



Prescription Management of Stoma and Continence Related Products

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1.0	Approved	Susan McKernan	May 2016
1.1	Prescribed quantities & recommendations amended for stoma	SA	December 2017

VERSION CONTROL.

Please access via the LMMG website to ensure that the correct version is in use.

Acknowledgments.

Adapted with permission from the Greater Manchester Medicines Management Group, North West CSU guidance and PrescQipp Guidance.

ASCN Stoma Care National Clinical Guidelines 2016; Association of Stoma Care Nurses UK

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1. INTRODUCTION

Stoma and continence care is an area that affects a large number of service users. It also provides a significant cost pressure to the National Health Service due to high levels of inappropriate prescribing and waste, with variable monitoring and review processes.

Continence and stoma appliances are usually provided to patients by a prescription written by their GP or a nurse prescriber, which can then be dispensed by either:

- A Dispensing Appliance Contractor (DAC)
- A community pharmacy contractor
- A dispensing doctor

Over-prescribing and over-ordering of continence and stoma products are frequently identified in primary care as important causes of wasteful prescribing.

Ensuring that patients are prescribed appropriate appliances and accessories can greatly improve their quality of life. Liaising with the Specialist Stoma team within your area will help ensure that wasteful prescribing does not happen and that all your patients are receiving the appropriate products to manage their stoma.

2. PURPOSE AND SUMMARY

This guidance aims to support primary care in the prescription management process around cost effective and rational prescribing for continence and stoma products.

3. SCOPE

The guidance is intended for all health care professionals and third party organisations involved in the prescribing, ordering and review of stoma and incontinence products within the Lancashire Health Economy.

4. GUIDANCE

4.1 Prescribing, Ordering and Review of Stoma and Continence related prescription Products Good Practice Points

Prescribing

- All recommendations/prescriptions for stoma and continence products should be in line with locally agreed formularies.
- The frequency and quantities on a prescription should be guided by any local specialist advice (see also Appendices 1, 2 & 4 for usual supply quantities).
- Prescriptions should be issued on a separate form from the rest of the patient's medication, to avoid dispensing problems if a patient chooses to use a DAC and not a pharmacy contractor.
- **Patients should be made aware that they have a choice as to where their prescription can be dispensed.**
- Where a 3rd party dispensing supplier is used, patients should be made aware that the supplier is a non-NHS organisation and provide informed consent for their personal data to be shared.
- Requests for new products should only be accepted from the appropriate prescriber and not directly from patients or from DACs.

- Although patients are able to request samples from various companies, please note that these will not be prescribed until the patient has undergone clinical review and they have been agreed by the prescriber

Ordering/Prescription Requests

- ASCN (2016) states 'The patient should be discharged with enough supplies of all the equipment they are using as per the prescribing guidelines (PrescQIPP 2015) and according to local policy and taking into consideration PiPS forum recommendations'.
- Prescriptions should only be issued at the request of the patient, patient's carer or by their relevant healthcare professional. Patients should be encouraged to order the appliance(s) when they get to a defined threshold quantity sufficient to allow time for delivery.
- Prescriptions should only be ordered by a DAC or pharmacy contractor in exceptional circumstances, which should be documented. In this instance the supplier must have a copy of the patient's consent for them to do so and be able to audit or provide a complete account of requests made, by whom and what was supplied.
- Practice's should record which DAC or pharmacy contractor is being used and who appears to be requesting prescriptions i.e. patient or contractor on the patient's electronic health record.
- Continence or stoma products should not be supplied in advance of a signed prescription. However, in an emergency situation, or if needed for the first order post discharge, a retrospective prescription may be issued by the prescriber, where this is at the request of the patient/patient's carer, or relevant health care professional.
- DACs and pharmacy contractors should not be requesting duplicate prescriptions.
- If a DAC or pharmacy contractor requests a prescription "post supply" apart from in the instances cited above, GPs are entitled to refuse to supply a prescription. If issues arise because of this, please see template letter to DACs or pharmacy contractors, (Appendix 5).
- Where a practice has identified concerns with the 3rd party ordering prescriptions, they may refuse to accept further requests.

Prescription Review

- Practice's should continue to review the prescribing of continence/stoma items requested by pharmacy contractors, DACs and their agents. If possible, it may be useful to allocate one member of the practice administration team and one GP to deal with all contractor requests for prescriptions requesting appliances.
- Occasionally some patients may require more frequent or larger quantities than those recommended. If patients are identified as routinely over ordering continence/stoma products it may be appropriate for the individual to be reviewed by the appropriate local specialist. Where there is an appropriate reason for patients to use quantities outside the usual range, this should be clearly documented.
- If it is unclear what the patient is using, contact the patient and/or advisory service for an update. For products that have not been requested for a long time, gain agreement from the prescriber so that these can be deleted from repeat.
- Patients should be advised to avoid stock piling as products have a recommended shelf life and are influenced by changes in temperature.

Appendix 1. Prescribing Guidance for Stoma Appliances

Stoma Appliances	Usual Monthly Quantity	Prescription Directions	Notes
Colostomy bags (one piece systems)	30-90 bags	Remove and discard after use	The majority of Bags are not drainable. However, drainable bags can be prescribed if advised by a specialist. 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	
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 system)	15-30 bags	Drain as required throughout the day. Change every 1-3 days	Bags are drainable.
Ileostomy bags (two piece system)	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 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

Notes:

Ostomy bags can be either 'one-piece' or 'two-piece' systems.

A two-piece system comprises of a flange and separate bag, the flange attaches to the skin and the bag is then attached to the flange. The flange can be left in place and attached to a new bag; flanges are generally replaced every 2-3 days.

One-piece systems attach directly to the patient's skin so a flange is not necessary.

Ileostomy and urostomy bags can be drainable but colostomy bags cannot be reused and are disposed of once full. Most urostomy patients will use a drainable night drainage bag

However some will use non-drainable and replace each night. Patient capability and preference should be considered when choosing an appropriate appliance.

Urostomy bags are generally supplied in multiples of 10 whereas ileostomy and colostomy bags are usually supplied in boxes of 30. Flanges may be supplied in packs of 5 or 10.

Convex products should only be used on the recommendation of the Stoma Care Nurse.

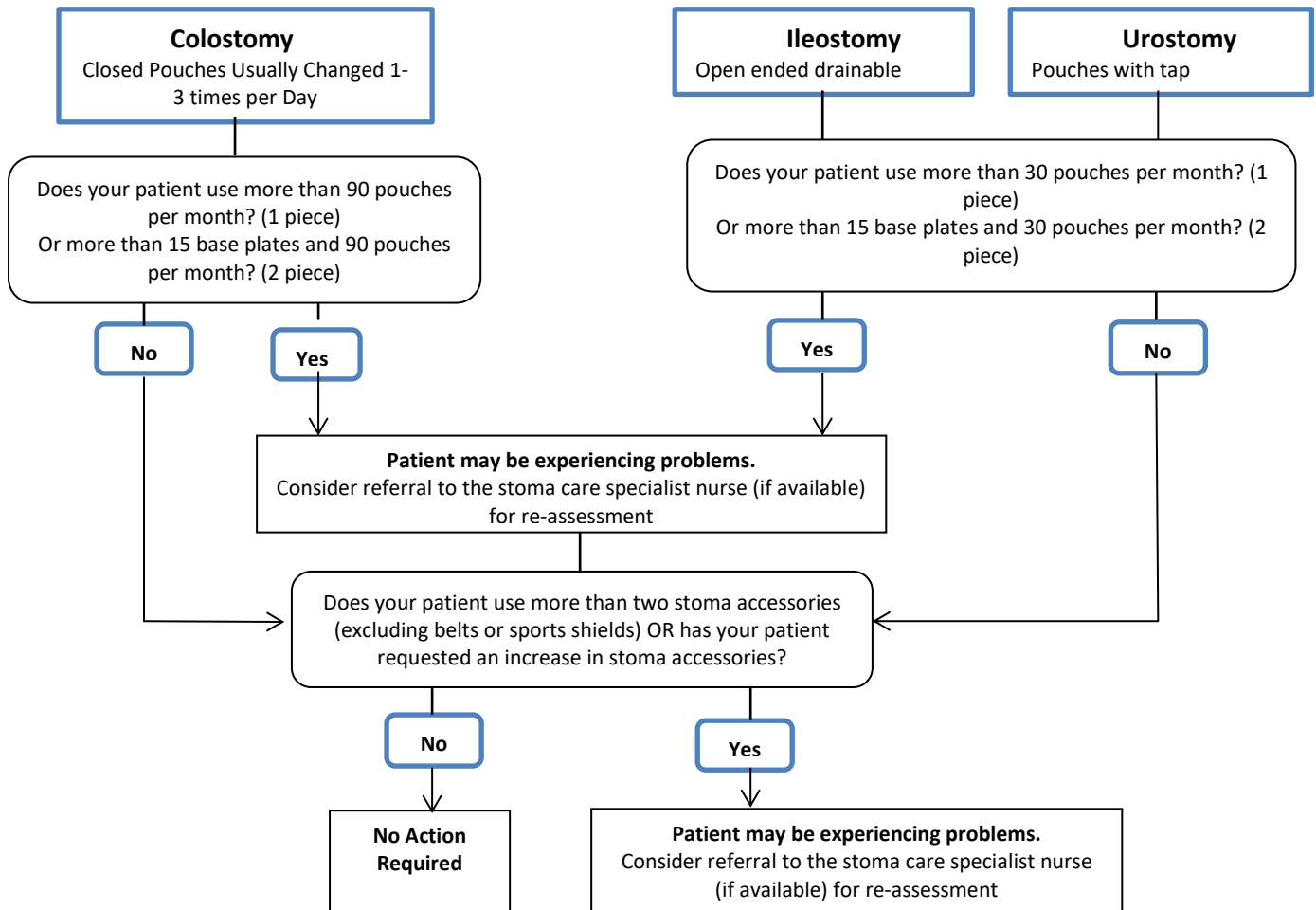
Appendix 2. Prescribing Guidance for Stoma Accessories

Stoma Accessories	Usual Monthly Quantity	Prescription Directions	Notes
Flange extenders (for one and two-piece systems)	Double or triple the amount of bags (90-270 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 and there is leakage around the stoma refer for a review. There may be scope for changing the bag if flange extenders are being used for more than a month, (but some patients may require flange extenders longer term).
Adhesive removers	1-3 cans per box of 30 (depending on frequency of bag changes). Wipes may be supplied only to those patients who have limited dexterity	When required, for when stoma bag is changed	Adhesive remover may not always be required. Directions to say 'use when required '. Sprays are more cost effective than wipes.
Skin fillers	Follow directions of bowel/stoma nurse	Change each time bag is changed	Filler pastes/washers are used to fill creases or drips 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	Not to be routinely prescribed and where necessary should be for 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 Crohn's disease patients, useful for loose watery output. 1-2 sachets/strips to be used each time appliance is emptied.
Belts (for convex pouches)	4 per year	1 to wear, 1 in the wash, 2 for spare	Washable and re-usable.
Support belts	3 per year	1 to wear, 1 in the wash, 1 for spare	May be required but only following assessment and advice of stoma care nurse specialist. For patients with manual jobs/hernia – require heavy duty belt. Must be measured – refer. For sports – use lightweight belt.
Acute sports shield	1-2/year		Use for sporting activities
Notes: DACs and pharmacy contractors must supply wipes and disposal bags with ostomy products free of charge which do not need to be added to the prescription. A number of accessories are available on prescription which include, solidifying agents, bag closures, adhesives and adhesive removers, belts, filters, shields and skin protectors and stoma caps. These items require a prescription.			
Use of the Following Products Is NOT RECOMMENDED			
Deodorants: Not routinely 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. Household air freshener should be sufficient for odour, if patients have difficulty with 'pancaking'; a few drops of baby oil or olive oil can be used as an alternative.			

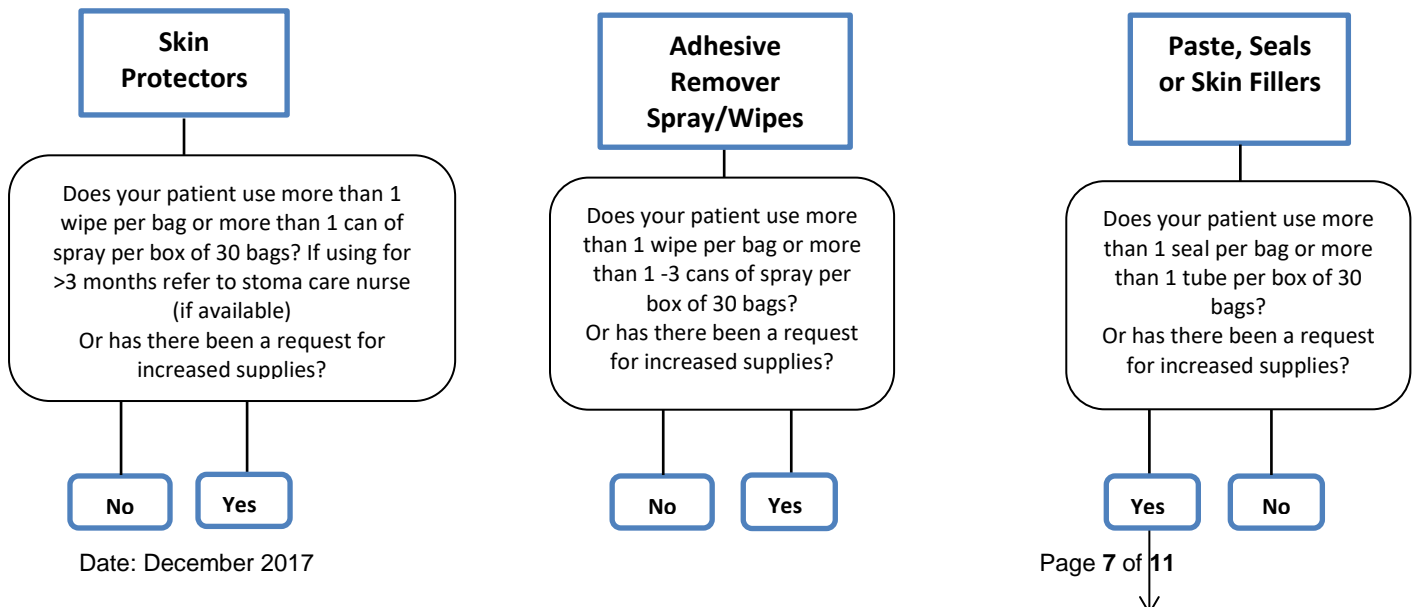
Stoma underwear: For **prevention** of parastomal hernia advise patient to purchase lightweight support underwear from a high street store or obtain prescribed garment if required for the **management** of parastomal hernia and the product has been fitted/requested by a stoma nurse.'

Appendix 3. Assessing Overuse of Stoma and Accessory Products

Flow Chart 1. Overuse of Stoma Products



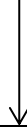
Flow Chart 2. Overuse of Stoma Accessory Products



No Action
Required



No Action
Required



No Action
Required

Patient may be experiencing problems.

Refer to the stoma care specialist nurse (if available) for re-assessment

NB If prescribing skin protectors or adhesive remover, patients should be issued with either a spray or wipes. ie multiple formulations of the same product type should not be used together.

Appendix 4. Prescribing Guidance for Continence Appliances

Continence Appliance	Usual Monthly Quantity	Prescription Directions	Notes
Indwelling catheters (Long term) – not for routine use, to be considered only as last resort	1 (plus 1 spare) should last up to 3 months	Change as directed up to every 12 weeks	Up to 12 weeks
Indwelling catheters (Short-term) – not for routine use, to be considered only as last resort	1-4 (dependent on product selection and specialist directions)	Change as directed (dependant on product selection and specialist direction)	Can range from 1-4 weeks check product selection
Catheters Single use PVC or self-lubricating NELATON	125 (5 boxes of 25)	Use as clinically indicated	Usually 5-6 daily, but usage can vary widely (from a few times per week to up to 8 times per 24 hours). The appropriate quantity for each patient should therefore be specified by the Clinical Nurse Specialist or GP.
Catheter Valves	5 (1 box)	Change weekly	
Sheaths	30 (1 box)	Use one sheath per day	
Leg bags (drainable)	5 (usually supplied in boxes of 10, so 1 box should last 2 months)	Drain as required. Change every 5-7 days	
Night bags (drainable)	5 (usually supplied in boxes of 10 so one box should last 2 months)	Drain as required. Change every 5-7 days	
Night bags (non-drainable)	30 (3 boxes of 10)	Use one each night	
Anal Plugs	60 (3 boxes of 20)	Replace every 12 hours	
<p>Notes:</p> <p>The range of products prescribed for urinary management includes catheters, catheter valves, leg bags, night bags, sheaths (plus fixing strips and adhesives), suspensory systems and leg straps/sleeves, catheter solutions and insertion gels. Anal plugs are prescribed for faecal incontinence.</p> <p>When prescribing indwelling catheters, it is important to specify the correct size (ch), balloon capacity and whether it's for male or female use. To improve patient comfort and reduce the risk of urethral trauma, the smallest catheter that provides adequate drainage should be used.</p> <p>Patients should always have a spare catheter available in case of blockage.</p> <p>Some patients may require slightly more or less than the indicated average. If patients are identified as routinely over ordering continence appliances it may be appropriate to contact the appropriate local service for the individual to be reviewed</p> <p>Please refer to LMMG website for position statement on Trans Anal Irrigation Systems http://www.lancsmmg.nhs.uk</p>			

Appendix 5: Template Letter to Appliance Contractor

[Name and address of contractor]

[Practice Address]
[Date]

Dear [Appliance Contractor]

Re: Prescription request of continence and stoma products

The Lancashire Medicines Management Group (LMMG) has produced guidance with respect to prescription requests of continence and stoma products. Please note the following:

- No items should be supplied to the patient in advance of a prescription. Please ensure that you have a valid prescription before making a supply to the patient. It is the policy of this practice not to supply post-dated or post supply prescriptions without prior arrangement.
- Prescribers will only supply a prescription for appropriate quantities.
- Repeat prescriptions will not be issued more frequently than [4 weekly].
- Changes should not be made to a patient's prescription without the consent of the specialist nurse or patient's GP.
- Products should not be directly marketed, or provided as samples to patients.

Many thanks for your time and co-operation with this matter. If you require any further information, please contact the surgery.

Yours sincerely,

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