

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	001
Service	Stoma Support Service
Commissioner Lead	
Provider Lead	
Period	2022-2025
Date of Review	To be reviewed annually

1. Population Needs

Serious conditions of the bowel and bladder can affect people of any age, from babies through to the elderly. The surgical treatment of these conditions – which include bowel and bladder cancer, inflammatory bowel disease and diverticulitis, functional problems, or trauma, often requires the formation of a stoma. 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. It is estimated that there are 120,000 ostomates living in the UK.

Approximately 21,000 temporary and permanent stoma operations are performed each year in the UK of which 6,500 are permanent colostomies.

Stoma formation will have an impact on the wellbeing and lifestyle of the person and their family whatever their age (Waller, 2008). Quality of life can deteriorate following a stoma procedure and specialist support during the first few weeks' post-stoma is vital. Fear of rejection by friends and family as well as being ostracized by society is constant for this group of patients (Williams, 2008). The impact of this surgery can be overwhelming, causing distress, fear, and feelings of hopelessness. It can take up to two years for some individuals to come to terms with the way they look and function and to acquire a positive self-image; others may never achieve this stage (Dryden, 2003).

Access to a stoma nurse to support patients, using specialist knowledge and skills will enhance patient's quality of life (Clinical Standard Board for Scotland, 2001). Stoma prescribing is a specialised area of prescribing and is an area of healthcare that is particularly personal for patients, requiring support from health care professionals with an in-depth knowledge of the condition and the products available.

Laryngectomy is the surgical removal of the larynx (which contains the vocal cords) and the separation of the airway from the nose and mouth. An opening (stoma) onto the surface of the neck is formed and the trachea is connected to it. This is a permanent, irreversible stoma, which leaves patients unable to speak without assistance. A tracheostomy is a surgical opening (stoma) in the anterior wall of the trachea to facilitate ventilation; the opening is usually maintained by use of a tracheostomy tube. Patients with a permanent tracheostomy or with a laryngectomy should be nursed by staff with appropriate skills and competency, in acute or community care settings. Support from nursing staff in community services, with training and competence in daily care of these conditions will ensure that ongoing support is available and easy to access, and that care standards are maintained.

2. Outcomes

2.1 Nottingham and Nottinghamshire ICS Triple Aim:

1	Improving the health and wellbeing of our population	x
2	Improving the overall quality of care and life our service users and carers are able to have and receive	x
3	Improving the effective utilisation of our resources	x

Scope

In 2015 a centralised clinical and prescribing service that is responsible for all prescribing needs for patients with a colorectal stoma, nephrostomy or urostomy was commissioned. This is run by clinicians who have an in depth understanding of stoma care, as well as being qualified to quickly identify and resolve clinical concerns to address patient need. It has been shown to improve patient care and contain cost growth.

Stoma appliance products represent approximately 3% of the primary care prescribing spend in Nottinghamshire and it is an area of prescribing that has increased year on year. All patients with a colorectal stoma, nephrostomy or urostomy who are registered with a GP practice in Nottingham and Nottinghamshire ICS are eligible to be registered with and cared for by the service. The number of patients (Feb 2024) with a colorectal stoma, nephrostomy or urostomy across Nottingham and Nottinghamshire ICB is approximately 4000. There are approximately 175 patients receiving prescribed appliance products for a tracheostomy and laryngectomy in Nottingham and Nottinghamshire ICB.

Aims of the service

To improve clinical management and prescribing of stoma appliances for all patients in the community across Nottingham and Nottinghamshire and to provide easy to access and timely clinical support.

To provide an efficient, local clinical service that is responsible for stoma related prescribing and clinical needs, overseen by clinicians who have an in depth understanding of stoma care, including colorectal stoma, nephrostomy, urostomy, laryngectomy and tracheostomy.

Benefits expected:

- Improvements in the on-going clinical support to patients with a stoma.
- Reduction in inappropriate prescribing of stoma appliance products and prescribing costs associated with this.
- Reduction in waste of stoma appliance products.
- Improvements for patients in their knowledge and understanding about stoma care.
- Reduction in consultations with GPs, secondary care and emergency department.
- Reduction in waiting times for patients to resolve stoma related clinical issues.
- Improvements in patient care due to more flexibility in appropriate product choice.
- Patients are better prepared for surgery and better informed of post-surgery services ahead of planned procedures.
- Patient journey from initial discussion about need for stoma formation, through to post-surgery care is seamless and provided by a dedicated team working across primary and secondary care.

Service description/care pathway

Prescription service:

- The service will conduct post discharge review of the patient and take over the clinical and prescribing responsibilities following discharge from secondary care, according to local discharge pathways.
- The service will supply information and education to patients and carers about stoma care, including an introductory contact ahead of any planned stoma formation where patients and carers can be informed of the service, how to access support and how they will obtain supplies after their surgery.
- The service will ensure that service users receive a timely, efficient, and tailored prescribing service according to their needs.
- All prescribing of stoma appliance products will be undertaken by non-medical prescribers who are nurses with expertise in stoma care and management.
- Systems will be in place to ensure patient review at each prescription request. Prescriptions will be produced, clinically checked, signed, and if not on hold because requiring further review, within 2 working days via an electronic prescribing system. The service will have several methods available to order prescriptions, each having minimal access times, including telephone, e mail, and call back.
- The service will ensure efficient cost maintenance through prescribing review.
- The service will prescribe from the agreed formulary and use the products that are most appropriate for the patient's needs, without any influence to prescribe products from one manufacturer. Prescribing will respond to patient's clinical needs in terms of quantities and product choice.
- The service will reduce waste by only prescribing small quantities of products when establishing product suitability. Reductions in over-ordering and waste will align to a tightly managed approach to prescribing initiation and continuation; adherence to local formularies will be in place. If the service identifies that a patient may have significant stock held at home, they will offer to visit the patient at home to address this. The service will provide education and reassurance to the patient, as well as on-going monitoring and support to prevent future wastage.
- The service will lead the review of the stoma ancillary items formulary every 2 years, engaging with relevant stakeholders in this process. The product choices made for the stoma ancillary items formulary will be made based on clinical effectiveness, cost-effectiveness, comparative safety, patient acceptability, and environmental impact.
- The service will review prescribing choices in line with the stoma ancillary formulary every three months and will provide a summary of findings and actions resulting from the review.
- The patient will choose which appliance contractor, community pharmacy or dispensing doctor will receive and dispense the prescription. The service will not advise or influence the patient to choose a particular contractor.
- The service will develop and supply where needed all written materials, processes and operating procedures required.

Clinical service:

- The service will provide clinical support that is easy to access, responsive and timely, including triage to identify concerns early.
- Patients will receive person centred clinical support and the service will provide, as a minimum, an annual review. This may take place in a suitable clinic setting, which has been approved by the commissioner or at the patient's home. Patients will be offered clinic settings that are relatively local to their home. Remote consultations via an appropriate digital platform will be available, or structured reviews by telephone. The service must provide a review framework detailing the advantages and disadvantages for providing clinical reviews using this range of methods. The service must document the rationale for their choice of method for each patient when conducting a clinical review and strive to see patients face to face on a regular basis. There will be flexibility in the provision of routine clinical support. Extended hour access during evenings and weekends will be available.

- Patients who are housebound or who have other medical needs that mean that they cannot attend a clinic setting will be offered a home visit, including residents within nursing and residential homes who cannot attend a clinic or be reviewed via video conferencing.
- Following identification of a clinical need either by the service staff, or raised by the patient, he/she will be able to access clinical triage by telephone within one working day. Follow up face to face or virtual appointment consultation within one working day will be made available if an urgent need is identified following the clinical triage. If the care required is more urgent than this or other medical needs that require resolution by a GP or secondary care is identified, the patient will be signposted accordingly.
- The service will form robust links with all stakeholders involved in provision of stoma care services e.g., secondary care departments, GP practices, independent stoma nurses, so that any transitions of care are seamless for the patient.
- The service will operate within the clinical pathways agreed with the commissioner and other stakeholders.

Pre-habilitation and post-habilitation service (once added to contract):

The service must provide a detailed plan for provision of a pre-habilitation and post-habilitation service for patients undergoing elective procedures that will align with pathway development, covering:

- MDT/ secondary care working.
- Pre-op consultation & counselling, including siting the stoma.
- Choosing a dispenser and choice of products, including supply of products immediately post op to discharge.
- Post-operative care plan, detailing number of visits and support and timings with visits taking place immediately post op within the acute setting as well as regular contact in the period following discharge.
- Communication with all parties involved in the care of the patient.
- On-going support, education, and access to specialist stoma nurses

Governance requirements

- The service will have robust patient confidential data (PCD) and GDPR processes which will be formally adopted and embedded within the company governance structure. Such policies should be accessible by commissioners if requested.
- The service will provide their corporate and clinical governance structures and reporting, including incident reporting and investigation processes.
- Any conflicts of interest will be declared to the commissioner as they occur and will be updated and declared annually.
- The service must operate a 'whole of market' model with access to products of all manufacturers of stoma products. The service will commit to prescribing the most cost-effective product which is clinically appropriate.
- The service will demonstrate formal mechanisms to form robust links with all stakeholders involved in provision of stoma care services e.g., secondary care departments, GP practices, independent stoma nurses, so that any transitions of care are seamless for the patient and onward referral is facilitated.
- The service will develop and supply where needed all written materials, policies, processes, and operating procedures required. These will be formally agreed through their governance structures.
- The service provider must have a robust business continuity plan and be able to demonstrate continued service provision with minimal disruption.

System requirements

- The service will operate a phone system that supports patient preferences in terms of waiting times, call handling and call back facilities. The system must allow for recording of telephone calls as declared to the patient. The system must be robust enough to allow for changes in operation that may result from patient feedback.
- The service will use a community-based prescribing system that works with GP SystmOne computer systems in a shared patient record configuration. Functionality to work with EMIS Web in a shared patient record as well is desirable.
- The service will accept secure online patient prescription requests and postal requests in addition to telephone requests. Systems to ensure patient review at each request will be in place.

Patient experience

- The service will develop and host a Patient Steering Group. Terms of Reference will be agreed with the commissioner.
- The service will develop mechanisms to consult with patients regularly and receive feedback about the service provision and will act promptly to address concerns. The service will be responsible for feeding back to patients about improvements in the service resulting from these consultations.
- The service will be responsible for developing and providing patient information and delivery of all communication requirements both during the transition period to the new service and after this. This includes provision of information regarding the various patient volunteer and support groups nationally and locally.
- The service will educate patients about the service and how they order their products through a variety of media. Patients will be assured of a continuance of supply without interruptions.
- The service will proactively contact patients who have not ordered products for three months and will ensure patient records are removed from their caseload if the patient no longer requires the service. The caseload will be reviewed monthly to inform this.
- The service will have access to language interpretation services to assist patients who require help if English is not their first language. It will provide alternative forms of communication for those patients that are identified as requiring additional support or more tailored forms of communication.
- The service will have the facility to tailor their support to cater for the needs of any person in any equality group.
- The service will develop and supply where needed all written materials, processes and operating procedures required.

Finance

- The prescribing budget for stoma appliance products will be held by the ICB and the service will prescribe against this budget.
- If required, and in agreement with the commissioners, a review of an area of prescribing outside of the stoma ancillary formulary will be undertaken by the service. This review will present findings and suggestions for change, which will be discussed with relevant stakeholders.
- Any level of overall efficiency to be achieved will be reviewed quarterly with comparison against national growth and cost avoidance possibilities.
- Recurrent annual costs for running the service will include staffing and management costs, on-costs, and premises costs. The terms of this funding will be agreed and may be defined on a cost per patient basis or a block contract cost.

Training and competence

- The service will employ specialist stoma nursing staff to undertake the clinical support to patients. The service will share details of training and update training for all service staff to demonstrate a commitment to CPD and upskilling.
- A programme of training and update training for all service staff should be in place to demonstrate a commitment to CPD and upskilling. Clinical personnel must demonstrate competency and formal qualification or relevant clinical experience in stoma care and prescribing.
- All service staff acting as prescription co-ordinators will have undertaken training in stoma care. Details about the level and type of training will be made available to the commissioner.
- The provider will have worked in multidisciplinary teams and have experience of working with practitioners in primary and secondary care, community service and private providers of care services.
- The provider must be proficient in audit of care and in the production of reports.

Population covered.

The service is for all patients with a stoma who are registered with a GP in NHS Nottingham and Nottinghamshire ICS

Interdependence with other services/providers (not exhaustive)

- Nottingham and Nottinghamshire GP Practices
- NHS Nottingham and Nottinghamshire ICB,
- Nottingham University Hospitals Trust
- Nottinghamshire Healthcare Trust
- Sherwood Forest Hospitals Trust
- Care Home Managers
- Community Pharmacists
- Dispensing Appliance Contractors
- Community healthcare providers
- Providers of private stoma care