National Stoma Quality Improvement Report 2020

Frequently Asked Questions

Aug 2020 Version 1.0

**1 Background**

1.1 What is a stoma?

A stoma is an opening on the abdomen that can be connected to the digestive or urinary system to allow waste to be diverted out of the body. These are most commonly created when someone undergoes ‘ostomy’ surgery, such as colostomy, ileostomy or urostomy.

1.2 How many people in Scotland have stomas?

Around 20,000 people in Scotland live with a stoma.

1.3 Why was the report commissioned?

The NHS Scotland Stoma Care Quality and Cost Effectiveness Review (2016) found that all areas of ostomy product use were in excess of established guidelines, with widespread variation in prescribing and practice. As a result, the National Stoma Quality Improvement Group Short Life Working Group (NSQIG) was established in February 2018 by the Scottish Executive Nurse Director (SEND) Group. The NSQIG was tasked with delivering a comprehensive report including recommendations for a national approach for stoma care.

1.4 Which groups were represented?

The widest possible range of relevant stakeholders. These 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 and Procurement and prescribing analyst support.

The NSQIG also reached out to a wide range of additional stakeholders, engaging with patient representatives and initiating positive discussions with commercial partners.

1.5 Why is it being released now?

The release of the report has been delayed due to COVID-19. Our national response required colleagues across the NHS and beyond to immediately prioritise critical work related to the pandemic. In addition, the scope of the report and scale of its recommended changes to stoma care meant that it was vital that the views of all stakeholder groups were fully considered and that they had the appropriate opportunity to challenge recommendations.

**2 Objectives**

2.1 What will this report help deliver for the NHS?

By reviewing the existing stoma care landscape across NHS Boards, the report has identified opportunities to optimise prescribing and achieve substantial cost savings by using an evidence-based approach to reduce inefficiency and waste.

Implementation of the recommendations would also improve access to independent data that would support nurses, GPs and prescribers and reduce variation. The 14 recommendations provide a clear pathway to an improved and consistent ‘Once For Scotland’ model.

2.2 What will this report help deliver for patients?

The report’s recommendations would provide better outcomes for patients by improving the clinical response to dnstoma adverse events and provide clarity and consistency in relation to product use. This would allow for more effective self-management and contribute to an improved quality of life.

Value-based healthcare is at the heart of NHS Scotland’s strategy. The Realistic Medicine NHS Scotland document defines value-based healthcare as being that which optimises patient care by delivering the best possible outcomes for them

in the most efficient way, ensuring resources are allocated for maximum value.

2.3 Does this report support Scotland’s Sustainability commitments?

The report recognises that the current situation, in which GP’s who are often stretched to provide services to an increasingly complex primary care population, provide the vast majority of prescriptions, is a key contributor to over-prescribing and unnecessary prescribing of stoma care products. By transforming the prescribing pathway, fewer stoma care products will be wasted and sustainability will be improved.

**3 Recommendations summary**

3.1 What recommendations does the report make?

The report makes 14 recommendations.

3.2 What do these cover?

Key areas covered include:

* increased engagement between boards and stoma care patients
* development of key national datasets to be effectively shared across all boards
* consistent adoption of best-practice prescribing guidance and assurance measures
* evaluation of alternative stoma appliance and accessory product prescribing models
* review of future stoma nurse recruitment requirements and professional development

**4 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. Scottish Executive Nurse Director (SEND) Group, to consider development of a national approach to support the development of a national stoma care minimum dataset, 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), an arm of NHS National Services Scotland (NSS), 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 Scottish Deputy Nurse Director Group (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, supported by Primary Care Pharmacists and Stoma Nurses, to improve the 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 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, supported self-care, monitoring and outcome measurement.
10. SEND/Director of Pharmacy group (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 NHS Education for Scotland (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.
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).

**5 Further Information**

The full report can be viewed here. (LINK)