

Stoma Toolkit

Adults

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Developed in collaboration with:

NHS Birmingham CrossCity Clinical Commissioning Group

NHS Birmingham South Central Clinical Commissioning Group

NHS Sandwell and West Birmingham Clinical Commissioning Group

NHS Solihull Clinical Commissioning Group

Birmingham Community Healthcare NHS Foundation Trust

Heart of England NHS Foundation Trust

Sandwell and West Birmingham Hospitals NHS Trust

University Hospitals Birmingham NHS Foundation Trust

With special thanks to:

Lucy Wallis Colorectal Nurse Specialist
Heart of England NHS Foundation Trust

Maddie White: Colorectal Nursing Team Leader
University Hospitals Birmingham NHS Foundation Trust

Sara Connor: Colorectal Nurse Specialist Team Leader
Sandwell & West Birmingham NHS Trust

Original document supported by Clare Adkins, Christine Grimley

Stoma Toolkit Adults
Final Version
Approved by MMG

Contents

	Contents	Page(s)
	Guidance on Prescribing Stoma Appliances in General Practice	3
	Key Messages	4
	Responsibilities of stoma specialists	6
	Responsibilities of practice	5
Appendix A	Quantity prescribing guide for stoma appliance and accessories	8-9
Appendix B	Stoma care Accessory products prescribing guidance	See separate document
Appendix C	Situations which may require referral to stoma care specialists	10
Appendix D	Irrigation	10
	Prescribing for stoma patients: key messages and advice- key messages	3
	Stoma Care Specialist contact information	4
	Patients support groups	11
	Medicines required for stoma management	11
	Medicines to use with care or avoid in stoma patients	12
	Routes of administration points of note	13
	Initial supplies of stoma appliances	14
	Stoma appliances: What do prescribers need to do in practice?	14
Flowchart A	One and two piece systems	15
	Stoma accessories: What do prescribers need to know in practice?	16
	Stoma accessories: What do prescribers need to do in practice?	17
Flowchart B	Overuse of Stoma accessory products flowchart	17
	Useful Information- Stoma appliances	18-20
	One Piece appliance definition	
	Two piece appliance definition	
	Convex appliance definition	
	Flange extenders definition	
	Good practice reference guidelines for dealing with Home Delivery companies	21
	References & Acknowledgements	22
	Sample letter	23-24

Guidance on Prescribing Stoma Appliances in General Practice

Aims of this guidance

- This document is designed to provide guidance to GP practices on the issue of prescriptions for items that are supplied to stoma patients, with the aim of reducing over-ordering, wastage, poor communication, and inappropriate use.
- The document outlines the responsibilities of the stoma specialist, GP, dispensing contractor (dispensing appliance contractor (DAC), community pharmacy or dispensing doctor) and the patient/carers or relatives.

Scope of the guidance

This guidance is designed to be used by all prescribers (medical and non-medical), GP practices, and specialist nurses.

Information

The healthcare professional (HCP) who prescribes the treatment legally assumes clinical responsibility for the treatment and the consequences of its use.

Key messages: What prescribers need to know in practice?

Financial year 2015-2016 the spend on stoma appliances and accessories was:

- Birmingham CrossCity CCG - £2,396,982.66
- Birmingham South Central CCG - £817,357.95
- Solihull CCG - £1,027,360.88
- Sandwell and West Birmingham CCG - £1,807,535.48

NHS Stoma Contacts

Key messages

- Your first port of call for any stoma related query is the local NHS trust where the patient is seen and where relationships are already established between staff at the colorectal unit and the patient.
- The specialist nurses listed below will direct and refer calls to the appropriate resource.

Stoma care specialist nurses teams - Contact information	
Stoma Care Team - Local Acute Trusts	Telephone number
University Hospitals Birmingham NHS Foundation Trust Maddie White	0121-371-4501
Sandwell & West Birmingham Hospitals NHS Trust Sara Connor	0121-507-3376
Heart of England NHS Foundation Trust Lucy Wallis - Good Hope Hospital Yetunde Fadipe - Heartlands	0121 424 7429/7574 GHH 0121 424 2730 Heartlands
Birmingham Children's Hospital NHS Foundation Trust Gale Fitzpatrick (For paediatric advice only)	07557001653 or Gail.Fitzpatrick@bch.nhs.uk

Key messages

General

- A list of all stoma appliances available on FP10 can be found in the Drug Tariff, Part IXC.8
- Stoma appliances should always be prescribed by brand and not generically; this generally takes the format of the manufacturer's name, a description of the product and the manufacturer's code
- Quantities should always be specified. Use of the term 'OP' (Original Pack) should be avoided. If the patient is trialling a new product, a small quantity should be prescribed to avoid waste although original packs cannot be split

Responsibilities of the practice

- All requests for prescriptions should be initiated by the patient. The preferred route is direct to the GP practice, to enable a robust audit trail.
- Prescriptions should only be issued at the request of the patient/patient's carer or relevant healthcare professional
- Requests for prescriptions should only be accepted from a stoma specialist nurse, hospital ward staff or district nurse if a prior agreement has been made with the GP
- Initiate system for supply, and then continue prescribing, adjusting prescriptions for products(s) as advised by the specialist.
- Check quantities requested against information in **Appendix A (Quantity Prescribing guide for Stoma Appliances and accessories')** and also **Appendix B (Stoma Care Accessory Products Prescribing Guidance) '**. This gives suggested prescribing quantities and prescription directions and notes to assist in the prescriber.
- Be aware of the normal usage rate by the patient and flag any irregularities to the GP for review with the patient/carer. And/or the Specialist so that a review can be arranged
- Be aware of the information in **Appendix C – 'Situations that may require referral to stoma care specialist'**
- The practice should **NOT** issue retrospective prescriptions requested by the dispensing contractor
- The dispensing contractor must receive the prescription PRIOR to the delivery of items (with the exception of the first prescription, providing the NHS stoma nurse has contacted the GP)
- The product list should match that recommended by a stoma nurse only in line with communications received by the practice.
- If the dispensing contractor delivers item(s) prior to receiving a prescription, they risk not obtaining a prescription to cover that supply if the item(s) is not considered to be necessary/appropriate. The only exception to this might be in an emergency
- Print prescription for patient/carer (or send to contractor) within the agreed turnaround time and by the agreed method of dispatch.
- Document any communication from the dispensing contractor and specialist in the patient's clinical record.
- Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
- Stop or adjust treatment/management on the advice of the specialist
- Copies of the AUR (Appliance Use Review) should be reviewed by an appropriate person in the practice and stored in the patient's medical records.
- Ensure clear communication to patient with regards to process agreed between practice

and contractor e.g. the interval prior to delivery when the regular prescription request should be submitted.

- When a patient dies, the prescriber should inform the dispensing contractor so that any prescriptions (including repeat dispensing prescriptions) that have not yet been sent or dispensed may be retrieved and destroyed.
- It is strongly recommended that the practice has its own agreed protocol for how it deals with dispensing contractors.

Points to consider are:

- Where possible, a named person should be nominated within the GP practice to manage requests relating to stoma management.
- If possible, agree a named contact with the dispensing contractor. All prescription requests should come from the patient / carer, but the contractor may need to be contacted to clarify the delivery schedule, product availability etc.
- Consider frequency of supply, and the turnaround time from request of prescription by patient/carer to dispatch of prescription from surgery (e.g. 48 hours).
- Consider method of receipt of prescription e.g. electronic transfer, fax, email, post. It is recommended that if prescriptions are posted to contractors, a record is kept and if possible a certificate of posting obtained (to help with any queries regarding missing prescriptions).
- It is strongly recommended that requests for emergency prescription should only be accepted from the patient/carer.
- The practice should ensure that the patient/carer:
 - Understands the treatment.
 - Is aware of how to raise any concerns and report any problems in relation to the treatment.
 - Understands the ordering process and reports any problems with supply to the specialist or GP.

Responsibilities of the stoma specialists

- Select and initiate the most appropriate product for treatment / management without pressure from sponsoring company ensuring that patients have complete freedom of choice. Avoid products that have no proven benefit and/or are not required
- Educate patients regarding prescriptions, and the option to obtain supplies through local community pharmacy, home delivery services, or, where appropriate, homecare companies. Get the patient to direct the first prescription wherever possible.
- Where possible ask the patient to order their own products, from the GP practice.
- Ensure patient has an established treatment plan that they fully understand.
- Majority of the prescribing recommendations should be in line with stoma products formulary. A small cohort may require alternative products which must be listed in part IXA and IXC of the Drug Tariff routinely in primary care. Alternative arrangements for supply of products not available on NHS prescription (e.g. wound manager systems for fistula use) will be explained to the patient, in order to get future supplies.
- Communicate promptly with the GP regarding:
 - Product initiation (including product codes)
 - Expected monthly usage
 - Expected duration of treatment; or, if long term, date of next review
 - Specialist nurse name and contact details in case there are any queries regarding the appliance

- Monitor response to treatment, or advise GP of monitoring requirements
- Following change to prescription, advise both GP and dispensing contractor (where appropriate) of any modifications
- Ensure clear arrangements for back-up, advice, and support.

Appendix A: Quantity prescribing guide for stoma appliances and accessories

Appliance	Usual monthly quantity	Prescription directions	Notes
Colostomy bags (one piece systems)	30 -90 bags	Remove and discard after use.	Bags are not drainable Usual use: 1-3 bags per day. Flushable bags only to be used on advice of bowel/stoma nurse.
Colostomy bags (two piece systems)	30-90 bags + 15 Flanges	Bag – remove and discard after use. Flange – change every 2-3 days.	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Irrigation	1 kit / year	To wash out colostomy	See appendix D regarding irrigation
Irrigation sleeves	30/month	Use once every 1-2 days	Self-adhesive disposable sleeves
Stoma caps	30	For use on mucous fistulae or colostomy if irrigating	This may be in addition to original stoma bag
Ileostomy bags (one piece systems)	15-30 bags	Drain as required throughout the day. Use a new bag every 1-3 days.	Bags are drainable
Ileostomy bags (two piece systems)	15-30 bags + 15 flanges	Bag – change every 1-3 days Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately.
Urostomy bags (one piece systems)	10-20 bags	Drain as required throughout the day. Generally replace bag every 2 days.	Bags are drainable
Urostomy bags (two piece systems)	10-20 bags + 15 flanges	Bag – change every 2 days Flange – change every 2-3 days	The flange (base plate for 2 piece systems) is not usually changed at every bag change. Items ordered separately
Night drainage bags for urostomy patients	4 bags (1 box of 10 bags every 2-3 months)	Use a new bag every 7 days.	Bags are drainable

General notes

- If quantities ordered exceed those listed without good reason (e.g. number of bags in times of diarrhoea), refer to stoma specialist
- ‘Stoma underwear’ is not necessary and should not be prescribed, unless a patient develops a parastomal hernia and has been advised to wear ‘support underwear’ or a belt.
- Appliances which are listed in Part IXA and IXC of the drug tariff may be prescribed under the NHS.

Accessory	Usual quantity	Prescription directions	Notes
Flange extenders (for one and two-piece systems)	3 packs per month	Change every time bag is changed. May require 2-3 for each bag change.	Often required for extra security if the patient has a hernia or skin creases as it increases adhesive area. If used as there is leakage around the stoma- <i>refer for a review.</i>
Belts (for convex pouches)	3 per year	1 to wear, 1 in the wash, 1 for spare	Washable and re-usable.
Support Belts	3 per year	1 to wear, 1 in the wash, 1 for spare	For patients with manual jobs / hernia – require heavy duty belt. Must be measured – refer. For sports – use light weight belt
Adhesive removers	1-3 cans (depending on frequency of bag changes)	Use each time stoma bag is changed	‘Non-sting’, silicone based products are recommended. Available as a spray or a wipe.
Deodorants	Not routinely required. Household air freshener is sufficient in most cases.	Use as needed when changing stoma bag	Should not be required. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases. If odour present at times other than changing or emptying – refer for review.
Lubricating deodorant gels	Not routinely required. A few drops of baby oil or olive oil can be used as an alternative. If required 1-2 bottles per month.	Put one squirt in to stoma bag before use	Only recommended if patients have difficulty with ‘pancaking’. Bottles are more cost effective than sachets. A few drops of baby oil or olive oil can be used as an alternative.
Skin fillers	Follow directions of bowel / stoma nurse	Change each time bag is changed	Filler pastes/ washers are used to fill creases or dips in the skin to ensure a seal. Alcohol containing products may sting.
Skin protectives (wipes, films, pastes and powders)	Follow directions of bowel / stoma nurse	Apply when bag is changed as directed	SHORT TERM USE ONLY (acute prescription): may be used on skin that is broken, sore or weepy to promote healing. If used for >3 months, refer. Barrier creams are NOT recommended as they reduce adhesiveness of bags/flanges.
Thickeners for ileostomy	2 boxes/tubs per month	Use one with every new bag	Useful for loose watery output. 1-2 sachets/strips to be used each time appliance is emptied
Acute sports shield	1-2 / year	Use for sporting activities	

Appendix C: Situations which may require referral to stoma care specialist

- Routine over ordering of stoma supplies, outside of recommendation from specialist
- Long term use \geq 3 months of skin protective products (wipes / films / paste / powders)
- Current use of pressure plates or shields – patient may benefit from the use of newer products with built in convexity
- Old style reusable bags (if you are not sure please contact specialist stoma nurses)
- Current use of adhesive rings, discs, pads or plasters – newer products may be more appropriate
- Current use of products that are to be discontinued
- Patients who are experiencing leakage
- Patients experiencing dietary problems
- Patients who have developed hernias
- Patients having management difficulties (e.g. elderly)
- At patient's request
- Patients having psychological difficulties adapting to their stoma

Appendix D: Irrigation

Irrigation is an alternative method of colostomy management. Patients with an end colostomy can introduce warm tap water (bottled if abroad) into their colostomy which produces a bowel action. The procedure is repeated every 1-2 days, requires an irrigation set and irrigation sleeves. After 3-4 weeks, if patients are not experiencing spontaneous bowel actions between irrigations, they can use a stoma cap.

Patient support groups

- Colostomy Association: (0118 9391537) www.colostomyassociation.org.uk
- Ileostomy Association: (0800 0184724) www.the-ia.org.uk
- Urostomy Association: (01889 563191) www.urostomyassociation.org.uk/
- RADAR (disabled toilet key): (02072503222) www.radar-shop.org.uk
- Macmillan Association: (0845 601161) www.macmillan.org.uk
- Ostomy Lifestyle: (0800 731 4264) www.ostomylifestyle.org/
- Sexual Advice Association: (0207 486 7262) www.sda.uk.net/
- National Advisory Service for children with stomas: (01560 3222024)
- Beating bowel cancer www.beatingbowelcancer.org
- Ostomy support : www.ostomyland.com (08450719301)
- C3Life.com: www.C3Life.com/connectUK
- Busy Bees; Mosley Hall Hospital (BCHC) Alcester Road, Birmingham B13 8JL. 0121 466 4233

Medicines required for stoma management

- Some ileostomy patients can experience occasional problematic, high-volume liquid stomal output, which can cause dehydration, potential renal impairment, body image problems and increased product usage.
- Anti-motility agents (loperamide or codeine), can be used to treat this. They slow down gastrointestinal transit time, allowing more water to be absorbed thus thickening and decreasing the stoma output.
- Loperamide is preferred as it is not sedative and not addictive/open to abuse.
- Patient are usually able to self manage adhoc dosing according to requirements
- Longer-term use with higher doses may be necessary if patients have 'short-bowel syndrome' (this will be advised by Hospital consultant). Higher doses may be used when advised by hospital consultants for high output stomas. See the link below for more information:
<http://www.evidence.nhs.uk/search?q=%22Can+high+dose+loperamide+be+used+to+reduce+stoma+output%22>
- Loperamide should be taken half an hour before food for maximum effect.
- If not effective initially i.e. patient still has high-volume output, loperamide capsules can be opened and dissolved in squash / water before taking.
- Some patients experience constipation. With the exception of ileostomy patients, an increase in fluid intake or dietary fibre (wherever possible) should be tried first before initiating bulk forming or osmotic laxatives.

Medicines required for stoma management

Drug	Dose
Loperamide 2mg capsules or Loperamide (Imodium) 1mg/5ml Liquid Loperamide orodispersible tabs NB: higher doses may be used(unlicensed) by hospital consultants for reducing stoma in resistant case	2mg up to four times a day as required (max 16mg daily). 1 st line: Caps/Tabs 2nd line (if absorption issues): liquid. 3 rd line (if high doses still needed) : Loperamide orodispersible tabs
Codeine Phosphate 15mg and 30mg tablets	15mg to 30mg four times a day (max 240mg daily)
Laxido (macrogol 3350)	1–3 sachets daily in divided doses usually for up to 2 weeks; maintenance, 1–2 sachets daily
Ispaghula sachets	1 sachet or 2 level 5-mL spoonfuls in water twice daily preferably after meals;

Medicines to use with care or avoid in stoma patients

Drug	Reason
Antacids	Magnesium salts may cause diarrhoea. Aluminium salts may cause constipation.
Antibiotics	Caution as may cause diarrhoea.
Digoxin	Stoma patients susceptible to hypokalaemia - monitor closely, as may become potassium depleted.
Diuretics	Patients may become dehydrated. Caution with ileostomy patients – may become potassium depleted
Enteric-coated and modified-release preparations	May be unsuitable, particularly in ileostomy patients, as there may not be sufficient release of the active ingredient. Please consider non-EC/MR preparations first-choice
Iron i.e. ferrous fumarate, sulphate	May cause diarrhoea – ileostomy or constipation – colostomy. Stools may be black – important to reassure/warn patients.

Laxative enemas and washouts	Avoid in ileostomy patients – may cause rapid and severe loss of water/ electrolytes.
Nicorandil	Anal and peristomal ulceration – related to inflammatory disease.
Opioid analgesics	Caution as may cause troublesome constipation.
Proton Pump Inhibitors	May cause diarrhoea.
Metformin	May cause diarrhoea.

Routes of administration points of note

- Please be aware that it **may not be appropriate to use rectal route** for stoma patients, please check clinical records.
- Medication **is not routinely administered via the stoma**

Initial supplies of stoma appliances

- Patients are usually discharged from hospital with a 2 week supply of a variety of stoma bags and no accessories (unless assessed and deemed essential). They are then followed up by a specialist stoma nurse within two weeks post discharge and a decision is made regarding best products.
- Most, first stoma bag orders should not be customised by cutting of the hole, as stomas will take time to settle, unless otherwise directed by stoma care specialist. This avoids wastage.
- Repeat orders should be for no more than 1 month's supply to avoid wastage.
- Patients are educated to reorder in advance of running out of bag
- We need to ensure this is all appropriate, with the overall aim to avoid sore skin and prevent other problems.
- We also need to feel 'in control' of prescribing for this group of patients to avoid wastage and seek advice where uncertain.

Please note

1. Some patients will need more ileostomy bags if they prefer to use midi bags during the day and maxi bags at night (mainly youngsters for body image- refer for specialist advise).
2. More than the recommended amounts may be ordered under the following circumstances; suffering with gastrointestinal symptoms, dietary problems or skin issues i.e. ulceration, or undergoing chemotherapy.

What do prescribers need to do in practice?

- Do-not issue retrospective prescriptions for stoma products except in emergency after direct communication with stoma team
- Do-not accept patient requests for new products without checking with the Stoma Care Nurse
- Do check all requests are needed and appropriate – see information above
- Prescribe appropriate quantities for 1 month supply of appliances
- [Contact](#) NHS Stoma Care Nurse if expert advice required (see Page 4 for contact details)

FLOWCHART A: One and two piece systems

Does your patient have?

Colostomy

Closed pouches
usually changed
1-3 x daily

Ileostomy

Open ended
drainable

Urostomy

Pouches with
tap

Does your patient use
more than 30-90 pouches
per month? (1 piece)

OR

Does your patient use
more than 15 base plates
and 30-90 pouches per
month? (2 piece)

Does your patient use more than 30 pouches per
month? (1 piece)

Or

Does your patient use more than 15 base plates and 30
pouches per month? (2 piece)



Patient may be experiencing problems
and should be referred to the Stoma
Care Specialist Nurse (if available) for
reassessment

Does your patient use more than 2
Stoma Accessories?



**NO ACTION
REQUIRED**

Patient may be experiencing problems
and should be referred to the Stoma
Care Specialist Nurse (if available) for
reassessment

Stoma accessories: What prescribers need to know in practice?

Key messages

- Stoma Care Specialist Nurses (SCSN) recommend that stoma patients should use a plain and simple procedure when changing their bag, thus avoiding the need for expensive accessories.
- Patients will also obtain information regarding available accessories via the internet and also their fellow patients.
- The aim of this key message document is to provide information to allow for monitoring and review of stoma accessories prescribed for your patients in primary care, to ensure best practice and reduce wastage.

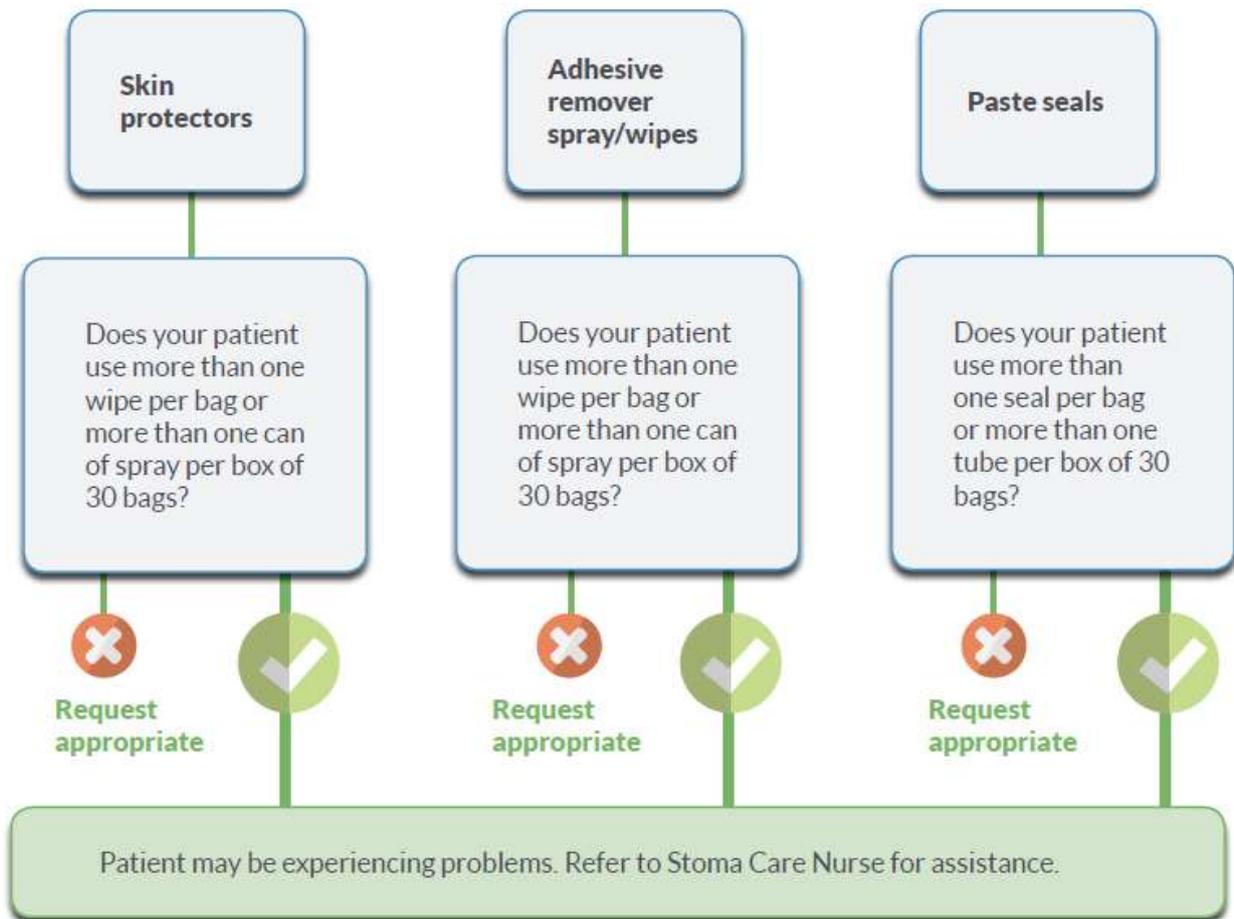
Please refer to local guidance: Stoma Care Accessory Products Prescribing Guidance.

Please note this has been produced locally by our stoma care specialist nurses

What do Prescribers need to do in practice?

- Review your prescribing of accessories for stoma patients against the recommendations table above and the flow chart below:
 - Ensure only 'routinely recommended' accessories are put on repeat
 - Prescribe appropriate quantities on repeat
 - Do not add any occasionally required accessory products on repeat unless recommended by Stoma Care Nurse
 - Do not routinely prescribe any bag covers or deodorants
 - Ensure patients do not over-order their accessories - please see flow charts below
 - Refer back to Stoma Care Nurse for review if over-ordering

FLOWCHART B: Overuse of Stoma accessory products flowchart



USEFUL INFORMATION - STOMA APPLIANCES

There are three main types of stoma; ileostomy, colostomy and urostomy which require ostomy bags. There are two basic types of **ostomy** bag: 'one-piece' and 'two-piece'. With the one-piece bag, the bag is attached directly to the patient's skin and it is not necessary to supply a flange. The two-piece set includes a bag and a flange. The flange is attached to the skin of the patient and the bag is then attached to the flange. The bag may be removed leaving the flange in situ; another bag may then be attached to the same flange.

Closed appliances are used for colostomy patients. These bags cannot be re-used and are discarded once filled.

Drainable appliances are used for ileostomy and urostomy patients and are either designed with a clip fastening or "non-return" valve and tap" for semi-liquid or liquid effluent respectively. These bags can be re-used once emptied.

- Colostomy bags are changed 1-3 x daily, average use per month would be 30-90 bags.
- Ileostomy bags are designed to be changed every 1-3 days, average use of 15 bags per month but some patients may use a new bag daily. The average volume of an Ileostomy output is between 500-800ml in 24 hours. An abnormal output would be more than a litre of liquid /day.
- Urostomy bags are fitted with a non-return valve and tap outlet a tap as they will require emptying several times in a day. The bag can stay in place for up to 3 days but is usually changed every day or every other day.
- Urostomy patients usually require a continuous drainable night bag to avoid the need to empty bag during the night. Tubing and connectors for fixing a night bag will be required. A night bag should be emptied and washed through with warm water daily. Night drainable bags and tubing do not usually require daily changing but changed 1-2 times a week. Some appliance wholesalers/delivery companies may offer night bag stands and other products e.g. mattress protective covers on request; some free of charge, but others may charge the patient.
- Sometimes, if the rectum has not been removed but is left in place, the cut end of the remaining rectum may also be brought to the surface to make a small opening called a mucous fistula. A stoma cap or small dressing is adequate for most patients as a cover.

Appliances are available as **one piece** and **two piece** appliances. The site and nature of stoma as well as cosmetic acceptability of appliance type by the patient (e.g. opaque or clear pouch) will determine which bag is most appropriate to use.

One piece appliances are pouches which have an integral adhesive flange as one unit. The adhesive flange is the part of the pouch system that is placed around the stoma and attached to the skin. When the pouch is removed, the new pouch must be reattached to the skin. One piece appliances are easy to apply and are not bulky on the patient's abdomen. This system comes either with a pre-cut opening or an opening that can be cut to fit the stoma.

Two-piece: Appliances have two parts - a separate flange (base plate) which attaches to the skin and a separate bag, which the patient can clip onto the flange. Flanges are changed every 2-3 days. The two-piece system can be helpful for patients with sensitive skin. The pouch is changed on average about 2 or 3 times a day. This system comes either with a pre-cut opening or an opening that can be cut to fit the stoma.

A **convex appliance** is a one piece appliance used for problematic stomas e.g. recessed stomas. It has a flange that is convex i.e. curves outwards in order to provide pressure on surrounding peristomal skin and most often used when patients are experiencing problems in getting leaks around the stoma site. Please note Convex Pouching System products are normally in boxes of 10 so the patient may be ordering more boxes but the stock level of bags will be the same.

Flange extenders are semi circles or strips of hydrocolloid applied around the edge of the flange as extra adhesion to flange, used as increased security for patient with stomas sited in a difficult position.

Most stoma bags have an integral filter which should prevent odour and therefore prescribing deodorisers is unnecessary. Filter covers are also provided with each box of stoma bags and are designed to be applied over pouch filter to seal it. They prevent the filters becoming wet and ineffective during bathing or showering and can also be used to prevent pancaking.

Commonly prescribed accessory products are adhesive removers and barrier wipes. Adhesive removers are applied to the flange prior to removing the stoma pouch and soften the flange adhesive making it easier to remove and thus preventing trauma to the skin. Barrier wipes are applied to the skin before fitting the pouch to protect the skin from the corrosive effects of the stoma output.

Unnecessary costs are incurred when appliances are ordered both via the delivery company and the patient's pharmacy. When issuing prescriptions for stoma appliances please ensure that the stoma appliances are on a separate form from the patient's other medication which they obtain from the pharmacy to ensure that these products are not ordered in duplicate.

Patients have two options for supply of stoma appliances: from community pharmacies or delivery companies known as dispensing appliance contractors (DACs). Generally, community pharmacies do not usually keep stoma appliances in stock as these are extremely bulky and take up a large volume of space, but can order these for patients. DACs and pharmacy contractors must also provide, where necessary, a reasonable supply of wipes and disposal bags for those items specified in the Drug Tariff. Stoma bags can also be cut to size if requested (customisation) which is especially useful for elderly patients and those who have difficulties manipulating scissors. DAC's and pharmacy contractors are paid a fee of £4.32 for every Part IXC prescription item (stoma appliance) that can be customised

In addition from April 1st 2011 DAC's and pharmacy contractors are also allowed to claim a fee for any patient deemed to require an appliance use review. A fee of £28 is payable for an Appliance Use Review conducted at premises managed by the pharmacy or appliance contractor. A fee of £54 is payable for a review conducted at the user's home. It is therefore important to bear this in mind when assessing a patient's prescription requirements and establishing where the request for additional appliances/accessories was generated.

When prescribing stoma products please note the following:

- Prescriptions should only be issued at the request of the patient / patient's carer / stoma specialist nurse or district nurse.

- In the case of urgency, the DAC or pharmacy contractor may supply an appliance if asked to do so by a prescriber provided that as the prescriber undertakes to give the DAC or pharmacist a non-electronic prescription form or non-electronic prescription in respect of the appliance requested within 72 hours.
- Prescribers are under no obligation to supply a **retrospective prescription** for items already issued by the supplier without prior agreement of the prescriber.
- DAC's or pharmacy contractors should not contact prescribers to provide retrospective prescriptions to cover a non-urgent situation.

Good Practice Reference Guidelines for dealing with Home Delivery Companies

Examples of items that are home delivered are enteral feeds, parenteral feeds, specialised drugs such as growth hormone and stoma care products such as colostomy bags. Home delivery includes delivery to a patient's home and to nursing or residential homes.

The following recommendations have been made for prescription requests requiring home delivery to avoid over-ordering, wastage, poor communication, and inappropriate requests from suppliers or appliance contractors.

- Do not accept any increases in consumption, or new items, unless they are known to be prescribed or recommended by an NHS professional [GP, Stoma Nurse etc]. **Never accept changes from home delivery companies on behalf of the patient.** Any change in regime should be investigated. Generally, the request is appropriate but there has been instances where new items are simply **added** to the regime instead of being **substituted** - if in doubt contact the original prescriber for guidance and/or speak directly to the patient/patient's carer to ascertain monthly requirements.
- Do not feel pressured to issue prescriptions to cover **retrospective requests**. All home deliveries are aware that as a CCG we are unhappy with the procedure of delivering items before receipt of a valid prescription and then requesting the prescription to cover such a delivery. The exception to this is in the case of an emergency and in such cases a faxed request should be supplied and verified with the initiating healthcare professional.
- Do not assume when a "second request" letter is issued by the home delivery company that the prescription has not already been issued. Home delivery companies are notorious for sending out request letters, one after another even though a prescription has been issued. This is where a good audit trail will help identify inappropriate requests.
- Appliances for home delivery should be issued on a separate prescription to other drugs
- If the home delivery company are not willing to deviate from their procedures when requesting on behalf of the patient, the practice can always decide to insist that the request is made directly via the patient/carer.
- Ensure the original request letter is date stamped and scanned onto the clinical system into the individual patient's notes and complete/update any prescribing information for each patient being supplied by a home delivery company on a regular basis.
- With effect from 1st April 2010, all appliance contractors must also provide, where required by the patient, a reasonable supply of wipes/swabs as part of the new DoH service arrangements (ref part IX of the Drug tariff) and these therefore should not be prescribed on repeat prescription.

Some home delivery companies have a policy of requesting **all items** on repeat on a regular basis even if the patient requires none. This is due to the complexity of the way in which home delivery companies request on behalf of the patient. The home delivery company may order all items on the repeat list from the GP practice and then do a stock check with the patient to assess their requirements for that particular month. The home delivery company may insist that they only dispense and endorse what the patient requests but this is difficult to audit. From a clinical perspective the patient's prescribing record will indicate that medication has been requested when this is not always the reality and could be misleading

References

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- Smith R. Improvements in Ostomy Care. Pharmacy Management, Volume 28, Issue 2, 2012. Available on www.pharman.co.uk
- Baker M, Greening L Practical management to reduce and treat complications of high output stomas Gastrointestinal Nursing 2009: 7(6):10-17
- Fake J, Skellet A, Skipper G A patient with Nicorandil-induced peristomal ulceration 2008; 5(6): 19-23

Acknowledgements

- NHS Coventry and NHS Warwickshire – Guidelines for Managing, Prescribing and Supply of Appliances via Dispensing Appliance Contractors.
- PrescQIPP: Bulletin 105: Stoma

Example Letter: Hospital

DEPARTMENT OF GENERAL SURGERY & GASTROENTEROLOGY

Colorectal Nurse Specialists
 Hospital
 (Insert nurse's names)

Colorectal Nurse Specialists
Hospital

Tel 0121
 Fax 0121

Tel 0121
 Fax 0121

..... – Colorectal Secretary
 Tel 0121

<date/>

<addressee1/>
 <addressee2/>
 <addressee3/>
 <addressee4/>
 <addressee5/>

<idline/>
 <addressline/>

Operation:

Operation date:

Stoma type:

Consultant:

Stoma (please circle) **Permanent/Temporary**

Review Date:

Indication for unusual stomas & related conditions:

Chemist/Delivery Company:

Discharge Date:

Dear Doctor

Please prescribe the following items for stoma management. Your patient will be using a Chemist/Delivery company and may request a prescription collection service.

Items	Order Number	Number per Pack	Quantity Requested per month

Average appliance usage per month:

Colostomy: 60 one-piece closed or 10 flanges and 60 two-piece closed appliances.

Ileostomy: 15-30 one-piece drainable or 10-15 flanges and 15-30 two-piece drainable appliances

Example Letter: Patient

This letter is for you to adapt for your patient(s). Please ensure that you customise the text highlighted in yellow so that the information is appropriate. Please also ensure that once you have made your amendments, any important information isn't split across two pages, or that an instruction to continue on to a second page is added.

[Practice name]

Insert practice header or print to practice headed paper

[Address]

[Tel]

[Fax]

[Email]

[Date]

[Title Initial Surname]

[Patient Address Block]

Dear [Title] [Surname]

Re: Prescribing of Appliances and Accessories for Stoma Patients

This practice **continually reviews repeat prescriptions to make sure that our patients get the most appropriate treatment, and which provides good value for the NHS without affecting their quality** of care.

We are currently reviewing the use and appropriateness of prescriptions for appliances and accessories for patients who have a stoma in line with current guidelines and prescribing recommendations.

We have identified that you may have been prescribed unnecessary products or some items in greater quantities than are required according to recommended best practice.

This may reflect over ordering resulting in wastage or suggest that you may benefit from a review either with a member of the practice staff or from the stoma specialist nurse.

We are therefore inviting you for a review in the first instance with a practice **GP / Nurse / Pharmacist (delete as applicable)** to review your prescription and order quantities. If any stoma management issues are identified, we may also refer you for further follow up with the stoma specialist nurse.

To book an appointment for a stoma prescription review, please contact the practice on: **(include details)**

If you have any questions about this letter, please ask to speak to your **GP/Nurse/pharmacist [delete as appropriate]** using the contact details below.

GP/Nurse/Pharmacist [delete as applicable]

[Add telephone no.]

Yours sincerely

Advice for patients on ordering and prescribing of stoma appliances and accessories

This Information Sheet is for you to adapt for your patient(s). Please ensure that you customise the text highlighted in yellow so that the information is appropriate. Please also ensure that once you have made your amendments, any important information isn't split across two pages, or that an instruction to continue on to a second page is added.

Insert practice header or print to practice headed paper

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

It is good practice to review repeat prescribing to make sure that you are receiving the correct stoma care and to reduce unnecessary over-ordering and wastage. You may have already received an invitation to meet with your GP, nurse or pharmacist to discuss your prescription following a review of stoma care products in the practice.

The number of stoma care items prescribed is normally based on individual patient need and as initially recommended by the stoma service specialists. National guidelines and recommendations on prescribing quantities for stoma patients are also taken into consideration.

Guidance on ordering stoma care appliances and accessories

- Patients requiring stoma appliances may have their prescription dispensed either by their local Community Pharmacist, or a dispensing appliance contractor (DAC).
All requests for stoma care prescriptions however should be made direct to the GP practice in line with the practice procedure for ordering repeat prescriptions.
- Prescriptions for stoma care will only be issued by the practice at the request of the patient or patient's carer (or, in certain circumstances, a relevant healthcare professional such as the stoma nurse). Prescription requests will not be accepted from a DAC.
- Prescription requests for stoma care products should normally be submitted to the practice on a monthly basis. The stoma care prescription should be generated by the practice on a separate form from your prescription for medicines.
- When a patient (or carer) orders stoma care appliances and accessories they should request only those items which are actually needed, to ensure that unnecessary supplies are not made and in order to avoid unnecessary wastage. Quantities requested should specify the quantity of each item required.
- Any changes to the prescription would normally only be made after consultation with the specialist stoma nurse.
- If additional quantities are required such as for holiday travel the practice should be informed when requesting a prescription. Requests for an emergency prescription will only be accepted from the patient or carer and will not be made without prior agreement from the prescriber.
- If prescribing quantity requests are considered excessive or outside recommended guidelines, this may be brought to the attention of the GP.

Your doctor may remove an item from repeat because:

- It is no longer needed.
- It is not required on a regular basis.

Items will not be removed from repeat without letting you know.

- Overuse or requests for additional or new products may also be an indication that referral to the specialist nurse for review of patient stoma and appliance use may be necessary. If so, the GP should discuss this with you and if required, may refer you for further advice / specialist clinical assessment from the stoma care nurse.

If you have any queries regarding prescriptions for stoma appliances and accessories or have experienced problems in obtaining supplies, please ask to speak to your **GP/Nurse/pharmacist [delete as appropriate]** using the contact details below.

GP/Nurse/Pharmacist [delete as applicable]	[Add telephone no.]
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Dr **[Name]** and Partners