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PrescQIPP
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Stoma

In England, Scotland, Wales and the Isle of Man, approximately £423million is spent on stoma appliances (bags and accessories) annually (NHSBSA England, Wales, Isle of Man Jun-Aug23) and Public Health Scotland (Mar-May23).

It is important that stoma appliances are prescribed appropriately to reduce the incidence of skin complications, leakage and infection, and to avoid overordering or waste.

This bulletin provides recommendations for prescribing stoma appliances and accessories in order to improve patient care and reduce waste. In addition, it provides some overall guidance on prescribing medicines for patients with a stoma.

Recommendations

- Only those appliances listed in the relevant Drug Tariff may be issued using an NHS prescription.
- Prescriptions for appliances should only be issued at the request of the patient or their carer and they should not routinely be accepted from dispensing appliance contractors. See PrescQIPP appliance formulary development guidance for further information.
- Follow a local formulary for stoma appliances (see PrescQIPP appliance formulary development guidance) that reflects local needs, reduces variation in prescribing and supports the selection of appropriate, cost-effective products. Ensure that Stoma Nurse Specialists and local stakeholders are involved in any formulary decisions relating to stoma appliances.
- Carry out regular audits to ensure that stoma products are being prescribed in accordance with local appliance formulary guidance, so that appropriate quantities are prescribed, to minimise wastage and to identify any potential issues that require referral to the patient's specialist stoma nurse.
- Any change to a patient's stoma appliances should be approved by a stoma nurse in consultation with the patient.
- Ensure that the patient receives an appliance use review on an annual basis from a stoma nurse to support appropriate use and good prescribing practice.
- Do not routinely prescribe deodorisers, skin cleansers, light support underwear, pouch covers, barrier creams, stoma filters, gauze swabs, or combinations of a spray and wipes of the same product for patients with a stoma.
- Only prescribe lubricating deodorants, ring seals, stoma collars, pastes, powders or stoma underwear for parastomal hernia prevention in high-risk patients or management of parastomal hernia if requested by a specialist stoma nurse. If these items are recommended by a specialist stoma nurse, they should be prescribed based on the recommended quantities (see Table 1) unless otherwise requested and they should be regularly reviewed.
- Refer patients who are requesting large quantities of stoma products or overusing stoma accessories to a stoma care nurse as this may indicate that they are experiencing problems.
- Consider any adjustments that may need to be made to a patient's medicines in view of their stoma on discharge from hospital and at regular medication reviews.

National Guidance

The National Institute of Health and Care Excellence (NICE) has not issued specific guidance on stoma management or the prescribing of stoma appliances, although stoma is mentioned in several guidelines (such as NICE [CG49] Faecal incontinence in adults: management and [NG130] Ulcerative colitis: management).[1,2]

NICE [CG49] states that individuals assessed as possible candidates for a stoma should be referred to a stoma care service.[1] Moreover, [NG130] states that a specialist who is knowledgeable about stomas (such as a stoma nurse or a colorectal surgeon) should give any person who is having surgery for ulcerative colitis and their family members or carers (as appropriate) specific information about the siting, care and management of stomas.[2] This applies for both elective and emergency surgery.

The British National Formulary (BNF) treatment summary on stoma care states that: A stoma is an artificial opening on the abdomen to divert the flow of faeces or urine into an external pouch located outside of the body. This procedure may be temporary or permanent. Colostomy and ileostomy are the most common forms of stoma but a gastrostomy, jejunostomy, duodenostomy, urostomy or caecostomy may also be performed.[3]

The BNF treatment summary also states that "patients and their carers are usually given advice regarding the use of cleansing agents, protective creams, lotions, deodorants, or sealants whilst in hospital, either by the surgeon or by stoma care nurses. Voluntary organisations offer help and support to patients with stoma".[3]

The Association of Stoma Care Nurses (ASCN) UK published the ASCN Stoma Care National Clinical Guidelines in 2016.[4] This is supported by the ASCN Stoma Care Nursing Standards and Audit Tool For the Newborn to Elderly which was last revised in 2021.[5] This document states that people living with a stoma should have continued care and access to a specialist stoma care nurse. Specifically, this includes lifetime patient access to specialist advice/support or referral to an appropriate service to provide this, as well as an appliance use review on an annual basis to support appropriate use and good prescribing practice.[5]

NHS England commissioned a guide entitled Delivering Excellence in Stoma Care: A guide to implementation, based on the design of a patient-focused, community-based Stoma Support Service across the Cheshire and Merseyside region. This aimed to improve the management of patients' ongoing stoma care and prescribing needs, while reducing spend on stoma appliances.[6] This will help to support regions to work collaboratively and deliver 'at-scale' systemwide efficiencies. It includes a detailed service specification.[6]

This guide made the following recommendations:[6]

- Where possible, a single Stoma Support Service, spanning primary and secondary care should be established, with a single aligned budget. Any efficiencies gained can be shared between commissioner and providers.
- Systems should explore the use of NHS-funded nurses rather than company sponsored nurses, where possible.
- Health systems should agree a clinically approved formulary between commissioner and provider organisations that is evidence-based and regularly reviewed.
- All changes to a prescription should be approved by a stoma nurse prescriber in consultation with the patient.
- Integrated Care Boards (ICBs) should insist that acute trusts buy all 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 ICB has had input, even if they are not a stakeholder.

In 2019, NHS Scotland published the National Stoma Quality Improvement SLWG (NSQIG) Final Report which included multiple commissioning recommendations. It was highlighted that GPs providing stoma prescriptions were unfamiliar with the needs of stoma patients and were not best placed to apply scrutiny to stoma prescriptions and to manage variance.[7]

This report also highlighted the following:[7]

- Improvements in patient monitoring, assessment of product effectiveness and efficiency of stoma prescribing will support effective product use. These will improve quality of life by early identification and management to minimise stoma-related associated morbidity. Also this will support a reduction in waste and unwarranted variation associated with inappropriate product use.
- NHS Scotland Stoma Care prescribing guidance has been developed as a pragmatic decision-making aid to support more effective product use and to reduce variation.
- Alternative models to GP prescribing require proof-of-concept testing to fully evaluate how a non-medical prescriber or non-prescription-based approach could better utilise existing resources within the multi-disciplinary team and improve patient outcomes.
- Stoma Nurses continue to play a critical role in the delivery of specialist stoma care and in the support and advice given to wider professionals. However, there is a noted lack of consistency in how Stoma Nurse roles are supported and deployed across Scotland, creating variance in how patients and colleagues can access this expertise.

There is currently no stoma appliance prescribing guidance specific to Wales or Northern Ireland. The online Northern Ireland Formulary provides a patient information leaflet with information regarding ordering stoma supplies, available at https://niformulary.hscni.net/patient-area/stoma-care-appliances-and-access.

Prescribing Stoma Appliances

In England and Wales, only stoma appliances listed in Part IXC of the NHS Business Services Authority (NHSBSA) Drug Tariff are approved for prescribing on the NHS.[8]

In Scotland, Part 6 of the Scottish Drug Tariff no longer lists stoma appliances and accessories,[9] because they are now managed and maintained by National Procurement: www.nss.nhs.scot/procurement-and-logistics/access-stoma-supplies/stoma-supplies/

Reimbursement for eligible stoma supplies in Scotland is based on the England and Wales Drug Tariff, with some additional exceptions. These exceptions can be checked monthly. See https://www.nss.nhs.scot/ procurement-and-logistics/access-stoma-supplies/stoma-supplies/ for further information.

Northern Ireland follow the England and Wales Drug Tariff for products listed in Part IXC, with a small number of exceptions, e.g. Venture Healthcare Ltd – Medi-Lift Pen and Rhodes Pharma Ltd – StoCare Remove XL Medical Adhesive Remover Spray. For all products, the manufacturer's list price is as stated in the England and Wales Drug Tariff. Where the prescriber has not specified the type of appliance or part thereof or accessory, the Chemist or Appliance Contractor must endorse the prescription stating the type supplied and submit the invoice to the BSO.[10]

Items not included in the relevant Drug Tariff must be purchased over-the-counter.

Prescriptions for appliances should only be issued at the request of the patient or their carer and they should not be accepted from a dispensing appliance contractor. See PrescQIPP guidance for further information.

A local formulary should be developed for stoma appliances that reflects local needs, reduces variation in prescribing and supports the selection of appropriate, cost-effective products. Specialist stoma nurses, inpatient services and local stakeholders should be involved in any recommendations or prescribing decisions for stoma care. This is particularly important as stoma appliances are usually

initiated by specialist stoma nurses in secondary care, prior to the patient being discharged from hospital.

Refer to PrescQIPP Appliance formulary development guidance for further information regarding appliance formulary development.

The following **should not be routinely commissioned** for patients with a stoma:[11–13]

- Deodorisers, as built-in carbon filters within pouches are designed to mask odour and deodorants for use during bag changes are available over-the-counter.
- Skin cleansers, as warm water cleanses peristomal skin effectively.
- Light support underwear, as this is cosmetic and does not provide support for a parastomal hernia. High-waisted support underwear is available to purchase over-the-counter from high-street stores or online from ostomy underwear suppliers.
- Bag/pouch covers, as these are cosmetic and opaque pouches are available.
- Barrier cream, as this reduces the adhesiveness of bags/flanges.
- Combinations of spray and wipes of the same product, as both perform the same task.
- Stoma filters, as all modern pouches have built-in filters.
- Gauze swabs, as there is no clinical rationale for their use in stoma care.

The following should not be routinely commissioned for patients with a stoma, unless on the advice of a stoma nurse:[11–13]

- Lubricating deodorants. Baby oil is a cost-effective alternative.
- Paste. A different bag may be more appropriate than using a paste as a filler for uneven skin surfaces to help with adhesion and this should be reviewed by a stoma nurse.
- Powder. The patient may have sore, broken skin and should be reviewed by a stoma nurse.
- Ring seals. An alternative bag may be appropriate.
- All stoma underwear for hernia prevention or management. Level 3 support wear should be prescribed on an individual basis after assessment by the stoma nurse.
- Stoma collars. These are often only used after trying alterative bags to solve leakage issues.

Table 1. Typical Quantities and prescribing guidance for stoma appliances.[11–13]

Stoma appliance	Typical quantity	Directions for use	Typical usage	Notes
Adhesive remover spray (50mls)	1–2 cans per month (ileostomy/ urostomy) no more than 3 cans per month (colostomy)	Use to assist in cleaning the skin when changing ostomy bag	Spray at each bag change	Not to be used in conjunction with adhesive remover wipes as they do the same job.
Adhesive remover wipes	1 box (30) per month (2 boxes if colostomy)	Use to assist in cleaning the skin when changing ostomy bag One wipe per bag change	One wipe per bag change	Sprays are generally more cost-effective than wipes but wipes may be more appropriate for people whilst travelling/at work or who lack the dexterity to use sprays (1 wipe/bag) Not to be used in conjunction with adhesive remover spray

Stoma appliance	Typical quantity	Directions for use	Typical usage	Notes
Bags: Colostomy bags	30–90 bags per month	Remove and discard after use	1–3 per day	Not reusable. Can be 1-piece or 2-piece
Bags: Ileostomy bags	10–30 bags per month	Drain as required. Use a new bag every 1–3 days	1 every 1–3 days	Drainable. Can be 1-piece or 2-piece
Bags: Urostomy bags	20–30 bags per month	Drain as required Use a new bag every 1–3 days	1 every 1–3 days	Drainable. Can be 1-piece or 2-piece Require additional night bag
Bags: Night drainage bags	4 bags per month (prescribe as 1 box of 10 bags every 2-3 months)	Use a new bag every 7 days	1 per week	Drainable. Rinse as directed by stoma care nurse
Belts—ostomy support	3–6 per year	Usage may vary	Variable	Washable and reusable
Collar (on the advice of a stoma nurse)	30–90 per month	Use 1 with every new bag 1–3 per day	1 per bag change	Refer to stoma nurse for review, as alternative bags to reduce leakage may be suitable
Flange (for 2-piece system)	15 flanges per month	Change every 2–3 days	1 every 2–3 days	The flange is not changed with every bag change
Flange extenders/ security strips	2–6 boxes of 30 per month (60–180)	To be used at every bag change	2 tapes per bag change	For extra security if patient has hernia or skin creases Must be the same manufacturer as for bag to ensure compatibility
Paste for stoma (60 grams, on the advice of a stoma nurse)	1–3 tubes per month	To be used with bag change	Used at each bag change	Refer to stoma nurse for review Absorbs moisture, improves seal, which decreases the frequency of bag changes
Pouch clips	1 box of 10 per year	Use to seal the bottom of the bag	Used with drainable ostomy bags that do not have an integrated closure	Rarely needed Usually for older bags/2-piece systems Patient should be reviewed to assess continued suitability Reusable
Powder for stoma (25 grams, on the advice of a stoma nurse)	1 every 1–3 months	Apply to broken skin	Variable Used to absorb moisture from broken skin	Refer to stoma nurse for review

Stoma appliance	Typical quantity	Directions for use	Typical usage	Notes
Seals (on the advice of a stoma nurse)	30–90 per month	Use 1 for each bag change	1 per bag change, for skin protection, filling in dips around the stoma and for increasing bag use time	Usually for ileostomies and urostomies (needed by about 90% of patients) Should be on specialist advice as a different bag may be more appropriate
Skin protective/ barrier spray	1–2 per month per 30 colostomy/60 ileostomy bags Not for repeat prescription	Use for the treatment of red, sore skin May be needed to prevent skin breakdown	Variable	Refer to stoma nurse for review if skin is broken or use is prolonged >3 months Not to be used in conjunction with skin protective/ barrier wipes
Skin protective/ barrier wipes	30 per month (if skin is red) Not for repeat prescription	Use 1 wipe per day if skin is red	1 per day if skin is red	Refer to stoma nurse for review if skin is broken or use is prolonged >3 months Not to be used in conjunction with skin protective/ barrier spray
Solidifying agents (capsules, tablets, sachets, absorbent strips)	2 boxes per month	Place inside empty ostomy bag and attach as usual. To thicken contents of the bag	1–2 capsules/ tablets/strips per effluent after emptying, if high output	Refer to stoma nurse for review Mainly used by patients with an ileostomy to thicken up contents in stoma bag without the need for medication
Underwear for the prevention or treatment of hernia, Level 3 support (on the advice of a stoma nurse)	For hernia prevention, where a clear high risk has been identified: 2 garments per year For hernia treatment: 3 garments per year	Usage may vary	Variable	Washable and reusable

If a patient is requesting large quantities of stoma products or overusing stoma accessories, this may indicate that they are experiencing problems and they should be referred to their stoma care nurse for reassessment.[11]

For patients with a stoma that is difficult to manage, a stoma nurse may recommend additional accessories or in larger quantities. This should be reviewed annually at the patient's appliance use review with the stoma nurse.

Overuse of stoma accessories is defined as:[11]

- The use of more than one wipe per bag.
- The use of more than one can of spray per box of 30 bags.
- The use of more than two stoma accessories, e.g. adhesive remove wipes and spray prescribed together.
- The use of a skin protective spray/wipes for more than three months.

The PrescQIPP Stoma clinical snapshot can be used to monitor patients receiving over a 12 months' supply of stoma products.[14] Data is selected by organisation and provides the number of patients, total items, volume and total cost. Total costs and % total costs as a proportion of all patients for the highest costing (top 20) patients by organisation are also available.

For patients requesting new stoma accessories, these should generally only be prescribed following individual assessment. Stoma nurses are best equipped to undertake this assessment, either in primary or secondary care depending on local arrangements.

Medicines optimisation

Understanding the type and extent of surgical intervention in each patient is crucial in managing their medication needs correctly.[3] Consider any adjustments that may need to be made to a patient's medicines in view of their stoma on discharge from hospital and at regular medication reviews.

Prescribing for patients with a stoma calls for special care due to modifications in drug delivery, resulting in a higher risk of sub-optimal absorption.[3]

Points to consider when prescribing for patients with a stoma include:[3,15-17]

- Enteric-coated and modified-release medicines are not suitable, particularly in patients with an ileostomy, as there may be insufficient release of the active ingredient.
- Preparations with quick dissolution and absorption should be used such as liquids, capsules and uncoated or soluble tablets.
- When a solid-dose form such as a capsule or a tablet is given, the contents of the stoma bag should be checked for any remnants.
- Preparations containing sorbitol as an excipient may have a laxative effect.
- Opioid analgesics may cause constipation in colostomy patients.
- When a non-opioid analgesic is required, paracetamol is usually suitable.
- Aspirin and NSAIDs may cause gastric irritation and bleeding; faecal output should be monitored for traces of blood.
- Calcium-containing antacids can cause constipation.
- Magnesium-containing antacids can cause diarrhoea, especially in patients with an ileostomy as they can cause osmotic diarrhoea.
- Aluminium hydroxide antacids can cause constipation and may be of concern in colostomy patients.
- The anti-diarrhoeal drugs loperamide hydrochloride and codeine phosphate reduce intestinal motility and decrease water and sodium output from an ileostomy.
- Loperamide circulates through the enterohepatic circulation, which is disrupted in patients with a short bowel.
- High-dose loperamide (<80mg/day or according to serum loperamide levels) may be required in patients with a short bowel. In view of the risk of cardiovascular events, it is recommended that QT interval is measured prior to commencing high-dose therapy, then every three years if it is continued. Prescribing and monitoring should be in line with the British Intestinal Failure Alliance (BIFA) Position Statement.

- Patients with a stoma are particularly susceptible to fluid and sodium depletion which can often lead to hypokalaemia; potassium supplements are not usually required.
- Hypokalaemia may cause an increased sensitivity to digoxin.
- Diuretics may cause excessive dehydration in patients with an ileostomy or with urostomy and potassium depletion may easily occur; potassium-sparing diuretics are available.
- Iron preparations may cause diarrhoea in ileostomy patients, constipation in colostomy patients and sore skin if output leaks; stools may also appear black. Parenteral iron is licensed for use in patients who are unable to tolerate the gastro-intestinal adverse effects of oral iron.
- Laxatives may cause rapid and severe loss of water and electrolytes in ileostomy patients and should therefore be used with caution. Increasing fluid intake or dietary fibre should be used first-line for patients with a colostomy.
- In patients with a colostomy, bulk-forming laxatives may provide more benefit than a stimulant laxative; they aid in the formation of solid stools and promote regularity. If bulk-forming laxatives are insufficient, as small a dose as possible of senna should be used. Stool softeners can also help with constipation.
- Enemas and washouts should not be prescribed for patients with an ileostomy as they may cause rapid and severe loss of water and electrolytes.
- Liquid formulations of potassium supplements are preferred to modified-release formulations; to avoid osmotic diarrhoea, the daily dose should be split into divided doses.
- In addition, patients with a shortened bowel due to large surgical resection may require medical management to ensure adequate absorption of nutrients and fluid. Absorption of oral medication is also often impaired and this may require additional modification. Refer to https://bnf.nice.org.uk/treatment-summaries/short-bowel-syndrome/ for further information.

Costs and Potential Savings

The charts below show spend and items for stoma appliances between 2017/18 to 2022/23 in England, Wales and the Isle of Man.[14]

Figure 1. Total cost for stoma products prescribed on the NHS

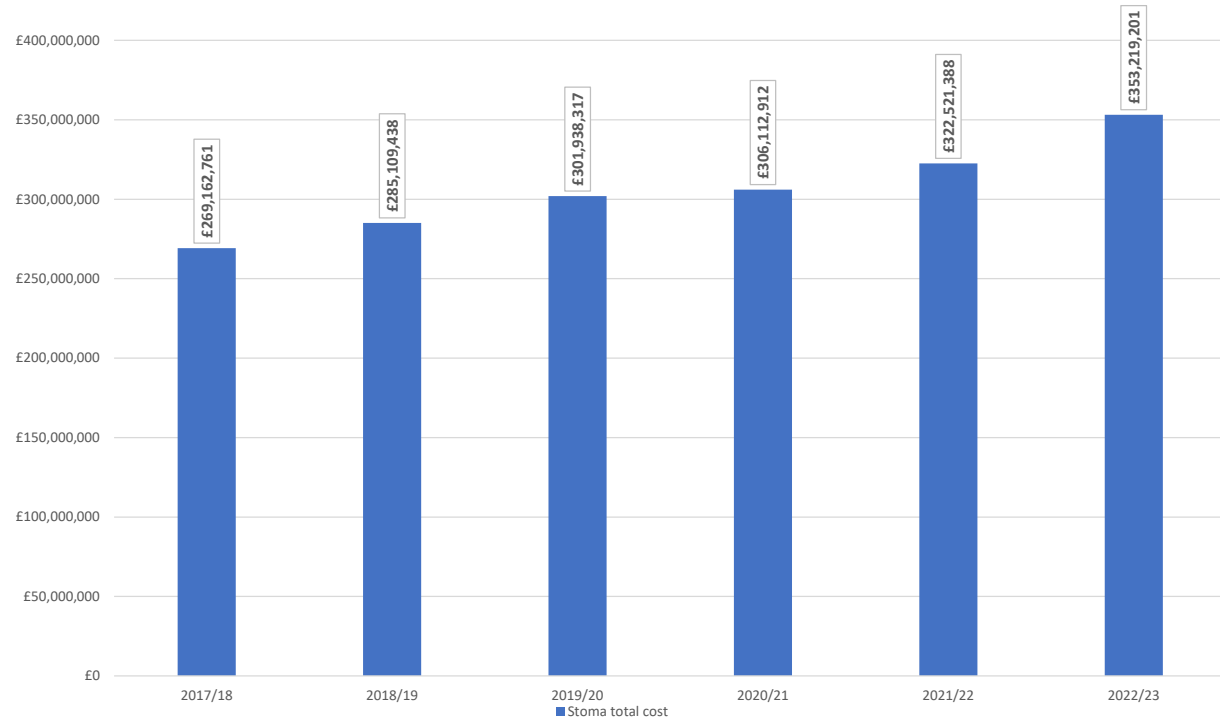
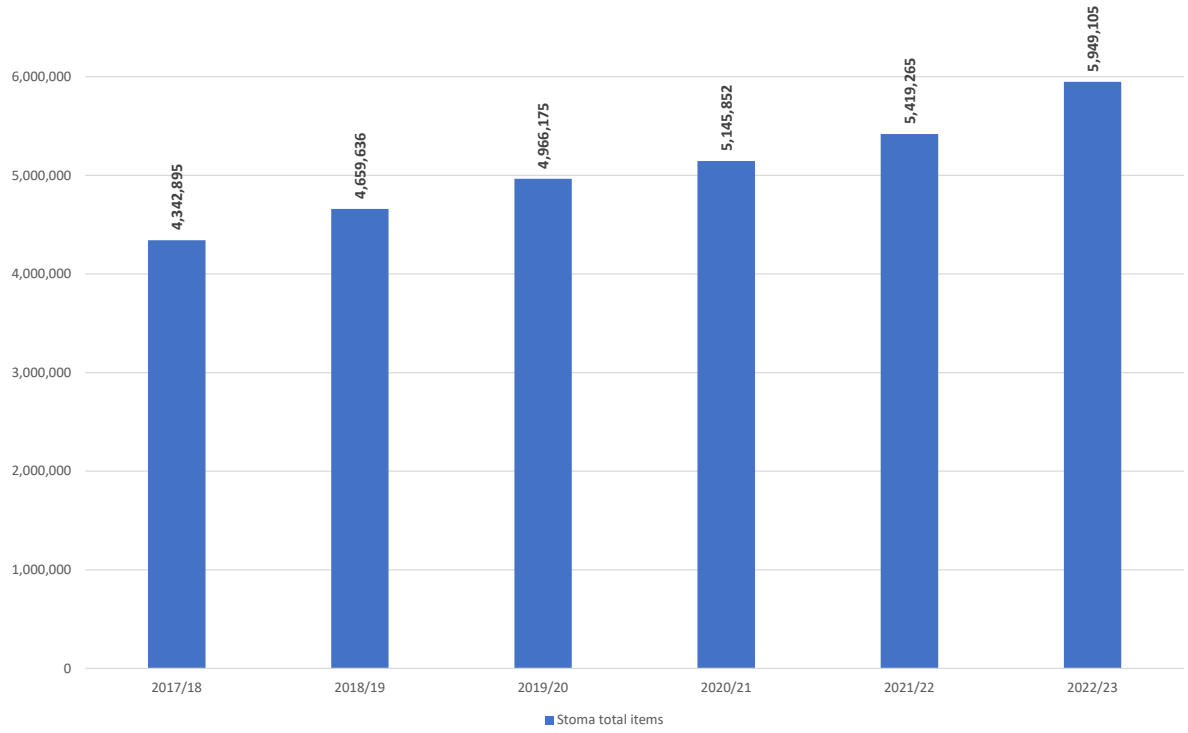


Figure 2. Total items for stoma products prescribed on the NHS



Please note: These graphs only include items that were prescribed on an FP10/WP10 and not items supplied via any other alternative route.

In terms of the trends illustrated by these graphs, it can be seen that the total cost for stoma appliances increased year-on-year from 2017–2023.[14]

PrescQIPP subscribers can find information regarding local and national spend in these areas in the PrescQIPP stoma clinical snapshot.[14] The following data are available by organisation (Region/ICB/HB/Place/Location/PCN/practice):[14]

- Mapping of costs per denominator, e.g. cost/1,000 patients and includes benchmarking against the top 20% most deprived areas – provides a visual comparison of stoma costs in the selected area.
- Financial summary year to date and latest 12 months – provides item, cost and growth data for stoma products.
- Financial monthly growth detail and latest 12 months.
- Bar charts showing items, cost and cost/1000 patients latest 12 months by stoma category – can be filtered by stoma category or product.
- Trend charts showing items, cost and cost/1000 patients monthly for latest 12 months - can be filtered by stoma category of product.
- Product-specific bar chart by individual stoma product showing items, cost and cost/1000 patients latest 12 months – allows identification of highest cost stoma products and most prescribed stoma products by items.
- Brand/supplier-specific correlation scatter and bar charts by supplier – supports identification of highest prescribed and cost stoma supplier in the selected area.
- Benchmarking individual stoma patients. Bar charts and trend charts showing the number of individual stoma patients and the average cost per individual patient compared to other organisations.

- Bar chart by stoma category showing the number of individual stoma patients and the average cost per individual patient. Allows identification of the highest cost stoma category and most used stoma products by patients in the organisation.
- Top 20 patients bar charts showing total cost for the highest costing (top 20) patients and the percentage total cost for the highest costing (top 20) patients as a proportion of all patients by organisation for the latest 12-month period.
- Monitoring 12 months – shows the number of patients receiving over a 12-month supply of stoma products, for the latest 12 months. Individual products and quantities and 4-month-supply values can be found within the table, using the relevant filters. Trend charts are also available to monitor potential overordering trends for particular products.

In terms of potential savings, a 10% reduction in the cost of prescribed stoma appliances resulting from patient review would represent a **significant saving to the NHS of over £33.5million annually or £46,578 per 100,000 population**. NHSBSA England, Wales, Isle of Man (Jun-Aug23) and Public Health Scotland (Mar-May23).

This saving may result from the discontinuation of appliances that are no longer indicated, switching to more suitable, cost-effective alternative products in line with local formulary decisions and ensuring that prescribed quantities of stoma appliances are appropriate to reduce unnecessary over-ordering.

It can be argued that the most effective way of reducing the cost of stoma care is to find the right appliance for the individual. As well as reducing wastage of the stoma bags themselves, this can reduce (or eliminate) the need for accessories.[18]

A 25% reduction in the prescribing of stoma accessories such as deodorisers, skin cleansers, light support underwear, pouch covers, barrier preparations, lubricating deodorants, gauze swabs, ring seals, pastes, powders, stoma collars, stoma filters, and stoma underwear, could also produce savings of approximately £31.3million or £43,575 per 100,000 population. NHSBSA England, Wales, Isle of Man (Jun-Aug23) and Public Health Scotland (Mar-May23).

Deprescribing stoma products where appropriate for the individual, minimising waste and reducing unnecessary over-ordering will also support the NHS net zero ambitions. 12 months carbon avoidance estimates for reducing spend on stoma products are available in the PrescQIPP scorecards.

Additional Resources

PrescQIPP Continence and Stoma resources. https://www.prescqipp.info/our-resources/webkits/continence-and-stoma/

PrescQIPP Clinical Snapshots. Stoma snapshot reports and visual analytics. https://www.prescqipp.info/our-resources/data-and-analysis/clinical-snapshots/stoma-snapshot-reports-and-visual-analytics/

The Pharmaceutical Journal. Pharmaceutical considerations for patients with stomas. July 2020. https://pharmaceutical-journal.com/article/ld/pharmaceutical-considerations-for-patients-with-stomas Provides background information on the types of stoma, cleaning and stoma care and what to expect after stoma surgery.

Colostomy UK. Living with a stoma: information for ostomates and their carers. 2019. https://www.colostomyuk.org/wp-content/uploads/2019/12/Living-with-a-stoma.pdf

Colostomy UK. Finding local patient support groups. https://www.colostomyuk.org/support-groups/

NHS website. Living with colostomy section. https://www.nhs.uk/conditions/colostomy/living-with/

Ileostomy & Internal Pouch Association. Finding local support. www.iasupport.org

Urostomy Association. Living with a urostomy. https://urostomyassociation.org.uk/literature_category/living-with-a-urostomy/

Summary

The prescribing of stoma appliances represents a significant cost to the NHS. The over-prescribing and over-ordering of stoma products have frequently been identified as important sources of waste. Reviewing the prescribing of stoma appliances could provide an opportunity to increase cost-effectiveness, as well as considering how well the service meets the needs of those using it. Collaborative working with stoma specialists and patients is essential, along with clear communication between healthcare professionals and with those receiving care. Service redesign may be required in some areas. As a person's stoma management needs change over time, ongoing review with a stoma care nurse is essential to ensure that they receive the most appropriate cost-effective products to meet their individual needs.

References

1. NICE. Faecal incontinence in adults: management. Clinical guideline [CG49]. June 2007. https://www.nice.org.uk/guidance/cg49
2. NICE. Ulcerative colitis: management. NICE guideline [NG130]. May 2019. https://www.nice.org.uk/guidance/ng130
3. NICE. British National Formulary (BNF). Treatment summaries: stoma care. https://bnf.nice.org.uk/treatment-summaries/stoma-care/ Accessed 25/06/23.
4. Association of Stoma Care Nurses UK. ASCN Stoma Care National Clinical Guidelines. 2016. https://ascnuk.com/_userfiles/pages/files/national_guidelines.pdf
5. Association of Stoma Care Nurses UK. Stoma Care Nursing Standards and Audit Tool For the Newborn to Elderly. Revised edition. July 2021. https://ascnuk.com/_userfiles/pages/files/resources/ascn_uk_standards_2021.pdf
6. NHS Commissioning Support. Delivering Excellence in Stoma Care: A Guide to Implementation. Version 8. https://medsopt.midlandsandlancashirecsu.nhs.uk/media/1058/aga_8653_nw-qipp-stoma-interactive-pdf_v8final.pdf Last accessed 25/06/2023
7. NHS Scotland. National Stoma Quality Improvement SLWG (NSQIG) Final Report. November 2019. https://www.nss.nhs.scot/media/3143/appendix-2-stoma-report-2020-final.pdf
8. NHS Business Services Authority (NHSBSA). Drug Tariff. December 2023. https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/drug-tariff
9. Public Health Scotland. Scottish Drug Tariff. December 2023. https://www.isdscotland.org/health-topics/prescribing-and-medicines/scottish-drug-tariff/
10. Business Services Organisation (BSO). Northern Ireland Drug Tariff. November 2023. https://bso.hscni.net/directorates/operations/family-practitioner-services/pharmacy/contractor-information/drug-tariff-2/
11. NHS Shropshire, Telford and Wrekin. Stoma Prescribing Guidelines and Formulary. Approved: February 2022. https://www.shropshireandtelfordformulary.nhs.uk/docs/20220906%20Stoma%20Prescribing%20Guidelines%20and%20Formulary.pdf
12. Derbyshire Joint Area Prescribing Committee. (JAPC). Guidelines for the prescribing of stoma accessories. August 2021. https://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/Appendix_5/Stoma_Guideline.pdf
13. NICE. British National Formulary (BNF). Nurse Prescriber's Formulary. Stoma appliances. https://bnf.nice.org.uk/nurse-prescribers-formulary/stoma-appliances/ Accessed 27/06/23.
14. PrescQIPP CIC. Clinical Snapshots. Stoma Visual Snapshot. April 2022–March 2023. https://www.prescqipp.info/our-resources/data-and-analysis/clinical-snapshots/
15. NICE. British National Formulary (BNF). Nurse Prescriber's Formulary. Stoma care. https://bnf.nice.org.uk/nurse-prescribers-formulary/stoma-care/ Accessed 27/06/23.

16. NICE. British National Formulary (BNF). Treatment summaries. Short bowel syndrome. https://bnf.nice.org.uk/treatment-summaries/short-bowel-syndrome/ Accessed 27/06/23.
17. British Intestinal Failure Alliance (BIFA) Position Statement. The use of high dose loperamide in patients with intestinal failure. April 2018. https://www.bapen.org.uk/pdfs/bifa/position-statements/use-of-loperamide-in-patients-with-intestinal-failure.pdf
18. Bird A. Stoma care in a time of financial pressures: can we cut the costs? British Journal of Nursing 2017; 26(22): S14-S16. https://www.magonlinelibrary.com/doi/abs/10.12968/bjon.2017.26.22.S14?rfr_dat=cr_pub++0pubmed&url_ver=Z39.88-2003&rfr_id=ori%3Arid%3Acrossref.org

Additional PrescQIPP resources

Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-338-stoma/
Implementation tools	
Data pack	https://data.prescqipp.info/views/B338_Stoma/FrontPage?%3Aembed=y&%3Aiid=1&%3AisGuestRedirectFromVizportal=y

Information compiled by Gemma Dowell, PrescQIPP CIC, August 2023 and reviewed by Katie Smith, PrescQIPP CIC, December 2023. Non-subscriber publication December 2024.

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