

NHS SCOTLAND

**SERVICE STANDARDS RELATING TO PROVISION OF
STOMA CARE APPLIANCES TO
PATIENTS IN THE COMMUNITY**

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SEHD
Primary Care Division**

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INTRODUCTION

On 20th May 2005, the Scottish Executive issued NHS HDL (2005) 24 entitled "Supply of Stoma Appliances in the community from April 2006 onwards - National Action Plan". That Circular detailed an action plan that will lead to the introduction of new arrangements for the supply of stoma appliances to patients in the community.

Further assurances on how introduction of these new arrangements will be managed were subsequently provided by Ministers during the final parliamentary stages of the Smoking, Health and Social Care (Scotland) Act.

The first was that patient choice of supply route for stoma appliances would continue, provided that their appliance continues to be clinically appropriate, meets laid down service standards and the supplier wishes to enter into and accept the terms of a new national supply contract which is to be established to cover the provision of appliances for stoma appliances for patients both in the community and in hospitals.

The second was that further Directions and guidance would be provided to NHS Boards on how these new arrangements should be implemented locally.

NHS Quality Improvement Scotland (NHS QIS) has agreed to look at stoma care and to develop in due course appropriate professional standards drawing on existing work as appropriate. These provisional standards have therefore been developed to inform the immediate requirements of the new procurement for the provision of stoma appliance services from April 2006 onwards. The provisional standards will apply through the currency of the new contract but will be subject to a mid term review in the light of NHS QIS work to inform ongoing service design.

THE WAY FORWARD

As a consequence of the legislative changes introduced by the Smoking , Health and Social Care (Scotland) Act 2005, NHS Boards are now required to identify and make provision for stoma appliance services as a separate service distinct from pharmaceutical care services, which can only be delivered by contractors with appropriate pharmaceutical professional qualifications.

This will allow existing pharmaceutical services contractors whether community pharmacists or appliance contractors, and any new prospective suppliers with appropriate credentials who accept the terms of a new national supply contract to be placed on a national list and be eligible to provide stoma appliance services to patients in the community throughout Scotland on a prescription basis.

It is recommended that NHS Boards take advantage of the improved management control options for this service, inherent in the new arrangements, by introducing an integrated stoma service across the hospital and community services.

Prescriptions will continue to be the means by which patients in the community access the appliances they need. It is however intended that the ability to prescribe appliances should in due course be restricted to prescribers with appropriate training. HDL (2005) 24 suggested that this is likely to result in a switch in prescribing responsibility from GPs to other non-

medical prescribers (eg stoma nurses) as they become qualified to do so and in parallel with other initiatives on serial dispensing and electronic transmission of prescriptions.

A national procurement is therefore being conducted to establish common contractual arrangements with stoma appliance service suppliers and manufacturers from April 2006. The contract will address the arrangements for supply to patients in the community and for supply direct to hospitals. Existing contractors, both pharmacies and appliance suppliers, will be eligible as service suppliers provided they meet the contract conditions and laid down service standards.

This paper sets out the nationally established service standards that will apply for all service suppliers and, where indicated, to manufacturers.

The Annex provides further context for these standards and provides provisional guidance, subject to any future guidance from NHS QIS or other relevant authority, on:

- the scope of Stoma Care nursing service;
- phasing in of arrangements for prescriptions for stoma products to be written by appropriate Health Care Professionals who can offer the optimal service to patients; and
- involvement in service design and audit by patients.

GENERAL

Key Principles

- To ensure a high quality and cost effective service which meets patients needs through partnership working.
- To ensure equity of provision of care.

Scope

These service standards are intended to reflect a philosophy of care and support and to set agreed minimum standards of care and service for patients.

Service provision should ensure that:

- delivery of stoma products provided to patients are timely, efficient and supportive;
- flexibility exists within the provision to meet patients needs;
- patient choice is considered in determining how the service and products should be provided;
- service provision provides best value for money;
- systems are put in place to allow audit of practice and supply and to establish a complaints procedure for patients; and
- healthcare professionals and other persons involved in the care of the patient and supply of stoma products are appropriately trained.

SERVICE SPECIFICATION

This paper sets out the nationally established service standards that will apply for all contractors under the new national contract that will apply from 1 April 2006.

MINIMUM STANDARDS FOR SUPPLY

NHS Boards should ensure that suppliers of stoma products meet the following criteria:

- suppliers work within the nationally established contract terms;
- supplier to liaise with the prescriber if clarification required on prescription or if supply difficulties are anticipated;
- requests should be dealt with by personnel trained in the use of stoma products, who can provide advice and support in a confidential and private atmosphere;
- ensure confidentiality of patient information;
- respond to a request to dispense a prescription, immediately on receipt by notifying patients of expected delivery date and informing the patient if any delay is anticipated in filling the order. Delivery should be within two working days if so requested by the patient;
- supplier to provide provision for supply tailored to suit the needs of the individual patient, ensuring flexibility of options;
- provide a customer modification service of stoma appliance as required, eg flange cutting and customisation on request;
- supply of disposal bags and wipes are to be automatic with each delivery (drug tariff to be amended accordingly);
- manufacturers are to make available on prescription or purchase order sample packs of appropriate products to allow patient/stoma nurse to select the most appropriate solution to the individual's needs (drug tariff to be amended accordingly);
- supply and delivery of product to patient in accordance with patient's needs eg delivery times volumes, discretion of carrier;
- home delivery within two working days if requested by the patient;
- procedures in place for referral to the appropriate healthcare professionals to address patient concerns, queries and problems;
- monitor supply of stoma products to patients and notify prescriber in the event of any unusual requests or change in ordering patterns;
- supplier to provide data to allow audit of service provision; and
- provide a confidential and private patient support service staffed by individuals trained in the management of stoma products eg: telephone help-line, direct face-to-face information flow.

TRAINING REQUIREMENTS

Suppliers who supply stoma products should ensure that staff dealing directly with patient/healthcare professionals have a basic understanding of colo/ileo/urostomy normal function.

Training programmes to meet these requirements will in due course be approved by NHS: NES and will include:

- knowledge of the different types of appliance;
- knowledge of removing and fitting an appliance;
- knowledge of how to clean the stoma and peristomal skin – skin must be thoroughly dried;
- knowledge of:
 - the disposal of used appliance;
 - how to prepare a new appliance; and
 - correct positioning of new appliance;
- understand that the appliance must have the correct aperture cut out to correspond with the size/shape of the stoma.
- understanding that a correctly fitted appliance will achieve:
 - confidence;
 - comfort;
 - no odour;
 - no leakage; and
 - no sore skin
- the filter should reduce ballooning of the appliance
- staff should understand the term ‘pancaking’ and be familiar with ways of reducing the effect;
- staff should understand the linkage of a night drainage system for urostomy patients;
- knowledge of the use of medication in regard to stoma management eg: affect on stoma output, use of delayed release medicines;
- knowledge of psychological effects; and
- knowledge of patient support/self help groups.

AUDIT OF PRACTICE AND SUPPLY

It will be the responsibility of each NHS Board to audit the performance of contractors to patients within its area to ensure that these service standards are complied with.

The purpose of the audit is to ensure that the service to patients is in accordance with the minimum standards of supply as listed above. The nature of the audit will be tailored to balance the need to check performance against the disadvantage of unnecessary bureaucracy and to ensure consistency the format of audits will be nationally co-ordinated through Scottish Healthcare Supplies. It may accordingly be determined that audit of practice and supply is conducted on a sample basis of all contractors unless a NHS Board has evidence of particular patient dissatisfaction with one or more contractors which merits specific investigation.

With respect to training it will be for each contractor to make available, on request for audit purposes, evidence that the training requirements outlined above have been complied with.

COMPLAINTS PROCEDURES

In the first instance it is expected that patients should pursue any complaints that they have against their supplier directly with the contractor concerned, who should have an appropriate procedure in place for dealing with complaints.

Where a complaint cannot be resolved directly with the contractor, the patient may take the matter further under the normal complaints procedures of the NHS Board within which they live.

STOMA CARE NURSING SERVICES

Stoma Care nursing services should provide:

1. Specialist assessment, support, advice and information for the patient, their family and carers prior to surgery, which may/may not necessitate stoma formation.
2. A patient care plan tailored to meet the needs of the individual, their family and carers to maximise independence, and promote health and psychological well-being.
3. Support, guidance and advice to the multi-disciplinary team through:
 - education;
 - clinical practice;
 - management;
 - research; and
 - audit.
4. A service to facilitate the smooth transition between secondary (hospital) and primary (community) health care settings and ensure continuity of care for the patient/family/carer.
5. Ongoing support for the patient after discharge.

PRESCRIBER REQUIREMENTS

NHS Boards should phase in arrangements to ensure that prescriptions for patients for stoma products are written by Health Care Professionals (HCP) who:

- are expressly trained to assess the requirements of patients with a clinical need for a stoma product eg measuring, fitting;
- provide services within a confidential and private environment;
- are employed by the NHS Board or are contracted by the NHS Board to provide NHS services;
- are responsible for the ongoing care and management of the patient and can provide support and advice;
- have the appropriate qualification to prescribe eg supplementary prescribing if appropriate to support delivery design;
- agree to work with their professional code of ethics, in accordance with NHS Board local guidance and be subject to audit of practice;
- liaise closely with supplier to ensure timely and appropriate supplies of the product; and
- liaise with other healthcare professionals involved in the care of the patient to ensure holistic care.

PATIENT INVOLVEMENT

NHS Boards should ensure that:

- patient requirements are identified and considered in service design; and
- patients are considered in the decision making process and audit arrangements.

ACKNOWLEDGEMENT:

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