

Stoma Clinics in the Community

Cardiff and Vale Health Board

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Summary of Project Aims

To establish practice based Stoma Review Clinics in the community setting in conjunction with the Community Stoma Nurse

- To improve the patient's knowledge and use of any '[specified stoma appliance](#)' by:
 - Establishing the way the patient uses the appliance and the patient's experience of such use;
 - Identifying, discussing and assisting in the resolution of poor or ineffective use of the appliance by the patient;
 - Advising the patient on
 - safe and appropriate storage
 - safe and proper disposal
 - medications that could interfere with the function of the stoma

Why was it Chosen?

What's happening:-

- Spend is increasing
- Patients increasing
- Number of products available increasing
- Products available heavily promoted to patients via mailings

Realisation:-

- Lack of unmet need in the community
- Improvements in management – release of savings
- Can expand on the work done with secondary care on the discharge pathway and products
- Medicine management team lack the expertise

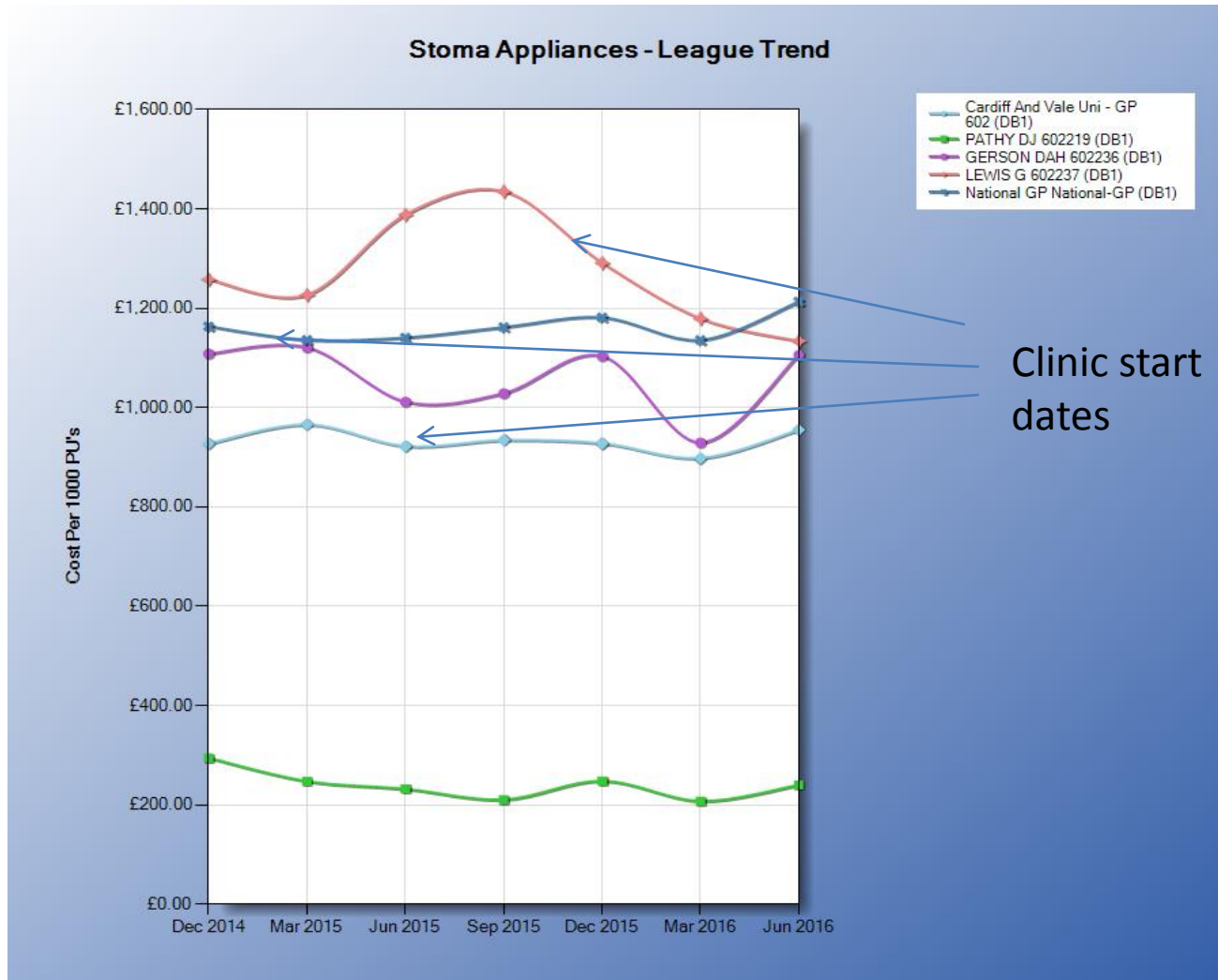
What would success look like?

- Engaged practices and patients
- Ongoing follow up of patients at their surgery
- Reduction in duplicate and unnecessary Rx for stoma products
- Improved quality of life for patients - through better understanding of how to manage their stoma and manage their prescriptions
- Improved management of stoma-related prescriptions - through up to date repeat prescriptions
- Increased knowledge of practice staff on stoma prescriptions

What are your process measures?

- Pt number of AURs performed – all 34 patients seen
- Number of patients whose prescription is synchronised – all 34 patients seen
- Number of prescription clerks trained – 0 to date commencing September 2016
- Prescribing costs per practice – Rx data 3 months in arrears

Prescribing Costs/Items

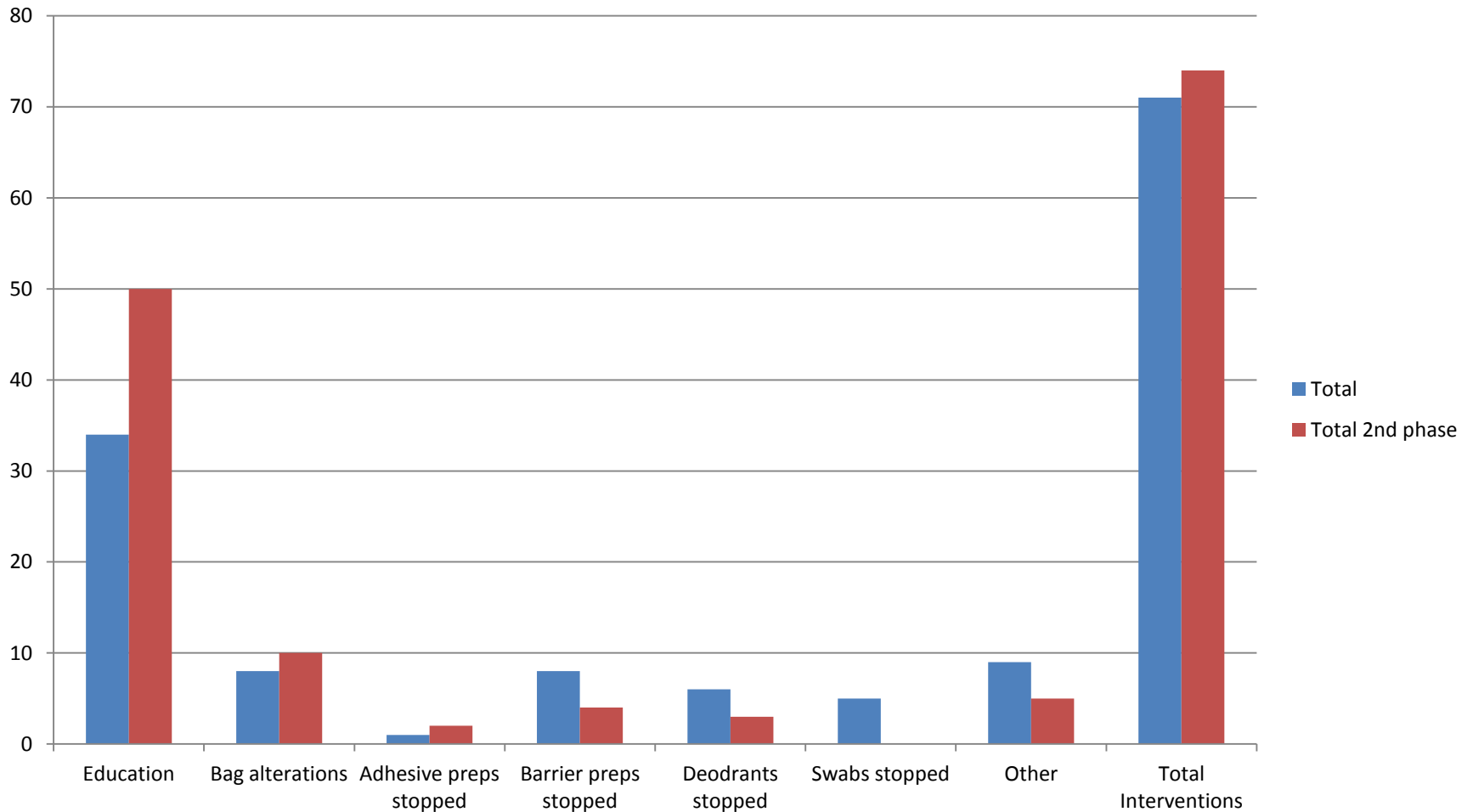


Outcome measures

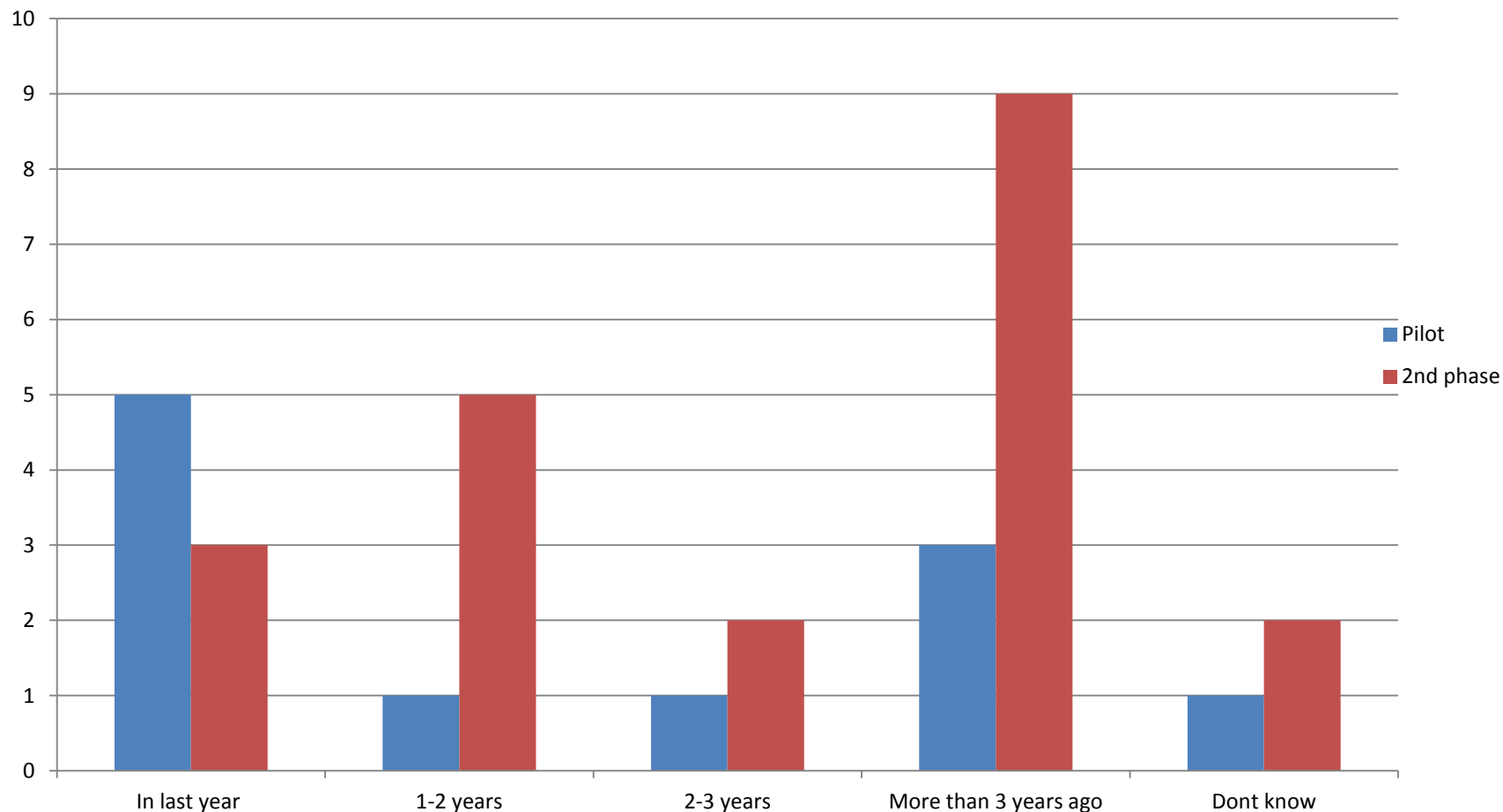
- Interventions made
- Patient questionnaire
- NB. Rolled out pilot to 3 additional practices with some minor changes to the SOP – additional 50 pts

Total Interventions Made includ. phase 2

Phase 1 = 34 pts, phase 2 = 50 pts

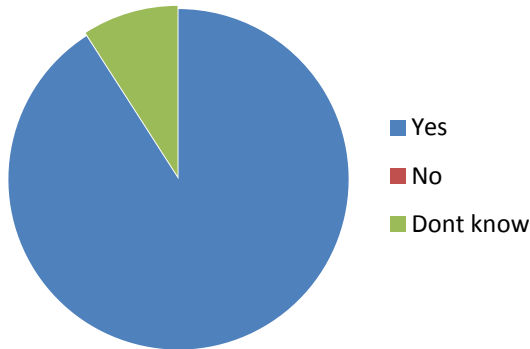


Patient Satisfaction Questionnaire – when did you last have a review of your stoma

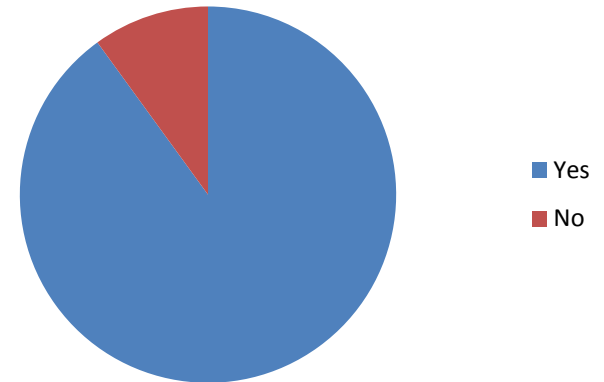


Patient Satisfaction Questionnaire

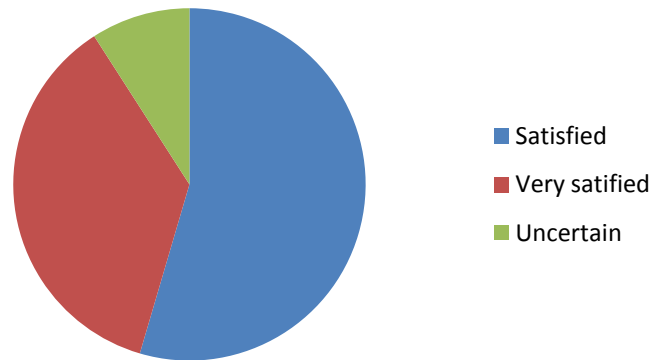
Confidence in stoma nurse



Prefer to be seen at the surgery



Satisfaction with the service



Balancing measures

Financial

- **Phase 1**
- 34 pts savings achieved approx £11,500 per annum
- £340 per pt per year
- **Phase 2**
- 50 pts savings achieved approx £3500per annum
- £70 per pt per year

Improved patient concordance and understanding of their medications

Modification of the AUR form so that it lists the current products the patient is needing

Summary of Learning

- Welcomed by practices
- Well received by patients

“I have had my stoma for 23 years, and apart from coming out of hospital, I have never seen a stoma nurse”

“Recent change in bag is the best I have ever had”

“It was very helpful only wish it was regular, it was very nice to see the stoma nurse”

“The review was carried out in an efficient and professional manner. The stoma nurse and companion were kind and reassuring and made me feel comfortable”

- Even though interventions may not directly save money they can improve the patients quality of life
- Barriers/Challenges – space, internal practice process for reviewing AURs, follow up non responders
- Implementation of accessories formulary...

Ministerial Priorities

- Service sustainability – built into the work programme of the MM team but *company sponsored nurse*
- Improving access – yes specialist nurse available at the practice
- Service moved out into the community

Next steps

- All practices in Cardiff and the Vale offered a clinic
- 16 practices replied – at least 407 patients to review
- SOP modified
- Prescribing clerks training
- Education of the wider primary care team
- ? Cluster level working BUT IT systems need to talk
- Implementation of an accessory formulary

Discussion – 21st Sept 2016

- Increasingly demanding area - cost, numbers, products etc. Heavily marketed by pharma
- Unmet need in the community – lack of reviews in community for years; patient put up with problems eg leakage – resolving issues can improve QOL and save significant resource; patients don't know who or how to contact if they have problems
- Lack of expertise in community to manage issues
- Patients have confidence in service and prefer to be seen in primary care
- Welcomed by practices; introduced training in repeat prescribing of stoma products at outset
- Specialist nurse works within the practice (sponsored by company but not demonstrated bias in Pxing to date)
- Developing accessories formulary
- Space within PC estates is an issue for developing services
- Can train pharmacy technicians to undertake this work
- Specialist nurses should be working in PC / community – rotations between 1ry and 2ry care, with cover facilitated through wider clinical team
- Cluster based model - potential for cluster working if IT systems linked
- Scalability? Unknown numbers of patients – could access data from delivery companies; potential then to plan staffing and services. Raises questions re priorities for services and resources; stoma service can improve QOL and release cost-savings. Significant gap in nurse stoma capacity if rolled out across Wales.
- Potential to link stoma service with continence/wound care/inflamm bowel disease services on cluster basis – efficiencies evident
- When services provide a clear quality benefit - moving from requesting mode to a national mandate