

SBAR

National Stoma Quality Improvement Short Life Working Group: NSQIG

Owner	Craig Stewart Associate Nurse Director & Lead Nurse IJB East Ayrshire (Chair of National Stoma Quality Improvement SLWG: NSQIG)
Author	Alice Macleod Senior Nurse National Procurement (NSQIG Project Manager)
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SITUATION

This SBAR is to provide information of the key findings and recommendations detailed in the National Stoma Quality Improvement SLWG report.

The report has been ratified by Scottish Executive Nurse Directors Group in November 2019.

BACKGROUND

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.

In response to the 2016 national review, a selection of NHS Scotland Health Boards conducted reviews of stoma patients, sharing the following results:

1. Evidence of product over ordering and products sent to patients by Dispensing Appliance Contractors (DACs) but not requested.
2. Evidence of commercial influence with patients requesting “free samples” of products not part of their usual prescription.
3. Patients using ineffective “older appliance products” that were not identified as “high spend” but ineffective, resulting in leakage and skin problems, not detected at the point of re-ordering the prescription.
4. In two Health Boards, the average patient appliance expenditure was over £5000 per annum which reduced by 50% following review and appropriate product selection.
5. Poor compliance to local Health Board Stoma Formularies.

NHS Boards reported interest for national coordination to support effective and efficient stoma product prescribing practice.

1. 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.
2. The Scottish Deputy Nurse Director Group (SDNDG) provided governance and leadership to NSQIG through the chair Craig Stewart.
3. NSQIG membership includes regional stoma nurse representation, Health Board prescribing support, pharmacy, G.P representatives, Colorectal Surgeon, procurement and prescribing analyst support.
4. Engagement established with Directors of Pharmacy, Health Board Stoma Fora and commercial partners.

The aim of NSQIG was 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 supported establishment of National Stoma Quality Improvement SLWG (NSQIG)
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)
- Excellence in Care: EiC (2017)
- Transforming Nursing Roles (2018),

NSQIG sought to adopt 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.

ASSESSMENT

Objectives developed within NSQIG terms of reference guided the work

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 guidance 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.

Three sub groups were identified to deliver on key project objectives:

- Data Sub group
- Formulary Sub group
- Process Sub group

Commercial engagement was established with British Healthcare Trade Association (BHTA) and Community Pharmacy Scotland (CPS) to discuss and progress objective 6.

Key Messages

1. Stoma care is an area where there is evidence of increasing primary care expenditure, with over ordering and wide variation in product use and patient monitoring reported across the United Kingdom.
2. Across the UK, over **£300 million** is spent annually on stoma products. Stoma appliances and accessory costs in primary care 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**.
3. **NHS Scotland, stoma expenditure has risen by 65% over five years with a current expenditure of £31 million per annum. In contrast, the number of stoma patients has risen by 10% over the same period.**
4. Published research reports that stoma related morbidity such as leakage and skin complications range from 3% - 80% and are associated with increased product use and negatively affect quality of life, however, variance exists in methodology across studies with definitions of morbidity poorly defined.
5. Improving stoma prescribing practice through effective appliance selection, patient monitoring and prescribing scrutiny will ensure the appropriate selection and use of stoma products, early detection of stoma complications and faster referral for clinical review and remedial action.

Key Findings from subgroup scoping activities

- Variation exists across NHSS Board prescribing teams of the data intelligence processes used to identify over /under use of stoma products with limited intelligence across NHSS Boards regarding stoma patient numbers.
- NSQIG data metrics evidence excess product use across all stoma types benchmarked against national prescribing guidance from ASCNUK with variation in cost per treated patient across all stoma types.
- G. Ps are the main prescribers of stoma products with a lack of scrutiny of prescribing practice across Boards
- 80% of stoma patients access products via DACs with 20% via Community Pharmacy. **DAC's have highest cost per treated patient across dispensing types.**
- 2017/18 NHSS Stoma patients: 19,193: Long term patients = 11,100 (57%) of stoma population.
 - **Long term patients account for 76% of stoma prescribing**
- Variation in the process of how DACs, Community Pharmacy and Primary care identify and report stoma related complications that may require additional products or a change in products.
- NHS Scotland has no reliable clinical stoma morbidity data. Improvements in the accuracy and consistency of stoma clinical data capture is required to identify stoma related morbidity and clinical outcome reporting.
- A lack of clinical pathways to identify self-care, supported self-care and specialist care and clinical escalation pathway.
- Variation in the structure, format and product prescribing guidance across NHS Boards
- A lack of clear governance and accountability between the industry and professional interface identified.

NSQIG key Deliverables:

- Development of agreed Data Metrics for strategic level Health Board Stoma reports
- Development of National Stoma Prescribing Guidance with product over use flow charts to support prescribing scrutiny
- Identification of alternative models to G.P prescribing for Proof of Concept testing
 - Serial Prescribing
 - PECOS Non-Prescribing Model

NSQIG 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. NSS Information Statistical Division (ISD) to identify resource requirements to roll out 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).

RECOMMENDATIONS

1. Directors of Pharmacy to note the report and recommendations that have been ratified by SEND
2. Directors of Pharmacy to advise on key recommendations:
 - a. Implementation of NHS Scotland Stoma Prescribing Guidance
 - b. Serial Prescribing evaluation within a test of change
 - c. Proof of concept evaluation of PECOS non-prescribing model