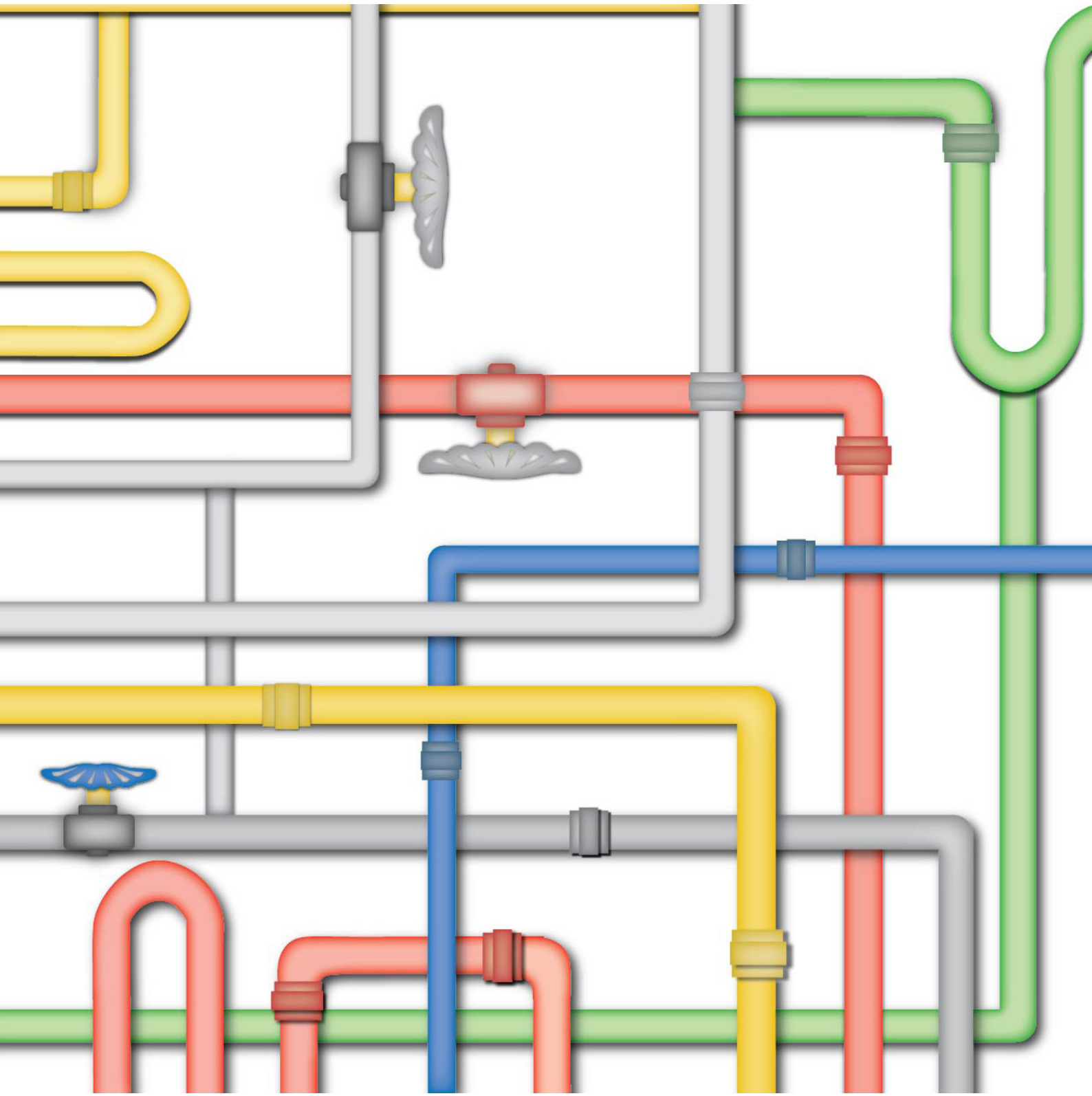


## Continance and Stoma Landscape Review



## Introduction and background

Continence and stoma is an area of care that affects a large number of service users, and also provides a significant cost pressure to the National Health Service due to high levels of inappropriate prescribing and waste, with often patchy monitoring and review processes. Ensuring that patients are prescribed appropriate appliances and accessories can greatly improve their quality of life. Increasing accessibility to expert clinical support and advice reduces dangerous and costly complications, for example catheter-associated urinary tract infections (CAUTIs) and pressure ulcers. Hospital admissions can be reduced as can care home admissions precipitated by incontinence or stoma issues.

In 2016, PrescQIPP conducted a landscape review on continence and stoma services which covered things such as how services were commissioned locally, number of specialist trained staff supporting local services, prescription ordering and dispensing processes, and local formularies. This report discusses the responses received to the questions and also looks at prescribing data where appropriate to identify any trends.

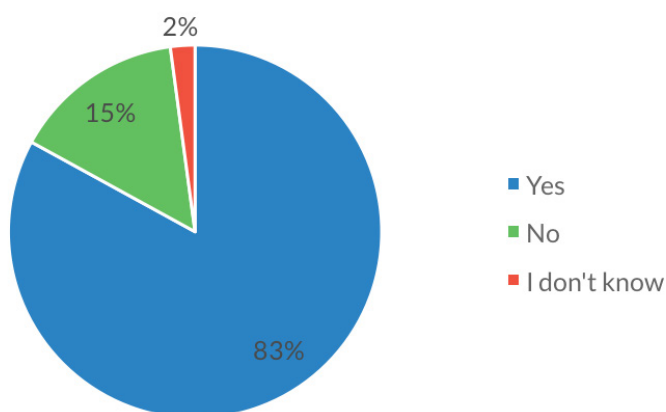
## NHS organisations who completed the survey

Individuals from a number of different NHS organisations across the UK responded to the continence and stoma landscape review, over the next few pages you will see a summary of their responses. The NHS organisations, who we would like to thank for their contributions, include:

Aneurin Bevan University Health Board, Betsi Cadwaladr University Health Board, Brighton and Hove CCG, Calderdale CCG, Care Plus Group, Chiltern and Aylesbury Vale CCG, Coastal West Sussex CCG, Coventry and Rugby CCG, Croydon CCG, East Lancashire CCG, East & North Hertfordshire CCG, Erewash CCG, Fareham and Gosport CCG, Fylde and Wyre CCG, Gloucestershire CCG, Harrogate and Rural District CCG, Hastings and Rother CCG/ Eastbourne Hailsham Seaford CCG, Health and Social Care Northern Ireland, Herefordshire CCG, Kernow CCG, Lancashire North CCG, Liverpool CCG, Medway CCG, Merton CCG, Midlands and Lancashire CSU, Nene CCG, Newham CCG, North East Essex CCG, Northumberland CCG and North Tyneside CCG, Northern, Eastern and Western Devon CCG, North of England CSU, Rotherham CCG, Solihul CCG, Southern Derbyshire CCG, Southwark CCG, Swale CCG, Telford & Wrekin CCG, West Essex CCG, West Hampshire CCG, West Kent CCG, West Leicestershire CCG, Wiltshire CCG, Worcestershire CCG and Wokingham CCG.

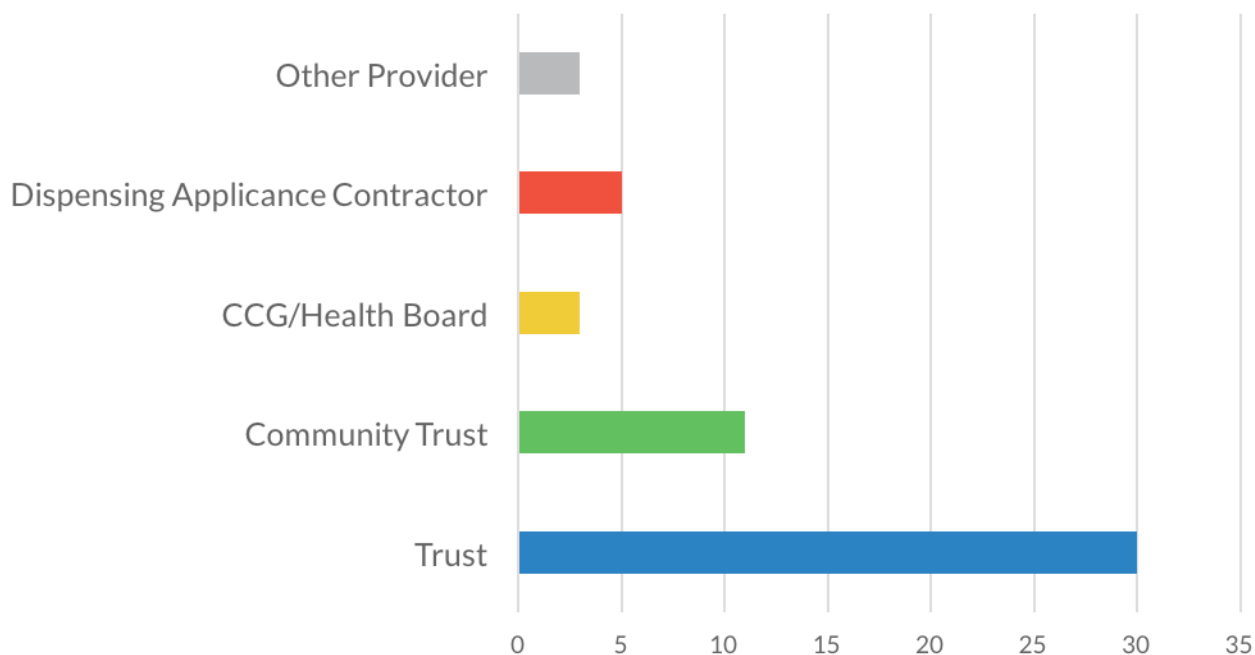
### Have you got a local continence and/or stoma nurse employed by the CCG or Trust?

GPs often say that they do not have any experience in treating continence and stoma and these patients are often poorly managed unless they have some dedicated input from experts. From the 49 responses we received for this survey **83%** of people said they have a local continence and/or stoma nurse employed by the CCG or trust with **15%** confirming they do not and **2%** being unsure. There is potentially a large gap in service where people do not have expert input into continence and stoma at a local level. This data showing that the majority of the respondents do have a local service could support those who do not and wish to put together a business case to get a local service.



### Who employs your local continence and/or stoma nurse?

There are many different models across the country of how staff are employed, these range from CCG employed to working within a large trust to employed by a dispensing appliance contractor (DAC). The data below shows the majority of continence and/or stoma nurses are employed by Trusts.

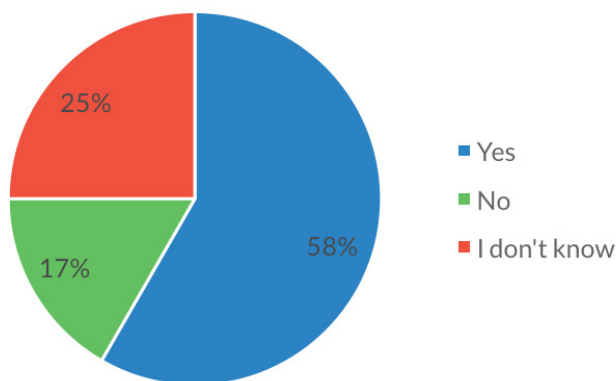


## How many do you have locally?

We asked a few questions about staffing levels locally, the first was to look at how many members of staff were employed locally. We received extremely varied results to this question with most organisations saying they have between 1-4 continence/stoma nurses. Not all respondents specified whether their nurses were continence nurses or stoma nurses. Some respondents also mentioned that their staffing levels consisted of healthcare assistants as well as nurses and some were unsure of local staffing levels. We also looked at what proportion of these nurses were industry sponsored and which companies sponsored them.

## Do you have an industry sponsored continence/stoma nurse working locally?

Just over half of the NHS organisations who completed this survey have an industry sponsored continence/stoma nurse working locally at **58%**. A small amount of **17%** confirmed they do not and a quarter of people who answered did not know. There have been concerns raised around the use of industry sponsored nurses, particularly around product selection bias.



## How many industry sponsored nurses do you have locally?

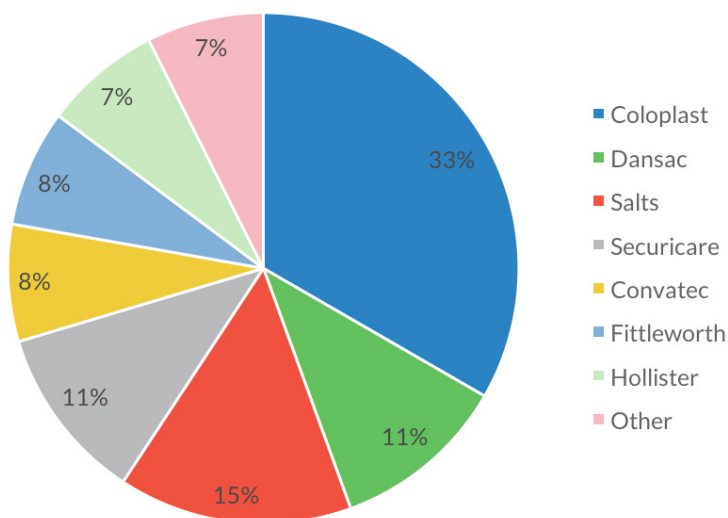
The specific number and proportion of industry sponsored nurses varied between CCGs with some having as many as 8 members of staff locally employed (this also included healthcare assistants). The percentage of industry employed/ sponsored staff varied from 0% to 100%.

The table below shows the number of nurses employed locally for each area (where they did have local nurses) and the proportion of these that are industry sponsored nurses.

| Number of whole time equivalent staff employed for each service |                               |       |                        | Total number of staff employed | Proportion of local staff that are industry sponsored/ employed |
|---|-------------------------------|-------|------------------------|--------------------------------|---|
| Continance  | Paediatric continence service | Stoma | General/ not specified |                                |   |
| 2.2   | 1                             |       |                        | 3.2                            | 0%  |
| 3   |                               | 3     |                        | 6                              | 0%  |
| 6   |                               | 2     |                        | 8                              | 0%  |
| 2   |                               | 1     |                        | 3                              | 0%  |
|   |                               | 4     | 1                      | 5                              | 0%  |
|   |                               |       | 3                      | 3                              | 0%  |
| 1   |                               |       |                        | 1                              | 0%  |
| 1   |                               | 1     |                        | 2                              | 0%  |
|   |                               |       | 2                      | 2                              | 0%  |
|   |                               | 1     |                        | 1                              | 0%  |
| 3   |                               |       |                        | 3                              | 0%  |
|   |                               |       | 1                      | 1                              | 0%  |
| 4   |                               | 3     |                        | 7                              | 0%  |
| 2   |                               | 2     |                        | 4                              | 25%   |
| 3   |                               | 1     |                        | 4                              | 25%   |
|   |                               |       | 5                      | 5                              | 40%   |
| 1   |                               | 1     |                        | 2                              | 50%   |
| 2   |                               | 3     |                        | 5                              | 60%   |
| 3   |                               | 1.75  |                        | 4.75                           | 63%   |
| 1   |                               | 2     |                        | 3                              | 67%   |
|   |                               | 3     |                        | 3                              | 67%   |
|   |                               |       | 3                      | 3                              | 67%   |
|   |                               |       | 1                      | 1                              | 100%  |
|   |                               | 4     |                        | 4                              | 100%  |
|   |                               | 1     |                        | 1                              | 100%  |
|   |                               | 3     |                        | 3                              | 100%  |
|   |                               |       | 2                      | 2                              | 100%  |
|   |                               | 4     |                        | 4                              | 100%  |
|   |                               |       | 2                      | 2                              | 100%  |
|   |                               |       | 1                      | 1                              | 100%  |
|   |                               |       | 1                      | 1                              | 100%  |
|   |                               |       | 1                      | 1                              | 100%  |
|   |                               |       | 1                      | 1                              | 100%  |

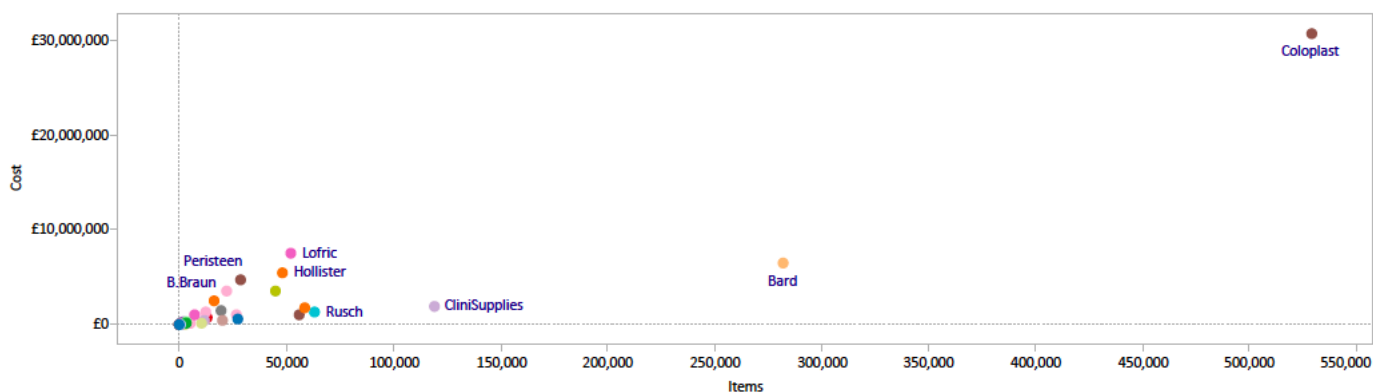
## Which company/companies sponsors them?

The below results show the percentage of continence and/or stoma nurses sponsored by individual companies (for the NHS Organisations who answered this question).

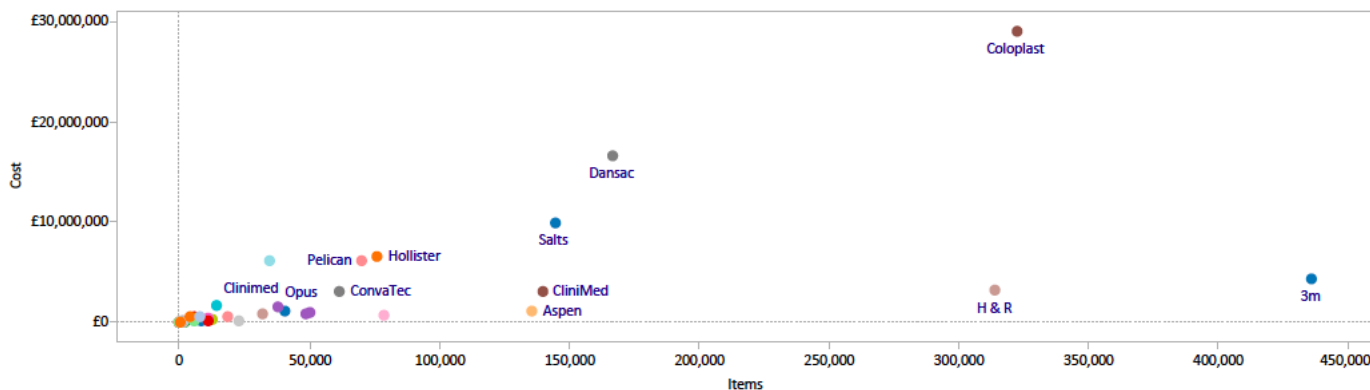


Looking at the Prescribing data for continence and stoma, the highest level of prescribing is for the Coloplast branded products. This correlates directly with the highest proportion of nurses sponsored by Coloplast. As this was a small sample size of commissioners who responded to this survey, we are unable to explore this further. This data can be explored further in the [PrescQIPP Data Hub](#) continence and stoma visual snapshots.

### Prescribing in England and Wales for continence products by brand: PrescQIPP Visual Analytics Continence Snapshot (April to September 2016)



### Prescribing in England and Wales for stoma products by brand (PrescQIPP Visual Analytics Stoma Snapshot (April to September 2016)

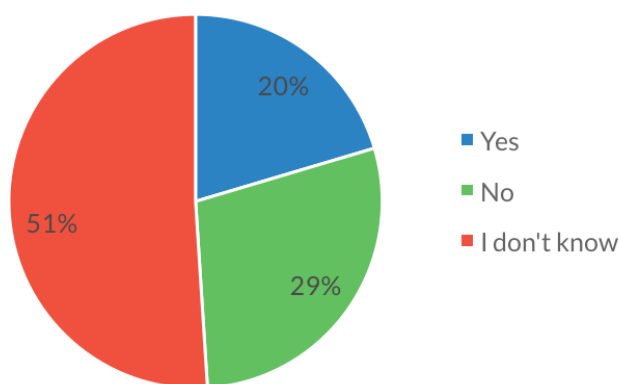


## For your local population, do you have 1 whole time equivalent specialist practitioner per 100,000 population - as suggested in the all-party parliamentary group report (APPG)?

(<http://www.appgcontinence.org.uk/pdfs/CommissioningGuideWEB.pdf>)

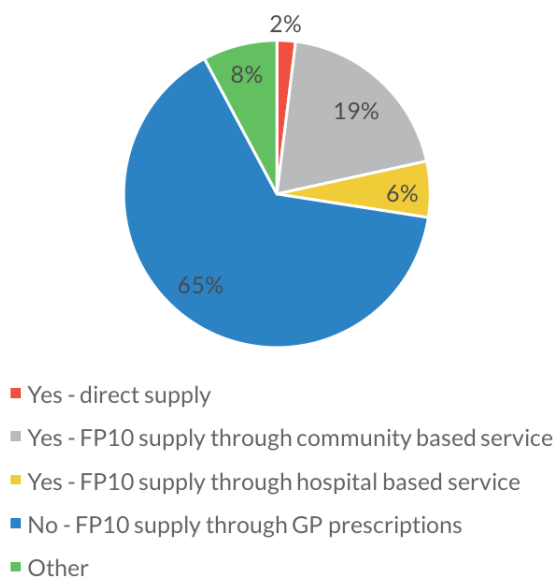
The APPG report suggests that as a minimum, a high quality, cost-effective continence care service requires: an expert clinical leader responsible for strategy, service improvement, education, research and audit activities; one whole time equivalent specialist practitioner per 100,000 population, plus access to designated medical and surgical specialists, investigation and treatment facilities

All organisations answered this question and of these, **51%** were unsure of whether their locality met this minimum requirement and **29%** said they did not. Only **20%** confirmed they have followed suggestions in the all-party parliamentary group report and have 1 whole time equivalent specialist practitioner per 100,000 population.



## Do you have a locally commissioned continence/stoma service?

In this question we sought to identify if NHS organisations have a locally commissioned continence/stoma service and how products are supplied. The results below show the majority of products are supplied through GP practices via an FP10 prescription.



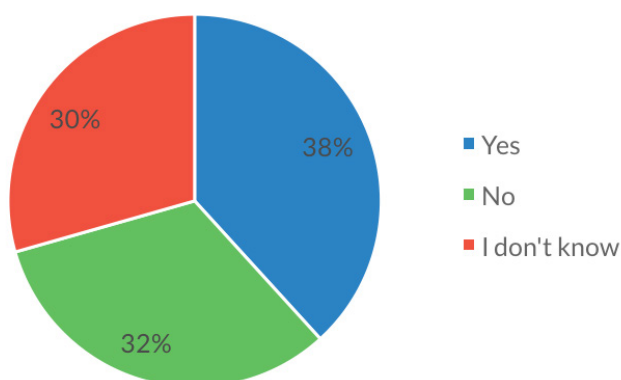
## Do you have CQINS or other measures in place to monitor service and what are they?

27 people responded to this question, of these, **59%** of people answered either no or don't know. **41%** of people answered yes (some had KPI's instead of CQINs) and of these some gave specific examples which are listed below.

- Aneurin Bevan University Health Board - CQINs not applicable in Wales. Undertaking patient satisfaction survey.
- Herefordshire CCG - KPI in contract in relation to stoma: follow up of new patients within 6 weeks, 3-6 monthly and annual review of existing patients, report on audit of 10 high user patients per year, meet with CCG to discuss prescribing.
- Medway CCG - Practice reviews by stoma nurse.
- Telford & Wrekin CCG - Set up as a practice and monitored via epact.
- Worcestershire CCG - Interventions made during reviews with details documented, patient satisfaction survey 3 months after all patients have been transferred to the new service, number of patients receiving at least one review as a percentage of the total patients on the system, number of interventions made during reviews.
- Wokingham CCG - They prescribe using our prescribing code.

## Have you seen any savings?

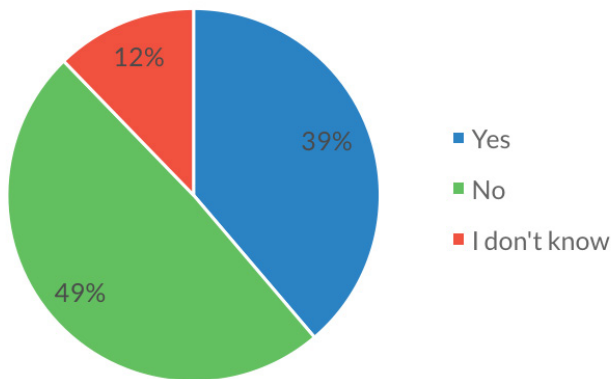
This question received a very mixed response with **38%** confirming they have seen savings, **32%** saying they haven't and **30%** saying 'I don't know'.





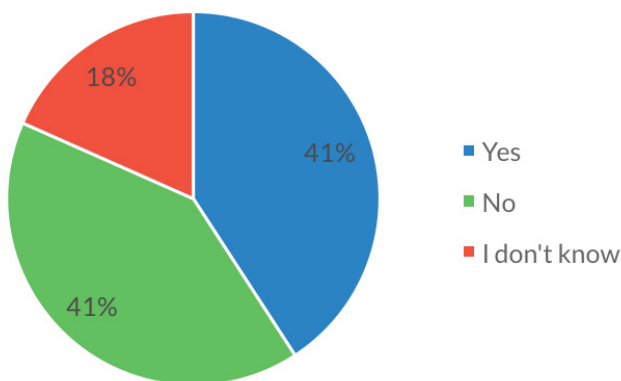
## Do you have any business cases you have written to support service redesign?

Just under half at **49%** do not have business cases to support service redesign, **39%** answered 'yes' to this question and a further **12%** were unsure.



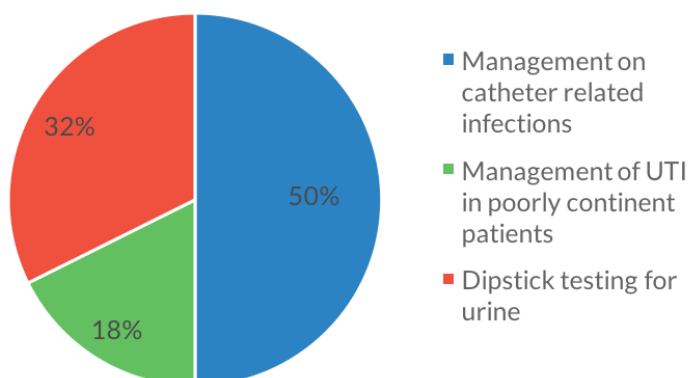
## Do you have any guidance on the management of catheter related infections?

This question received a very mixed response with **41%** answering yes, and **41%** saying no, they do not have any guidance on the management of catheter related infections. **18%** of people who completed the survey were unsure.



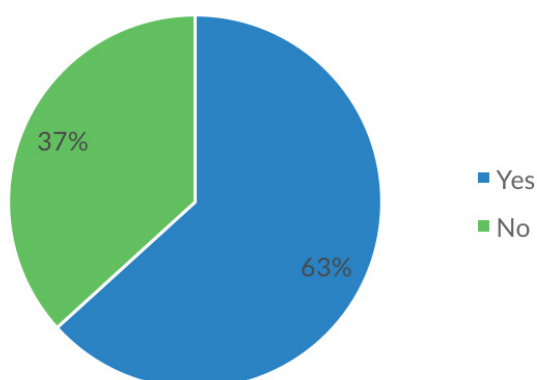
## Does this guidance include any of the below?

In this question we wanted to find out whether management of UTI in poorly continent patients and dipstick testing were included in their guidance on the management of catheter related infections. The below results show the percentage of topics included from the 41% of organisations who answered yes to the previous question.



## Do you know where the majority of your continence/stoma appliance prescriptions are dispensed?

Problems often arise if a practice is unaware of where a patient's prescription is being dispensed. There are also often issues with Dispensing Appliance Contractors ordering prescriptions on behalf of the patient a month in advance/holding a prescription for the next supply. It is important to know where the majority of prescriptions are dispensed locally to ensure effective communication with suppliers. **63%** of people who answered this question know where the majority of their continence/stoma appliance prescriptions are dispensed, with only **37%** saying they do not.



## Do you receive information about Appliance Use Reviews (AUR) and are they appropriately actioned?

AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by:

- Establishing the way the patient uses the appliance and the patient's experience of such use.
- Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient.
- Advising the patient on the safe and appropriate storage of the appliance.
- Advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

The information about the date of review, the identity of the patient and the pharmacist or specialist nurse who carried out the review must be sent to the patient's GP. Also any information which the pharmacist or specialist nurse considers necessary for the GP to be aware of, must be forwarded to the patient's GP and practice nurse (if applicable).

Although CCGs do not need to receive this information, it should be available in the patient's records in the GP practice if proper processes are being followed.

A large majority of people at **80%** do not receive information about appliance use reviews, only **4%** confirmed they do with the remaining **16%** saying 'I don't know'.

## Are there any issues locally with FP10 prescription and supply?

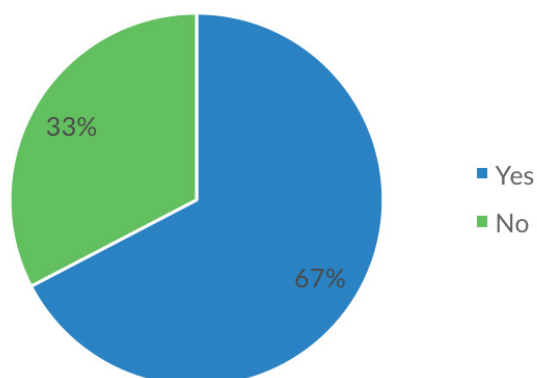
One of the main issues raised by CCGs is that DACs often pre-order prescriptions for stoma and continence appliances a month in advance (so they have a prescription in hand). The patient is often not consulted about what they require before the DAC puts in a request for a repeat prescription and products are changed without consulting the patient's GP. Other issues include items being supplied then the prescription being ordered retrospectively.

A letter template is available in the [PrescQIPP Stoma resources](#) which can be adapted and sent to DACs locally.

**41%** of people who answered this question confirmed they are not aware of any issues locally with FP10 prescription and supply, and just over half at **53%** said 'yes'.

## Do you have a continence/stoma formulary or guidelines?

The majority of organisations at **67%** have continence/stoma formulary or guidelines. Some of these have been shared on the [PrescQIPP Continence and Stoma Webkit](#).



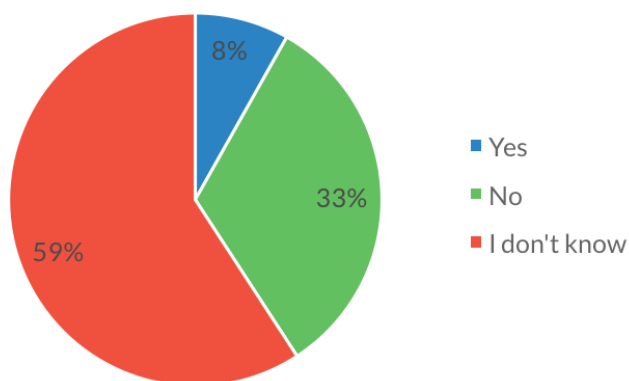
## Have you undertaken the self-assessment recommended in the NHS England guidance?

(<http://www.disabledliving.co.uk/DISLIV/media/promocon/Useful%20Reports%20-%20Other%20Organisations/self-assessment-framework.pdf>)

The [NHS England Excellence in continence care](#) document recommends CCGs undertake a continence self-assessment using the framework linked above to support continence commissioning by CCGs. This will help to establish a dialogue with providers in relation to local continence pathways and services and to identify priority areas for action to strengthen commissioning and improve patient outcomes. Out of the 49 people who answered this question no one has undertaken the self-assessment and only **20%** of those people are planning to do it soon.

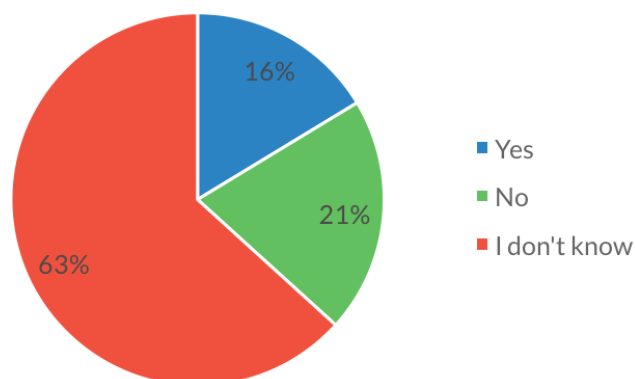
## Do you have a policy for intermittent self-catheterisation (adults/children)?

We asked this question as many members of the continence and stoma group were asking a similar question. Only **8%** of people who answered this question confirmed they do have a policy for intermittent self-catheterisation, **33%** do not and the majority at **59%** answered 'I don't know'.



## Do you have catheterisation packs supplied on FP10 or through stores locally?

Again, the majority of people at **64%** answered 'I don't know' to this question with only **16%** confirming they do have catheterisation packs supplied on FP10 or through stores locally, the remaining **20%** do not have catheterisation packs.



## Have you done anything locally about unplanned admissions in continence?

Only **14%** confirmed they have done something locally about unplanned admissions in continence, the results below show whether people have seen a reduction in hospital admissions. **39%** confirmed they have not done anything locally with the majority at **47%** being unsure. The comments below are from those people that have seen a reduction in hospital admissions.

- Aneurin Bevan University Health Board - Hope new service will reduce this.
- Chiltern and Aylesbury Vale CCG - Developed CQUIN for this year.
- Coastal West Sussex CCG - The CCG has developed a pilot project to reduce A&E attendances and admissions as a result of catheter related problems. The pilot has demonstrated a reduction in both dimensions for the cohort of patients who were given active intervention.
- Gloucestershire CCG - We are reviewing the treatment care pathways currently, although nothing has yet been finalised.
- Rotherham CCG - Yes the savings made against products were reinvested in additional continence nurses allowing greater support to DNs and home visits. Patients have been treated in their own home that would have previously had no choice but to go to A&E.
- Southwark CCG - The formulary and guidance about managing catheter-related problems in the community are designed to reduce A&E attendance. Pathways are being developed to manage OOH care too.
- Wokingham CCG - This was part of the business case when we moved all continence over to the community trust.

### Summary and next steps

We have gained a lot of information from this survey which will be used to scope our future work (looking at where there are gaps and specific resources may be needed). We will update our [Continence and Stoma Webkit](#) with the resources people have agreed to share and hope that these resources will help people looking to implement projects in continence and stoma.