

National Stoma Quality Improvement SLWG (NSQIG) Final Report

November 2019



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Terms of Reference:

- National Stoma Quality Improvement Short Life Working Group
- NHS Scotland Stoma Fora Survey Report
- NHS Scotland Stoma Fora Briefing Paper
- NHS Scotland Prescribing Guidance



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Executive Summary

The National Stoma Quality Improvement Short Life Working Group (NSQIG) was commissioned by the NHS Scotland Executive Nurse Director Group (SEND) and established in February 2018. The Scottish Deputy Nurse Director Group (SDNDF) nominated a chair and vice chair to provide governance and leadership to the work of NSQIG. The work of the group was fully supported by National Procurement (NP) Senior Nurse and management personnel from National Services Scotland (NSS).

NSQIG membership includes regional Stoma Nurse representation, Health Board prescribing support, pharmacy, G.P representatives, Colorectal Surgeon, procurement and prescribing analyst support. Wider engagement was established with Directors of Pharmacy, Health Board Stoma Fora and commercial partners.

NSQIG adopted a values-based approach to identify how stoma care is optimised by delivering the best possible patient outcomes in the most efficient way to ensure resources are allocated for maximum clinical and financial value.

This report contains references to Information Services Division (ISD). ISD formed part of NHS National Services Scotland (NSS) until April 2020, when it joined the new Public Health Scotland body.

Rationale for establishing National Stoma Quality Improvement SLWG (NSQIG)

1. The Stoma care service affects a large number of service users across the United Kingdom (UK). It is also an area of care with evidence of increasing expenditure with over ordering, variation in product use and patient outcome monitoring frequently identified in primary care. This has significant clinical and financial impact ^(1,3)
2. Across the UK, over £260 million is spent annually on stoma products. Stoma appliances and accessory costs in primary care can range from £780-£2,300 per patient per annum. In situations where there is inappropriate product use, the cost can rise above £6000 per annum ^(1,3,20).
3. Primary care stoma expenditure in NHS Scotland has risen by 65% over five years with a current expenditure of £31 million per annum. In contrast, stoma patient numbers have increased by 10% over the same period.
4. The NHS Scotland Stoma Care Quality and Cost Effectiveness Review (2016) identified that all areas of ostomy product use were in excess of established guidelines; identifying waste and variation ⁽³⁾
5. Evidence from the literature indicates that increasing appliance and accessory use is often linked to stoma complications or adverse events such as leakage and skin complications, which negatively affect a patient's quality of life ^(16,17,19).
6. Stoma efficiency and enhancement projects have demonstrated that by improving the quality of stoma care by more effective prescribing and appliance selection, more responsive patient monitoring and minimising variation in practice, a reduction of up to 20% in stoma expenditure can be delivered by reducing wastage, improving self-management and patient outcomes ⁽¹⁾.
7. The product range is subject to considerable commercial marketing since stoma products and accessories can be directly promoted to the targeted audience. The ready availability of samples through online websites and publications can influence patients to request products to be added to prescriptions with no prior clinical assessment of need.
8. Many of these product requests have not involved a Stoma Nurse; the clinical nurse specialist with considerable knowledge and expertise on the use and effectiveness of stoma products who, in most cases, will be unaware that such an item has been requested via this route.

The aim of NSQIG is to identify, prioritise and progress areas of work requiring a national "Once for Scotland" approach, complementing NHS Boards stoma quality and efficiency activities aligned to the stoma quality and cost effectiveness national review (2016).

This report draws on the findings and recommendations from the National Stoma Quality Improvement Short Life Working Group (NSQIG).

Key Messages

- Concern exists that under and over use of stoma products as a result of problems related to stoma care or morbidity, largely occurs as an un-detected clinical event across Scotland. It is known that stoma related morbidity such as leakage and skin complications will negatively impact on the quality of life for stoma patients.
- Improvements in patient monitoring, assessment of product effectiveness and efficiency of stoma prescribing will support effective product use. These will also improve quality of life by early identification and management to minimise stoma-related associated morbidity. This will also support reduction of waste and unwarranted variation associated with inappropriate product use.
- Recognition and reduction of unwarranted variation and waste was therefore an overarching theme from the work of NSQIG, which is supported by key health and social care strategic policies.
- There is evidence of a distinct gap in the format and reporting of stoma prescribing data across NHS Scotland Boards which is a compounding factor.
- The NSQIG Data Subgroup developed a series of metrics to guide NHS Health Board on product use and cost per treated patient variation across a number of metrics, with benchmarking across all NHS Boards against national prescribing guidance which narrows this gap.
- NHS Scotland Stoma Care prescribing guidance has been developed as a pragmatic decision-making aid to support more effective product use and to reduce variation.
- Reliance on General Practitioner stoma prescribing has been noted as both a workload issue in primary care and a contributory factor in prescribing variance of stoma products and accessories.
- Alternative models to GP prescribing require proof of concept testing to fully evaluate how a non-medical prescriber or non-prescription based approach could better utilise existing resources within the multi-disciplinary team and improve patient outcomes.
- Stoma Nurses continue to play a critical role in the delivery of specialist stoma care and in the support and advice given to wider professionals. However, there is a noted lack of consistency in how Stoma Nurse roles are supported and deployed across Scotland, creating variance in how patients and colleagues can access this expertise.
- Implementation of the recommendations from the NHS Scotland Stoma Care Quality and Cost Effectiveness Review (2016) across NHS Boards appears to be patchy with particular reference to patient feedback, quality monitoring and the establishment of Stoma Fora and recognised Board Leads.
- There is a need for more integrated leadership across the nursing and pharmacy professions both locally and nationally.

Recommendations

1. NHS Boards who currently do not have an established Stoma Forum should consider this in line with the recommendations from the NHS Scotland Stoma Care Quality and Cost Effectiveness Review (2016).
2. SEND to consider development of a national approach to support the development of a national stoma care minimum data set, aligned to the established Excellence in Care (EiC) assurance measures, enabled by digital solutions, to improve monitoring of patient outcomes. This will aim to reduce current reliance on use of industry data software by NHS Board-employed healthcare professionals.
3. For resource requirements to be identified that would support the delivery of strategic level stoma product prescribing data reports to all territorial Boards, supporting the scrutiny and monitoring arrangements across prescribing and clinical teams.
4. National prescribing guidance developed by NSQIG should be adopted across NHS Scotland to support NHS Board's equity of practice and facilitate improved prescribing practice. Dispensing Contractors should be informed of the process, contained within prescribing guidance for reporting stoma related adverse events within a clinical escalation pathway.
5. National Procurement (NP) to review and strengthen how it works with NHS Boards to provide improved governance, transparency and professional accountability in the commercial Value for Money (VfM) review process.
6. SEND to remit SDNDG to review the leadership, reporting and accountability arrangements with the Scottish Stoma Nurse Group in order to strengthen the professional governance and strategic work of this group.
7. Primary Care Teams within NHS Boards to actively consider the use of serial prescribing within the Managed Care & Review service, supported by Primary Care Pharmacists and Stoma Nurses, to improve monitoring, effectiveness and efficiency of stoma prescribing.
8. Scottish Stoma Care Nurse Group to develop stoma care quality assurance measures, aligned to Excellence in Care (EiC) methodology. Quality assurance measures should cover early detection and management of stoma related adverse events. An integrated approach should involve the wider primary care team and provide clear clinical escalation pathways to specialist advice and intervention.
9. That NHS Boards support Stoma Nurses to consider wider use of Technology Enabled Care such as Florence to support self-management, monitoring and outcome measurement.
10. SEND / DoP's to consider Proof of Concept evaluation of alternative models to stoma appliance and accessory product prescribing to see if improved patient outcomes and more effective and efficient product use can be achieved.
11. NHS Boards to review future Stoma Nurse workforce requirements in line with CNOD Transforming Roles Programme and the findings of this review.
12. Scope how NES can work with Scottish Stoma Nurse Forum to develop a framework of post graduate educational and clinical preparation requirements for stoma care nurses in line with the NES Career Development Framework and CNOD Transforming Roles Programme. This should include a review of the current industry supported education and CPD provision.
13. SEND to consider continuing the work of NSQIG in the form of a national leadership group to progress the recommendations contained in this report as Phase 2 of this work.
14. SEND / DOPs to consider establishing more integrated nursing and pharmacy leadership arrangements within NHS Boards to take forward the quality, efficiency and effectiveness work as recommended in both the NHS Scotland Stoma Care Quality and Cost Effectiveness Review (2016) and in the NSQIG Report (2019).

Section 1

Introduction and Background

1.1.1 Stoma care affects a large number of patients across NHS Scotland. It is an area where there is evidence of increasing expenditure, with over ordering and wide variation in product usage and level of patient monitoring reported across the United Kingdom (U.K) ^(1,2).

1.1.2 It is widely recognised that where there is variation in healthcare, this can impact on quality of care and patient outcomes. Unwarranted variation does not add any clinical value and contributes to waste (3-5). Such variation can be linked to demographics, deprivation and patient preference; however, 'unwarranted variation' refers to the over-use or under use of different aspects of healthcare, products and services.

1.1.3 Recognising and reducing unwarranted variation and waste is therefore an overarching theme from key healthcare policy documents including the recent NHS Scotland Quality Strategy and Realistic Medicine Reports ⁽³⁻⁵⁾.

1.1.4 The NHS Scotland Stoma Care Quality and Cost Effectiveness Review (2016) identified that all areas of ostomy product use were in excess of established guidelines; identifying waste and unwarranted variation. Overall, 26 recommendations were identified that relate to effective and efficient stoma care and product prescribing practice ⁽³⁾.

1.1.5 This provided the rationale to seek clinical leadership from the Scottish Executive Nurse Directors Group for development of the National Stoma Quality Improvement Group (NSQIG) to identify and drive a Once for Scotland approach that would address effective and efficient stoma product prescribing practice, aligned to the strategic narrative of key healthcare policy documents.

1.1.6 Recommendations from the National Stoma Care Cost and Quality Review (2016) that align to the work of NSQIG include:

- NHS Boards should maximise effective prescribing through a system of review of stoma prescribing to ensure that expenditure is appropriate and thus ensure resources available to patient care can be maximised.
- NHS Board should develop a system of 'Trigger Tools' in line with protocols in NHS England to ensure there is no oversupply and to minimise waste.
- NSS 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

1.1.7 The National Stoma Quality Improvement Group Short Life Working Group (NSQIG) was subsequently commissioned by the Scottish Executive Nurse Director (SEND) Group and established in February 2018 under the leadership of the Scottish Deputy Nurse Director Forum (SDNDF). The group was commissioned to take forward the recommendations from the National Stoma Care Cost and Quality Review (2016) and consider the wider opportunities for improving the quality, effectiveness and efficiency of stoma care.

1.1.8 The Terms of Reference for the NSQIG were agreed with the wider stakeholder groups and approved by SDNDF (Appendix 1). Membership for NSQIG included: Health Board Stoma Nurse representation (regional), community pharmacy representation, Public Health Pharmacy representation, Health Board Lead, Pharmacy representation, Health Board Prescribing Team representation, General Practitioner, Colorectal Surgeon, Procurement and prescribing analyst support.

1.1.9 The aim of NSQIG was to identify, prioritise and progress areas of work requiring a national approach which will complement current stoma quality & efficiency activities across NHS Scotland Health Boards.

NSQIG Key Objectives:

1. Review the current product prescribing data across Health Boards and identify and develop opportunities for optimal data reporting to drive quality and efficiency.
2. Review current Health Board formularies and scope the feasibility of a National evidenced-based ostomy product formulary that could be used as an equitable and pragmatic aid to decision making.
3. Review current processes for product access identifying alternative models to GP prescribing to support timely, efficient, equitable patient product access.
4. Identify the process for measuring effectiveness of product use and patient outcomes with minimal annual patient-reported outcomes measures (PROMs) that includes patient-related feedback.
5. To review the role of e-health / assistive technology in stoma care and identify opportunities for quality improvement in patient care.
6. To explore effective partnership working with Dispensing Appliance Contractors that would support data sharing of product use and develop variance monitoring against agreed national guidance.
7. To identify clinical, financial benefits and risks from implementation of processes identified from this SLWG activity and include this in project report and action plan.

1.2 Strategic Context

1.2.1 The National Clinical Strategy sets out a high level vision to guide future healthcare service provision across primary and secondary care. Primary healthcare is planned around integrative working to support shifting the balance of care from secondary care to primary care. To support the delivery of the Clinical Strategy and the Transforming Primary Care Programme will aim to deliver integrative working by medical, nursing, pharmacy and allied healthcare professionals. This underpins the delivery of the new GP contract which will see more complex care provided by GPs. In addition, the Chief Medical Officer's report on Realistic Medicine gives a clear direction of value-based healthcare as an approach to maximise resources and evidence effective care through improved patient outcomes ⁽³⁻⁶⁾.

1.2.2 Value-based healthcare is an approach incorporated into UK health policy documents; The Right Care NHS England, Prudent Healthcare NHS Wales and Realistic Medicine NHS Scotland. The overall aim of value-based healthcare is to optimise patient care by delivering the best possible outcomes for patients in the most efficient way and ensure that resources are allocated for maximum value ⁽⁴⁾. Value-based healthcare needs to be supported by robust data providing professionals and services with evidence that care is improving patient outcomes. For stoma care, this translates to evidencing effective, equitable person-centred care for ostomy patients across NHS Scotland and reducing unwarranted variation and waste ^(5,6).

1.2.3 This strategic narrative is evident throughout the wider healthcare legislative and strategic policy drivers; The Health and Care (Staffing) legislation, Transforming Roles Programme (Chief Nursing Officer Directorate) and Achieving Excellence in Pharmaceutical Care aim to develop workforce capacity and capability to support transformation across primary and secondary care ^(3,7).

1.2.4 These key strategic drivers help to inform how stoma care provision can be delivered with an outcome focused, integrative approach across primary and secondary care. A value-based approach should underpin stoma service delivery, maximising resources, reducing unwarranted variation and waste and evidencing improved patient outcomes. This approach will also address key National Health & Social Care Outcomes ⁽⁶⁾.

1.2.5 National Health and Social Care Outcomes that align to NSQIG include:

- Outcome 3: People who use health and social care services have positive experiences of those services, and have their dignity respected.
- Outcome 4: Health and Social Care services are centred on helping to maintain or improve the quality of life of people who use those services.

- Outcome 8: People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- Outcome 9: Resources are used effectively and efficiently in the provision of health and social care services.

1.2.6 NHS Scotland Healthcare policy documents that inform this work are:

- Stoma Care Quality and Cost Effectiveness Review Scottish Government (2016)
- National Clinical Strategy (2016)
- Chief Medical Officers report on Realistic Medicine (2016, 2018)
- Achieving Excellence in Pharmaceutical Care (2017)
- Primary care transformation (2017)
- General Medical Services Contract in Scotland (2018)
- Transforming Nursing Roles (2018), Excellence in Care (EiC) (2017)

1.3 Stoma Care and Quality

1.3.1 A stoma is a surgically formed opening from either the digestive or the urinary tract system to provide an exit point for body waste which is collected via a stoma appliance (pouch). Stoma surgery may be a temporary or permanent option to treat a variety of conditions such as cancer and inflammatory bowel disease ⁽¹⁾.

1.3.2 For some patients a stoma may represent an improvement in health status from a distressing bowel dysfunction, but for others a stoma may compromise their quality of life. Ensuring that patients are prescribed clinically effective and appropriate stoma appliance products can greatly improve their quality of life and support independence ^(16,17).

1.3.3 Following surgery, Stoma Nurse specialists initiate the process of selecting the most appropriate appliance product for that particular patient, taking into account their body shape, lifestyle and stoma size to provide protection and security from leakage and skin damage. A wide range of appliance products is available in primary care that the majority of patient's access through a prescription issued by their GP with the subsequent supply from a dispensing appliance contractor (DAC), a community pharmacy (CP) contractor or from a dispensing doctor.

1.3.4 Effective appliance selection, prescribing and patient monitoring in primary care can ensure appropriate use of stoma products, provide early detection and earlier intervention to manage stoma complications, and deliver up to 20% reduction in stoma expenditure by improving patient outcomes and reducing waste ⁽¹⁾.



Section 4

Industry / Professional Interface

4.1.1 NSQIG established engagement with key professional and commercial stakeholder groups which include; Scottish Executive Nurse Director and Deputy Nurse Director Group, Director of Pharmacy Group, Scottish Stoma Forum and Reference Group, Scottish Stoma Nurse Group (SSNG) British Healthcare Trade Association (BHTA), Community Pharmacy Scotland (CPS).

4.1.2 Separate NSQIG subgroup meetings were established with BHTA and CPS.

4.1.3 National procurement provided detailed information on commercial Value for Money (VfM) submissions from stoma manufacturers which have an impact on the industry / professional interface.

4.1.4 The stoma reimbursement (claw back) scheme was set up by National Procurement (NP) to obtain Value for Money (VfM) from stoma manufacturers. This VfM currently comes in two forms – reduced product costs and money paid back to NHSS as a rebate. All money received via the rebate is redistributed to NHS Scotland Health Boards (HB's), and is proportionally split based on percentage of spend.

4.1.5 The value delivered to NHS Scotland does not equate to the full sponsorship value manufacturers provide in NHS England, although it does go some way to ensuring that NHS Scotland receive additional VfM from the manufacturers who supply products in Scotland.

Based on set criteria, reviewed and updated every two years, manufacturers are encouraged to provide additional value to Scotland by:

1. Reducing the cost of products supplied in NHS Scotland–i.e. the price paid in Scotland is lower than the drug tariff price, in place at the time in NHS England
2. Providing additional value for money products and services

Any VfM activities by stoma manufacturers must be demonstrated by submitted evidence, with appropriate information provided to audit trail any products or services delivered. The VfM offerings can be used to offset the rebate paid to NHSS, once evidenced to NP.

4.1.6 Over £300,000 was included in the VfM submissions from manufacturers for areas that include provision of software (data bases), education, travel to conferences, telehealth, samples and significant costs for training for NHS employed professionals including Stoma Nurses.

Recommendation 5

National Procurement (NP) to review and strengthen how it works with NHS Boards to provide improved governance, transparency and professional accountability in the commercial Value for Money (VfM) review process.

4.1.7 The chair of NSQIG discussed the impact of VfM and the industry / professional interface with the BHTA and the SSNG reinforcing the need for clearer governance and accountability regarding industry involvement with education events and meetings. An NHS Scotland National Conflict of Interest Policy is under development which will assist with this.

Recommendation 6

SEND to remit SDNDG to review the leadership, reporting and accountability arrangements with the Scottish Stoma Nurse Group in order to strengthen the professional governance and strategic work of this group

Section 5

The process sub group

5.1.1 The key outcomes of the process sub group were to:

- Identify the process for measuring effectiveness of product use and patient outcomes
- Identify alternative models to GP prescribing to support timely, efficient, equitable patient product access.

5.1.2 Early initial scoping by the NSQIG Steering Group was undertaken in a workshop led by the NSQIG co-chair which utilised improvement tools to map the current process for stoma product acquisition flow, capturing feedback of the positives and negatives across acute and community care.

5.1.3 The outcome of the data sub group, formulary sub group and wider discussion within the steering group and with commercial partners also identified areas for improvement which would support effective product use, prevention and early detection of stoma related adverse events in maximising and supporting self-care and supported self-care.

These include:

- A more integrated approach to support effective prescribing of stoma products.
- Provision of effective support and resource to maximise self-care and supportive care.
- Applying scrutiny of prescribing practice to reduce waste and unwarranted variation.
- Identifying alternative models to GP prescribing of stoma products.

5.1.4 The model of stoma care requires to be strengthened in the short term with increased scrutiny applied to the process of stoma prescribing to reduce unwarranted waste through inappropriate product use.

In the longer term alternative models to GP prescribing should be developed.

5.2 An integrated approach to support effective prescribing and care review

5.2.1 The national stoma review (2016) identified community prescriptions are issued primarily by General Practitioners (GP's) with only 1% attributed to nurse prescribers⁽²⁾. It is acknowledged that the current reliance on GP's for prescribing stoma products is not sustainable or effective. GP's have limited knowledge of stoma product use, efficacy and volume. A product change requested by patients who may be influenced by commercial marketing is often unchallenged by GP's as they are not overly familiar with stoma products.

In addition, GP's are currently overburdened from an excessively high workload and are already stretched to provide services to an increasingly complex primary care population.

5.2.2 National approaches to Primary Care Transformation is supporting the development and integration of Advanced Nurse Practitioners, General Practice Nurse Prescribers, Advanced Clinical Pharmacists, Clinical Pharmacists and Pharmacy Technicians to contribute to the multidisciplinary team and support GPs to provide care to those with complex care needs⁽⁴⁻⁷⁾.

5.2.3 Few of the Stoma Nurse workforce are independent prescribers and some of those who are prescribers have reported that they lack the capacity to provide this service to the numbers of patients in the community who require stoma care products to be prescribed.

5.2.4 The Chief Nursing Officer Directorate (CNOD) Transforming Roles Programme has undertaken a national review of Clinical Nurse Specialist role and although still to report will focus on providing role definition, requirements for academic and clinical competency acquisition for nursing roles working at Level 6 / 7 of the NES Career Framework⁽⁸⁾. For most, this will involve having independent prescribing skills which in the longer term may support a more integrative and multi-disciplinary approach to prescribing practice.

5.3 Applying scrutiny of prescribing practice to reduce waste and unwarranted variation

5.3.1 The data subgroup identified that 80% of stoma patients will access products via a Dispensing Appliance Contractor and 20% of stoma patients access products via a Community Pharmacy. There is evidence from the data analysis undertaken by NSQIG that cost per treated patient is lower in patients that utilise community pharmacy.

5.3.2 The data subgroup identified that 50% of stomas are permanent with this group considered as long term patients which account approximately 11,000 permanent stoma patients across NHS Scotland. Long term patients account for 76% of appliance costs. (Patients with permanent stomas were identified in ISD as having a stoma prescription in all quarters; 1 year or over).

5.3.3 Whilst the choice of appliance contractor lies with the patient this is supported by the Stoma Nurse in the early stages of the care pathway following surgery. Community Pharmacy access can provide clinician support with additional medications, as evidenced in the formulary subgroup work, which identifies caution with certain medication use for stoma patients, in particular ileostomy patients.

5.3.4 Stoma Nurses provide regular review of new patients at defined periods for up to 1 year following surgery with some offering ongoing annual review. Access to nurse led clinics or telephone clinics is available to provide specialist review and advice to patients when identified by community pharmacist's / appliance contractors as having problems.

5.3.5 The demography of stoma patients identifies an aging population who will be living longer with a permanent stoma and many will also have long term conditions which further supports the need for stoma patients to be able to easily access clinical review. It is also recognised by Stoma Nurses that home care services commissioned to provide support to stoma patients require education in stoma care to recognise stoma related problems and appropriately escalate for clinical review. This is currently variable in how it is delivered and is an area that Scottish Stoma Nurse Group could work with key health and social care partners to scope and deliver the educational requirements for formal carers.

5.3.6 In recognition of capacity issues with Stoma Nurses to routinely review all stoma patients, it is feasible for stoma care to be supported by a primary care clinician (e.g. General Practice Nurse) for stoma care supported self-management, in line with other long term condition management activity, and be linked to a protocol that includes escalation to Stoma Nurses for specialist advice, review and intervention.

5.3.7 Pharmacy colleagues in NSQIG have suggested that serial prescribing could be considered as a legitimate option for stoma product prescribing where patients have stabilised and are managing. Serial prescribing is where the patient is dispensed medication for a 24 or 48-week period at regular intervals defined on the serial prescription. This allows medication to be dispensed for the 24 or 48 week reducing the workload of GPs. Increasing the use of serial prescribing is advocated in Achieving Excellence in Pharmaceutical Care 2017⁽⁷⁾.

5.3.8 The use of Serial Prescribing could support implementation of appliance / accessory product prescribing guidance and once the prescription is approved following a Stoma Nurse giving advice, cannot be changed without further review. This approach could provide much needed scrutiny of prescribing practice and minimise product requests influenced by commercial marketing. The suitability of stoma patients for Serial Prescribing should be actively considered as part of the roll out of this approach across NHS Boards.

Recommendation 7

Primary Care Teams within NHS Boards to actively consider the use of serial prescribing, supported by Primary Care Pharmacists and Stoma Nurses, to improve the monitoring, effectiveness and efficiency of stoma prescribing.

5.4 Maximising resources to support self-care and provide effective supportive care.

5.4.1 Developing standard protocols for early detection and management of stoma related adverse events could support the wider primary care staff which include; district nurses, GPN's, pharmacy and NHS 24 and home care services to provide a more consistent approach to stoma care in the community with a clear escalation pathway to Stoma Nurses to provide specialist intervention. The Scottish Stoma Care Nurse Group should lead this work, supported by senior nurse leadership, as they have the clinical expertise.

Recommendation 8

Scottish Stoma Care Nurse Group to develop stoma care quality assurance measures, aligned to Excellence in Care(EiC) methodology. Quality assurance should cover early detection and management of stoma related adverse events. An integrated approach should involve the wider primary care team and provide clear clinical escalation pathways to specialist advice and intervention.

5.4.2 Protocols could also support self-care using 'Florence' (Flo) telehealth monitoring which is part of Technology supported care (TEC) using standard 'smart' mobile phones to monitor and track patient care. Flo is widely used across a variety of health conditions such as diabetes, asthma, COPD, hypertension, inflammatory bowel dietary management and medication management ^(14,15). The benefits of Florence are that protocols can be uploaded to support self-care with tracking that can provide patient outcome data. NSQIG representatives from NHS Lanarkshire have reported that Florence telehealth monitoring is currently being used by Stoma Nurses to monitor stoma patients in the community.

Recommendation 9

That NHS Boards' support Stoma Nurses to consider wider use of Technology Enabled Care such as Florence to support self-management, supported self-care, monitoring and outcome measurement.

5.5 Emerging Models of Care

5.5.1 The strategic narrative of the Health and Social Care Delivery Plan ⁽⁶⁾ and the implementation of the General Medical Services Contract ⁽⁹⁾ describes how clinical pathways, the role of the General Practitioner (GP) and other health and care professional roles and their workload will be redesigned to enable consultation and initiation of treatment which will include prescribing by the most appropriate primary care health-care professional.

The refocusing of the GP role will require some tasks currently performed by GP's to be performed by a range of healthcare professionals within the wider primary care multi-disciplinary team, where it is safe, appropriate and improves care. Some of these tasks involve prescribing and management of agreed areas of primary healthcare provision ^(6,7).

The work of NSQIG has identified that the current model of GP stoma prescribing model is unsustainable, adding to an increasing prescribing burden to GP's. Data intelligence from NSQIG scoping surveys and prescribing analysis have identified over prescribing of stoma appliances and accessories and identified a lack of prescribing scrutiny, which supports the need for redesign of the current stoma prescribing and care delivery model.

5.5.2 Exploration of alternative models to GP prescribing was a feature within NSQIG key objectives and in addition to the aforementioned opportunities for increasing capacity of independent prescribers across the primary care MDT, two emerging models of care were identified by the Process Sub-Group:

5.5.3 Model1: Independent Prescribing Model

This model describes an independent prescribing model, which supports the direction of advanced practice within primary care utilising nursing and pharmacy expertise. Within this model, stoma prescribing is redesigned to remove current GP prescribing to a community independent prescribing model. A similar approach has been developed in Rotherham, evidencing prescribing efficiency and improved patient outcomes ⁽¹⁾.

5.5.4 Model 1 Overview

Independent stoma prescribing should be performed by primary care professionals who have completed an independent prescribing course and are sufficiently competent and knowledgeable in stoma care. This could incorporate community staff who currently provide stoma care; community nurses, clinical and community pharmacists and incorporate an integrated approach with secondary care based Stoma Nurses.

This approach should be NHS led and operate within approved management protocols that include self-care and supported self-care with an escalation pathway for specialist intervention, supporting care close to home. This model could support patients by providing telephone access to a Single Point of Contact (SPOC) where a protocolised telephone triage could be developed to:

- Identify patients who are self-managing without problems and expedite approval for prescription.
- Identify patients who are experiencing adverse events which would be escalated to appropriately skilled staff for direct review and management. Within agreed pathways; links to NHS 24 and local out of hour (OOH) support, could be established to support improved governance and accountability. Existing IT platforms could support this approach (clinical portal, e-prescribing) and support serial prescribing and support collation of patient outcome data incorporating communication to GP's and other care professionals such as Stoma Nurses.

5.5.5 The perceived benefits include a consistent and person centred approach to care delivery aligned to the strategic narrative of the Health and Social Care Delivery Plan ⁽⁶⁾, reduction in GP workload, improved governance and prescribing scrutiny and support ongoing quality improvement.

5.5.6 Model 2: Non-Prescribing Model

This model would be an innovative approach to primary care stoma product access.

A non-prescribing model could utilise PECOS ordering system to order stoma products in place of a prescription.

5.5.7 Background

PECOS is a purchase to pay ordering system established across the public sector and in operation to order goods. Within acute and community services, PECOS is used to order goods from NSS National Distribution Centre. This system allows staff to order goods that have been uploaded into a catalogue. Catalogue products can be part of national procurement contracts or approved off contract products.

An innovative pilot project in NHS Glasgow and Clyde with Procurement and Child Health enabled parent's access to PECOS to allow them to order products for their child via a bespoke product catalogue. Orders were then sent to the child health hub within GG&C for clinical approval and transmitted to the supplier for home delivery ⁽²¹⁾. PECOS has also been used within diabetes care, where patients were supported to self-order through a similar bespoke catalogue, within an agreed budget supporting self-management. Triggers were set up to highlight patients who could potentially breach the agreed budget which would be flagged to the clinical team to review ⁽²¹⁾.

Benefits

- This approach was person centred, and supported efficient timely access to products.
- Promoted more control and self-management by families caring for children at home
- Reduced labour intensive involvement of healthcare professionals from ordering products.
- Promotes increased visibility and value of product management information relating to child health and diabetes.

Discussion with GG&C procurement leads involved with PECOS Child Health provided information that stoma products were included in products used in child health and supports utilisation of this model to the wider stoma adult population.

5.5.8 Model 2 Overview

This model could be developed to support self-ordering or ordering via carers or a clinical hub, supported by a SPOC, assisting patients who are frail and or have cognitive problems.

Adverse event management could be supported through approved pathways for direct or in-direct clinical review by local clinicians or via a single point of contact at NHS Board level. Using a contact at NHS 24 could also be considered as an option, utilising the established algorithmic clinical decision methodology already in place, adapted to incorporate stoma adverse event assessment with OOH management incorporated through OOH support and care.

This approach could be used to check orders and for clinical triage / review, utilising technology enabled care such as Florence, NHS Near Me or Attend Anywhere. Current IT systems (clinical portal) could also be utilised to support e-communication and e-data collation of adverse events and patient outcome monitoring.

5.5.9 Both Models 1 and Model 2 are included in appendix 5 as high level descriptive models which would be developed further within a detailed business case.

5.5.10 **Model 1** supports the current healthcare direction of travel for independent nurse / pharmacy prescribers to be using prescribing and advanced clinical skills to manage identified patient caseloads that could improve access for patients and relieve pressure on GPs.

Whilst there are wider programmes of work promoting the building of the independent prescribing capacity across primary care settings, it is acknowledged that this is not a short term solution and will take time for the capacity and capability to be fully embedded in practice.

Model 2 would not require prescribing ready resource and would if successful take the prescribing element entirely out of the process. Product ordering and usage monitoring could be greatly simplified and variance of usage at Board / individual patient level more easily detected and addressed.

NSQIG agreed that it would be appropriate to subject both models to proof of concept testing before identifying a preferred option.

Recommendation 10

SEND / DoP's to consider Proof of Concept evaluation of alternative models to stoma appliance and accessory product prescribing to see if improved patient outcomes and more effective and efficient product use can be achieved.

5.6 Workforce

5.6.1 A detailed workforce analysis was out with the scope of this short life working group; however, it is recognised that any future redesign / improvement work in stoma care will require workforce planning to support our future Stoma Nurse workforce.

5.6.2 It is acknowledged that stoma care is provided across primary and secondary care by a wider workforce than those in specialist roles i.e. stoma care support in primary care which includes; District Nurse, General Practice Nurse, General Practitioners and pharmacists. A product use and support role is also included in the specification for DAC's with an expectation that patients will be linked back into the appropriate nursing service if circumstances require this.

5.6.3 Stoma Nurses provide specialist advice and intervention in secondary care with often dual roles as colorectal / Stoma Nurses. Not all Stoma Nurses provide community based follow up and care, although most provide outpatient follow-up and as a consequence the interface with primary care colleagues can be very variable.

5.6.4 It was evident from engagement with the Scottish Stoma Nurse Group that there were a range of other challenges facing this group of staff. There is significant variance in the AfC Bandings of staff operating with a Stoma Nurse specialist title / remit and this did not appear to relate closely to levels of practice as set out in the NHS Education Post Registration Career Development Framework. In the absence of a clear post graduate education framework, many Stoma Nurses appear to be dependent on industry sponsored educational programmes for preparation for role and ongoing CPD. In addition, the perception of many Stoma Nurses is that as a cohort of Clinical Nurse Specialists they are an ageing workforce and there is concern that there is not sufficient workforce planning activity across NHS Boards for the future professional requirements in succession planning to support this patient group.

5.6.5 It is recognised that wider healthcare workforce roles are changing, to support delivery of transformative work related to key healthcare policy drivers^(6, 8). As a consequence, detailed workforce planning activities are being conducted across NHS Boards to plan delivery of the various transformation programmes. It is essential that Stoma Nurse roles are included in these workforce discussions at Board level.

Recommendation 11

NHS Boards to review future Stoma Nurse workforce requirements in line with CNOD Transforming Roles Programme and the findings of this review.

5.6.6 Workforce planning for Stoma Nurses should be informed by the CNOD Transforming Roles Programme and in particular the pending report into transforming Clinical Nurse Specialist roles. This should be used to inform the future educational and clinical preparation requirements for Stoma Nurses who work at different levels of the career framework. This work will require to be supported by NES in relation to informing the detail of the formal post graduate education requirements. In addition, support from NES should be asked to review with the Scottish Stoma Nurses the current education packages and opportunities, some of which are delivered in partnership with the industry.

Recommendation 12

Scope how NES can work with Scottish Stoma Nurse Forum to develop a framework of post graduate educational and clinical preparation requirements for stoma care nurses in line with the NES Career Development Framework. This should include a review of the current industry supported education and CPD provision.

Section 6

Summary of Findings and Conclusion

6.1.1 Stoma care is an area of care that affects a large number of patients across Scotland (recent figures from NSQIG analysis place this at circa 19,193 patients). Ensuring that patients have access to the most appropriate care and effective appliance products can prevent and minimise stoma related complications of leakage and skin damage that negatively impact on quality of life.

6.1.2 Strengthening existing primary care stoma prescribing arrangements through effective appliance selection, monitoring and prescribing variance analysis will facilitate appropriate use of stoma products, provide early detection and management of stoma complications, and deliver up to 20% reduction in stoma expenditure by improving patient outcomes and reducing waste.

6.1.3 This would equate to approximately £6 million financial benefit which could be re-directed to support and deliver improvements in healthcare.

6.1.4 Alternative models to GP prescribing need to be progressed which support integrated MDT working across healthcare service boundaries and professional groups. This should also include proof of concept initiatives which evaluate non-prescription models of product provision.

6.1.5 This should be driven by a value based approach to deliver and the best possible outcomes for patients in the most efficient way, ensuring that resources are allocated for maximum patient, clinical and financial value.

6.1.6 This supports the strategic narrative from the Clinical Strategy, Realistic Medicine and is evident throughout primary care transformation policy.

6.1.7 The number of long term stoma patients is rising as is the age demography of this patient group leading to the same increases in numbers of multi morbidity and complexity as is seen across the rest of the population. This requires improved approaches to self-management and self-care and access to high quality care and support tailored towards the patients' particular needs and choices. There is work to be done to be done in this respect and Stoma Nurses will continue to be key stakeholders in supporting this agenda.

6.1.8 Implementing the recommendations of this report will require a combination of nationally led actions and locally supported quality improvement actions. It is the view of NSQIG that in order to successfully co-ordinate this a national leadership group, similar to NSQIG is formed to continue with what would effectively be Phase 2 of this work.

Recommendation 13

SEND to consider continuing the work of NSQIG in the form of a national leadership group to progress the recommendations contained in this report as Phase 2 of this work.

6.1.9 It was recognised during the work of NSQIG that implementation of the recommendations from the NHS Scotland Stoma Care Quality and Cost Effectiveness Review (2016) was patchy across NHS Boards, with particular reference to patient feedback, quality monitoring and the establishment of Stoma Fora and identification of recognised Board Leads.

6.1.10 Furthermore in order to successfully implement the recommendations in Phase 2 of this work, engagement with a full range of stakeholders, including patient groups, independent contractors and industry will require to be strengthened at national and local level. This would be best supported by strong leadership alignment across nursing and pharmacy professions both nationally and locally.

Recommendation 14

SEND / DOPs to consider establishing more integrated nursing and pharmacy leadership arrangements within NHS Boards to take forward the quality, efficiency and effectiveness work as recommended in both the NHS Scotland Stoma Care Quality and Cost Effectiveness Review (2016) and in the NSQIG Report (2019).

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Appendices

[National Stoma Quality Improvement SLWG Terms of Reference](#)

[NHS Scotland Stoma Fora Survey](#)

[NHS Scotland Stoma Fora Briefing Paper](#)

[NHS Scotland Stoma Prescribing Guidance](#)

