiling items.

Stoma care

Basic understanding of colostomy/ileostomy/urostomy normal function:

- Knowledge of how to clean the stoma and parastomal skin.
- Knowledge of preparing a new appliance and correct positioning of a new appliance.
- The appliance must have the correct aperture cut out to correspond with the size/shape of the stoma.

Understanding that a correctly fitted appliance will achieve:

- Confidence and comfort with no odour, no leakage, and no sore skin.

Staff should understand:

- The filter should reduce ballooning of the appliance.
- The term pancaking and be familiar with ways of reducing pancaking.
- The linkage of a night drainage system for urostomy patients.
- The technique of irrigation (colostomy only).
- When a referral to a HCP should be made.

Continence care

Basic understanding of continence related issues:

- Intermittent self-catheterisation (ISC).
- Indwelling catheters (urethral and suprapubic).
- Sheath systems.
- Drainage/connection systems.
- Rectal irrigation systems.
- Catheter valve.
- Faecal incontinence products, faecal collection devices and plugs.
- Fixation systems.
- Collection devices.
- Knowledge of appropriate referral to a HCP.
- Knowledge of different terminology.

For all staff, an awareness of GDPR/Data protection regulations and processes should be included in induction training and annual refresher training for all staff.

Training for customer service staff

Role of the continence and stoma care nursing services

- Assessment, support and advice.
- Information and diagnosis.
- Referral (where necessary) for the patient, their family and carers prior to surgery where appropriate.

To provide a clinically independent nursing service tailored to the needs of the individual, their family and carers, maximising independence and providing the best advice on products and services.

To work collaboratively with and offer support, guidance and advice to the multi-disciplinary team through:

- Clinical practice, education.
- Management, research and audit.

To facilitate the smooth transition between secondary (hospital) and primary (community) health care settings and ensure continuity of care for the patient/family/carer or vice versa.

To provide or arrange ongoing referral and support for the patient or carer after discharge.
To be educated to the relevant standard of specialist practice (see ASCNUK guidelines and standards, Clinical Nurse Specialists Stoma Care (2009) (Scotland) RCN, High Impact Actions in Stoma Care (2010) Coloplast Ltd) and other relevant training courses.



Role of customer service staff

1. To provide the patient or carer with information regarding their product and relevant usage if required.
2. To provide literature as requested by the patient/carer, as appropriate.
3. To provide samples if clinically appropriate and approved by the prescriber or other healthcare professional caring for the patient.
4. To represent their company in a professional manner, responding promptly to enquiries, complaints and requests.
5. To gain feedback from the patient or carer regarding their product usage and service provision.
6. To support open days for patients or carers.
7. Adhere to the DAC Code of Ethical Business Practice.
8. Follow the NHSE Nominations guidance.

Training for customer service staff



Telephone protocol

1. Answer promptly, courteously and by name.

2. Respond to answerphone messages promptly – weekend/overnight message should mention contacting GP out-of-hours service or NHS 111, if necessary.

3. Ensure accurate CRM personal data in line with GDPR 2018 (as below) for each patient and to ensure deletion, if required, at an agreed time and place upon instructions from the patient.
   - Name/address/telephone number.
   - Date of birth/General practitioner.
   - Stoma type/Continence.
   - Exemption/Regular appliances.
   - Referring department/hospital/stoma care nurse/ continence advisor/urology nurse/ community nurse.
   - Customisation instructions if appropriate.
   - Delivery instructions.
   - In addition, other relevant information.

4. To take orders correctly and agree delivery details.

5. If you do not know the answer – find out and ring back or refer on to a HCP.

6. Provide the patient or carer with accurate information in a timely manner.

7. Ensure the patient understands local prescription processes and that the request is in hand or that the prescriber has been contacted for an emergency release.

8. Offer appropriate advice and/or referral to the relevant HCP.

9. Keep the patient/carer/professional informed and updated.

10. Signpost to charitable organisations for practical and emotional support.

Training for customer service staff



Dealing with anger/distress

- Allow the patient, carer or professional to talk.
- Listen to and acknowledge the problem.
- Negotiate a solution/answer to the problem and when appropriate inform/seek advice from a HCP.
- Do not promise anything you cannot do.
- Apologise, if appropriate.
- Give reassurance, if appropriate.
- Ensure quality issue policy/standard/process is followed promptly/accurately, if appropriate.
- Contact other agencies, if appropriate, ensuring no breach of confidentiality in the process.
- Keep the patient/carer/professional informed and updated.

When to refer to the HCP

1. Problems relating to repeat orders, Customer Service staff should deal with deviation from the normal ordering pattern, out of stock, wrong delivery, delivery drivers/couriers.

2. Always keep the patient/carer/HCP informed and updated, as appropriate in line with GDPR 2018.

3. Patients/carers who are concerned about health and/or stoma or continence care related problems, such as:
   - Odour.
   - Sore skin.
   - Leakage (stoma care and/or continence patients).
   - Diet and fluid intake.
   - Work, leisure, personal activities.
   - Stoma complications (bleeding, hernia, prolapse, retraction etc.).
   - Pain.
   - Weight loss.
   - Vomiting/diarrhoea/constipation.
   - Urine infection.
   - Cloudy urine.
   - Haematuria.
   - Anxiety and stress – should be referred back to their HCP with the patient's consent, ensuring no breach of confidentiality.

Service and delivery standards

Delivery timescales

1. Appropriate stockholding to ensure delivery will take place within two working days from receipt of prescription, unless otherwise specified by the patient/carer (e.g. as in an emergency).

2. It is expected that all items dispensed will be delivered at a time agreed and convenient to the patient.

Essential services

Wipes and disposal bags/complimentary items

1. Free wipes and disposal bags provided with all deliveries unless otherwise directed.

2. Complimentary items relevant to the patient's care (e.g. night bag stands) can be provided, but are not part of a dispensing contractor's NHS terms of service.

3. Referral for and fitting of a support belt/girdle should be in consultation with a HCP.

Advanced services

Measuring, fitting and appliance use reviews

1. Correct template of stoma shape and size (measurement undertaken by the HCP).

2. Efficient storage of templates for repeat orders.

3. Assessment, fitting and training by trained and experienced staff for patients, and their carers, in the use of their appliance.

Couriers

- Discreet delivery vehicles and parcels showing no indication of contents.
- Clear instruction visible on parcels as to alternative delivery options.
- Deliver to correct address.
- Allow sufficient time for patient/carer to answer the door.
- Avoid damage to parcels.
- Proof of delivery where appropriate.
- Driver to contact contractor if delivery is not carried out.

Discretion/confidentiality

Service and delivery should be provided with discretion and in accordance with Data Protection guidelines and GDPR 2018.

Out of stock communications

- Telephone calls to patients/carers advising of out of stocks and an offer to signpost to at least two alternative dispensers.
- Delivery timescale advised to patient or carer and the prescriber.
- Obtain stock from alternative suppliers to prevent delay.

Record of transaction

To maintain a robust and auditable record system of all deliveries and have in place a published complaints procedure.

Service and delivery standards

Role of the patient associations & charities

1. To provide support and information for new or established patients or carers by people who have experienced similar treatment/surgery and/or circumstances:
   - Telephone support.
   - Literature/magazines/websites.
   - Area meetings.
   - Lifestyle advice.
   - Visitors trained to offer appropriate support and information.

2. Collaborate with Health Care Professionals with escalation processes in place back to a HCP when required.

3. All dispensers will have a reference file containing contact telephone numbers/names for each Association/patient support group and their literature:
   - Colostomy UK
   - Bladder & Bowel UK – for patients with bladder and bowel problems.
   - IA (The Ileostomy and Internal Pouch Support Group).
   - MS Society.
   - Crohn's & Colitis UK – for people who have Colitis or Crohn's disease.
   - RADAR.
   - Sexual advisory service.
   - Spinal Injuries Association.
   - Urostomy Association.

Provision of specialist community care in consultation with the local HCP (by DACs and patient groups).

Where home visits and specialist clinics are provided (by appointment), these to include:

- Education and training for patients/carers/HCPs.
- Product knowledge and correct usage enabling confidence and security (including checking regarding accurate and appropriate customisation).
- Correct storage and disposal.
- Management of supplies.
- Lifestyle advice and support.

To ensure the following:

- Reduced burden on secondary care.
- Reduced burden on GP caseload.
- Enhanced care in the community reducing hospital referrals/admissions.
- Reduced patient anxiety and stress.
- Maintenance of a robust and auditable record system.
- Reduction of complications through regular review.
- Improved quality of life.
- Enhanced self-care.
- Management of stoma-related problems.

Ethics and professionalism

The following standards are an expectation of a code of behaviour between Health Care Professionals and Industry:

1. All nurses will work within the boundaries of the Nursing and Midwifery Council's The Code: Standards of Conduct Performance & Ethics for Nurses & Midwives (2015) and the Conflicts of Interest Guidance 2017.

2. All nurses providing clinical advice will be explicit about the primary role function for which they are employed and to declare to the patient who they work for, as required by the CQC and will declare if a manufacturer or dispensing contractor sponsors them and that products other than those of the manufacturer or dispensing contractor are available.

3. All nurses will provide patients/carers with unbiased access to a wide range of suitable products and service choices from all manufacturers and contractors, relevant to their individual healthcare needs and personal circumstances.

4. All nurses will provide patients/carers with written and verbal information relating to choice of product dispensing options, relevant to their individual healthcare needs and personal circumstances (e.g. paediatrics).

5. All transactions and contractual arrangements will be transparent.

6. Manufacturers and suppliers of stoma and continence care products and services can expect nurses to be aware of a full range of products and services available to patients/carers.



7. All professionals and industry will abide by the NHS Commercial Sponsorship Guidelines (Nov 2005), the NHSE Conflicts of Interest Guidance updated 2024 and the MedTech Guidelines for Ethical Business Practice.

8. All commercial parties will comply with the BHTA Code of Practice, approved under the Chartered Trading Standards Institute's Consumer Codes Approval; give due regard to Clinical Nurse Specialists: Stoma Care (Scotland 2009) and High Impact Actions in Stoma Care (2010) published by the RCN; and comply with relevant legislation such as the Bribery Act 2010, Equality Act 2010 and the Disability Discrimination Act 1995.

9. Customer satisfaction surveys will be carried out in accordance with NHS Pharmaceutical regulations 2013.

Clinical governance

All contractors will, as set out in an overview of the new arrangements under Part IX of the Drug Tariff for the provision of stoma and urology appliances – and related services – in primary care, published in England and Wales in 2025:

- Publish a leaflet about their business and services.
- Conduct an annual patient satisfaction survey and publish the results on their website.
- Have complaint and escalation handling systems in place as well as incident reporting and safeguarding processes identified.
- Cooperate with visits from the Local Healthwatch and with inspection or review by the ICB, Health and Wellbeing Board or any relevant statutory authority.
- Put in place a risk management programme.
- Put in place a clinical effectiveness programme.
- Implement a staffing and staff management improvement programme.
- Make appropriate arrangements for use of information.
- Be IG Level 2 compliant.
- Be CQC registered if Community Nurses are employed.



Cooperate with visits from the Local Healthwatch and with inspection or review by the ICB, Health and Wellbeing Board or any relevant statutory authority.

References and useful publications

- All Party Parliamentary Group Bladder and Bowel Continence Care (2011) Cost-effective Commissioning for Continence Care.
- BHTA Code of Practice.
- Bribery Act 2010.
- British Healthcare Trades Association (BHTA).
- DAC Code of Ethical Business Practice.
- Equality Act 2010.
- GDPR May 2018.
- High Impact Actions in Stoma Care (2010) Coloplast Ltd.
- MedTech Guidelines of ethical business Practice 2018.
- NHS Commercial Sponsorship: Ethical standards for the NHS (Nov 2000).
- NHS Confidentiality; NHS Code of Practice: Supplementary Guidance: Public Interest Disclosures (March 2009).
- NHS Conflicts of Interest Guidance 2017.
- NHS Equity & Excellence: Liberalising the NHS (July 2010).
- NHSE Nominations guidance.
- NMC Record Keeping: Guidance for Nurses & Midwives (2009).
- NMC The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates 2018.
- Nursing and Midwifery Council.
- RCN Clinical Nurse Specialists: Stoma Care (Scotland 2009).
- Royal College of Nursing (2012) Catheter Care RCN Guidance for nurses.
- Royal College of Nursing (2013) Management of Lower bowel dysfunction including DRE and DRF.
- Royal College of Physicians (2011) Keeping Control What should be expected from your NHS bladder and Bowel service.
- Standards of business conduct for NHS staff HSG (93)5 www.dh.gov.uk/publications (letters and circulars; Health Service Guidelines).
- WCET UK A framework for Stoma Care Nursing in Primary Care (2003).
- WCET UK Role description of a Stoma Care Nurse Specialist (2010).

Glossary

ASCNUK	Association of Stoma Care Nurses UK
AUR	Appliance Use Review
ICB	Integrated Care Board
CQC	Care Quality Commission
Customers	Referred to as either Patients/Carers or Professionals
DAC	Dispensing Appliance Contractor
EPS	Electronic Prescription Service
GDPR	General Data Protection Regulation
HCP	Health Care Professional*
IG	Information Governance
Industry	Service Providers/Contractors/Dispensers
ISC	Intermittent Self-Catheterisation
NMC	Nursing & Midwifery Council
Part IX	Part IX of the Drug Tariff is a list of appliances and chemical reagents which GPs and designated nurse prescribers are able to prescribe at NHS expense
RCN	Royal College of Nursing

*A qualified Specialist Nurse is a registered general nurse (RGN) with a post-registration Stoma or Continence Care nursing qualification.



Stoma and Continence Care Alliance

WORKING TOGETHER TO SUPPORT AND IMPROVE OUTCOMES AND SERVICES

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