

SOUTH WEST LONDON

INITIATION AND MANAGEMENT OF STOMA APPLIANCES AND ACCESSORIES GUIDELINE

South West London Clinical Commissioning Group

Approved by SWL CCG (Croydon, Kingston, Richmond, Sutton, Merton, and Wandsworth).

Initiation and Management of Stoma Appliance and Accessories Guideline

This document includes the following:

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Background

In primary care stoma appliances are usually provided to patients by a prescription written by their GP or a non-medical prescriber. The prescription is then dispensed by either a Dispensing Appliance Contractor (DAC) or Community Pharmacy (CP). Following the London Procurement Partnership's (LPP) 2018 report 'Recommendations for Stoma Prescribing in London' a working group was formed to produce this documentation which included representation from NHS SWL CCG Medicines Optimisation Teams, SWL NHS Trust stoma nurses, LPP and NHS Trust procurement.

The aim of the working group was to improve efficiencies within the system, decrease medicines waste and empower patients to manage their condition more effectively. To ensure patient centred care and improve joint working, the working group also reviewed the current communication pathways, advice on prescription quantities and guidance on appropriate prescribing.

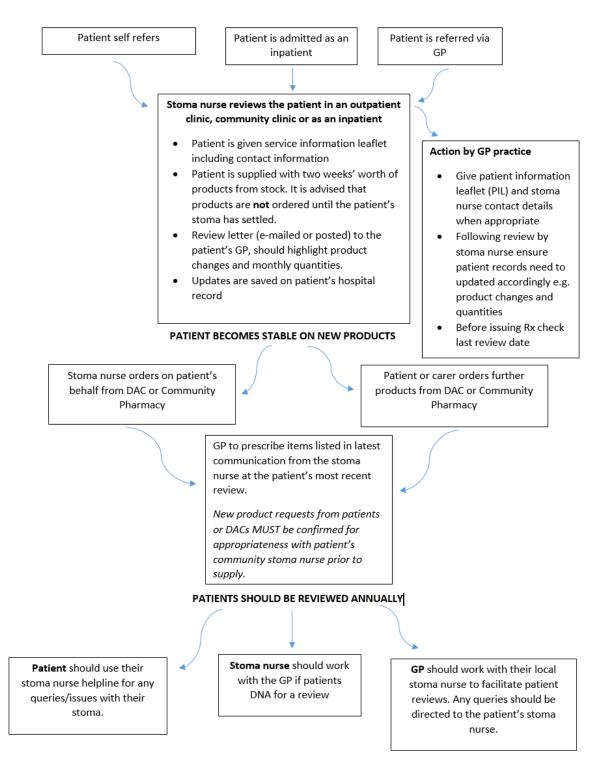
Purpose of Guidance

The rationale for this guideline is to reduce medicines waste by improving the quality of prescribing and ordering systems and to improve patient experience. South West London CCG encourage empowering patients or carers to manage their own repeat prescription requests for their stoma items according to their need. We advise GPs to use the process map, below, to navigate the landscape. For support with repeat prescribing processes please consult:

- When to Refer to the NHS Stoma Nurse Specialist Team (page 4) advice on when extra help and support is required
- Prescribing Quantities of Stoma Appliances (page 5) useful when processing prescription requests
- Medicines to use with Care or Avoided in Stoma Patients (page 6) use this when looking at medicines optimisation
- Appendix 1 Local Stoma Nurse Contact Details (page 8) use this when referral or advice is required
- Appendix 2 Prescribing Guidance for Stoma Accessories (page 9)
 use this when processing
 prescription requests

- Appendix 3 Preferred Stoma Accessories (see excel document) you should look for the majority of items prescribed to be on this list
- Appendix 4 Top Tips (page 12) advice on general good repeat prescribing processes
- Appendix 5 Letter to DACs (page 13) share with the DACs used by your patients, especially if you
 are experiencing problems
- Appendix 6 PIL (page 15) use during consultations and opportunistically to ensure the patient gets the most out of their stoma care

Proposed Process Map





When to Refer to the NHS Stoma Nurse Specialist Team

- ✓ Routine over ordering of stoma supplies e.g. depending on changes per day
- ✓ Long term use > 3 months of skin protective products (wipes/films/powders)
- ✓ Patients who have developed hernias
- ✓ Patients experiencing dietary problems
- ✓ Patients who are experiencing leakage
- ✓ Review current use of adhesive rings, disc pads newer products may be more appropriate
- ✓ Review current use of pressure plates or shields patient may benefit from the use of newer products with built in convexity
- ✓ Patient experiencing sore or red skin



Prescribing Quantities for Stoma Appliances¹

If quantities are exceeded GP Practices are advised to contact their local stoma team for clarification and advice.

Туре	Appliance Type	Usual daily duration	Usual Monthly Quantity	Notes
Colostomy	One-piece	1 -3 bags per day	30-90 bags	Bags are not normally drainabl or reusable
-	Two-piece	1 -3 bags per day 1 flange per 1-3 days	30-90 bag + 15 flanges	
lleostomy	One-piece	1 bag per 1-3 days	10-30 bags	Bags are drainable, as required throughout the da
-	Two-piece	1 bag per 1-3 days 1 flange per 2-3 days	10-30 bags + 15 flanges	
Urostomy	One-piece	1 bag per 1-3 days	10-30 bags	Bags are drainable, as required throughout the da
	Two-piece	1 bag per 1-3 days 1 flange per 2-3 days	10-30 bags +15 flanges	
	Open Night Drainage bags	1 bag per week	4 bags (boxes of 5 or 10)	If the bag begins smell or become discoloured it ma need to be changed more often, refer to the stoma nurse
	Single Use Drainage Bags	1 bag daily	30 bags (boxes of 10)	These need to be cut, less environmentally friendly
Ар	pliances should o	only be recommended l assessment/re		ecialist after

Note 2: Supplier can also cut bags to size, if requested

Note 3: Stoma nurses should define monthly quantities in patient's clinic review letters

Medicines to Use with Care or Avoided in Stoma Patients²

Drug	Recommendation	Reason
Antacids	Use with care	Magnesium salts may cause diarrhoea. Aluminium salts may cause constipation.
Antibiotics	Use with care	Caution as may cause diarrhoea.
Digoxin	Use with care	Patients susceptible to hypokalaemia, monitor closely consider potassium supplements or potassium sparing diuretics.
Diuretics	Use with care	Patients may become dehydrated. Caution with ileostomy patients- may become potassium depleted.
Enteric coated and modified release preparations	Avoid	May be unsuitable, particularly in ileostomy patients a there may not be sufficient release of the active drug. Consider non- EC/MR preparations as first choice.
Iron i.e. ferrous sulphate, fumarate	Use with care	May cause diarrhoea with ileostomy or constipation with colostomy. Stools may be black- important to warn, reassure patients.
Laxative enemas and washouts	Avoid	Avoid in ileostomy patients- may cause rapid and severe loss of water/ electrolytes.
Nicorandil	Avoid	Anal and peristomal ulceration - related to inflammatory disease.
Opioid analgesics	Use with care	Caution as may cause troublesome constipation.
Proton Pump Inhibitors	Use with care	Used if patients with a high output stoma ¹ .
Loperamide	Use with care	Prescribe tablets or orodispersible (if taking large quantities) with ileostomy. Continue dose as recommended by the specialist clinician, can be used long term. Unlicensed doses maybe used - doses greater than 96mg are not to be expected. Take half a hour before food ^{3,4}

References

1	The British Association of Stoma Care Nurses Stoma Care Clinical Guidelines 2016. Appendix 6b: PiPS Forum Recommendations of Product Usage [Accessed February 2020	A S C N Clinical guidelines.pdf
2	PrescQIPP Stoma Bulletin 105 September 2015 [Accessed January 2020]	PDF PRESQIPP b105-stoma-21.pdf
3	British Intestinal Failure Alliance (BIFA) Position Statement 23rd April 2018 [Accessed October 2020]	PDF BAPEN Loperamide info .pdf
4	UKMI Medicines Q&A: 'Can high dose loperamide be used to reduce stoma output?' October 2018 [Accessed October 2020]	UKMI_QA_Highdosel operamide_updateSe
5	Drug Tariff February 2020 [Accessed October 2020]	https://www.nhsbsa.nhs.uk/pharmacies- gp-practices-and-appliance- contractors/drug-tariff

Acknowledgements

- London Procurement Partnership for the use of their documents 'Recommendations for Stoma Prescribing in London' and 'Principles of Good Practice, Quality Standards and Key Performance Indicators for Dispensing Appliance Contractors (DACs)'
- NHS Herefordshire CCG and Wye Valley NHS Trust for use of their policy on 'Guidance on Prescribing Stoma Appliances in the Community'.
- NHS Swale CCG for use of their policies; 'Guidance on the Prescribing of Stoma Appliances in the Community', 'Retrospective Prescribing Letter', 'Accessories Formulary' and 'Prescription Ordering Guidelines'
- Worcestershire Area Prescribing Committee for use of their 'Guidelines for Prescribing Stoma Appliances and Accessories in General Practice' document
- o Brent CCG for use of their policy on 'Top Tips Reviewing Stoma Products'
- Sutton Borough of SWL CCG for use of their 'DAC letter' and 'Patient Information Leaflet' documents
- Merton & Croydon CCG for use of their 'Top Tips for Stoma Prescribing' document
- Derbyshire Joint Area Prescribing Committee (JAPC) for use of their policy 'Guidelines for the prescribing of Stoma Accessories'
- Kingston Borough of SWL CCG for use of their policy 'Prescribing Guidance for Stoma Appliances and Accessories'
- Sunderland Clinical Commissioning Group for use of their policy 'Guideline for the Prescribing of Stoma Products (APP1)'
- South West London Working Stoma Group, consisting of CCG representation and Stoma Care Nurses
- o Norfolk & Waveney Stoma Prescription Pathway
- PrescQIPP for the use of their 'B189i Stoma and Continence: Adhesive Removers 2.0' document



Appendices:

Appendix 1: Local Stoma Nurse Contacts

Name of contact	Sponsorship	Borough	Based	Contact details
Debbie Moody Carol Althorp Tina Walker Samantha Dujardin (HCA)	SALTS Medilink	Croydon	Croydon University Hospital	ch-tr.stomatherapydepartment@nhs.net 0208 401 3641
Vanessa Dodson	NHS Employed	Sutton	St Helier Hospital	vanessa.dodson@nhs.net esth.stomacare@nhs.net 020 8296 2640
Lindsay Trevarthen	Charter (Coloplast)	Sutton	Epsom Hospital	lindsay.trevarthen@nhs.net 013272 735925
Vicky Wilson	Charter (Coloplast)	Sutton, Merton	Community	vicky.wilson@nhs.net 07711466531
Heather Dennis Claire Gough Anne-Marie Ison	Fittleworth (Dansac)	Wandsworth, Merton	St George's Hospital	annemarie.ison@nhs.net clare.gough4@nhs.net heather.dennis2@nhs.net stoma.nurse@stgeorges.nhs.uk 0208 725 3916 OR 0208 672 1255 Ext: 3916. Bleep 6043, 6260
Charlie Clark	SecuriCare	Wandsworth, Putney, Roehampton, Esher, Claygate, Molesey	Community	<u>charlie.clark@nhs.net</u> 07425 863064
Ami Palmer Lorraine Yorke (HCA)	SecuriCare	Kingston	Kingston Hospital	amelia.palmer@nhs.net lorraine.yorke@nhs.net 0208 934 2251
Jo Sica	Fittleworth (Hollister)	Kingston and Richmond	Community	jo.sica@nhs.net 07738887853
Carolyn Adams	Fittleworth (Dansac)	Wandsworth	Community	<u>carolyn.adams4@nhs.net</u> 07923 230863
Tracey Virgin- Elliston	Charter (Coloplast)	Brentford, Isleworth, Osterley, Hounslow, Hounslow West, Heston, Cranford	West Middlesex University Hospital Site & Community	<u>caw-tr.stomareferrals@nhs.net</u>
Sarah James-Reid		Feltham, Hanworth		
Jane Thain	NHS Employed (NB Hollister sponsored site)	Kensington & Chelsea	Royal Marsden (Chelsea)	Jane.Thain@rmh.nhs.uk 02073528171
Jackie Mcphail	Fittleworth (Hollister)	Sutton	Royal Marsden (Surrey)	jacqueline.mcphail@rmh.nhs.uk 02073528171



Appendix 2: Stoma Accessory Items Prescribing Guidance

Table 1

Accessory type	Purpose	Quantities per month	Type of prescription	Notes		
Adhesive removers (only one adhesive product required)						
Spray	Prevent skin stripping	Colostomy 2-3 spray cans. Ileostomy or Urostomy 1-2 spray cans	Repeat	Excessive ordering of adhesive removers should be questioned, patient should be referred for a review. Products with a fragrance should only be considered if a patient is using both an adhesive remover and a deodorant on prescription.		
Wipes	Prevent skin stripping	One wipe per bag change. Colostomy 30-90 wipes Ileostomy/Urostomy 15-30 wipes	Repeat	Reserved for patients who lack the manual strength or dexterity to use a spray		
Skin protectives						
Pastes	Used to fill creases or dips in the skin to ensure a seal	1-2 tubes	Repeat			
Sprays	Protect skin	2 x 28ml or 1 x 50ml per 10 bag changes	Acute (maximum 3 months)			
Wipes	Protect skin	One wipe per pouch change	Acute (maximum 3 months)			
Creams	Used to heal peristomal skin in the presence of soreness	Provided by CNS's as samples from stock	Acute (maximum 3 months)	If not rubbed in properly, they can inhibit adhesion of the pouch to the skin. Calamine lotion can be used as an alternative, it dries to form powder to treat sore skin.		



Table 2

Accessory type	Purpose	Quantities per month	Type of prescription	Notes
Other			<u> </u>	
Adhesive Discs (including seals, washers, rings)	Avoid leaking and increases the wear time of the stoma pouch	3 packs (1-2 each bag change) or (1-1.5 rings per bag change)	Repeat	Not one size fits all. For one and two piece systems, if leakage around the stoma refer for review. Stoma may necessitate use of various discs; flat or convex or both.
Flange extenders	Extending wear time and stops edges of stoma bags rolling. Use in hernias, prolapses or fistulas	2-3 per stoma bag	Repeat	Some pouches have taped border already included which can be used instead of flange extenders.
Discharge solidifying agents	For patients with high output and those with ileostomy to prevent leaks. Insert into pouch if the stoma output is high.	1 sachet/tablet per bag changed (30)	Repeat	Avoid supplying to new patients. For existing patients, stoma nurse will attempt to deprescribe at review.
Elastic belts (for convex pouches)	Give bags extra security by holding them in place	3-6 per year (1 to wear, 1 in the wash, 1 spare)	Acute	To add longevity, machine wash in a pillow case or hand-wash, using mild soap, cold water, and drip drying.
Hernia support garments level 3 & above	Support garment for abdominal area around the stoma	3 per year (1 to wear, 1 in the wash, 1 spare)	Acute	Level 1 and 2 lightweight support garments (belts, girdles and waistbands) should not be prescribed. Prescribe for level 3 and above only.
iLEX [®] Skin Protectant Paste Orabase [®] Paste	Protect excoriated skin and promote healing Used for separation around the	2 tubes	Acute (maximum 2 months)	One off issue
	stoma			
Bag Closures (clips/clamps)	Occasionally use for old fashioned bags	Provided by CNS's as samples from stock	Repeat	Filters, bag covers and bag closures are now integral parts of modern stoma appliances. Some appliances are available with integral bag covers in different colour options. Patients requiring filters, bag covers and closures should be referred to a stoma nurse to determine if a more suitable product is available.



Table 3

Accessory	Purpose	Notes
Not for routine prese	cribing	
Bag Covers	To make bag more aesthetically pleasing	Can be purchased by the patient
Briefs	Provide support and hide the ostomy pouch	Can be purchased by the patient
Deodorants	For odours	If correctly fitted no odour should be apparent. If present this may indicate a problem with fitting. Refer patient for review. Household air fresheners or odour neutralisers can be used.
Lubricating gels	Aids output to go to the bottom of the bag, this can help reduce pancaking	A few drops of olive oil can be used as an alternative if pancaking is an issue.
Filters and Bridges	Filters have a carbon element used to mask odour and help to release gas from the pouches released naturally by the bowl. This ensures that the appliance doesn't inflate (hence why urostomy pouches do not have filters). Bridges are foam devices to separate two sides of the bag to prevent pancaking	Filters: They are usually a dark ring or strip in the appliance. Where possible, patients using pouches without integrated filters should be referred to the stoma care nurse for review. Sometimes covering the filter is useful for patients experiencing pancaking as this helps to keep some air in the pouch. Bridges: If pancaking is a concern, refer patient to a stoma nurse.
Skin cleansing liquids	Remove adhesive	Warm soap and water is adequate to cleanse skin, ensure soap is rinsed off before drying.
Gauze swabs	To clean area	Request more free of charge dry wipes from DAC
Granulating Powder	Use on raw / broken skin to absorb moisture. Not be used prophylactically on intact / dry skin	Not for ongoing use. Use in acute phase only, Stoma nurses to give short term from stock (not to be prescribed in Primary Care)
Powders	To treat broken skin, dry moist areas to improve adhesion. Contain a granulating property to enhance healing	Not for ongoing use. Use in acute phase only, Stoma nurses to give short term from stock (not to be prescribed in Primary Care)

Appendix 3: Preferred Stoma Accessories

See excel spreadsheet⁵

Formulary choices

Green	First line, preferable choice
Amber	Special circumstances, particular rationale
Red	Compelling reason, green and amber not worked

Stoma nurses to annotate letters, detailing reasons for choice

Top Tips for Stoma Prescribing

Over prescribing and over-ordering of stoma products are frequently identified in primary care as important causes of wasteful prescribing. Ensuring patients are prescribed appropriate appliances and accessories can greatly improve their quality of life.

- Record name and contact details of Dispensing Appliance Contractor (DAC) in the patient's electronic health record.
- Ensure the practice has a process for dealing with requests e.g. separate folder or have a designated staff member e.g. prescribing clerk.
- Patients recently discharged from acute providers are generally provided with enough supplies until their post-discharge review. Once reviewed, GP will be informed of the patient's monthly requirements via letter.
- Requests for patients in Care Homes, should ideally originate from the Care Home Staff or Health Care Professional involved in the resident's care.
- Prescribers are under **no obligation** to supply a retrospective prescription for items already issued by the supplier without prior agreement of the prescriber.
- Emergency requests should only be at the request of the patient or patient's carer / Stoma Nurse Specialist / District Nurse.
- BEFORE issuing prescriptions:
 - Always **check** the date of the last issue
 - \circ $\,$ Check for duplication query any requests for duplicated prescriptions
 - Ensure the quantities requested seem appropriate. One month's supply at a time is advised for stable patients (except under exceptional circumstances). If the patient is trialling a new product, a smaller quantity should be prescribed
 - **Contact the patient** to check their current stock levels, particularly if frequent issues. Advise on appropriate storage and stock rotation, discourage stockpiling
 - Check whether the patient has been seen by a Stoma Nurse in the last **12 months**. Patients should be encouraged to attend these reviews
 - o Caution with similar names/codes, always prescribe by brand
 - \circ Only initiate products, including ancillary products on the advice of the local Stoma Team
- Issue prescriptions separately to the rest of the patient's medication to avoid dispensing problems.
- Damaged products on receipt should be asked to be replaced by supplier, GP should not generate a new prescription.
- Clinical reviews will:
 - Include recommended monthly quantities of stoma bags and any ancillary products (e.g. adhesive removers) discussed and agreed by stoma nurse and patient.
 - Detail any changes made to products/supplier details.

ADDRESS XXX

POST CODE

Tel: XXX

Email: XXX

<mark>DATE XXX</mark>

Ref: Changes to the process for ordering stoma appliances and accessories from Dispensing Appliance Contractors (DACs). Start Date: XX/XX/XXXX

Dear NAME OF DAC

This letter is to inform you of changes in NHS South West London (SWL) Clinical Commissioning Group (CCG) to the prescription ordering process for stoma appliances and accessories via DACs. These changes have been implemented in order to protect valuable NHS resources and prevent medicines waste.

To ensure patients can obtain supplies appropriately SWL CCG advises that:

- Prescriptions should only be issued at the request of the patient, patient's carer or stoma nurse. Requests for prescriptions should only be accepted from other individuals e.g. district nurse, if a prior agreement has been made with the GP.
- Accessories should only be issued from the SWL CCG preferred list. Choice of product and quantities
 prescribed are in line with local guidelines which are intended to reduce waste and demonstrate best
 value from NHS resources.
- Products/quantities should not be altered without consulting the patient's stoma nurse.

SWL CCG advises Practices to:

- No longer accept retrospective prescriptions, except as set out below for an emergency supply. If a practice receives a request for a prescription which is not authorised, this should not be supplied.
- Write prescriptions for a **maximum** of a 28-day supply.
- Use electronic prescriptions (EPS), add the patient's chosen DAC onto their Patient Medical Record (PMR). This will negate the supply of appliances being dispensed by the contractor before receiving the prescription.
- Advise patients to contact suppliers if damaged products are received, practices should NOT issue another prescription for this purpose.
- Contact their local stoma nurse for a review of stoma patients newly registered to the practice. Please indicate upon referral whether the patient; has new items, has a new stoma, is new to the area with an existing stoma or is a temporary resident.
- Refer patients to stoma nurse if they are over ordering products.

SWL CCG requests the co-operation of DACs with the following:

- No items should be dispensed before receiving a valid prescription. In line with the *Human Medicines Regulations 2012*, if a contractor requests a prescription "post supply" without prior permission or in line with emergency supply provisions, this is at their risk; GPs are entitled to refuse to supply a prescription.
- For urgent requests, contact the prescriber to advise them on the rationale for urgent supplies. Emergency supplies made at the request of the patient must be in line with the *Human Medicines*

Regulations 2012 and a prescription requested from the GP practice must be supplied within 72 hours of the supply being made.

- Do not send any samples prior to consulting with the patient's stoma nurse.
- Provide feedback to the patient's stoma nurse or **GP** if the patient is not ordering their stoma products.
- Encourage patients to contact their local Stoma Nurse if they are experiencing problems.

We hope that this information will enable you to manage your supply of stoma items to patients of SWL GP practices appropriately to ensure a safe and cost-effective service provision.

Yours faithfully,

XXXXXXX

Appendix 6: Patient information leaflet

Information for Stoma Patients

This leaflet is to help you understand the process for ordering and prescribing of stoma appliances and accessories.

Recommendations

- When your stoma is first created you will be assessed and the specialist stoma nurse will recommend suitable products for your individual stoma care needs and provide a service leaflet. You should be reviewed annually by your stoma nurse, this may be face to face, via telephone or e-mail.
- For ongoing supplies a prescription needs to be requested from your GP practice, the prescription indicates the exact pouch and any accessories that may be required. The choice is then yours as to whether you wish to obtain your supplies from a local community pharmacist, or from your one Dispensing Appliance Contractor (DAC).
- To ensure timely ongoing supplies please allow approximately 2 weeks for ordering which ever service you use.
- Please be mindful of wastage. If there is a particular item that you no longer use or if you are building up a stockpile at home then please **do not r**equest that item. If quantity of product requested is considered excessive or outside recommended guidelines, this may be brought to the attention of your GP to review. Do not have more than one month's supply in-hand.
- Rotate your stock at home.
- Any new items added to your prescription, changes in product or samples need to be **authorised** by your stoma care nurse, who will inform your GP.
- Please ask suppliers to replace damaged products on receipt as GP practices are advised NOT to issue another prescription for this purpose.
- Your GP may remove an item from your prescription because it is no longer required or is not required on a regular basis. Your prescription will not be altered without your knowledge.
- If you are experiencing any problems, contact your stoma nurse and **do not re-order** until you have been seen by them.
- If your stoma is due to be reversed do not reorder within two weeks of surgery.

If you start to experience any problems or your prescription needs are changing you may require a stoma review. Please contact your local stoma nurse.

Croydon University Hospital: 0208 4013641 * St Helier Hospital: 0208 2962640 * Epsom Hospital: 013272 735925 * St George's Hospital: 0208 7253916 * Kingston Hospital: 0208 9342251 *

Please keep this leaflet in your supplies bag and take it with you to clinics or for inpatient stays in hospital

The name of your Dispensing Appliance Contractor (the company that supplies your stoma items)..... Patient Name.....