

From	Alice Macleod Nurse Advisor National Procurement
To	Noreen Kent Director of Nursing NHS National Service
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Subject	Development of a National Nursing Programme Board to Optimise the use of Non - Medical Clinical Products
Area	Quality and Efficiency

1. Introduction

- a) This paper presents an opportunity for Nurse Directors to develop a Nursing Programme Board that will provide a leadership structure to reduce waste and variation of non –medicine products that total an annual cost of **£73 million per annum across NHS Scotland.**
- b) In NHS England, Nurse Directors have developed a Clinical Reference Board to focus on optimal product selection to enable efficiencies and reduce waste in response to the Carter Review (1).
- c) Efforts to optimise models of care delivery with appropriate product use benchmarked against an evidence base would result in significant clinical and financial impact across NHS Scotland.
- d) These products currently do not fall within the well developed governance structures that are in place for medicines.

2. Background

- a) Reducing variation and waste is an overarching theme from recent key NHS policy documents. The Healthcare Quality Strategy Framework for Scotland and more recently the Clinical Strategy (2-3) has set the strategic context for efficiency and productivity with a realistic approach to clinical care and evaluation of patient outcomes.
- a) Data from National Procurement (NP) product spend has identified variation in product use and increased demand for many non –medicine products. **Table 1** identifies the top 5 non medical product areas with significant cost.
- b) There is a lack of robust outcome data that supports the scale of product use, which in some areas is increasing (1-4)
- c) There is limited robust evidence base supporting the use of these products and in comparison, the **annual spend in stoma products circa £31 million across NHS Scotland is greater than the annual spend of orthopaedic hip and Knee replacement, circa £26 million** where there is a greater evidence base and an established national group to review, standardise and reduce spend.

Table 1

Product	NHSS Spend p.a	Category / Product Grp
1	£31,000,000	Ostomy appliances & accessories(+prescription charges & cutting service)
2	£14,000,000	Continence pads
3	£ 8,000,000	Urology (catheter / sheath/ bag)
4	£14,000,000	Wound Care
5	£ 6,000,000	Dressings
TOTAL	£ 73,000,000	

3.0 NHS Scotland Prescribing Efficiency Activity

- a) This is predominantly pharmacy led with a number of key strategic groups that support pharmacy prescribing efficiencies.
- b) The Scottish Prescribing Advisors Association (SPAA) is pharmacy led with a non–medical prescribing lead nurse in Health Board. Prescribing Advisory Teams.
- c) SPAA has supported the collation and sharing of prescribing action plans (PAPs). This activity is focussed on delivering prescribing efficiencies and quality improvements.
- d) This is a **local Health Aboard approach** with prescribing action plans that cover a wide variety at Health Board level focusing on prescribing efficiencies within medicines and non –medical prescribing areas.

3.1 Effective Prescribing Programme Board (EPPB)

- a) The programme board was developed in 2016 and reports to the Sustainability and Value Programme which is accountable to NHS Chief Executive Group.
- b) The EPPB has senior clinical leadership of Pharmacy Directors, Clinical Directors Finance Directors representation from Scottish Government Therapeutics Branch, Health Economics and Patient and Public representation.
- c) **The EPPB aims to provide a national approach.**
 - There is currently no representation from Nurse Directors on this group. This may be due to the pharmacological focus of activity within EPPB programme initiatives.
 - The EPPB provides clinical leadership and focus to
 - Accelerate the pace of change
 - Remove barriers
 - Ensure national spread

3.1.2 NP submitted an SBAR to the Effective Prescribing Programme Board to develop and test as a proof of concept ostomy project in 1 Health Board.

This was not supported within the EEPB workplan but circulated to Health Boards Prescribing Teams as an opportunity.

NHS Tayside are currently developing a stoma redesign project at Local Health Board with input from NP, however this approach does ensure national spread.

4 Opportunities

- a) There is opportunity to use NP product data intelligence and commercial experience to support an NHS Scotland Nursing Programme Board to develop and implement quality and efficiency projects that reduce variation, efficiently manage demand and focus on a national approach that would deliver equity of care across NHS Scotland.
- b) This approach would align to the ‘Once for Scotland ‘approach embedding consistent practice and deliver significant clinical and financial impact.

- c) **Table 2** describes the key category areas and projected financial savings with a targeted reduction of 10% and 20 % in each category implementing service redesign.
- d) The methodology to capture projected benefit of 10% and 20% demand reduction is modelled on ostomy but could be replicated within other product areas.
- e) Excessive use of ostomy core products and accessories across NHS Scotland has been identified using patient specific data which has been modelled against benchmarking guidance from several Trusts in NHS England and incorporated into the NHS Scotland Stoma Care in the Community Report (2015), reporting feasibility of 10% reduction with targeted patient review (4,5).
- f) Across NHS England, several CCG'S have implemented demand management with service re-design to achieve **20 – 25 %** reduction in ostomy product use. (5)

Table2

Product	NHSS Spend p.a	Category / Product Grp	Financial Opportunity 10% demand reduction	Financial Opportunity 20% demand reduction
1	£31,000,000	Ostomy appliances , accessories + prescription	£3,100,000	£6,200,000
2	£14,000,000	Contenance pads	£1,400,000	£2,800,000
3	£ 8,000,000	Urology (catheter / sheath/ bag)	£800,000	£1,600,000
4	£14,000,000	Wound Care	£1,400,000	£2,800,000
5	£ 6,000,000	Dressings	£600,000	£1,200,000
TOTAL	£73,000,000		£7,300,000	£14,600,000

5.0 Key Challenges

- a) All category areas (identified in table 1) are increasing in spend for product use and patient numbers
- b) With exception of continence, all category areas (identified in table 1) have separate Health Board / Formulary guidance with some variation in practice.
- c) The financial burden of increasing use of product use is predominantly within the community due to a number of reasons;
 - a. Patients spend more of their time within the community
 - b. Influence of industry to promote products
 - c. Over prescribing and patient 'stock piling' products they do not use
 - d. Variation of how these key product areas are monitored
 - e. Product price difference in community due to drug tariff prices which are higher than acute national framework product pricing.
- d) With exception of silver dressings, there is no prescribing indicators developed for these key product areas (6)

- e) There are challenges with engagement of National Nursing Groups (such as stoma). Currently these groups have no clear governance framework, reporting structure or strategic objectives that would support these groups to effectively contribute to a national re-design stoma care project.

6.0 Recommendations

- a) SEND to endorse this paper and support strategic leadership that is necessary for nursing to have a consistent approach to managing these product areas.
- b) SEND to endorse the opportunity for redesign of contractual areas, with the focus of 1 key area for transformation in annual workplan developing clear evidence-based clinical protocols, demand management strategy and quality outcome measures.
- c) SEND to support this work and align to EPPB approach to ;
 - a. Accelerate the pace of change
 - b. Remove barriers
 - c. Support national spread
- d) NSS to support SEND with nurse advisor support and add this to the workplan, identifying the need to develop a business case for programme manager support.
- e) The projected financial impact of developing this transformation model for ostomy as the initial target area would yield **£6.2 million efficiency saving with a target of 20% demand reduction.**

References

1. https://www.slideshare.net/GS1_UK/nhs-clinical-reference-board-and-nhs-clinical-evaluation-team
2. The Healthcare Quality Strategy for Scotland (2010) Scottish Government
3. National Clinical Strategy for Scotland (2016) Scottish Government
4. Stoma Appliance Service in Community: Stoma Care Quality and Cost Effectiveness Review Scottish Government (2016)
5. Continence and Stoma PresQIPP Efficiency Programme NHS England (2014)
6. National Therapeutic Indicators Scotland. Therapeutics Branch Scottish Government (2016)