

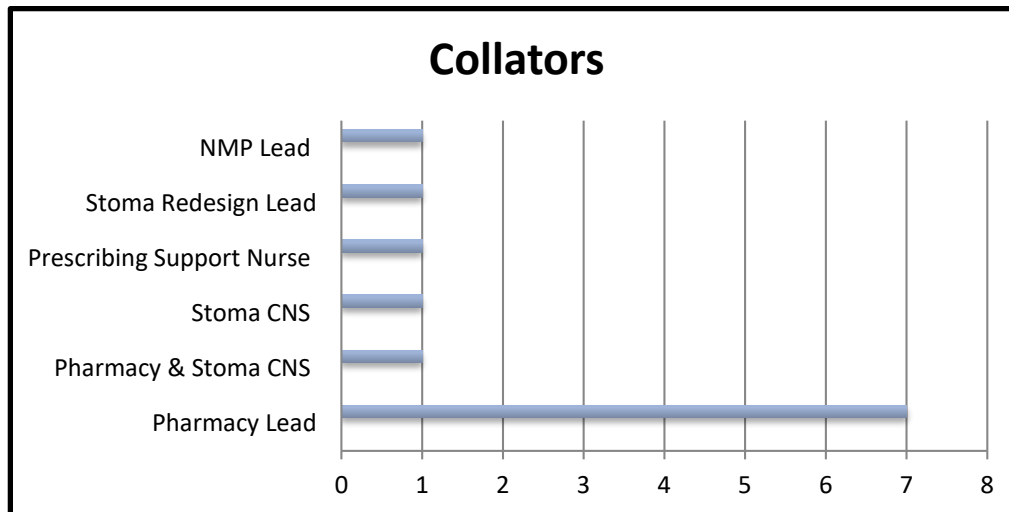
# NSQIG

## Data Sub group

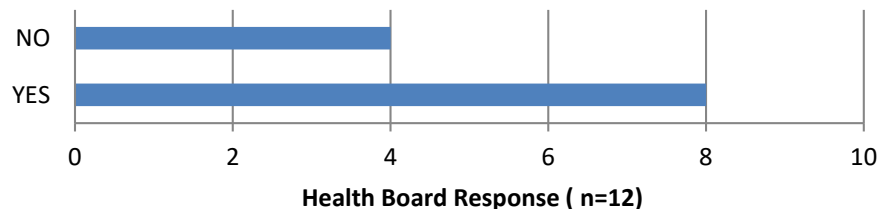
Stoma Prescribing Survey  
Draft Results for discussion  
17.10.18

# Results

- Survey developed by NSQIG data sub group
- SP3AA Distribution to HB Prescribing Leads
- N=14 Health Boards Prescribing teams
- Response Rate : 86% ( 12/14) 2 non-responders



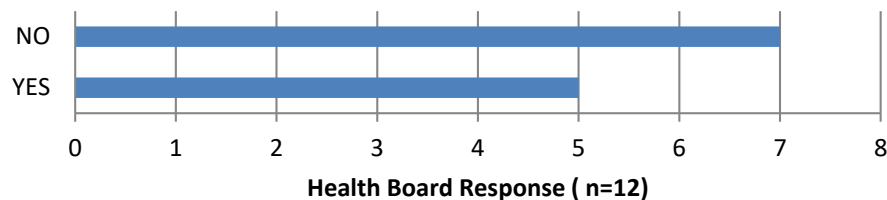
**Q1. Are stoma products listed in your current prescribing action plan or Quality efficiency plan**



**Comments : n=6 HBs**

- Stoma not on official published list but area of interest when we can arrange prescribing support data.  
Can't currently measure scale of issue.
- Part of IMPACT Action plan
- Active area of interest . Awaiting national direction
- We have project running from Jan 18 to review pts currently ordering supplies from G.P practice
- May not be assigned appropriate level of priority

**Q2. Do you collate the number of patients in your area who have a stoma ( colostomy, Ileostomy, Urostomy )** Chart Title



•HBs submitting numbers n=2

•HBs submitting frequency n=3

•Annual n=2

•New patients only

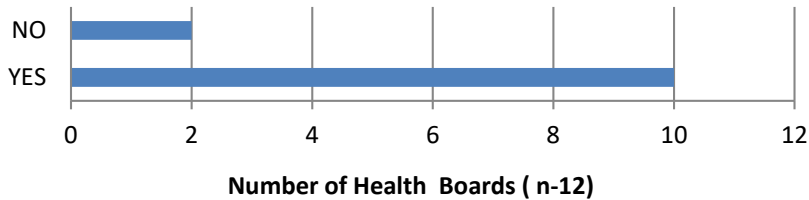
•Ongoing minimum monthly

**Comments submitted n= 2**

•Data on new pts & OPD activity. Unsure of total number as pts may never access service

•Colorectal team have collated numbers since 2008.  
Do not know number of reversals or deaths

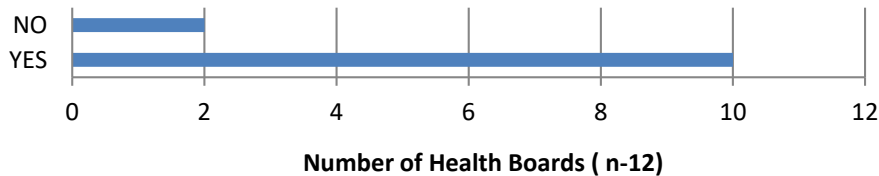
**Q3. Does your team or someone in your organisation review stoma patients product selection (appliance & accessories)**



**Comments n=10**

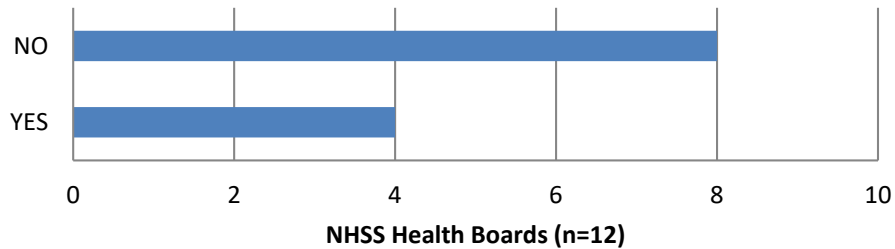
- New pts FU for 1 yr . Product review part of FU . Review of pts identified as high users by Rx team.
- Specialist team of nurses perform annual review on all pts
- Colorectal CNS, Rx Support nurse, Practice pharmacy team.
- Only if issue is raised . Unclear who is involved if issue raised
- Stoma team review products at ward, clinic, community on regular basis
- Not known. Suspect stoma nurse will review. Unlikely every pt is reviewed
- We run annual PIS report to determine pts that have high Rx costs for appliance & accessories. Data reviewed by Stoma CNS team to determine if there is over Rx or if they feel patient would benefit from review.
- Stoma team review pts on ward, clinic & community on regular basis.
- Only part of current project. Care summary provided by G.P practices. Any request to change communicated to Stoma CNS. Script switch in progress 37% uptake.
- Considered by therapeutics group of ADTC . Meets every 2 months but not frequent item on agenda

**Q4. Does your organisation issue guidance on recommended rates of product use to help identify outliers that may require assistance ?**



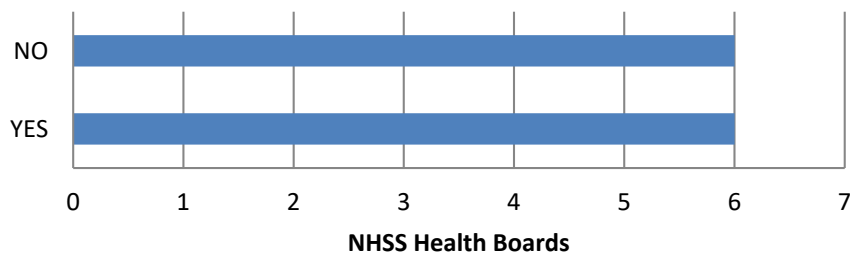
**Number of HBs submitting guidance: n=4**

**Q5. Do you use a standard set of questions / metrics to search for stoma product use ?**



**HBs submitting metrics n= 2**

**Q6. Do you use PIS data to identify stoma patients who have prescribing under/ over use that requires referral for clinical review**



**Comments: n=5 ( If yes who do you share this with )**

- Rx teams liaise with stoma team
- Rx support team & stoma team
- Colorectal nurse , practice pharmacy team & G.P Practice
- Primary care pharmacy team access PIS & use this data to liaise with stoma service
- Situation highlighted by PSP in G.P Practice when monitoring repeat Rx requests. Emphasis on over supply than under. Information shared with stoma CNS in acute sector for possible pt review .

# What is this telling us?

- Stoma Rx action plan : No clarity across HBs - 1 HB reporting part of action plan
- No clarity /assurance of patient numbers: Only 2 HBs have submitted numbers
- Unclear of metrics across HBs. No standard metrics Unclear what metrics are used: 2 HB submitted metrics
- No clarity of frequency of review : 2 HBs report annual review
- 50% of sample do not use PIS data ??? Other data sources
- If the focus is on high use: How is this determined / What is benchmark
- Does high use relate to complications / adverse events ? What do we know
- ? Does low use mean no patient issues ???
- Stoma nurses & Industry are further point of data collection: Further scoping req ?

# NEXT STEPS

- **Develop standard approach to data collection**
- **Quality Indicators**
- **Variance reporting**