

## National Stoma Quality Improvement Group (NSQIG): Task and Finish SLWG

Date: 19th November 2018

Venue: Meeting Room 3 NHS National Procurement, 2 Swinhill Avenue Canderside ML9 2QX 14.00 - 16.30

Name	Title	Area	
Craig Stewart	Associate Nurse Director & IJB Lead Nurse ( Project Chair )	NHS Ayrshire & Arran	
Alice Macleod	Senior Nurse ( Project Manager )	NHS National Services :National Procurement	
Tracy McMeekin	Stoma Clinical Nurse Specialist: (Chair of Scottish Stoma Nurse Group)	NHS Ayrshire & Arran	
Anne Haston	aston Stoma Advanced Nurse Practitioner NHS Lothian		
Karen Whatton	Senior Prescribing Support Nurse	NHS Fife	
Dr Gordon Haveron	G.P Representative	NHS Ayrshire & Arran	
Graeme Bryson	Scottish Pharmacy Practice and Prescribing Advisors Association (SP <sub>3</sub> AA)	NHS Glasgow & Clyde	
	Representative		
David Thomson	Primary Care Pharmacy lead representative	NHS Glasgow & Clyde	
Barry Melia	Senior Pharmacist Public Health	NHS National Services	
Gavin MacColl	Principle Information Analyst ISD	NHS National Services	
Apologies			
Mhairi Hastings	Lead Nurse Community ( Deputy Chair )	NHS Dumfries & Galloway	
Dr Emily Kennedy	Prescribing Support Pharmacist	NHS Dumfries & Galloway	
Carol Ryan	Colorectal Clinical Nurse Specialist	NHS Tayside	
Billy Hislop	Procurement Category Manager	NHS National Services: National Procurement	

#### These meeting notes reflect the salient points of discussion

Agenda	Action Notes
Item	
1	CS opened the meeting noting apologies Quorate present. No new DOI noted .
2	Minutes and actions from 10.09.18 reviewed and approved with no outstanding issues.
3.1	Project Plan

## CS reviewed project plan objectives and progress with actions on the following:

- 3.1.2. CS acknowledged that sub groups activity is ongoing with wider scoping activities required and being progressed.
- 3.1.3. Potential slippage identified for project objectives to be met by end of December.
- 3.1.4. CS advised a 2 month extension to the project to allow for ongoing sub group work, and industry partnership progression
- 3.1.5. Agreement for all sub group work to be complete by February to enable delivery of project report by April 2019

## Non sub group Activities

#### Obj 5: e-health:

- 3.1.6. CS advised that further thought needs to be given to whether the direction is for Health Board stoma care stakeholders to link with respective Board e-health leads regarding whether the TEC and e-Health agenda in stoma care is being progressed as an integral part of their local digital transformation agenda. To be included as an agenda item for next meeting.
- 3.1.7. CS asked for progress update with CNS/ NES stoma website at next steering group meeting.

### Obj 6: Industry Partnership

- 3.1.8. CS advised that wider engagement continues. Meetings have been held with Community Pharmacy Scotland (CPS) with positive discussion on sharing news of NSQIG to the wider network circa 1200 members. Amanda Rae receptive with scoping survey around stoma appliance & accessory use in line with data sub group HB prescribing surveys. D. Thomson linking with Amanda Rae for CPS to progress this work
- 3.1.9. CS advised that following a meeting with BHTA representatives the group is progressing BHTA engagement with sub group to be formed with clear terms of reference to be developed. Meeting to discuss progress arranged for 11.12.18.

Ongoing dialogue with CPS & BHTA will be progressed in separate meetings for the time being due to commercial competition with these groups

## Actions

- 1. Project plan update to reflect extension
- 2. Update Q2 Project highlight report to SEND / SDNDG to reflect extension
- 3. Note e-health agenda items for next meeting with leads identified for update



## 3.2 Risk Register

No new risks identified. CS advised that as risks are being mitigated and managed effectively the risk register will be discussed at every second steering group meeting.

NSQIG members are asked to inform project manager and chair of any new identified risks as project continues.

## 4.0 Sub Group Update : Rolling Agenda Item

#### 4.1 Formulary Sub Group: Lead Graeme Bryson

 Graeme and Tracey have had detailed discussions regarding approaches to reviewing current Health Board formularies for commonalities & gaps.

In relation to non-bag products the view was that;

A number of boards had a formulary choices identified - However not all boards had formularies for this area of prescribing Where formulary choices existed – there was variability in selection of products

As such the view was that first choice or 'go to' products could be identified for the following

- Washers & seals
- Adhesive removers
- Solidifying agents
- Flange extenders
- Paste

There was the opportunity to provide prescribing guidance on the following non-bag areas

- Deodorant sprays
- Barrier wipes, sprays and creams
- Gauze swabs

In relation to bag prescribing -

No boards with formularies had identified first choice stoma bags. This reflected the individual patient factors involved in selection of products.

However some boards provide prescribing guidance around appropriate quantities of bags – however there was variability in the advice.

- As such there was an opportunity to develop national prescribing guidance on
- Appropriate quantities of bags based on ASCN advice
- Inclusion of a statement on role of cost effectiveness / price in selection of products
- Include details of primary care pricing (NHS Scotland Drug Tarrif) to allow SSNs to support the above statement

It was agreed that GRB/TM should convene the full formulary group with as wide SSN representation as possible to progress development

Action: Next steering group meeting 10th December to be used to progress formulary sub group with G. Haveron attending

## 4.2 Process Sub group: Lead Mhairi Hastings

- CS discussed work progressed by Process sub group workshop where Mhairi Hastings had developed 6 options
- Acknowledged that the focus has been on CNS role and further work is required to appraise options with a view on what would be the preferred model.
- CS advised we need to progress detailed discussions probably as an option appraisal process (to be discussed further with Mhairi) and taking an initial and strategic view on the merits of a non prescribing model (the latter may not be progressed within the lifespan of this SLWG but could form a recommendation for future targeted redesign)

#### 4.3 Data Sub group: Lead Alice Macleod

- Sub group update embedded in agenda for information, scoping current prescribing and clinical data capture across NHS Health boards
- Gavin MacColl & Barry Melia presented current data metrics and indicators developed from sub group discussions
- · Variance reporting with cost per treated patient, demographic data and variance between DACs versus Community Pharmacy
- ASCN guidance used as benchmarking exercise to show NHS Scotland prescribing variance against ASCN guidelines.
- CNS data survey and draft indicators circulated 12.11.19: awaiting response
- Acknowledged that data metrics report variance which could highlight areas to investigate to understand the why
- Discussion around benefits of data with potential to explore relationship between cost per treated patient (CPTP) and co-morbidities as a future interest.

G MacColl & B Melia made reference to presenting local stoma reports using metrics and indicators presented. CS interested in looking at Ayrshire & Arran.

#### Action:

AM to Circulate G MacColl / B Melia presentation

GM / BM to progress local reports with focus on Ayrshire & Arran for review by CS



5.0	Fittleworth Visit					
	<ul> <li>A.M shared brief presentation of visit to Fittleworth Dispensing Appliance Contractor Glasgow.</li> </ul>					
	• Fittleworth use ProVIS as software to provide information on product use, benchmarking activity against PrescQipp Guidance.  Although visually impressive there are issues with data validity and governance.					
	<ul> <li>AM reported Coloplast NHS Scotland data (via patient website: 253 patients accessed ostomy check with 89 % presenting with issue) marketing influence with links to products, need to question data validity and governance, general data protection regulation (GDPR),? if different metrics used across industry</li> </ul>					
	<ul> <li>CS acknowledged the need to scope industry data collection/metrics with survey to align with methodology used to scope NHS Scotland Health Board data capture</li> </ul>					
	<ul> <li>Need to discuss potential for national level metrics., what can industry share: Discussion topics for BHTA meeting</li> </ul>					
	Actions:					
	1. Circulate link to Coloplast patient website to steering group.					
6.0	Engagement update					
	<ul> <li>Q1 report and stoma briefing paper tabled at SDNDG by M Hastings who is secretary of SDNDG (Aug 2018)</li> </ul>					
	<ul> <li>Patient engagement via NHS Scotland Stoma Fora: Briefing paper &amp; letter circulated to Health Board stoma fora via SP3AA (14.11.18)</li> </ul>					
	<ul> <li>Community Pharmacy Scotland (CPS): Meeting with CS, BH, AM &amp; DT with Amanda Rae 9.11.18 progress as per 3.1.8</li> <li>BHTA: As per 3.1.9 meeting arranged 11 December with progress of sub group and terms of reference.</li> </ul>					
	Craig requested to meet with Scottish Stoma Nurse Group January 2019					
	• Engagement with G.P Professional groups to be progressed by NSQIG G.P members (SBAR to be re circulated to G. Haveron )					
	Actions: Alice to draft terms of reference for BHTA meeting for review by Craig prior to BHTA meeting 11.12.18					
7.0	AOB					
	<ol> <li>Graeme Bryson will be leaving NSQIG and has confirmed replacement will be Anne Milne. NSQIG Chair Craig Stewart thanked Graeme for his involvement with NSQIG.</li> </ol>					
	2. David Thomson discussed issue with garment supplier using an authorised garment code to circumvent prescribing of a					
	product not listed in Scottish Drug Tariff.					
	Action:					
	1. David to share his communication with industry to highlight this practice					
	2. Alice to contact Craig's PA to canvass Steering group meeting dates for Jan - April 2019 & meeting date for SSNG					
8.0	Next Meeting: December 10th 2018 2pm – 4.30 Meeting Room 3 at Canderside (Workshop meeting to progress sub groups)					



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# **SLWG Meeting Actions from 19.11.18:**

Agenda Item	Action WHAT	Responsible WHO	Timeline WHEN	Action Update	RAG
1	Update Q2 project highlight report and send to Craig to Inform SEND / SDNDG of 2 month project extension	A Macleod	23.11.18	Q2 highlight report updated sent to Craig to reflect 2 month project extension	
3	Update Project plan v5 to reflect extension	A Macleod	23.11.18	Project Plan v6.xlsx	
3	update risk register (mitigating actions) to reflect steering group discussion on project extension to April	A Macleod	30.11.18	Risk register V3.xlsx	
3	E-Health Agenda item for next steering group meeting	A Macleod	Jan 2019	Note from CS to scope current TEC developments via HB e-health leads/ industry via BHTA meeting s from HB	
4.1	Sub group membership to be sent to Graeme Bryson to update with his replacement: Anne Milne	A Macleod	23.11.18	Membership e-mailed	
4.1	Formulary subgroup progress at 10.12.18 meeting	G. Bryson	10.12.18		
4.3	Circulate G MacColl presentation			201811 Stoma Analysis Update.pptx	
4.3	Progress Local stoma reports based on management indicators: Ayrshire & Arran report for CS	G MacColl/ B Melia	Jan 2019		
5.0	Link to Coloplast Ostomy Check via patient website https://www.coloplast.co.uk/global/ostomy/ostomy-self-assessment-tools/	A Macleod	23.11.18	Link to Coloplast patient self assessment tool trouble shooter, body check for information	
6	Canvas dates with Craig for following meetings:	A Macleod	23.11.18	meeting dates confirmed with CS PA and circulated.	
6	Inform SSNG of proposed engagement meeting with NSQIG Chair	T McMeekin	26.11.18	Meeting date TBC	
6	Draft BHTA sub group Terms of Reference for Craig to review	A Macleod	30.11.18	Reviewed by CS/BH	
7	Circulate D Thomson communication with garment supplier	D Thomson	26.11.18	David Thomson communication circulated to steering group	