

Scottish Stoma Nurse Group: Support Garment Review SLWG

Date: Thursday June 15th 2017

Venue: Meeting Room 4 NHS National Procurement, 2 Swinhill Avenue Canderside ML9 2QX

Attendance		
NAME	Designation	Representing
██████████	Stoma Clinical Nurse Specialist	NHS Forth Valley
Anne Haston(AH)	Stoma Clinical Advanced Nurse Practitioner	NHS Lothian
Isla Ramsay (IL)	Stoma Clinical Nurse Specialist	NHS Lothian
Deirdre Leckie (DL)	Stoma Clinical Nurse Specialist	NHS Glasgow & Clyde
Billy Hislop (BH)	Category Manager	National Procurement
Alice Macleod (AM)	Nurse Advisor	National Procurement
Video Conference		
Susan Donaldson (SD)	Stoma Clinical Nurse Specialist	NHS Highland
Fiona Barling	Stoma Clinical Nurse Specialist	NHS Highland
Apologies		
Tracey McMeekin(TM)	Stoma Clinical Nurse Specialist (Chair)	NHS Ayrshire & Arran
Maureen Morgan (MM)	Stoma Clinical Nurse Specialist	NHS Fife
Wendy Hutchison (WH)	Stoma Clinical Nurse Specialist	NHS Fife VC
Verna Henderson(VH)	Stoma Clinical Nurse Specialist	NHS Borders
Hazel Kearney (HK)	Stoma Clinical Nurse Specialist	NHS Dumfries & Galloway
Pam Steedman (PS)	Stoma Clinical Nurse Specialist	NHS Tayside
Caroline Miller (CM)	Stoma Clinical Nurse Specialist	NHS Glasgow & Clyde
Clare McLaughlin (CMc)	Stoma Clinical Nurse Specialist	NHS Lanarkshire

These minutes reflect the salient points of discussion

Agenda Item	Discussion points	Action Lead
1	Alice Macleod acted as chair and opened the meeting with apologies noted above. Papers circulated for meeting : Agenda, Minutes from 20.04.17, Progress Notes. Papers from Tracy: SBAR draft, clinical assessment hernia prevention draft & hernia management draft	
2	Minutes from meeting 20 .04.17 were reviewed and approved Action : Approve & File	AM
3	Progress from BHTA and Suppliers	TM
	Billy discussed information from BHTA and suppliers in populated spreadsheet. Discussion of level 2 description with statement from BHTA(highlighted in instruction tab <i>*** 'It also should prevent hernia occurrence as shown in studies for prevention and management of parastomal hernias.'</i> Group agree that caveat to be added from SLWG that there is no robust evidence to support garments can prevent hernia occurrence. Spreadsheet details support level data and product descriptions return from suppliers of support garments in last 12 months. Spend information added by NP Approximate spend per support level (pending accuracy of support levels) Level 1 : £ 90k Level 2: £ 192k	

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	<p>Action :</p> <ul style="list-style-type: none"> • Spreadsheet to be circulated to SLWG with Tab to be added to spreadsheet for comments • Stoma CNS to circulate to stoma nurse colleagues to review spreadsheet supplier levels and comment (confirm or disagree with garment support level from industry) • Review caveat comment (in instruction tab) and confirm agreement • <u>Time line to return comments to Alice Macleod 17.07.17</u> 	<p>AM</p> <p>SSCN</p> <p>SCCN</p> <p>SCCN</p>
4	Questionnaire results version 3.0	BH
	<p>A Macleod reported that there were no comments received from Questionnaire report with analysis and discussion.</p> <p>Group agreed that this would be the final version to be added as appendix to SLWG report.</p> <p>Action:</p> <ul style="list-style-type: none"> • A Macleod to file as approved version 	AM
5	Pathway	
	<p>Tracy had circulated documents relating to pathway;</p> <ol style="list-style-type: none"> 1. Clinical Assessment document 2. Guidance for Prevention of parastomal hernia 3. Guidance for management of parastomal hernia <p>In view of 50% quorate the group present agreed that the documents require to be reviewed by Scottish Stoma Nurses</p> <p>Action:</p> <ul style="list-style-type: none"> • Scottish stoma care nurses to review documents and send comments to Tracy • <u>Timeline for comments 17.07.17</u> 	SLWG CNS'S
6	Final Report	
	<p>Tracy had circulated draft SBAR on the work of SLWG</p> <p>AM raised the point that an SBAR is a 1-2 Page report to highlight an issue.</p> <p>The SLWG activity will require a report format, which should be concise and reflect on the robust process adopted by SLWG</p> <p>Report needs to :</p> <ul style="list-style-type: none"> • Demonstrate robust process reporting to ToR & objectives • Identify rationale demonstrating current gaps : variation practice, lack of clarity of garment categorisation • Demonstrate consultation & inclusive approach : BHTA , Patient groups <p>Identify recommendation for action</p> <ul style="list-style-type: none"> • Action plan to ratify report : SEND , SG Therapeutic Group • Identified Garments to be removed from stoma listing • Process to reduce & manage garment prescription influence by industry (DACS) : i.e. No garment prescribed unless approved by stoma CNS • Process for complaints to stop Industry approach to approach clinicians(complaints to procurement) • Implementation of clinical assessment & Data collection • Resource identification <p>AM offered to help write the report for circulation and approval by group.</p> <p>The group present agreed this approach.</p> <p>Action:</p> <p>SLWG to agree this approach</p>	SLWG CNS's

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7	Progress on Objectives	
	AM circulated the current progress aligned to agreed objectives from terms of reference Actions <ul style="list-style-type: none">• SLWG to review the progress notes and send any comments to Alice Macleod	
8	Next Meeting	
	Group present agreed meeting Mid August Action: AM to send out Doodle poll with dates August 10th August 17th	