

Delivering Excellence in Stoma Care: A Guide to Implementation



This is an **interactive PDF**. To navigate, use the arrow buttons on each page or locate a specific section using the tabs and buttons within the document.

Contents

03 [Introduction](#)

- 04 [Setting the scene](#)
- 05 [Background to stoma care](#)
- 07 [Common issues with current stoma care delivery](#)
- 10 [The solution](#)
- 11 [Further reading](#)

12 [The Opportunity](#)

- 13 [National position](#)
- 14 [Cheshire and Merseyside data](#)
- 15 [Benefits of redesigning stoma care](#)

19 [Designing a Stoma Support Service](#)

- 20 [What makes a good Stoma Support Service?](#)
- 22 [Service objectives](#)
- 23 [3 Models for Stoma Support Services](#)
- 28 [Deployment options](#)

31 [Detailed Service Specification](#)

- 32 [End to End Stoma Patient Pathway](#)

44 [Implementation](#)

- 45 [Implementation plan](#)
- 46 [Agreeing the model of care](#)
- 47 [Business case approval](#)
- 48 [Programme management](#)
- 49 [Operational factors](#)
- 51 [Workforce](#)

52 [Monitoring to Measure Success](#)

- 53 [Monitoring success and KPIs](#)
- 55 [Service audit](#)
- 56 [Patient satisfaction questionnaire](#)
- 57 [Quality of life questionnaire](#)
- 58 [Acknowledgements](#)

Setting the scene

Background to stoma care

Common issues with
current stoma care delivery

The solution

Further reading

Introduction



Setting the scene

Background to stoma care

Common issues with
current stoma care delivery

The solution

Further reading

Setting the scene

NHS England commissioned this guide as part of its national QIPP programme to support regions to work collaboratively and deliver 'at-scale', system-wide efficiencies. This work included designing a patient-focused, community-based Stoma Support Service across the Cheshire and Merseyside region to improve the management of patients' ongoing stoma care and prescribing needs, while reducing spend on stoma appliances.

This implementation guide collates what has been learned from this work, and is intended to aid organisations embarking on implementing community Stoma Support Services so that they meet patients' ongoing needs in a cost-effective and sustainable way.

- Information has been gathered from national organisations and those Clinical Commissioning Groups (CCGs) where stoma service innovation is already underway, to share learning and reduce duplication across the NHS.
- This implementation guide presents three models of Stoma Support Service delivery for CCGs to decide the level of service and degree of collaboration that would work best across their particular geography.
- All three models demonstrate that when a community-based Stoma Support Service is delivered, 'At Scale', across a wide geographical footprint, this can aid resilience and enhance the savings achievable through economies of scale.
- A set of key performance indicators (KPIs) has been included for measuring the success of a community Stoma Support Service, whichever model is deployed.

Any information contained within this document should be used as a guide and tailored to local practice and requirements. CCGs are advised to seek legal advice regarding procurement of services, products or technology from organisations external to the NHS.

Setting the scene

Background to stoma care

Common issues with
current stoma care delivery

The solution

Further reading

Background to stoma care

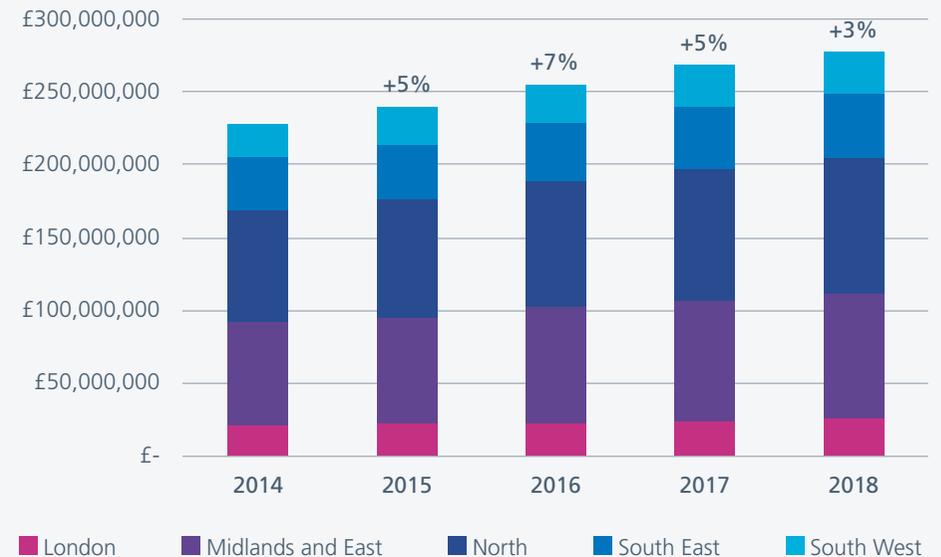
Why develop a Cheshire and Merseyside community Stoma Support Service?

A stoma is an opening to the skin made by a surgical procedure to allow the waste contents of the body to drain into a bag. Patients use bags and associated products on an ongoing basis; the type of product varies according to the location of the surgery and patient needs. Patients obtain their products via a prescription, which is dispensed by a community pharmacy or specialist appliance home delivery service (DAC).

In the UK it is estimated that there are over 122,000 people living with a stoma at any one time¹. Every year there are approximately 24,500 new stomas formed, with an equal split between temporary and permanent¹. Approximately 50% of patients with a temporary stoma wait more than 12 months for reversal¹. Stoma formation can have a significant impact on physical, psychological and emotional wellbeing and for those who develop complications, these are debilitating and life changing.

¹ ASCN Stoma Care Standards 2015: <http://ascnuk.com/wp-content/uploads/2015/12/Final-ASCN-Standards-New.pdf>

Stoma Appliances Spend for NHS England's Regions 2014-2018



- Across England, stoma appliance use and associated spend is rising
- Stoma appliance spend reached £277 million* in 2018
- For the past 5 years, annual spend grew an average of 5% each year
- There is wide variation in the cost of stoma appliances and accessories per 1,000 patients, ranging from £860 to £7,450 across CCGs in England (ePACT March 2014 to April 2015)

*Projected full year spend

Setting the scene

Background to stoma care

Common issues with
current stoma care delivery

The solution

Further reading

Background to stoma care

Current stoma patient management

Currently, clinical care for stoma patients is delivered predominantly via acute care stoma nurses through the intensive post-operative period, followed by discharge to GPs for ongoing prescription management.

Product supply is via FP10 prescription and dispensing via community pharmacy or DACs who manage and deliver products directly to the patient's home.

Ongoing clinical assessment is a critical component in the prescribing of appropriate products and the management of complications. Most patients at some point will experience problems such as skin irritation, blockage, leakage, difficulty attaching and removing appliances, and sore skin. Therefore, it is important that patients are reviewed annually to ensure they are managing well, using the right products and have no issues such as infections that need clinical input. However, clinical care for stoma patients is not always optimal, as found by Rotherham and Northampton CCGs prior to embarking on a redesign of stoma services.

Issues identified by Rotherham CCG as suboptimal



Patients housebound due to poor continence equipment



Patients receiving equipment they didn't want or order



Patients having to modify equipment

An audit by Northampton CCG found:

62% of patients had not seen a nurse about their stoma in over 2 years

21% of stoma prescribing costs were for accessories that were not contributing to improved outcomes

35% of patients reported sore skin

62% of patients reported leakage

63% products were stopped when found to be inappropriate to needs/wastage

Setting the scene

Background to stoma care

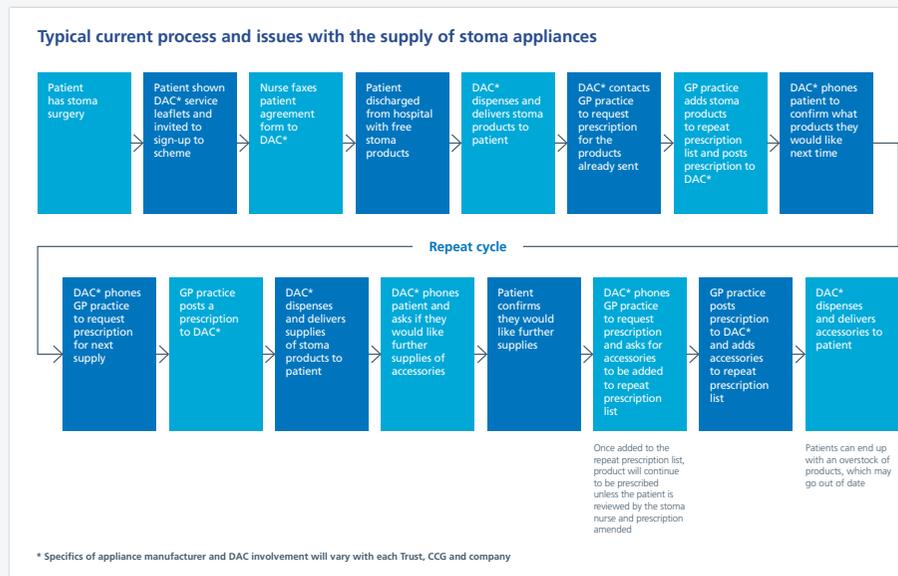
Common issues with
current stoma care delivery

The solution

Further reading

Common issues with current stoma care delivery

Typical current process and issues with the supply of stoma appliances



🔍 Click image to enlarge

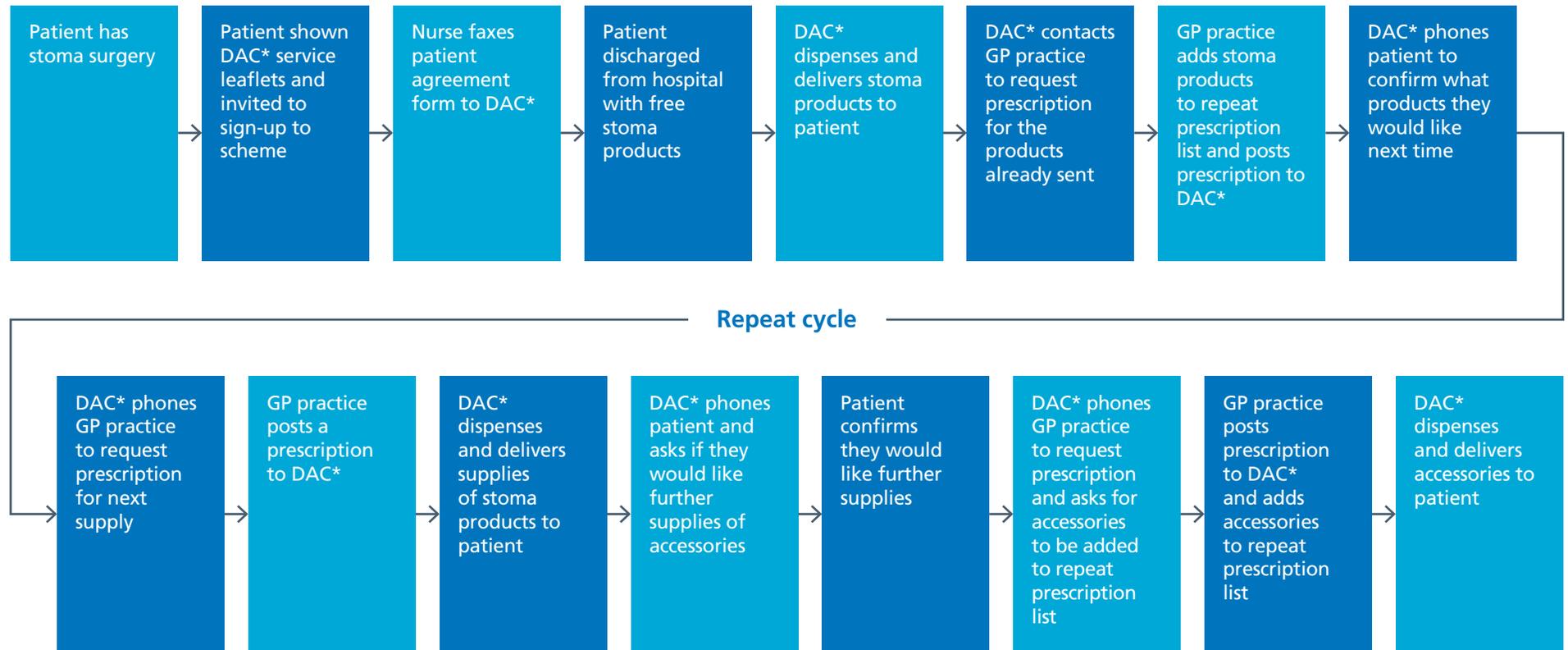
[Adapted from NHS Bristol, North Somerset and South Gloucestershire \(BNSSG\) CCG](#)

Free or discounted stock given to acute trusts

DACs and appliance manufacturers provide free stock to acute trusts for use with patients who have had a stoma operation. This stock may not be in line with local formularies, or have been assessed to consider if it is cost effective for the long term NHS care with the patient. Whilst provision of free stock reduces the cost to the acute trust, there is the potential to create additional costs in primary care as patients often continue to use potentially more expensive products on an ongoing basis. Altering a patient's prescription following discharge from the acute service is time consuming and can be difficult to achieve.

Clinical and financial responsibility does not reside with the clinician making the intervention. The prescribing decision occurs within secondary care, however, the ongoing cost of that intervention is borne by primary care.

Typical current process and issues with the supply of stoma appliances



Once added to the repeat prescription list, product will continue to be prescribed unless the patient is reviewed by the stoma nurse and prescription amended

Patients can end up with an overstock of products, which may go out of date

* Specifics of appliance manufacturer and DAC involvement will vary with each Trust, CCG and company

Setting the scene

Background to stoma care

Common issues with
current stoma care delivery

The solution

Further reading

Common issues with current stoma care delivery

Sponsored stoma nursing posts in acute trusts

There is widespread use of stoma nurses in the NHS, sponsored by appliance manufacturers or DACs. These specialist nurses operate independently of the sponsoring company and may recommend competitor products. However they may receive product training and support materials from their sponsoring company. Patients are often given products and details of the sponsoring DAC on discharge. This can result in patients continuing to use the products initiated in hospital and using the DAC that they have had initial contact with.

Some NHS services are planning to move away from using DAC-sponsored nurses. The Stoma Support Service model detailed here advocates use of NHS-funded nurses.

GP familiarity with stoma products and care

Limited GP familiarity with products, as well as frequent defaulting to automatic repeat prescription generation processes, can result in suboptimal care for patients. This can lead to oversupply of repeat prescriptions, an excess stock with the patient, product waste, and an overspend on accessories.

GPs, without specialist knowledge, are unable to assess suitability of products or quantities requested for the patient, resulting in wastage and many patients using expensive, out-dated products delivering suboptimal clinical outcomes. Within England, there is no statutory requirement for the provision of containment products for stomas, resulting in each organisation developing their own policy and guidelines.

DACs ordering on the patient's behalf

It is common practice for the DAC to take control of a patient's prescription, ordering and even delivering products before a prescription has been issued. DACs contact the patient to confirm product requirements, and then request a retrospective prescription from the GP practice. With this system, there is no incentive for a DAC to be mindful of waste or focus on only ordering the quantity needed by the patient. DACs may review the products and accessories used by patients, issue product samples to patients, and then request a new prescription for the items from the GP. These products will continue to be prescribed on an ongoing basis as part of the patient's prescription. GP practices may have little knowledge of stoma products to know what is suitable and what is excessive, and may rarely engage with patients about the ordering of these products.

Setting the scene

Background to stoma care

Common issues with
current stoma care delivery

The solution

Further reading

The solution

Development of a Stoma Support Service that moves the control of prescribing into a Prescribing Hub, will realign product decisions around the needs of the patient and address some of the issues outlined, ensuring type and quantity of product supply is in line with patients' needs.

It is therefore recommended that:

- Where possible a single Stoma Support Service, spanning primary and secondary care be established, with a single, aligned budget. Any efficiencies gained can be shared between commissioner and providers
- Systems explore the use of NHS-funded nurses where possible
- Health systems should agree a clinically approved formulary between the CCGs and provider organisations, which is evidence-based and regularly reviewed
- All changes to a prescription should be approved by a stoma nurse prescriber in consultation with the patient
- CCGs should insist that acute trusts buy all continence/ stoma equipment from NHS supply chain; or via a contract that has been awarded in accordance with the public sector procurement regulations, and to which the CCG has had input, even if they are not a stakeholder.

Setting the scene

Background to stoma care

Common issues with
current stoma care delivery

The solution

Further reading

Further reading

[***Minimum Standards for Continence Care \(2014\) Continence Care Steering Group***](#) [accessed 4 May 2018]

[***Excellence in continence care \(2015\) NHS England***](#) [accessed 4 May 2018]

[***NICE Clinical Guidance 49: Faecal incontinence in adults: management***](#) [accessed 4 May 2018]

[***Improving continence care for patients, Royal College of Nursing \(2006\)***](#) [accessed 14 Feb 2019]

[***Promoting Continence with Physiotherapy, The Chartered Society of Physiotherapists \(2014\)***](#) [accessed 14 Feb 2019]

[***ASCN Stoma Care Standards 2015***](#) [accessed 14 Feb 2019]

[***PrescQIPP Bulletin 105; Sept 15***](#) [accessed 14 Feb 2019]

National position

Cheshire and
Merseyside data

Benefits through
redesigning stoma care

The Opportunity



National position

Cheshire and
Merseyside dataBenefits through
redesigning stoma care

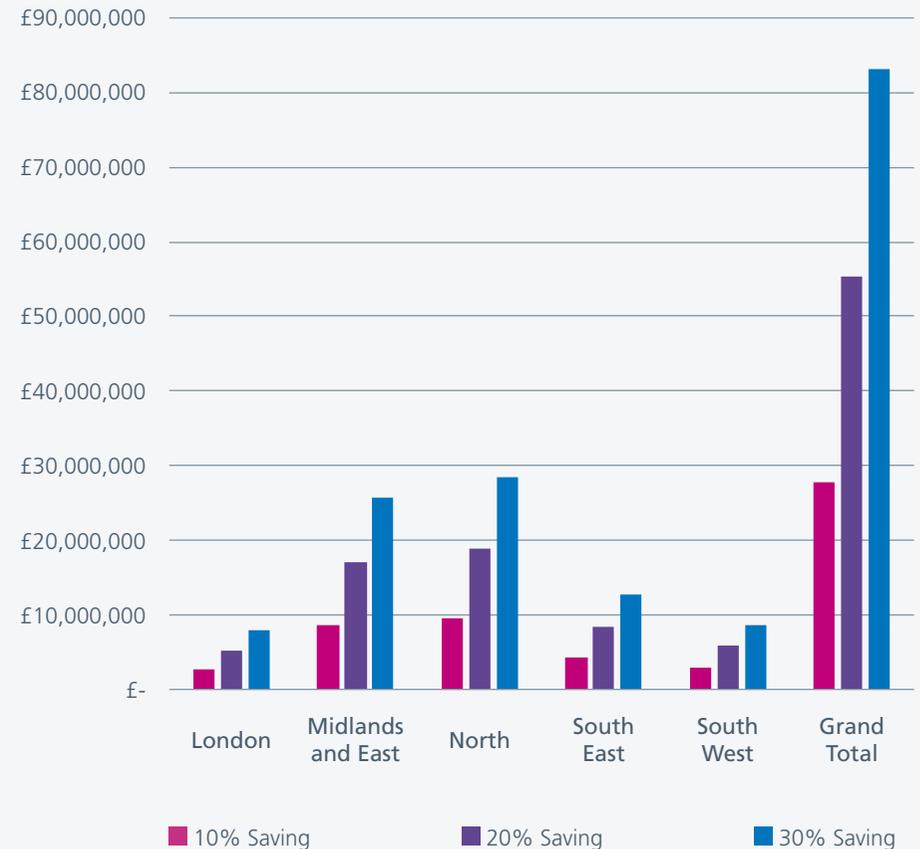
National position

Evidence from pilots of community stoma prescribing and patient management services shows savings between 10% and 30%.

A 20% reduction in overall spend **releasing annual savings of £56 million** could be achieved if better practices were adopted in the selection, ordering and supply of stoma care products, and recommended formulary choices and prescribing quantities were implemented.

The following chart outlines the savings potential in each region based on 10%, 20% and 30% reductions in overall spend.

Savings Potential



National position

Cheshire and Merseyside data

Benefits through redesigning stoma care

Cheshire and Merseyside data

Spend on stoma appliances between 2014 and 2018 for each CCG in Cheshire and Merseyside.



Potential savings for each CCG in Cheshire and Merseyside based on 10%, 20% and 30% targets



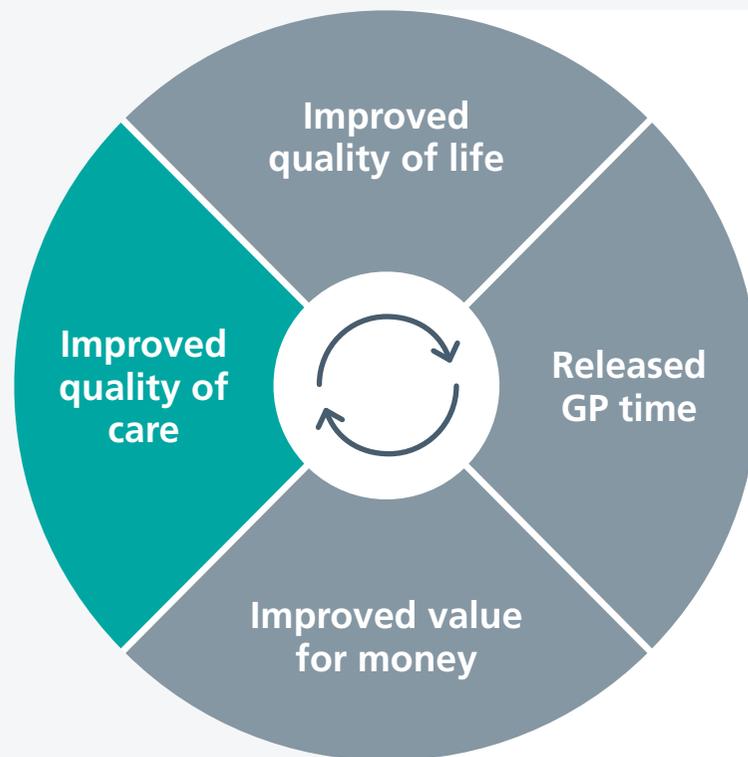
National position

Cheshire and
Merseyside data

Benefits through
redesigning stoma care

Benefits of redesigning stoma care

In those CCGs where this model of specialist community appliance prescribing has been implemented, the following significant benefits have been achieved:



Improved quality of care

Providing a more resilient, efficient and reliable appliance service through:

- Better patient care and early identification of issues, via monthly triage linked to product supply
- Ensuring early patient access to support when needed, avoiding the need for costly acute interventions
- Ensuring patients get the most suitable products, using stoma nurse knowledge, reducing waste and avoiding potentially inappropriate prescribing.

National position

Cheshire and
Merseyside data

Benefits through
redesigning stoma care

Benefits of redesigning stoma care

In those CCGs where this model of specialist community appliance prescribing has been implemented, the following significant benefits have been achieved:



Improved quality of life

Ensuring a better quality of life and more independence for patients through:

- Ensuring products are appropriate to individual needs
- Better proactive care, avoiding patients suffering in silence
- A reduction in admissions to hospitals
- A reduction in presentations to primary care
- Fewer complications, e.g. psychological issues and skin infections/breakdown.

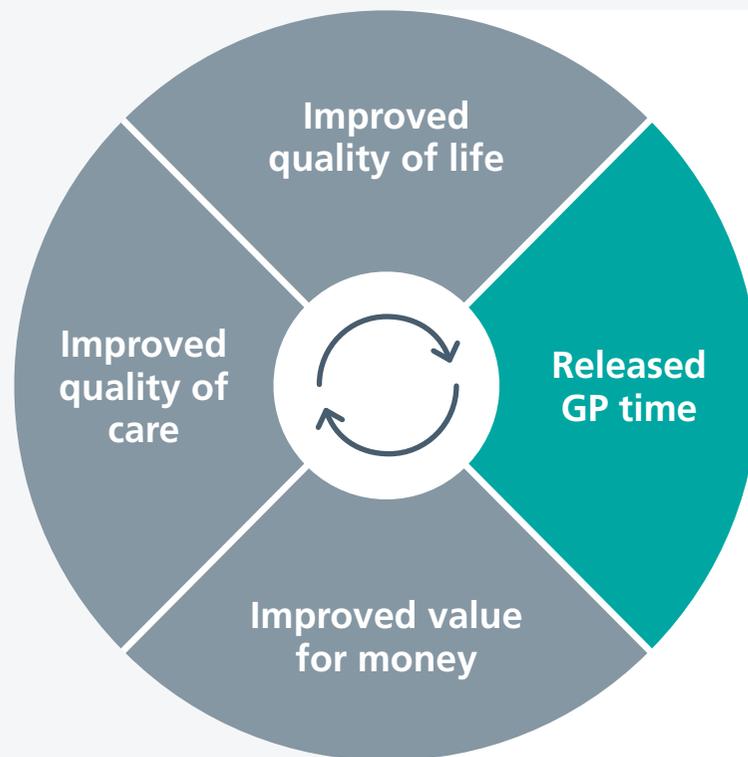
National position

Cheshire and
Merseyside data

Benefits through
redesigning stoma care

Benefits of redesigning stoma care

In those CCGs where this model of specialist community appliance prescribing has been implemented, the following significant benefits have been achieved:



Released GP time

Freeing up GP time through:

- Moving stoma prescribing responsibility and ongoing management to a dedicated Stoma Support Service.

A lack of knowledge regarding stoma appliances means that GPs are not best placed to make prescribing decisions for this patient cohort.

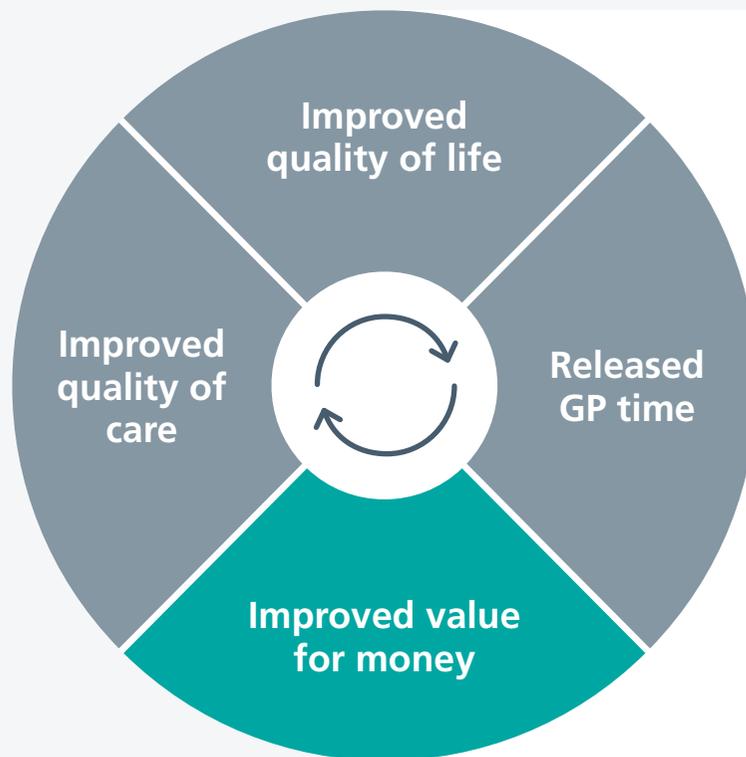
National position

Cheshire and
Merseyside data

Benefits through
redesigning stoma care

Benefits of redesigning stoma care

In those CCGs where this model of specialist community appliance prescribing has been implemented, the following significant benefits have been achieved:



Improved value for money

Reducing the cost of stoma appliances through:

- Greater control of prescribing through involvement of clinical specialists in the prescribing decision
- Reducing variation by using formularies and implementing guidelines
- Reducing spend on unsuitable products
- Reducing wastage by ensuring appropriate quantities dispensed.

What makes a good Stoma Support Service?

Service objectives

3 Models for stoma support services

Deployment options

Designing a Stoma Support Service



What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

What makes a good Stoma Support Service?

A new Stoma Support Service model has been designed to address the current issues and to provide a responsive experience for patients needing products, advice and support in relation to their stoma and related appliance prescriptions.

The new Stoma Support Service has been designed to incorporate the following:

Acute clinical care

Stoma nurses provide intensive support through the pre- and post-operative period. Patients should be guided through selecting the right product to meet their needs and discharged from hospital with a sufficient supply of stoma items. Patients should receive regular reviews following discharge, in line with their needs, to ensure they are coping well and the products are continuing to meet their needs and there are no issues. Patients should have a management plan and effective handover to community teams for ongoing clinical review.

Care coordination

Where acute and community care elements of the Stoma Support Service are commissioned separately, there must be a robust and coordinated handover process for new patients requiring access to the community Stoma Support Service, together with excellent lines of communication between GP practice and community teams for safe transfer of existing patients.

Prescribing

A safe and efficient centralised prescribing service is responsible for all stoma-related prescribing needs and is easy to access, responsive and timely and incorporates clinical support. The product quantities, product type and any changes of product are prescribed in direct response to clinical need.

Authorising

Review and authorisation of prescriptions for stoma appliance products is undertaken by a stoma nurse prescriber, who has in-depth understanding of stoma care, thus removing this responsibility from GP practices.

Dispensing

Patients are given free choice, with respect to preferred dispenser, i.e. community pharmacies or DACs, and this choice is not influenced by service provider.

Ongoing clinical support

Every patient is given an annual stoma review with a stoma nurse prescriber, as well as ad hoc responsive support in line with patients' needs. There should be robust mechanisms to refer patients to appropriate NHS services where further intervention outside of the scope of the community-based team is required.

Patient register

A live register of all stoma patients is maintained, which includes a record of prescribed appliances, patient contacts and any clinical reviews undertaken, allowing effective response to new and existing patients.

Flexible model

The service model should be designed to be easily expanded to incorporate other aspects of prescribing where unmet clinical need has been identified, such as bladder appliances, catheters, wound care and specialist feeds.

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

What makes a good Stoma Support Service?

A good Stoma Support Service will deliver against the following Outcomes Framework Domains & Indicators:

- ✓ Preventing people from dying prematurely
- ✓ Enhancing quality of life for people with long-term conditions
- ✓ Helping people to recover from episodes of ill health or following injury
- ✓ Ensuring that people have a positive experience of care
- ✓ Treating and caring for people in a safe environment and protecting them from avoidable harm.



What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

Service objectives

Delivering Cheshire and Merseyside's system-wide objectives:

The models presented here align with the key priorities of the Cheshire and Merseyside Health and Care Partnership's Business Plan as follows:

1 Delivering care more efficiently

Consolidating prescription management across Cheshire and Merseyside within a single hub will deliver efficiencies of scale and a robust platform for incorporating further services as future needs are identified. The new model will standardise the treatment of all stoma patients and reduce unwarranted variation in the services provided across Cheshire and Merseyside. By working in a more effective and scalable way, the model will reduce time spent by GPs and pharmacies, whilst simultaneously improving both the quality of care and convenience for patients requiring stoma products. Having an agreed formulary will move the system away from product initiation driven by secondary care teams, influenced by product manufacturers, thus ensuring the products prescribed are both meeting patients' needs and are cost-effective for the health system.

2 Improving the quality of care

Seamless management of patients across acute and community care will improve the coordination of the stoma service across Cheshire and Merseyside. This will accommodate the changing needs of patients, seamlessly from the intensive post-operative periods to ongoing community management, providing continuity of care delivered by stoma nurses that patients are familiar with and have learned to trust.

The National General Practice Forward View sets out the vision for innovative services such as the Stoma Support Service model. This model will improve a patient's healthcare journey and enable them to access a more dedicated service whilst freeing up GP time, so they can manage the demands of an ageing population and the increasing number of patients with complex care needs or multiple long-term conditions.

3 Improving the health and care of the population

Monthly patient interactions with the Prescribing Hub will ensure any issues that a patient may have developed can be swiftly dealt with, preventing further escalation and use of urgent care services, and delivering improved quality of care and improved health and wellbeing for patients.

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

3 Models for Stoma Support Services

An investigation into existing service models and a literature review highlighted a wide variety of operational formats used to deliver effective services, each having their own advantages and disadvantages.

Three models have been considered in depth and are outlined in the diagram below.

| | Stoma Prescribing Hub | Community Stoma Support Service | Seamless Stoma Support Service |
|--|-----------------------|---------------------------------|--------------------------------|
| Centralised prescribing function | ✓ | ✓ | ✓ |
| Standardised formulary across Cheshire and Merseyside for stoma appliances | ✓ | ✓ | ✓ |
| Community nurse support integral to Stoma Support Service | | ✓ | ✓ |
| Annual reviews for all Stoma Support Service users | | ✓ | ✓ |
| Acute care nurse support integral to Stoma Support Service | | | ✓ |
| Removal of DAC influence on initial products prescribed | | | ✓ |

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

3 Models for Stoma Support Services

The relative advantages and disadvantages of the three models are outlined below.

1. Stoma Prescribing Hub

A Stoma Prescribing Hub established across Cheshire and Merseyside for the management of patients' prescriptions. Patients will contact the Hub monthly to order products. No changes made to the current acute and community stoma nurse provision.

Advantages

- Administrative prescription function only
- Reduce operational costs through collaboration
- Reduction in waste as patients are checked for over-supply during each prescription request.

Disadvantages

- No impact on service quality
- Savings will be more difficult to achieve
- Clinical reviews are not part of the service
- DACs are likely to still have a strong influence on the products supplied.

2. Community Stoma Support Service

The service assembled as per the Stoma Prescribing Hub, plus a stoma community nursing workforce to ensure Stoma Support Service users receive clinical reviews annually and as needed.

Advantages

- Patients will receive an annual review
- Stoma Support Service can provide telephone-based advice and guidance to those who may have an issue with their stoma
- Patients will have their products optimised during face-to-face reviews
- Stoma nurses will influence product selection to ensure cost effectiveness and alignment with patient needs.

Disadvantages

- Patients may not effectively transfer from the acute service. Robust referral and communication mechanisms will be needed
- It is likely that patients will still be provided free products while in acute care, which may be difficult to change once they are managed in the community.

3. Seamless Stoma Support Service

The service assembled as per the Community Stoma Support Service model, plus additional acute stoma nurses to provide a seamless Stoma Support Service spanning secondary to primary care and across Cheshire and Merseyside.

Advantages

- One service managed by the NHS with no disruption to inpatient care
- Improved quality of care as a result of correct service sizing
- No variation in quality of service and/or products used throughout the Stoma Support Service
- Significant opportunities for savings on stoma products.

Disadvantages

- Higher operational costs.

Cost

Service quality

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

3 Models for Stoma Support Services

MODEL 1: STOMA PRESCRIBING HUB

MODEL 2: COMMUNITY STOMA SUPPORT SERVICE

MODEL 3: SEAMLESS STOMA SUPPORT SERVICE

Model 1: Stoma Prescribing Hub

A Prescribing Hub, staffed by a phone-based team of trained administrators, will deal with patient queries and prescription requests, assessing the patient for any issues (working to call scripts and protocols) and referring the patient to a stoma nurse where it is deemed necessary or the patient requests it. This model is based on providing a purely administrative service to meet the prescription management needs of patients. The service will operate as a hub, which stoma patients from across Cheshire and Merseyside will use on an ongoing basis to request prescriptions.

Two methods of accessing the Stoma Prescribing Hub will be made available to patients:

Advice & Repeat Prescription Line

A telephone service will be established, staffed by a team of administrators with experience and training in stoma care, enabling them to answer a significant amount of non-clinical queries without requiring input from a stoma nurse. The administrator will run through a set of pre-defined triage questions with the patient, designed to identify any clinical issues requiring input from the stoma nurse.

Online repeat prescription system

Patients will be encouraged to access an online system on a monthly basis to submit their repeat prescription requests. The system will run patients through a series of questions to assess whether they have any issues prior to completing their prescription request.

Whilst this service is the lowest cost to establish, it will not be integrated within current acute or community stoma nurse teams. As a result, the service may struggle to support those patients who may have ongoing clinical issues with their stoma products, and robust communication and referral mechanisms will need to be put in place to ensure clinical responsiveness to identified need.

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

3 Models for Stoma Support Services

MODEL 1: STOMA PRESCRIBING HUB

MODEL 2: COMMUNITY STOMA SUPPORT SERVICE

MODEL 3: SEAMLESS STOMA SUPPORT SERVICE

Model 2: Community Stoma Support Service

In addition to the Stoma Prescribing Hub function outlined in Model 1, this service model incorporates ongoing clinical management of patients in the community. Ongoing prescription supply will be undertaken by the Prescribing Hub as outlined in Model 1. Within the Prescribing Hub, a community-based stoma nurse workforce will be established to support the clinical needs of patients on an ongoing basis. Patients will have been initially cared for by acute care stoma nurses pre- and post-operatively, and transfer into the community Stoma Support Service will occur once the patient is deemed clinically suitable. This will typically occur at around 3 to 6 months post procedure, once the patient is stable and able to manage independently. The community-based stoma team will be responsible for ensuring ongoing clinical management, undertaking annual reviews for all stoma patients and for establishing mechanisms for the swift resolution of any issues identified in between annual reviews.

A greater investment is required to establish and run this model compared with the Stoma Prescribing Hub model, and community locations will need to be identified across Cheshire and Merseyside for the community stoma care nurses to operate from. However, it is anticipated that further savings will be achieved with this model to offset the additional running costs required.

Where commissioners decide to operate a Stoma Support Service using separately commissioned acute and community Stoma Support Services, robust transfer and referral procedures between the elements of the service must be in place to ensure continuity of care for patients.

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

3 Models for Stoma Support Services

MODEL 1: STOMA PRESCRIBING HUB

MODEL 2: COMMUNITY STOMA SUPPORT SERVICE

MODEL 3: SEAMLESS STOMA SUPPORT SERVICE

Model 3: Seamless Stoma Support Service

This service model includes the establishment of a comprehensive Stoma Support Service across the whole of Cheshire and Merseyside, spanning both acute and community care. The service will be delivered as a single, holistic and seamless service, spanning the entire patient pathway, from patients' pre-operative needs, immediate post-operative acute care and subsequent ongoing community-based care, annual reviews and monthly prescription management via a Prescribing Hub as outlined in Models 1 and 2. In addition to Models 1 and 2, the service will undertake pre- and post-operative acute care and training with patients to reinforce routine stoma care, encourage independence, provide advice and support as required and to undertake stoma interventions as necessary in the post-operative period.

The Stoma Support Service could be delivered as an acute trust out-reach service or a community-based in-reach service, overseen by stoma nurses trained to identify and resolve clinical concerns and to ensure the supply of optimal stoma products to address patient needs. It is anticipated that this model will generate the greatest savings due to involvement in initial product selection within the acute setting, ensuring consideration of patients' needs and cost-effectiveness of products, in line with an agreed formulary.

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

Deployment options

Options for deployment across Cheshire and Merseyside

Each of the three models presented in this implementation guide could be deployed across the entire geography of Cheshire and Merseyside, or as two services, one covering Cheshire and another covering Merseyside.

While it is advantageous for the NHS to deliver this Stoma Support Service, there is the option to outsource elements to a commercial provider. The relative advantages and disadvantages of each deployment approach is summarised below.

One hub service



Twin hub service



Outsourced service



Advantages

- Reduced management and operational costs for delivering the service, through economies of scale
- Standardised service model across the whole of Cheshire and Merseyside delivered by a single team
- Greater service resilience by having one shared team across Cheshire and Merseyside
- Reduced implementation costs involved in establishing the service
- Greater coordination of services across the whole of Cheshire and Merseyside
- Service potentially more accessible to patients, with delivery across several locations.

Disadvantages

- Significant service footprint may make the service difficult to manage from one location, therefore multiple locations will be required
- Obtaining agreement and consensus across all CCGs within Cheshire and Merseyside may be difficult to achieve and a phased approach may be necessary.
- Requires significant office space to establish service
- Agreement for a common formulary across multiple CCGs and providers may be difficult to achieve.

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

Deployment options

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One hub service



Twin hub service



Outsourced service



Advantages

- Localised knowledge could help to improve service delivery
- Greater flexibility in how services are delivered in the localities
- Easier to gain agreement and consensus from the CCGs as there are fewer organisations involved with each hub
- Smaller office space requirements for the hubs may allow services to be located within current facilities
- Improved coordination of services across the localities.

Disadvantages

- Increased costs to establish two hubs
- Increased management and operational costs for delivering two hubs
- May lead to variation in service delivery and practice across Cheshire and Merseyside
- Less resilience in the delivery of the service as administrative and nursing functions will be split resulting in fewer staff at each hub
- Agreement for a common formulary across multiple CCGs may be difficult to achieve.

What makes a good Stoma Support Service?

Service objectives

3 Models for Stoma Support Services

Deployment options

Deployment options

Options for deployment across Cheshire and Merseyside

Each of the three models presented in this implementation guide could be deployed across the entire geography of Cheshire and Merseyside, or as two services, one covering Cheshire and another covering Merseyside.

While it is advantageous for the NHS to deliver this Stoma Support Service, there is the option to outsource elements to a commercial provider. The relative advantages and disadvantages of each deployment approach is summarised below.

One hub service



Twin hub service



Outsourced service



Advantages

- DACs have expertise in providing these services and will be able to implement the service more rapidly. The CCGs will be able to focus their resources on core activities
- The risk of running the service is owned by the DAC
- CCGs are able to disinvest in the service more easily
- There are reduced set-up costs involved with this approach
- Low requirement for office space.

Disadvantages

- It may be more difficult for a DAC to enforce the cost-effectiveness considerations of products and quantities being prescribed, leading to greater risk on the delivery of intended savings
- The recurrent cost of providing this service is higher than delivering internally, which would reduce the savings potential
- Less control over the service operation
- Reduced coordination of services
- Negative impact on opportunities for future joined up services.

End-to-End Stoma
Patient Pathway

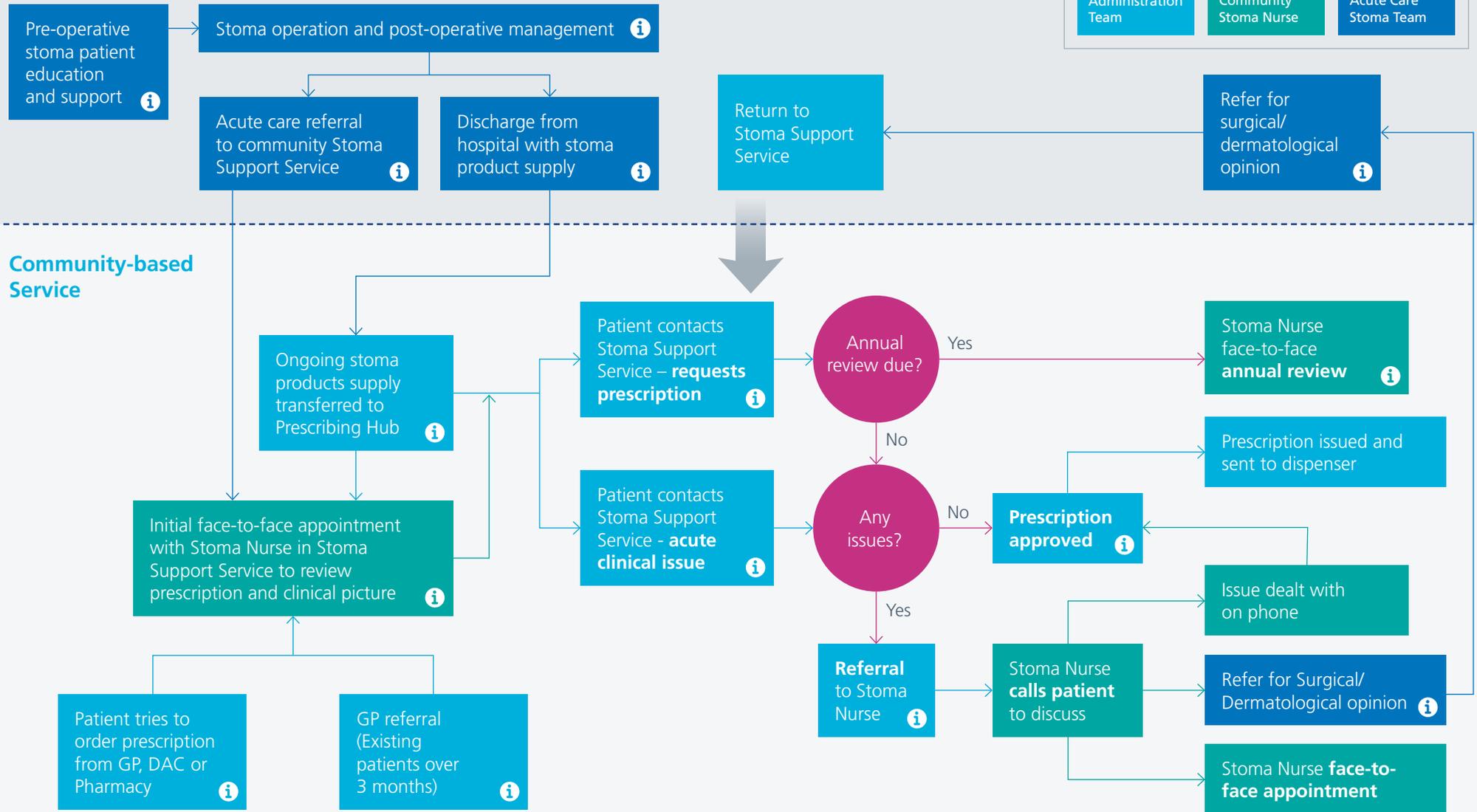
Detailed Service Specification



Acute-based Service

End-to-End Stoma Patient Pathway

KEY



Pre-operative stoma patient education and support

Stoma operation and post-operative management

Acute care

This part of the patient journey will be undertaken by the acute care stoma nurses, who will take responsibility for patients' pre- and post-operative acute care and training, reinforcing routine stoma care, encouraging independence, providing advice and support and undertaking stoma interventions as required in the post-operative phase.

Patients will be educated to recognise and act upon the early signs of stoma complications and associated skin conditions, such as the development of a peri-stoma hernia, skin excoriation, fungal infection, granulomas or fistula.

Traffic light system for care responsibility



Adapted from NHS Nottinghamshire Appliance Management Service (NAMS)

 Click image to enlarge

Discharge from hospital with
stoma product supply

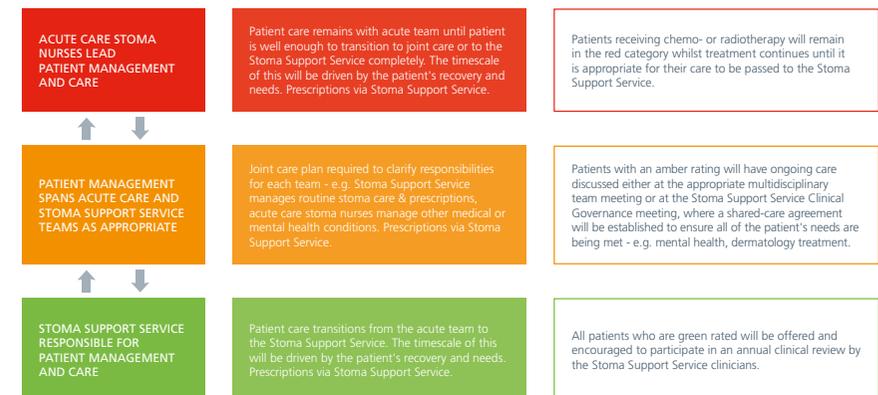
Patients will be discharged home from hospital with an initial supply of stoma products. The acute care stoma nurse must adhere to the agreed stoma product formulary to minimise disruption to the patient's product supply when transferring into the Stoma Support Service.

Ongoing suitability of these products will be monitored by the acute care stoma nurses as part of the patients' post-operative care, to ensure the products are continuing to meet patient needs.

Prescribing responsibility transfer to Prescribing Hub

Once product choice is optimised, the responsibility for ongoing prescribing of stoma appliance products and clinical care will be determined according to the [traffic light system for care responsibility](#) (below). Prescriptions for those patients where all clinical care should remain under the acute care stoma nurse team (RED on traffic light system) will be transferred to the Prescribing Hub as part of the Stoma Support Service. It is expected that community and acute (secondary or tertiary) care providers will work together to coordinate patient care and minimise duplication and wastage of stoma products.

Traffic light system for care responsibility



Adapted from NHS Nottinghamshire Appliance Management Service (NAMS)

 Click image to enlarge

Acute care referral to community
Stoma Support Service

Clinical discharge from acute care

The transfer of clinical responsibility to the community-based stoma nurse team within the Stoma Support Service will typically occur at around 3 or 6 months post-operation, once the patient is stable and able to manage independently, and meets the green level criteria within the suggested traffic light care responsibility system (right), as assessed by the acute care stoma nurse.

The acute care stoma nurse will initiate a referral into the Stoma Support Service and will be responsible for ensuring patients receive sufficient information on the Stoma Support Service, how to access it and what to expect next.

Transfer of care must occur via robust and validated processes that ensure all necessary information is accurately transferred, and ensures that there are no breaks in clinical care or prescription supplies for the patient. To provide continuity of care after acute care discharge, an appropriate treatment plan will be developed and initiated without delay. Supporting documentation will be sent to the Stoma Support Service.

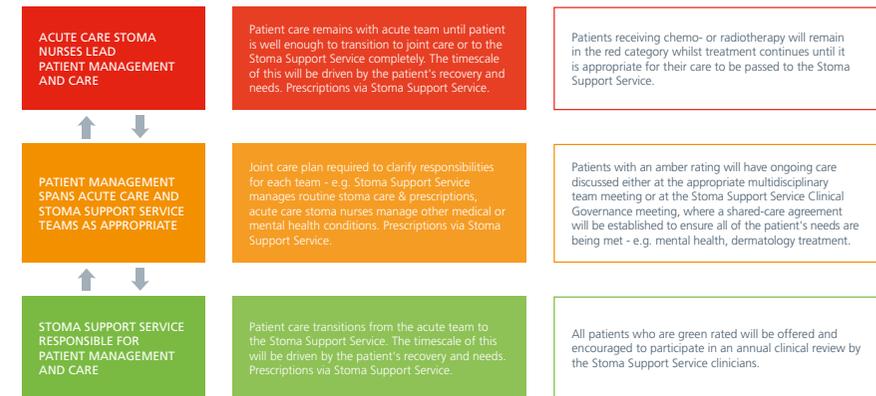
Clinical follow-up of stoma patients remains, at all times, with the stoma nurses in the Stoma Support Service who have clinical responsibility for the patient at that point in their care.

If the patient is discharged out of area or moves out of area whilst under the Stoma Support Service, an onward referral will be made to an appropriate local stoma service.

The following exceptions should apply to patients transferring from acute care to community-based care:

- Where a patient is unsuitable for the Stoma Support Service, the referral will be returned to the acute care referrer (with advice on next steps) or referred onward to the appropriate service
- Where pertinent information is missing or further acute care management is required, the referral will be returned to the acute care service with clear instructions on next steps
- The Stoma Support Service will seek to resolve any referral acceptance issues via dialogue with the acute care service wherever possible, to avoid delay in the patient receiving the care they require.

Traffic light system for care responsibility

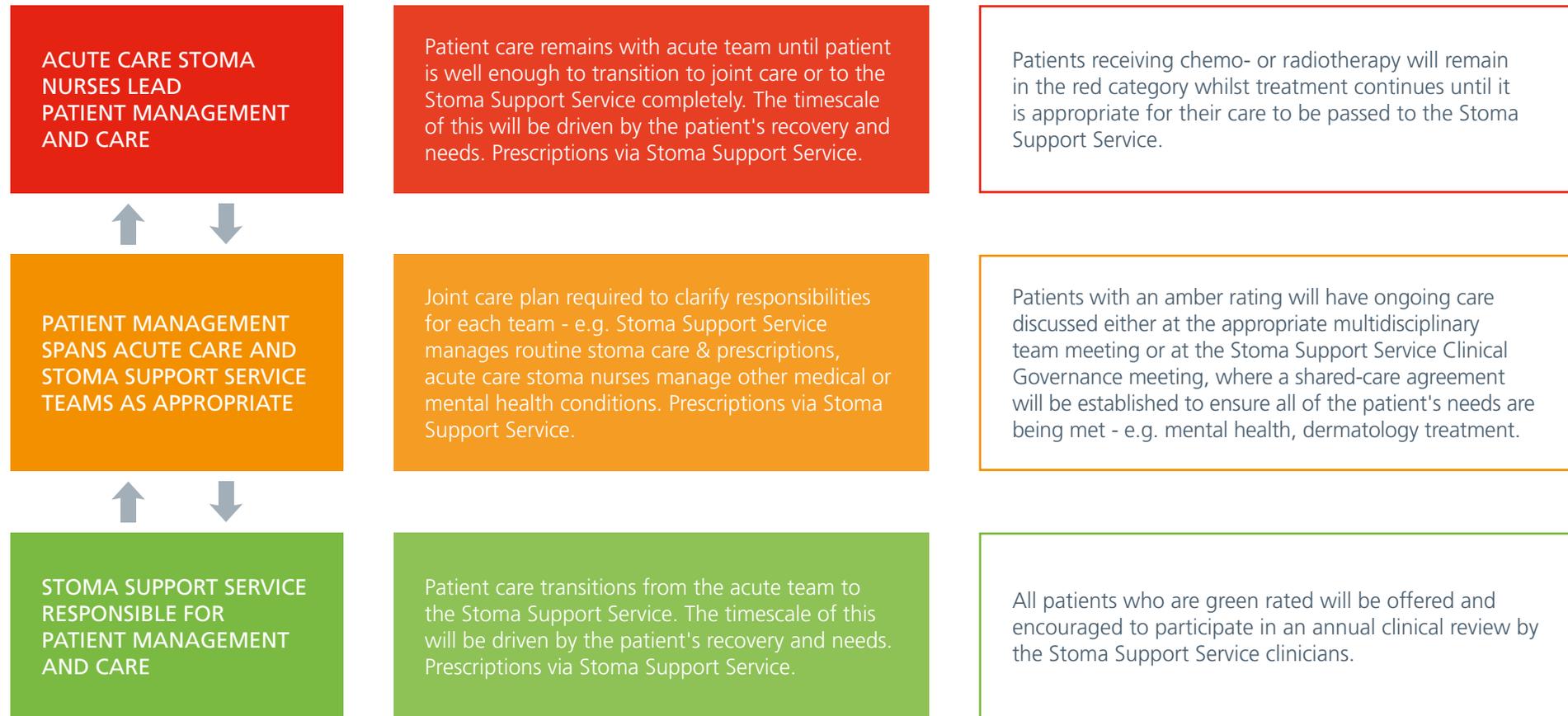


Adapted from NHS Nottinghamshire Appliance Management Service (NAMMS)

Click image to enlarge



Traffic light system for care responsibility



Adapted from NHS Nottinghamshire Appliance Management Service (NAMS)

Ongoing stoma products supply transferred to Prescribing Hub



Within one working day from patient transfer and receiving a patient referral, the Prescribing Hub administration staff will:

- 1 Register the patient on the patient management system
 - 2 Record details of the patient's current appliance prescription
 - 3 Register patients for online prescription ordering, where appropriate. Make contact with the patient via phone and complete the following activities:
 - Explain to the patient how the Stoma Support Service and Prescribing Hub works, what they can expect and how to access advice and repeat prescriptions via telephone or online portal
 - Patients should be encouraged to request repeat prescriptions via the online ordering system where appropriate. It is important that patients are properly informed as to how the online service works to ensure they are confident in accessing the service via the online portal
 - 4 The Stoma Support Service information leaflet and welcome letter should be posted to the patient.
- Talk the patient through the process of selecting their preferred dispensing service, either a DAC or local pharmacy. It is important to note that the choice of dispensing service is completely at the patient's discretion and must not be influenced in any way by the service. The patient will make an unbiased and objective choice of dispensing organisation and the patient's decision must be recorded. Patients will also be informed that they are able to change their preferred dispensing organisation at any time and how to do so
 - Make an appointment with the patient for a face-to-face review, where needed.

Patient tries to order prescription from GP, DAC or Pharmacy

GP referral (Existing patients over 3 months)



Existing patients referral

All existing stoma patients currently managed in primary care through their GP, will need to be transferred to the Stoma Support Service by their GP for ongoing clinical care and prescription management.

GP practices, via local medicines optimisation teams, will need to undertake the following actions:

- 1 Search the GP clinical system to identify existing stoma patients
- 2 Input a list of recommended best practice Read Codes to 're-code' existing patients and new patients
- 3 Explain the Stoma Support Service and benefits to existing stoma patients, and obtain consent for referral
- 4 Provide patients with the relevant governance documentation and consent forms prior to referral to the Stoma Support Service
- 5 Provide patients with comprehensive information explaining how the Stoma Support Service works, together with a Service Information Leaflet and Introductory Letter.

Where a patient tries to order a prescription directly from their GP, DAC or community pharmacy, an onwards referral will be made to the Stoma Support Service and the patient provided with:

- Stoma Support Service Patient Information Leaflet
- Stoma Support Service Introductory Letter.

The DACs and local community pharmacies will need to be informed of the new service and be provided with sufficient patient information materials, ensuring a seamless onward referral. On service commencement, a Stoma Support Service briefing document will be produced for community pharmacies, DACs, receptionists and GP practices, informing them of the onward referral mechanisms and providing them with the associated paperwork and patient communication materials.

Initial face-to-face appointment with Stoma Nurse to review prescription and clinical picture



A face-to-face appointment with a stoma nurse will be arranged within two weeks of the Stoma Support Service receiving a referral; either a new patient referral from the acute care team or an existing patient referral from the patient's GP.

For existing patients, because of the ordering and supply process relating to stoma appliances, and the patient-specific nature of prescriptions for stoma patients, switching of products to realise savings is not recommended. Instead, the focus should be on reviewing and optimising the supply of stoma appliances and accessories, and reducing wastage caused by inappropriate prescribing.

Face-to-face clinics will be delivered from several locations across the geography. A minimum number of locations across the region will be established, and sufficient capacity maintained at each clinic location to facilitate patients' preferred location within the agreed waiting times. The locations will be determined by the number of CCG areas included in the service scope. All sites will be community based and be easily accessible for those using public transport or requiring car parking.

Alternatively, where absolutely necessary (e.g. patient is housebound), the initial face-to-face appointment can be conducted at the patient's home or care home. The Stoma Support Service office will act as a base for stoma nurses and will be centrally located for the population served, to minimise travel time for home visits.

At this appointment, the stoma nurse will:

- Confirm the patient's lead stoma nurse who will take responsibility for their care under the Stoma Support Service
- Review the stoma prescription to ensure the products prescribed are appropriate and in line with agreed Stoma Formulary
- Stocktake stoma products held by the patient and amend the prescription schedule where appropriate
- Counsel patient on good stoma care
- Provide dietary advice
- Sign-post to appropriate third-sector charities and support groups, where a patient need is identified
- Check that the patient understands how to request repeat prescriptions and is comfortable in doing so, reinforcing the use of the online system
- Confirm that the patient has a nominated dispensing entity recorded and reinforce the message that they can change their prescription dispenser at any time
- Record all clinical interventions on the patient management system
- Complete a prescription for the patient's stoma products and ensure the system has recorded the correct patient and product information.

The Stoma Support Service will be responsible for ensuring that any patients who do not attend their appointment are contacted and offered a further appointment.

Patient contacts Stoma Support Service – **requests prescription**



The Stoma Support Service will ensure that service users receive a timely, efficient and tailored prescribing service according to their needs.

Two methods of accessing the Stoma Support Service will be made available to patients:

- Online repeat prescription ordering system
- Advice & repeat prescription telephone line

Advice & Repeat Prescription Telephone Line

The telephone service will be staffed by a team of administrators with experience and training in stoma care, enabling them to answer most non-clinical queries without requiring input from a stoma nurse. The administrative staff will be physically co-located with a rotation of stoma nurses to ensure close communication regarding systems, processes and individual patient cases, and to ensure effective handover of clinical queries and patient call back referrals. This will also support continuous quality improvement to help deliver a joined-up, efficient service.

The Stoma Support Service Advice & repeat prescription telephone line will operate Monday-Friday 8:00-18:00 (excluding bank holidays).

Patients and clinicians accessing the telephone service for information, advice or prescription requests should have their call answered within specific time guidelines (see KPIs for call handling times).

The administrator will run through a set of pre-agreed triage questions with the patient, designed to identify clinical issues requiring input from the stoma nurse. These same questions will be incorporated into the online request process and the patient will need to answer them before the prescription request completes.

Repeat prescription requests will only be accepted from patients directly (not via a DAC or pharmacy).

On receipt of a repeat prescription request, an administrator will check that the repeat request is within expected parameters and in line within the agreed formulary. It is imperative that the Stoma Support Service promptly and proactively challenges excessive or unusual requests or any that fall outside the agreed formulary. Repeat prescription requests should then be approved by a stoma nurse with the ability to prescribe, and sent on to the dispensing organisation within one working day.

A generic e-mail address for the Stoma Support Service should be made available for GPs and other referrers or healthcare professionals.

Online repeat prescription system

The Stoma Support Service will provide an online repeat prescription system, which patients will be encouraged to access on a monthly basis to submit their repeat prescription requests.

The Online repeat prescription ordering system will be available at all times and it is expected that a large percentage of prescription requests will be handled via the online system.

The system will run patients through a series of questions to assess whether they have any issues, prior to completing the prescription request. The system will enable patients to request a 'call-back' from either a stoma nurse or a member of the administration team, to discuss any issues relating to their stoma care and prescriptions.

To minimise patient demand upon the Advice & repeat prescription telephone line, it is important that patients are properly informed as to how the online service works at the point of transfer or referral into the Stoma Support Service and are confident in ordering their prescriptions online.

Prescription approved

Following administrator review, the prescription request will be reviewed by stoma nurse independent prescribers, who will either approve, revise or reject the prescription request.

Where the request is rejected, the stoma nurse will telephone the patient to discuss and amend the prescription in consultation with the patient.

The prescriber will monitor patients' prescription needs at each monthly prescribing interval and ensure the products being prescribed are still the most appropriate for the patients' needs.

The Stoma Support Service will reduce waste by prescribing small quantities of products while establishing product suitability.

- The Stoma Support Service will ensure prescribing of products is in line with the local approved stoma formulary
- The Stoma Support Service and prescribers will not be influenced to prescribe products from any particular manufacturer
- Prescriptions will be produced, clinically checked, signed and dispatched to the nominated community pharmacy or DAC within one working day, ideally via EPS, where this is available
- The Stoma Support Service will endeavour to action urgent requests on the same day wherever possible.

The Stoma Support Service will develop and supply all written materials, processes and standard operating procedures required to run the service safely and efficiently.

Patient contacts Stoma Support Service - **acute clinical issue**

Referral to Stoma Nurse



Clinical issues will be identified either through the prescription request process or via the patient making contact with the Stoma Support Service for advice on a clinical matter, which the administrator is unable to resolve.

At this point, the patient will be referred to a stoma nurse, where possible, or an appointment for a call back will be arranged.

The Stoma Support Service will make every effort to respond to urgent patient care needs in priority order to avoid patients having to present to their GP or to access urgent or emergency services. If a stoma nurse determines that a patient requires a home visit to avoid such a presentation, this should occur as soon as clinically indicated. Requests for stoma nurse advice will be responded to within one working day.

- The stoma nurse will determine whether the advice is best provided via telephone or face-to-face consultation
- Telephone appointments will be made available to patients where appropriate
- Housebound patients will receive home visits where required
- Face-to-face clinics will be delivered from a minimum of locations across the region (number to be determined based on the number of CCG areas included). Sufficient capacity must be maintained at each site to facilitate patients' preferred location within the agreed waiting times
- All sites will be community based and be easily accessible for those using public transport or requiring car parking.

The Stoma Support Service office will act as a base for the stoma nurses and will be centrally located for the population served to minimise travel time for home visits.

Stoma Nurse face-to-face annual review

At each monthly prescription request, the administrators will check to see if an annual stoma review is due and schedule one with the patient where necessary.

All patients should receive a face-to-face annual review with a stoma nurse within six weeks of the review due date.

During the annual review, the nurse will:

- Observe the stoma, peristomal skin and output
- Treat arising complications, if any
- Assess lifestyle and give health promotion advice where applicable
- Perform a psychological assessment
- Review product requirements
- Advise regarding stoma reversal, if temporary
- Ensure correct storage and disposal of appliances
- Review prescription.

The clinical outcomes and a summary of patient status should be documented on the patient management system and a summary provided to the patient's GP (or preferably using the template directly in the GP clinical system, if IT function allows).

Refer for surgical/ dermatological opinion

Onward referral to acute care teams will occur if further surgical advice is required, or if the presenting complaint falls outside of the Stoma Support Service nurses' areas of expertise, e.g. dermatological problems.

Where possible, referral protocols should be established directly between the Stoma Support Service nurses and relevant consultant teams to avoid any delays as a result of waiting for a GP referral.



Implementation plan

Agreeing the model of care

Business case approval

Programme management

Operational factors

Workforce

Implementation



Implementation plan

Implementation plan

Agreeing the model of care

Business case approval

Programme management

Operational factors

Workforce

| Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|-----------------------------------|--|---|--|------------------------|---|---|---|---|--|---|----|----|
| Agreeing the model of care | Understand drivers for change and options available | Undertake EMIS search in GP practices to identify patient numbers and inform service requirements | Develop the service model and document. Ensure sign-up by all parties involved | | | | | | | | | |
| Business case approval | High level financial assessment and business case assumptions | Model staffing and commercial implications, capital and operational requirements | Develop the business case including ROI and benefits | Business case approval | | | | | | | | |
| Implementation | Programme management | | | | | | | | | | | |
| Operational factors | Agree the regional governance arrangements | | | | | Agree administrative and clinical protocols for the service, based on clinical advice and evidence base | | | | | | |
| | | | | | Identify locations for clinics based on patient cohorts and service needs | Agree IT system to be used by the service and appoint supplier. Implement IT systems | | | | Agree and execute a communications plan targeting patients and local stakeholders | | |
| | Agree formulary, based on clinical evidence and in conjunction with clinical workforce. Hold patient feedback sessions to get sign-off | | | | | Ensure products included within the formulary are available for ordering through systems used. Consider procurement options/needs | | | | | | |
| Workforce | Agree on workforce numbers following GP clinical system search and feasibility study | | Ongoing staff recruitment to support the agreed service model | | | | | | | | | |
| | | | | | | TUPE staff over to the new service | | | Begin staff training to support system go live | | | |

Service Go Live

Implementation plan

Agreeing the model of care

Business case approval

Programme management

Operational factors

Workforce

Agreeing the model of care

Understand drivers for change and options available

When delivering a collaboration of this scale, requiring significant investment, it is important to reach agreement across the system on the preferred model, and fully understand the drivers for change.

Ensure sign-up by all parties involved

Collaboration across the whole health economy and buy-in to the system-wide approach is key to the success of implementation. Once that has been obtained, it will be necessary to identify patient numbers to inform the Stoma Support Service requirements and create a more in-depth understanding of the investment and service capacity required to meet the needs of the population.

The following activities should be undertaken:

- ✓ Develop the Stoma Support Service model and document
- ✓ Agree the patient pathway(s) for new patients and existing patients
- ✓ Establish clear criteria and protocols for new patient handover from acute stoma teams into the community Stoma Support Service
- ✓ Document any criteria relating to exclusions or prioritisation of patients. Agree how clinical care will be delivered for any excluded patients
- ✓ Agree escalation process for patient referral to other specialist services
- ✓ Agree training for administration team staff
- ✓ Agree the questions to be asked on each patient call and via online ordering function, and the scripts to be used by the administration team when dealing with patients, to facilitate triage to stoma nurses for clinical support where appropriate, and to organise annual reviews
- ✓ Identify existing patients via a search of GP clinical systems, to enable scoping of Stoma Support Service requirements. Agree phased system of transfer from GP responsibility into the Stoma Support Service, and consider transitioning new patients before integrating existing patients into the Stoma Support Service
- ✓ Review the geography and identify the location and number of community clinics
- ✓ Develop patient and healthcare professionals' information leaflets and letters relating to the Stoma Support Service.

Implementation plan

Agreeing the model of care

Business case approval

Programme management

Operational factors

Workforce

Business case approval

Identify the service impact and savings prior to commencing the change process

The introduction of a new Stoma Support Service model provides an opportunity for financial savings. A joint business case should be produced and sign-off received from each participating CCG which incorporates:

- Calculation of the impact of a community Stoma Support Service, modelling staffing and commercial implications as well as the capital and operational requirements
- Calculation of the overall value of the opportunity, annual appliance spend and savings projections and achievable return on investment (ROI) across the health system
- Estimation of the required resources, activities and associated costs of the new Stoma Support Service, which should then be offset against appliance spend savings to reveal the true cost of the Stoma Support Service and an accurate savings projection
- Robust data analysis to understand the likely savings on the annual spend on stoma appliances
- Consideration of the wider benefits (in addition to savings that will predominantly come from a reduction in appliance spend) of a community Stoma Support Service, as well as impact across the whole system, taking into account the additional costs of implementation plus any support needed for GPs in identifying and referring existing patients
- Consideration of any risks to the success of the project that can be avoided and the measures needed to mitigate them
- Anticipated ROI and timeline for any expected savings to be delivered
- Further service development opportunities e.g. continence, wound care and further possible ROI.

Delivering the savings

The Stoma Support Service will need to establish the milestones for prescribing spend reduction, and ensure prescribing is in line with approved stoma formulary, to ensure achievement of agreed savings in prescribing spend versus historic levels, plus agreed growth.

CCGs are responsible for the stoma appliance prescribing budgets and any savings generated will directly impact on CCG finances. CCGs could consider devolving the stoma appliance budget through a block contract arrangement to the community Stoma Support Service. This will also transfer the associated risk of any financial overspend on stoma appliance prescribing. Note: such an option will be dependent upon the organisational form and operational factors of the Stoma Support Service.

The level of efficiency to be achieved will be reviewed on a six-monthly basis.

The annual costs for running the Stoma Support Service should be calculated per patient per annum (including management, on-costs and premises costs). This should be reviewed quarterly to reflect changing numbers of patients on the caseload and increased efficiencies.

Implementation plan

Agreeing the model of care

Business case approval

Programme management

Operational factors

Workforce

Programme management

Early consideration of all elements of the implementation process is important to ensure that it goes smoothly.

- It is particularly important when working cross-system, to ensure robust governance and communication arrangements are in place and actively managed
- A cross-system Programme Board should be established, with membership from Cheshire and Merseyside Health and Care Partnership, and participating CCGs, and representation from acute and other providers, finance and GPs, as well as ensuring adequate administrative support
- The programme management and governance needs to be established as follows:
 - ✓ Agree key roles and responsibilities
 - ✓ Identify and appoint a dedicated implementation lead and clinical champion
 - ✓ Develop and approve the implementation plan with clearly defined tasks, owners and milestones
 - ✓ Define clear and measurable objectives for the Stoma Support Service; agree the timescales for achieving both short-term and long-term objectives
 - ✓ Understand who the main stakeholders are and agree communication strategy
 - ✓ Establish regular communication channels.



Implementation plan

Agreeing the model of care

Business case approval

Programme management

Operational factors

Workforce

Operational factors

Once the business case has been approved and the programme structure established, planning for commencement of the Stoma Support Service should take place as follows:

1 Agree the ongoing regional governance arrangements

A system-wide collaborative Stoma Support Service will need robust regional and operational governance.

- ✓ Agree the overall governance structure and reporting lines to deliver ongoing oversight and management of the Stoma Support Service
- ✓ Develop and agree the standard operating procedures for the Stoma Support Service, required to ensure both service safety and quality
- ✓ Agree administrative and clinical protocols for the Stoma Support Service based on clinical advice and evidence base
- ✓ Agree the KPIs for the Stoma Support Service and how these will be collected and presented.

2 Agree a Pan Cheshire and Merseyside formulary

- ✓ Ensure this is based on clinical evidence, and processes are established for this to be reviewed annually
- ✓ Ensure the formulary is agreed between all CCGs and providers, in consultation with the regional clinical workforce
- ✓ Hold patient feedback sessions to inform and get patients' views before sign-off

- ✓ The Stoma Support Service must operate a 'whole of market' model with access to all stoma products approved on the local stoma formulary
- ✓ Any conflicts of interest will be declared to the commissioner as they occur and will be declared annually
- ✓ Ensure products included within the formulary are available for ordering through existing systems
- ✓ Consider regional procurement options and requirements to ensure robust, cost-effective product supply.

3 Identify locations for community-based clinics according to the regional patient cohorts and service needs

- ✓ Review the geography and associated patient numbers to determine the required number of clinics and optimal locations
- ✓ Ensure all sites are convenient, community-based and easily accessible for those using public transport or requiring car parking
- ✓ Ensure sufficient capacity is maintained at each clinic site to facilitate patients' preferred location, within the agreed waiting times.

4 Ensure data and information governance

- ✓ Establish robust arrangements for information governance and patient confidentiality to ensure the Stoma Support Service meets the needs of NHS Digital and the requirements in the Data Protection and Security Toolkit, which should be completed.

Implementation plan

Agreeing the model of care

Business case approval

Programme management

Operational factors

Workforce

Operational factors

- ✓ Patient confidential data (PCD) processes dictated by each CCG will be adhered to. Where required, data-sharing agreements should be put in place
- ✓ The patient information for existing stoma patients who have consented to use the Stoma Support Service will be transferred to the service in a phased manner. This work will take place in partnership with the CCG medicines management and optimisation teams, who should have oversight of this activity.

5 Agree and execute a communications plan targeting patients, and regional and local stakeholders

- ✓ Develop a communication plan and strategy, linked to a marketing plan to target key stakeholders at acute, GP practice and CCG level, to ensure a smooth transition of patients to the Cheshire and Merseyside community Stoma Support Service
- ✓ Develop a careful communication strategy, targeting patients in the context of shared decision making. It is particularly important to carefully communicate with existing patients to avoid any anxiety in their transitioning to the new Stoma Support Service, ensuring they are properly informed and engaged with on the changes to the delivery of the service, providing them with assurance of no risk to the supply of products
- ✓ Develop and agree the patient information material for the Stoma Support Service. Consider a question-and-answer section to address any likely concerns. It is particularly important to consider the concerns of existing patients transferring from other providers
- ✓ Develop and agree communication materials to inform local GPs, community pharmacy, DACs and other stakeholders.

6 Agree the IT system required to ensure smooth and efficient running of the Stoma Support Service

In order to deliver the Stoma Support Service, the following systems and infrastructure are required:

- ✓ Prescribing Hub patient management system, with a live register of patients, which ensures identification of required annual reviews, records clinical interventions and enables an efficient prescription ordering process, incorporating secure online patient prescription ordering requests. The system should enable the monitoring of Stoma Support Service performance in terms of spend and quality
- ✓ Prescribing functionality that preferably integrates with GP computer systems (e.g. SystemOne and EMIS Web) to create a shared patient record. The Stoma Support Service should engage with the relevant authorities to migrate to the Electronic Prescription Service (EPS) where possible
- ✓ A phone system that supports efficient performance management in terms of waiting times, call handling and call back facilities. The system must be robust enough to allow for changes in operation that may result from patient feedback.

Once the technology needs of the Stoma Support Service have been identified, local procurement processes should be followed, relevant suppliers appointed and the technology implemented. Local advice should be taken to agree the best procurement route, taking into consideration what existing systems and contracts are in place in the organisation, local and national frameworks and free software provided by some service and system providers.

Implementation plan

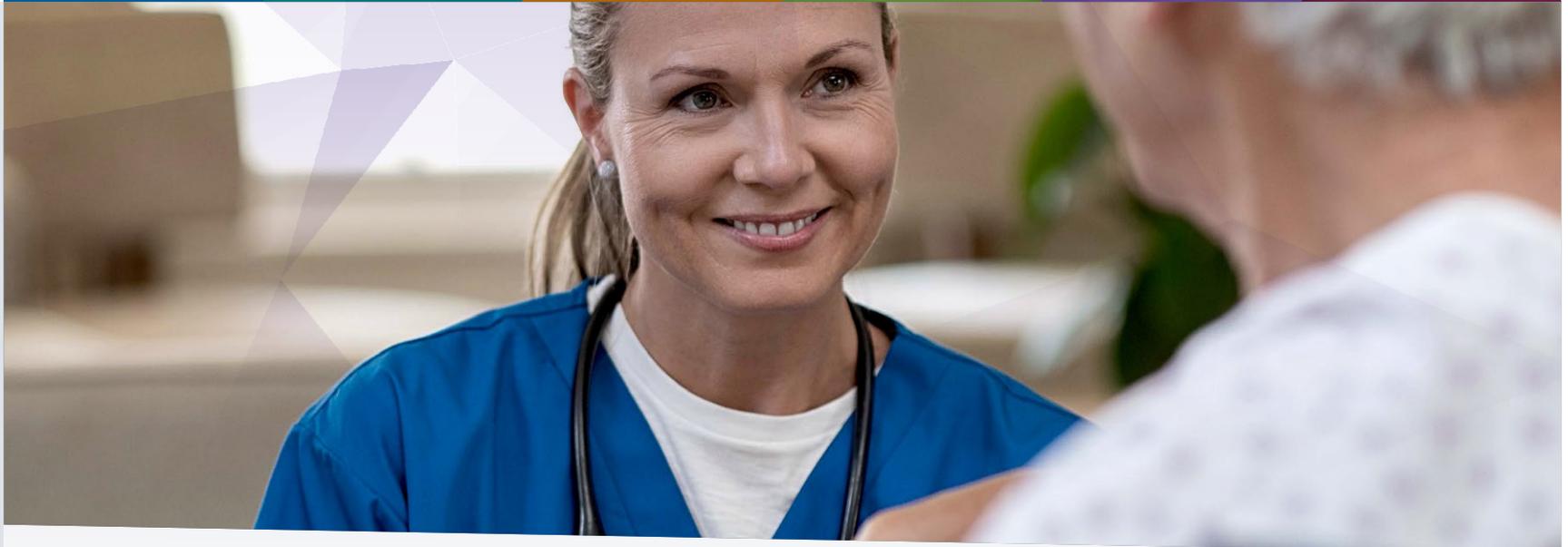
Agreeing the model of care

Business case approval

Programme management

Operational factors

Workforce



Workforce

- ✓ Agree on workforce numbers following GP practice clinical system search of patient numbers, and outcomes of feasibility study
- ✓ Agree roles, responsibilities and Agenda for Change band of staff required for the Stoma Support Service and agree the reporting structure
- ✓ Develop a staff recruitment plan which considers the number of existing staff in the region and number of new staff that may be required as the Stoma Support Service becomes established and potentially grows. Ensure staff recruitment is planned ahead of any projected patient number increases and service development, so that staff are in place when required
- ✓ Identify all training requirements for existing and new staff. Ensure service culture is considered early, particularly where staff are TUPEd from other organisations into the Stoma Support Service
- ✓ TUPE existing staff over to the new Stoma Support Service
- ✓ Begin staff training to support 'System go live' date.

Monitoring success
and KPIs

Service audit

Patient satisfaction
questionnaire

Quality of
life questionnaire

Acknowledgements

Monitoring to Measure Success



Monitoring success
and KPIs

Service audit

Patient satisfaction
questionnaireQuality of
life questionnaire

Acknowledgements

Monitoring success and KPIs

- The safety and efficiency of the Stoma Support Service will be monitored through a set of Key Performance Indicators (KPIs) to ensure it is meeting the set objectives
- Where possible, data collection should be automated and extracted from existing systems to reduce manual workload
- The precise data collection mechanisms will need to be established and agreed between the organisations involved, together with the onward reporting and review structures, during the design, planning and implementation phase of the Stoma Support Service.

Monitoring success
and KPIs

Service audit

Patient satisfaction
questionnaireQuality of
life questionnaire

Acknowledgements

Monitoring success and KPIs

| Category | What | Target |
|--------------------|--|-------------------------------------|
| Operational | Case load by patient type (new : existing) | |
| | The number of patients registered to each Dispenser/Pharmacy | |
| | Number (%) of prescriptions / orders received via online system | 40% |
| | Number (%) of patients seen in clinic (by location) | 92% |
| | Number (%) of patients seen at home | 5% |
| | Number (%) of patients seen in nursing home/care homes | 3% |
| | Call volume in period (by day and hour) and average call wait time | 80% of calls answered in 20 seconds |
| | % calls abandoned | <5% |
| Clinical | Average call duration | 180 seconds |
| | Number of patients who received a clinical review in the previous 12 months (once stabilised post operation) | 95% |
| | Number (%) of patients reporting infections | <5% |
| | Percentage of patients requiring to be seen more than once a year | <5% |
| Financial | Clinical tasks performed / value-added activities e.g psychological support | |
| | £ saved and % reduction in the appliance budget (total and per CCG / region) | 20% |
| | Average spend per 100,000 population | |
| | Average appliance spend / patient | |
| | Service costs / patient | |
| QoL | Evidence of service intervention negating a secondary care outpatient appointment visit | |
| | Evidence of service intervention negating a A&E visit | |
| | Patient Quality of Life indicator results. Validated national tool | 90% of patients scoring >60 |
| Patient Experience | Evidence of interventions for patients reporting low QoL | |
| | Percentage of patients highly satisfied with the service | 90% |
| | Number of service complaints | |

Monitoring success
and KPIs

Service audit

Patient satisfaction
questionnaire

Quality of
life questionnaire

Acknowledgements

Service audit

Stoma Support Service Audit

| Audit Question | Response |
|--|----------|
| There are appropriate governance structures and resources in place to support the Stoma Support Service: What further governance needs to be in place? What further resources need to be in place? | |
| A local Stoma Care Forum and a local Stoma Patient Forum are in place | |
| Membership of the Stoma Care Forum is inclusive and representative with meetings held on a regular basis | |
| Minutes from Forum meetings are communicated to the relevant CCG Boards | |
| What is the ratio of WTE of stoma nurses to stoma patients? Please indicate how this may have changed from the previous period? | |
| Does the future planning of stoma services feature in each CCG and ICS's Strategic Plan? | |
| An employee succession plan is in place to maintain continuity of the Stoma Support Service | |
| Staff training plans are created and maintained. Staff feel they have adequate training to do their job | |
| There is an IT roadmap in place to enhance existing IT and software to drive further service value and efficiency | |
| A process is in place for staff to comment and feedback on service provision. If yes, please provide details | |
| There is published information on the Stoma Support Service available for stakeholders (e.g. clinicians and patients, e.g. web site, leaflets) | |
| Are you satisfied with the current arrangements for provision of stoma care to your patients? Please give background to your rationale | |
| What elements of the Stoma Support Service could be improved in terms of quality, effectiveness and efficiency? | |

Monitoring success
and KPIs

Service audit

Patient satisfaction
questionnaireQuality of
life questionnaire

Acknowledgements

Patient satisfaction questionnaire

Stoma Support Service Audit

| Question | Possible Responses | | | | |
|---|----------------------|-------------------------------------|--------------------|------------------|----------|
| Who routinely dispenses your stoma appliances? | State Name | DAC | Community Pharmacy | Other | Comments |
| Are your stoma items supplied within an acceptable timeframe once your provider has received your prescription? | Always | Usually | Sometimes | Never | Comments |
| Are you provided with free supplies of disposal bags and wipes when these are required? | Always | Usually | Sometimes | Never | Comments |
| Are you able to contact the pharmacy or DAC for advice or help? | Always | Usually | Sometimes | Never | Comments |
| Do you find it easy to access an appropriate healthcare professional – e.g. hospital nurse, community nurse, pharmacist, GP when you need help or advice? | Always | Usually | Sometimes | Never | Comments |
| Are products supplied in discreet packaging? | Always | Usually | Sometimes | Never | Comments |
| Are you satisfied with the standard of stoma care provided by: | | | | | |
| a) The community Stoma Support Service? | Always | Usually | Sometimes | Never | Comments |
| b) Your DAC / pharmacy? | Always | Usually | Sometimes | Never | Comments |
| c) Other healthcare professional, e.g. GP / stoma nurse | Always | Usually | Sometimes | Never | Comments |
| Are you satisfied with the range of products available? | Always | Usually | Sometimes | Never | Comments |
| Have you ever had an occasion where you wanted to / needed to complain about the standard of service provided? | Always | Usually | Sometimes | Never | Comments |
| If so were you satisfied with the outcome of your complaint? | Always | Usually | Sometimes | Never | Comments |
| Do you feel NHS staff treat you with respect and dignity? | Always | Usually | Sometimes | Never | Comments |
| How satisfied are you with the Stoma Support Service? | Not at all satisfied | Satisfied but service could improve | Satisfied | Highly satisfied | Comments |

Monitoring success
and KPIs

Service audit

Patient satisfaction
questionnaire

Quality of
life questionnaire

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Quality of life questionnaire

Stoma Support Service Audit

Validated national tool available [here](#).

| Question | Possible Responses | | | |
|--|--------------------|-----------|--------|------------|
| | Always | Sometimes | Rarely | Not-at-all |
| 1 I become anxious when the pouch is full | 1 | 2 | 3 | 4 |
| 2 I worry that the pouch will loosen | 1 | 2 | 3 | 4 |
| 3 I feel the need to know where the nearest toilet is | 1 | 2 | 3 | 4 |
| 4 I worry that the pouch may smell | 1 | 2 | 3 | 4 |
| 5 I worry about noises from the stoma | 1 | 2 | 3 | 4 |
| 6 I need to rest during the day | 1 | 2 | 3 | 4 |
| 7 My stoma pouch limits the choice of clothes that I can wear | 1 | 2 | 3 | 4 |
| 8 I feel tired during the day | 1 | 2 | 3 | 4 |
| 9 My stoma makes me feel sexually unattractive | 1 | 2 | 3 | 4 |
| 10 I sleep badly during the night | 1 | 2 | 3 | 4 |
| 11 I worry that the pouch rustles | 1 | 2 | 3 | 4 |
| 12 I feel embarrassed about my body because of my stoma | 1 | 2 | 3 | 4 |
| 13 It would be difficult for me to stay away from home overnight | 1 | 2 | 3 | 4 |
| 14 It is difficult to hide the fact that I wear a pouch | 1 | 2 | 3 | 4 |
| 15 I worry that my condition is a burden to people close to me | 1 | 2 | 3 | 4 |
| 16 I avoid close physical contact with my friends | 1 | 2 | 3 | 4 |
| 17 My stoma makes it difficult for me to be with other people | 1 | 2 | 3 | 4 |
| 18 I am afraid of meeting new people | 1 | 2 | 3 | 4 |
| 19 I feel lonely even when I am with other people | 1 | 2 | 3 | 4 |
| 20 I worry that my family feels awkward around me | 1 | 2 | 3 | 4 |

Monitoring success
and KPIs

Service audit

Patient satisfaction
questionnaire

Quality of
life questionnaire

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Acknowledgements

This implementation guide has been produced by a collaboration between Midlands and Lancashire CSU, Deloitte LLP and MIAA, funded by NHS England as part of the National QIPP Programme.

This implementation guide is the latest in a series of activities and initiatives commissioned by NHS England's National QIPP Programme, supporting health systems across England to improve their efficiency and quality, and ensuring financial resilience.

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This work was supported by Medicines Management and Optimisation Teams and Finance Directors from the following CCGs:

- NHS Eastern Cheshire CCG
- NHS Halton CCG
- NHS Knowlsey CCG
- NHS Liverpool CCG
- NHS South Cheshire CCG
- NHS Vale Royal CCG
- NHS South Sefton CCG
- NHS Southport & Formby CCG
- NHS St Helens CCG
- NHS Warrington CCG
- NHS West Cheshire CCG
- NHS Wirral CCG

Special acknowledgements

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This implementation guide is intended for NHS use

Design by the Creative, Campaigns and Digital Team at
Midlands and Lancashire Commissioning Support Unit