

**East of England NHS Collaborative Procurement Hub
Integrated Care Team**

**StoMap Programme Baseline Report
2019**

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Author: Jill Kettle

Executive Summary

In January 2019 the Secretary of State for Health issued The NHS Long Term Plan¹ describing its ambition to review and restructure how we deliver healthcare to our nation's diverse population with a more sustainable approach. The plan sets out its intentions of having a fully integrated community-based health care system for people to receive healthcare and support closer to home with support from local healthcare systems and local authorities. Integrated Care Systems will become the level of the system where commissioners and providers will make shared decisions about financial planning and prioritisation of integrated care.

Stoma services and products are on the national NHS improvement agenda. NHS England commissioned a QIPP programme of work in the North of England specifically to look at how stoma care services are delivered while NHS Supply Chain are also looking at the procurement of stoma products in order to improve the management of patients' ongoing stoma care and prescribing needs, while reducing spend on stoma appliances.

The East of England NHS Collaborative Procurement Hub is striving to support the national agenda through its StoMap Programme, introducing innovative procurement solutions and service redesign to support the implementation of sustainable service models for our customers. The StoMap Baseline Report outlines key findings from phase one of the StoMap Programme which was a market review for the East of England, to help inform stage 2 of the programme which will be the development of integrated pathways of care for ostomates across the region.

¹ Link: <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

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1. Introduction

The East of England Collaborative Procurement Hub (EoECPH) is an NHS organisation which supports and assists its members including Sustainability Transformation Partnerships (STP's), Integrated Care Systems (ICS), Acute Trusts, Mental Health Trusts, Clinical Commissioning Groups, Medicines Optimisation Management and all of the Ambulance Trusts within the UK in the procurement of goods and services.

The StoMap Programme was developed to support the national QIPP programme and aligns to the ambitions of the NHS Long Term Plan.

The strategy for the EoECPH is to work collaboratively with STP's/ICS's within the East of England region (EoE) to enhance patient pathways and outcomes, and to assist in finding efficiencies within the service delivery and procurement of goods whilst enabling the introduction of innovation through use of technology and innovative contracting models.

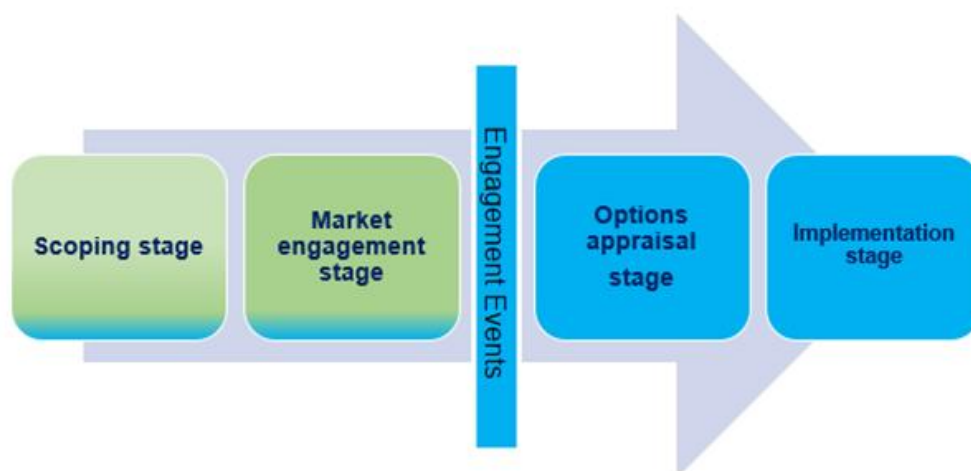
The STPs/ICSs included in the StoMap programme are:

- Cambridge & Peterborough
- Hertfordshire and West Hertfordshire
- Mid and South Essex
- Milton Keynes and Bedford
- Norfolk and Waveney
- Suffolk and North East Essex

Data was sourced from ePact (prescription spend) and NHS Supply Chain (trust spend) and with the assistance from manufacturers and Collaborative Procurement Partnership (CPP- Category Tower 5).

This programme has been working with key partners to develop this baseline report including; QIPP national lead for stoma, The Collaborative Procurement Partnership, regional stoma care nurses, The Association of Stoma Care Nurses, regional Medicines Optimisation Leads, Patient Ostomy Associations, Manufacturers, the British Healthcare Trades Association and Dispensing Appliance Contractors. This baseline report discusses the background to stoma care delivery and compares the East of England region with the national outlook.

The schematic below shows the phases of the StoMap programme which EoECPH is undertaking:



2. Programme Objectives

The development and dissemination of the baseline report will deliver three objectives of the StoMap Programme (refer to objectives 1, 2 and 3) and will inform phase 2. The latter objectives will form phase 2 of the programme and the execution of system implementation.

1. To undertake a mapping exercise of the East of England region to inform the project
2. To inform key stakeholders how stoma care products are selected, prescribed and dispensed
3. To identify factors which may lead to over prescribing, over ordering in order to reduce waste
4. To reduce unwarranted variation
5. To introduce best practice bundles and pathways to ensure a smooth transition from acute to primary care providers
6. To ensure ostomates remain central to the decision making of which products are used and are offered a reasonable choice
7. To ensure cost effective products are used in line with national prescribing guidelines

3. Glossary of abbreviations

AUR	Appliance User Reviews
BHTA	British Healthcare Trades Association
CCG	Clinical Commissioning Groups
CPP	Collaborative Procurement Partnership
DAC	Dispensing Appliance Contractor
EoE	East of England
EoECPH	East of England NHS Procurement Hub
ICS	Integrated Care System
LPP	London Procurement Partnership
NHS	National Health Service
QIPP	Quality, Innovation Productivity and Prevention
STP	Sustainability and Transformation Partnerships
SCN	Stoma Care Nurse
UK	United Kingdom

4. National overview

It is estimated that over 13,500 people in the UK have stoma surgery each year, the most common conditions resulting in stoma surgery are colorectal cancer, bladder cancer, ulcerative colitis, Crohn's disease and accidental Injuryⁱ, and there are approx. 176,824 ostomates nationallyⁱⁱ.

Approximately 1:500 people have a stoma in the UK.

Estimated ostomate population UK

Countries	Estimated Ostomates
England	148,886
Northern Ireland	4,951
Scotland	14,500
Wales	8,488
Total*	176,824

(figures supplied by CPP/BHTA)

UK Market Spend Overview

Product	Approx. 2018 spend
One Piece Pouches	£233,035,561
Two Piece Pouches	£31,757,332
Support Garments	£4,583,337
Accessories	£94,268,975
Total:	£363,645,205

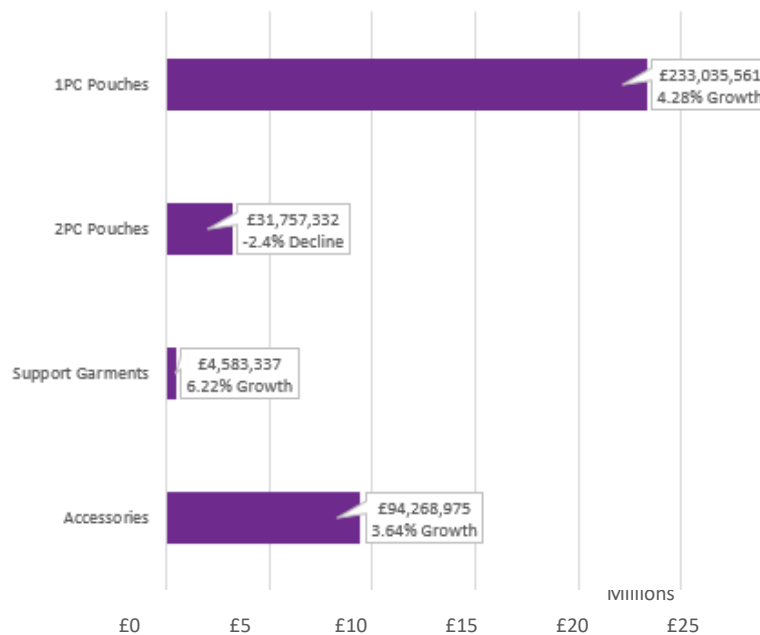
*Excludes irrigation, night or wound drainage products.
Based on Drug Tariff spend

The group of people requiring stoma products have a colostomy, ileostomy, ileal conduits, urostomy, tracheostomy and the age ranges from neonates to the elderly.

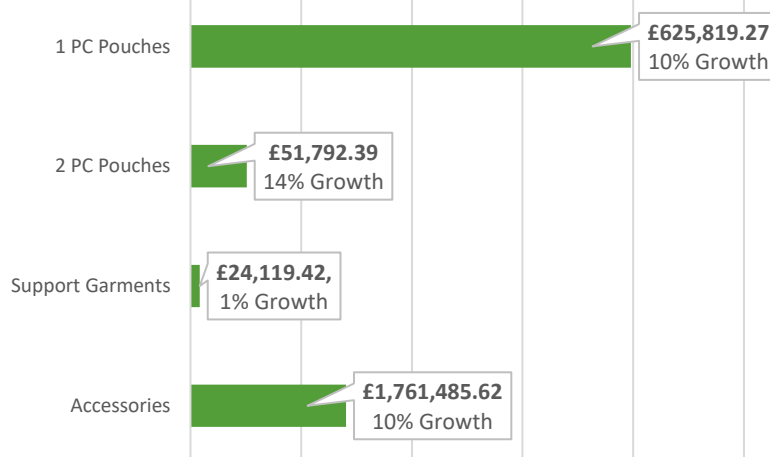
Currently bowel cancer screening is offered to men and women aged 60 to 74, every 2 years. In August 2018, ministers agreed that in the future bowel cancer screening in England will start at the age of 50ⁱⁱⁱ. An additional one-off test called bowel scope screening is also being introduced in England for men and women at the age of 55; all of which may have a positive effect on the prevention and treatment of bowel disease but may also marginally affect an increase in stoma formations if problems are detected.

All ostomates require on prescription:

- a stoma appliance which include flanges, pouches, stoma caps, pressure plates, shields- (75% spend) requested as one or two-piece systems and at least one stoma accessory. The highest expenditure is on these products as they are both high cost and high usage products.
- Stoma accessories include e.g. stoma belts, deodorants, barrier creams, adhesive removers, skin protectors (25% spend).
- 20% of ostomates obtain their stoma products via a community pharmacy.
- 80% obtain their supplies via a DAC which is usually owned by a supplier.



UK



EoE

UK v EoE Spend per Category -The tables above show that in the UK support garments and accessories are the largest areas of growth in spend, while ostomates are moving away from 2-piece systems to a one-piece system. However, in EoE there is a growth in spend in *all four* categories.

Up to 85% of ostomates have experienced common problems such as skin irritation, blockage, leakage, difficulty in attaching and removing appliances, but many ostomates do not seek professional help^{iv}. This in turn leads to increased healthcare costs due to increased product use and product wastage and unnecessary referrals to specialist stoma services.

Most ostomates will experience problems within the first 12 months following surgery. A remarkably higher frequency of stoma complications is seen amongst females and patients with temporary colostomies. The reason that females have a higher frequency of stoma complications maybe because the female body has a different fat deposit plus the influence from hormones – either naturally or with hormone replacement therapy which stresses the healing. Patients with a temporary colostomy may not have been pre-op sited, due to the often-acute (emergency) nature of the surgery^v.

Known stoma complications include skin excoriation, retraction, muco-separation, parastomal hernia, prolapse, stenosis, appliance leakage, constipation and diarrhoea. Conservative management is usually the first line of treatment, however surgical modification may be necessary, and on occasion the relocation of the stoma.

Para stomal hernias continue to be a common and distressing problem for stoma patients, and a potentially costly problem for the NHS with readmissions, expensive support wear and the occasional need for further surgery^{vi}.

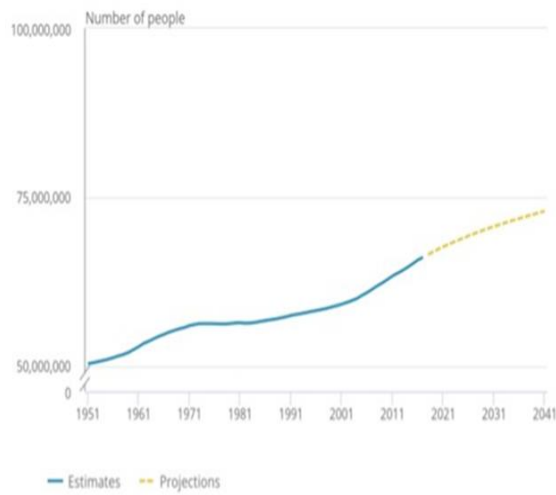
It is widely accepted that patients who undergo stoma surgery go through a period of adaptation, both physically and psychologically. A secure, comfortably fitting and discreet appliance plays an important part in the rehabilitation of the patient with a newly formed stoma. The ostomate may have to cope with sensitive issues such as loss of control over their elimination of faeces, they may also experience changes to body image, sexual function, social isolation, stigma, embarrassment and decreased mood^{vii}.

The more confident the patient feels with regards to the practicalities of stoma care management, the sooner they will return to the activities of daily living they fulfilled prior to surgery^{viii}. For many ostomates using public toilet facilities can be distressing particularly if there are no waste bins to place their used products, and many ostomates may have to use a disabled facility which can also be embarrassing. Travelling or socialising may be daunting for this reason.

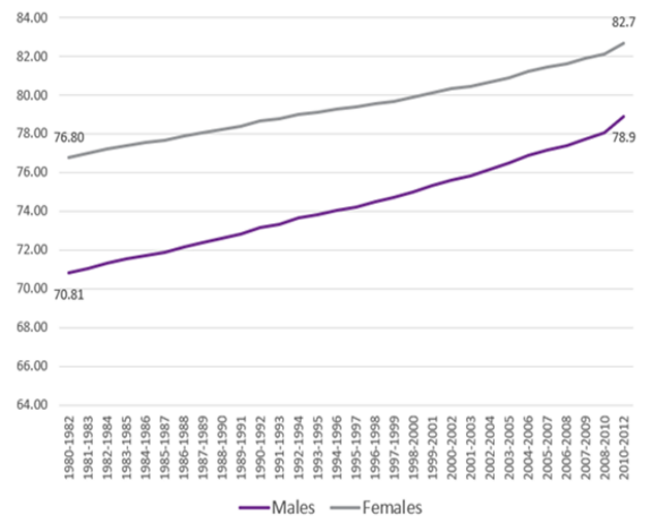
A new stoma patient will be reliant upon the expertise of the stoma care nurse specialist in order to make an informed decision of which appliance is best suited to them. The presence of a stoma complication may well restrict product choice; therefore, it is very important for healthcare professionals working alongside people with stomas to not only develop a comprehensive knowledge of appliances and accessories available on prescription, but also be aware of potential complications associated with stoma surgery.

The low prevalence and incidence of stomas in a population makes it difficult to assess the quality of stoma care in general practice^{ix} while many GPs may feel less confident in dealing with stoma and appliance difficulties and feel it is traditionally undertaken by the nursing profession.

5. UK Population growth



6. UK Life Expectancy



ONS Overview of the UK population: November 2018.

The tables above show the projected population growth over the next 20 years and life expectancy rising which will place additional pressure on stoma spend.

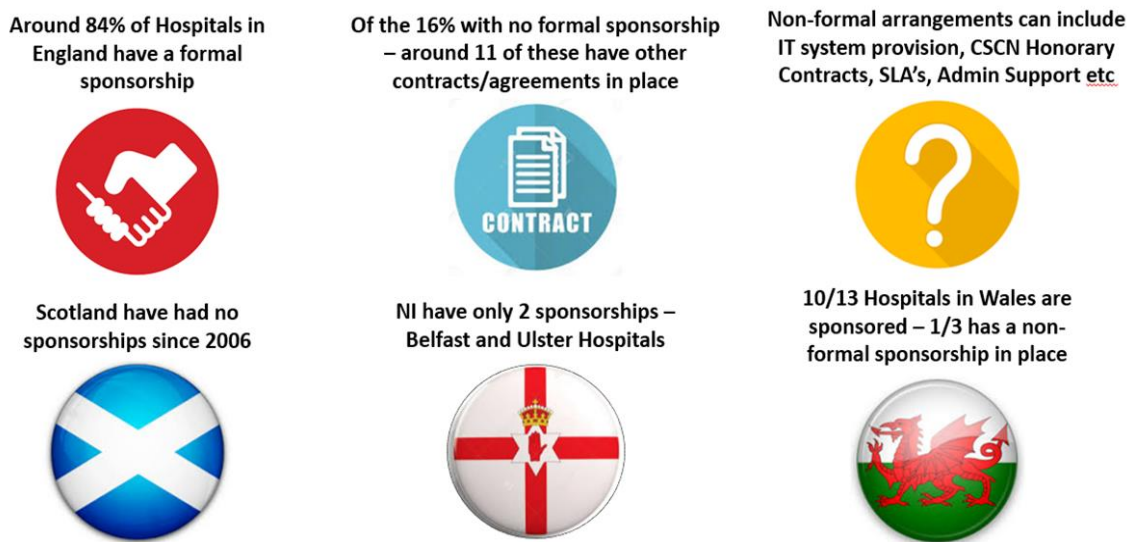
7. Unwarranted Variation

The Lord Carter review of 2016 ‘Operational productivity and performance in English NHS acute hospitals: unwarranted variation’, and organisations such as NHS England and NHS Improvement have highlighted that there is unwarranted variation in the procurement of clinical and non-clinical products nationally, which in real terms means that the NHS will be expected to deliver efficiencies of 2-3% per year, setting a 10-15% cost reduction target for achievement by April 2021. Whilst the NHS ranks as the best value healthcare system in the world, we know more could be done to improve quality and efficiency in our hospitals so they can meet this expectation^x.

Unwarranted variation is worth £5billion in terms of efficiency opportunity – a potential contribution of at least 9% on the £55.6bn spent by our acute hospitals^{xi}.

However, stoma products are provided for acute hospitals *generally* free of charge while the Clinical Commissioning Groups (CCGs) holds the expenditure burden from stoma products prescribing.

Approximately 84% of hospitals in England have some formal sponsorship arrangement in place, and of the 16% who do not have a formal sponsorship they may have a contract or agreement in place. Informal arrangements may include IT systems contracts, Honorary contracts, Service Level Agreements, admin support.



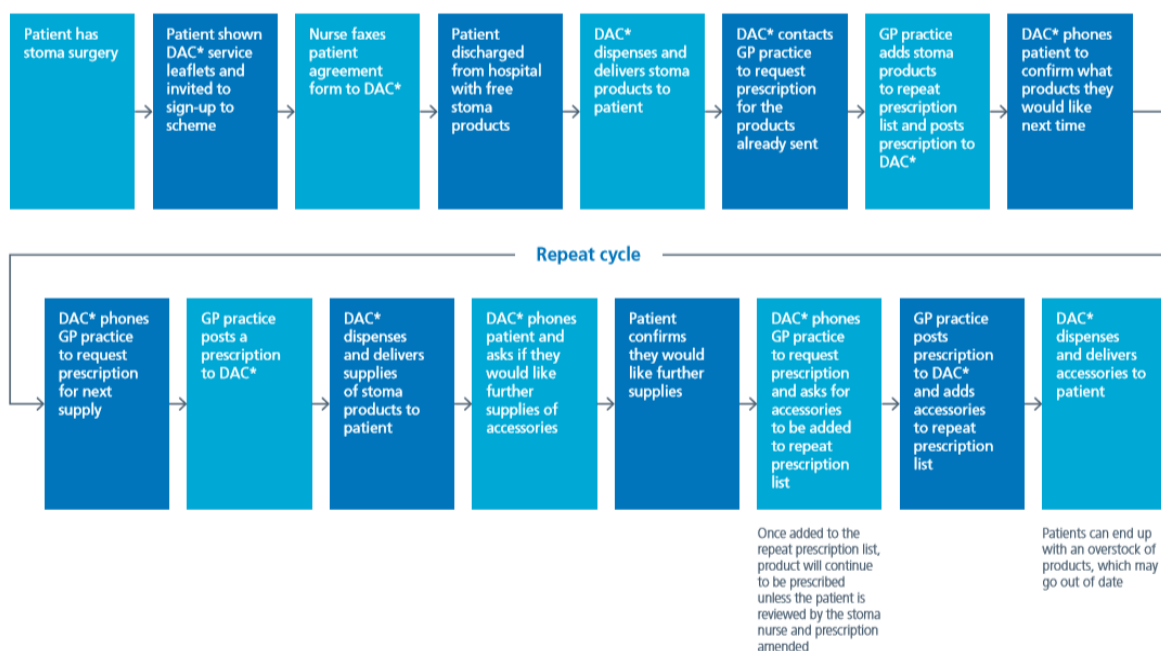
The estimated value of free stock supplied to hospitals by suppliers in the UK was £13million^{xii} a cost which the NHS would have to fund plus the salaries of the nurses if sponsored nurse posts were not in place.

NHS Scotland stopped the sponsorship of stoma nurses in 2006 following their review of stoma services.

8. Dispensing Appliance Contractors

Most ostomates will obtain their stoma appliances and accessories from DACs. Generally, the hospital stoma nurse recommends the choice of products to be used and will also select the DAC who will deliver supplies to the ostomate. The same nurse may support the patient on discharge from hospital into the community setting but sometimes may refer to another community SCN. The community-based nurse may be sponsored and may have an affiliation with a particular DAC. Changing a DAC solely based on a commercial interest is neither ethical nor in the ostomates best interest.^{xiii}

Typical current process and issues with the supply of stoma appliances



* Specifics of appliance manufacturer and DAC involvement will vary with each Trust, CCG and company

Reference: NHS Commissioning Support: Delivering Excellence in Stoma Care: A Guide to Implementation

Most suppliers are affiliated with their own DACs, listed below:

Suppliers/manufacturers	DACs (Dispensing Appliance Contractor)
CONVATEC	AMCARE GROUP:
	Amcare
	Homestyle
	Alphamed
	BCA Direct
	Trent Direct
SALTS	Medilink
	Moorland (mostly continence)
HOLLISTER & DANSAC (sister companies)	Fittleworth
PELICAN	Respond
COLOPLAST	Charter
BBRAUN	Emerald (mostly continence)
CLINIMED (Welland manufacturer)	Securicare
OAKMED	GoldCare
Independent DACs:	Patient Choice
	Rapidcare
	Bullen

The Department of Health issued new guidelines (April 2019) under Part IXC of the Drug Tariff for the provision of stoma and urology appliances- and related services- in primary care (phase 2)^{xiv}. The Department's key aims have been to:

- maintain, and where applicable, improve patient care
- ensure equitable payment to dispensing appliance contractors and pharmacy contractors for the provision of for equivalent services
- achieve transparency between what is paid for services and what is reimbursed for items.

The following fees apply which are claimed by suppliers of stoma products:

Service	Fee level
Dispensing	90p (as now)
Additional dispensing service (home delivery)	£3.40 per qualifying item, other than intermittent self-catheters (ISC) for which £9.30 will be paid per ISC dispensed
Dispensing of appliances measured and fitted	£2.60 per item based on endorsement of measured and fitted. Includes belts and girdles
Expensive prescription fee	2 per cent of net ingredient cost on all prescriptions over £100 (as now)
Stoma customisation	£4.32 for every qualifying Part IXC prescription item dispensed (regardless of whether customisation was required)
Appliance use reviews	£27 per AUR held on pharmacy premises. £54 per AUR conducted at user's home. More than one AUR conducted in same place within 24-hour period is £54 for first AUR and £27 for each subsequent AUR. The total number of AURs a contractor can claim for is limited to one per every 35 Part IXA (qualifying items), Part IXB and Part IXC prescription items dispensed in a year (April to March).

Nationally there were 14,064 AURs conducted in ostomates homes in the UK 2018 with an estimated cost of £2.2million while there were 12,314 AURs conducted in premises with an estimated cost of £340,000.^{xv} Patients must consent to an AUR.

The number of stoma customisations (template cutting) in 2018 was 1.3 million with an estimated cost of £6million.^{xvi} NHS Business Services Authority reimburse the DACs for fees claimed via a FP34c submission.

AURs are the second Advanced Service to be introduced into the English Community Pharmacy Contractual Framework (CPCF). AURs can be carried out by a pharmacist or a specialist nurse in the pharmacy or at the patient's home. AURs should improve the patient's knowledge and use of any 'specified appliance' by^{xvii}:

- establishing the ways in which patients use 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 the safe and appropriate storage of the appliance; and
- advising the patient on the safe and proper disposal of the appliances that are used or unwanted.

The SCN's report that Standing orders (EoE repeat prescriptions) are an issue. Prescriptions are not changed/amended at the request of the Stoma Nurses and prescription history remains as a record which patients can then request as further items.

Retrospective prescribing should not occur *unless as an emergency* as per DoH guidance and DACs Code of Practice. 56% of all prescriptions are now sent by EPS (Electronic Prescribing Systems) which go directly to the DACs.

9. Appliance User Reviews v Clinical Review

AURs are useful in reviewing the way ostomates use stoma products and can assist in the monitoring of patient prescription requests and reducing stoma products spend. AURs can only be performed by a community pharmacy contractor or a nurse working directly with a DAC.

AURs are not undertaken in all areas of England but it is recommended that they should be incorporated into the patient pathway, however AURs should not be over performed. The SCN's have suggested via forums following the East of England NHS Collaborative Procurement Hub Stoma Care Nurse Survey that there should be guidance for DACs on what should trigger a clinical referral to a Stoma Nurse Specialist.

Some of the benefits and purposes of company sponsored nurses providing AUR's is to:

- to review patient's products usage
- to resolve any issues with ineffective use
- to ensure that products are not wasted and over ordered
- to ensure products are not being stockpiled
- to advise on the storage and disposal of unwanted products
- to look at reducing costs for the CCG in order to be cost effective

The number of AUR's performed at a cost of £1million to the NHS added to the fact that stoma spend is still increasing in the EoE region above the national average growth rate suggests that this process is not working or is having no impact on product spend within CCGs. The level of AUR activity in the EoE region should provide the NHS with a decline or even a slowdown in stoma spend below the national average, but this is not happening.

The AUR process appears to be flawed as it does not require the provider to list the CCG in which the AUR was performed, which would provide further analysis as to the benefits of company sponsored nurses in specific CCG areas, especially when companies have agreed CCG contracts but do not have agreed KPIs and targets around cost savings versus the expected cost of the company sponsored nurses performing the AURs.

Clear guidelines should be followed to ensure correct reimbursement of the tariff is applied appropriately.

10. Regional Overview

We have compared our regional view with the national picture, and we have been able to extrapolate:

- the average spend per patient is higher in the EoE compared to nationally
- the number of AURs account for 43% of all AURs performed nationally.
- there has been an increase in costs of £1,279,995 for the fiscal year 2018-2019
- There has been an increase of 4.5% compared to the national growth rate of 3.6%

This section of the Baseline Report discusses the factors which are affecting the higher than average costs for this region.

The number of Stoma formations performed by Acute Hospitals in the region in **2018**: (HES data-highest to lowest).

Acute Hospital Trust	No
Addenbrooke's Hospital	373
Norfolk & Norwich Hospital	321
Colchester Hospital	207
Lister Hospital	196
Basildon Hospital	174
Southend Hospital	156
West Suffolk Hospital	136
Luton and Dunstable Hospital	133
Peterborough Hospital	128
Milton Keynes	121
Broomfield Hospital	117
Ipswich Hospital	113
James Paget Hospital	111
Bedford Hospital	110
Kings Lynn hospital	109
Princess Alexandra Hospital	79
Hinchingbrooke Hospital	44
Total	2628

These figures are *indicative* of how many stoma formations are currently performed per year, but population expansion, life expectancy increasing, the number of stoma reversals and deceased patient figures, ostomates moving areas, are uncertain due to incomplete clinical coding or recording.

There may be a demographically higher incidence of stoma formation associated with obesity, lifestyle etc.

The regional expenditure on stoma products in April 2018-March 2019 was circa £34 million (sources-ePact, NHS Supply Chain).

The current population of the East of England region is 6.27M^{xviii} and is expected to rise by 0.87%^{xix} per year (based on Cumulative Average Growth Rate 2012-2017).

A significant number of ostomates do not attend a regular stoma review and can be lost to follow up or may have had their stoma reversed or are deceased or have moved out of area.

Currently there are no stoma registers in GP practices.

11. Regional Sponsorships and Stoma Care Nurse Delivery

There are various contractual models for Stoma Care Nurse delivery:

- NHS employed nurses in acute trusts
- NHS or company sponsored nurses in community (saving of salary for the CCG)
- Company sponsored nurses in acute trusts (the supplier pays the trust for the salaries of the nurses, so this is a saving for acute trusts)
- Honorary contract from University to acute trust (1 x stoma nurse lecturer, to maintain CPD and current practice)

There are 20 CCG's within the EOE CPH remit



Of the 3 non-sponsored hospitals, 2 have company nurses working in the community (CCG contracts)



Within these 20 CCG areas there are 18 NHS Trust Hospitals performing stoma operations



13/15 of the NHS Trust Hospital sponsorships are by an appliance manufacturer



Of these 18 NHS Trust Hospitals – 3 are non-sponsored and 15 have formal sponsorships in place

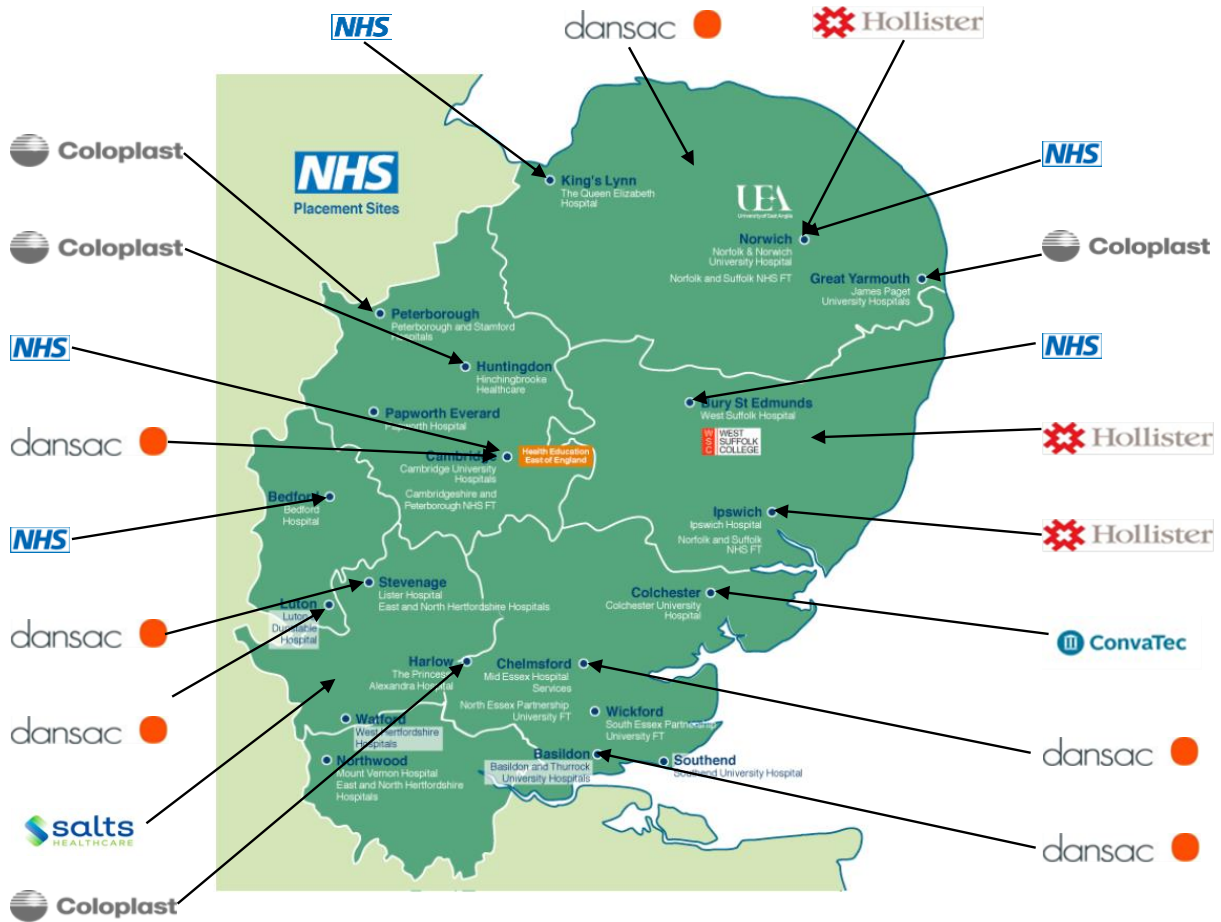


In 12/13 of these Hospital sponsorships – the sponsor is the market leader in product usage

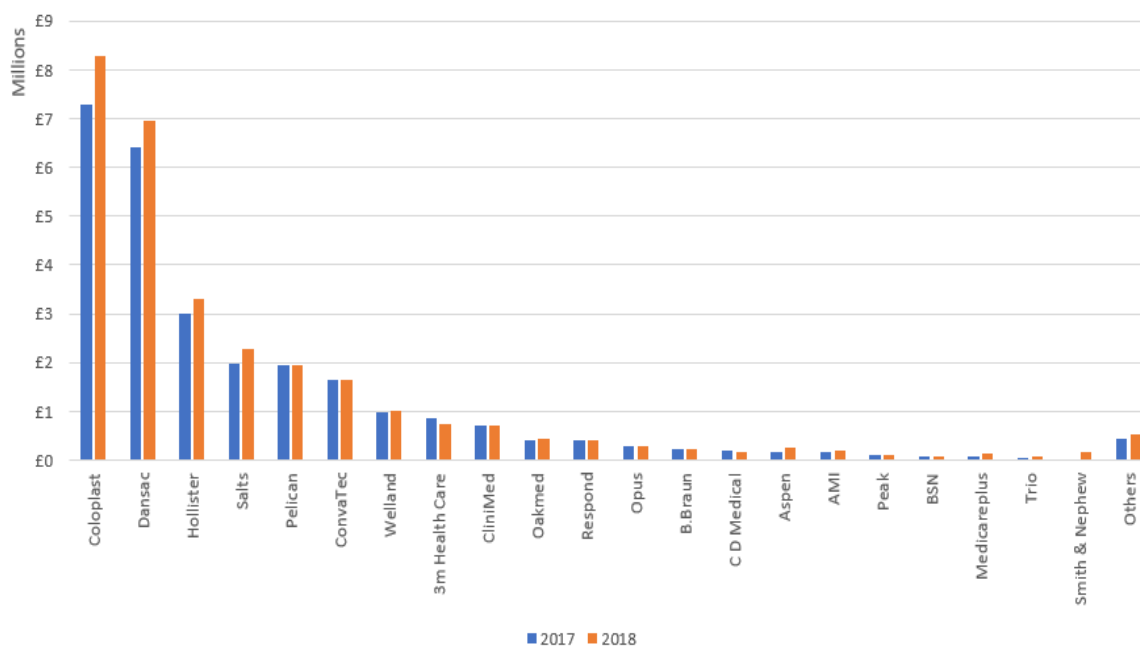


A number of the contractual arrangements have been maintained on a rolling basis and not retendered due to the historic contractual models in place as listed above. Any change to the funding of the stoma nurse role would potentially lead to a cost pressure to the contracting authority.

The regional map below shows where the company sponsorship arrangements are located within the region.

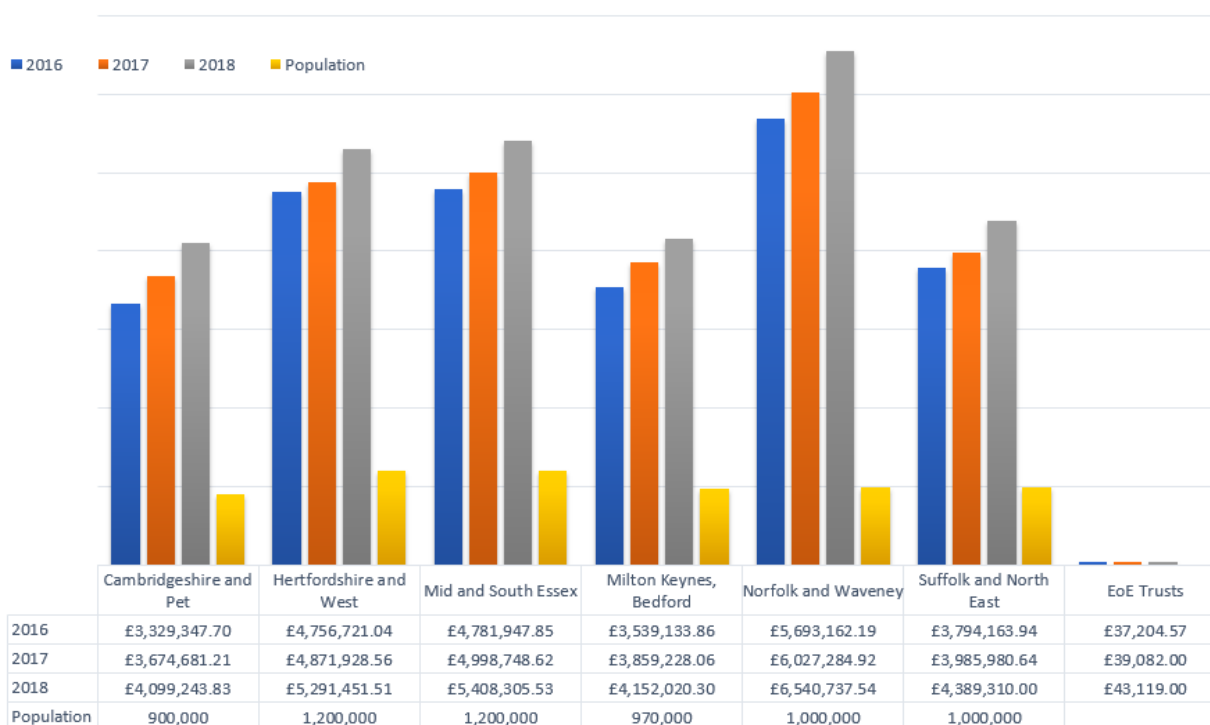


12. Supplier Market Share



The table above shows supplier market share in the East of England region.

13. STP - CCGs v Trusts Products Spend



The table above demonstrates how the spend is divided by STP's.

NHS Data – stoma care product spend for the 20 CCG’s in East of England Region (excludes wound managers, night drainage bags and irrigation) 12 months data to April 2019.

Company	Previous 12 Months	Current 12 Months	Var £	+/- %	Prior 12 Months MS%	Current 12 Months MS%	+/- %
Coloplast	£8,895,920	£9,741,346	£845,426	9.50%	27.19%	28.31%	1.12%
Dansac	£7,319,940	£7,767,907	£447,967	6.12%	22.37%	22.58%	0.20%
Hollister	£3,451,334	£3,700,790	£249,456	7.23%	10.55%	10.76%	0.21%
SALTS	£2,269,919	£2,576,557	£306,638	13.51%	6.94%	7.49%	0.55%
Pelican	£2,305,597	£2,233,266	-£72,331	-3.14%	7.05%	6.49%	-0.56%
CliniMed	£1,934,558	£1,910,645	-£23,913	-1.24%	5.91%	5.55%	-0.36%
ConvaTec	£1,920,621	£1,886,146	-£34,475	-1.80%	5.87%	5.48%	-0.39%
3M Health Care	£1,006,532	£813,645	-£192,887	-19.16%	3.08%	2.36%	-0.71%
Smith and Nephew	£638,520	£588,019	-£50,501	-7.91%	1.95%	1.71%	-0.24%
Oakmed	£458,150	£480,445	£22,294	4.87%	1.40%	1.40%	-0.00%
Respond	£453,262	£467,767	£14,505	3.20%	1.39%	1.36%	-0.03%
Opus	£314,326	£305,990	-£8,335	-2.65%	0.96%	0.89%	-0.07%
Aspen	£189,425	£282,964	£93,539	49.38%	0.58%	0.82%	0.24%
B.Braun	£268,034	£245,185	-£22,849	-8.52%	0.82%	0.71%	-0.11%
AMI	£193,203	£230,843	£37,640	19.48%	0.59%	0.67%	0.08%
Total	£32,715,330	£34,408,017	£1,692,687	5.17%	100.00%	100.00%	-0.00%

The top 3 manufacturers within the EOE CPH 20 CCG areas make up 91% of the increase in stoma care spend, the same 3 manufacturers make up 90% of the sponsorships/company sponsored nurses/CCG contracts/Honorary Contracts/SLA’s etc in the same regions.

Spend has increased by over 5% (this fluctuates monthly but is usually around the 4.6-5% mark) despite 3M products accounting for nearly £200,000 of reductions in total spend.

CCGs spend is derived from prescribing data; Acute Trusts spend is derived from Supply Chain data- direct spend is not captured.

The greatest spend is on stoma products supplied by the larger manufacturing companies as they tend to have a full range of products, while the lower spend suppliers tend to produce a reduced range, with some smaller companies focusing on accessory products only.

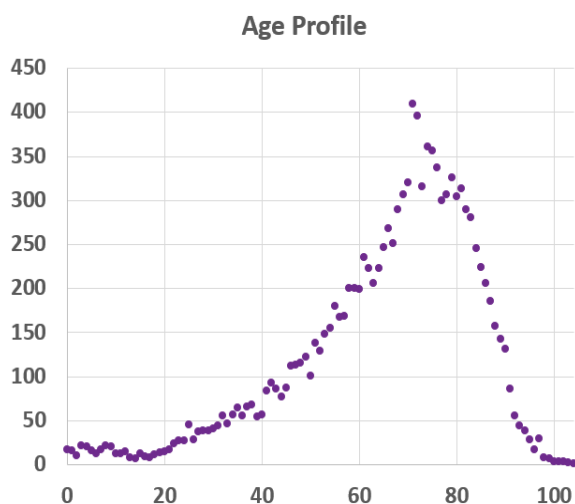
Stoma Care nurses should have access to a variety of manufacturing companies to keep up to date with the current product range and to ensure patients have appropriately prescribed products and choice. Suppliers provide essential education and training for nurses in this specialism.

It is recommended that CCG Guidelines & Formularies do not stipulate companies’ products but should state the number of units of issue by types of products.

It is important to remember that *one type of product does not fit all* and ostomates require a wide range of products to manage their stomas.

14. Regional demographic age profile

The population is growing, and life expectancy is rising, while there are areas of deprivation (e.g. Tendring and Great Yarmouth) which will all have an impact on the growing number of people with a stoma in the EoE region- as a result of this the spend is expected to rise, *unless* we can manage this more effectively.

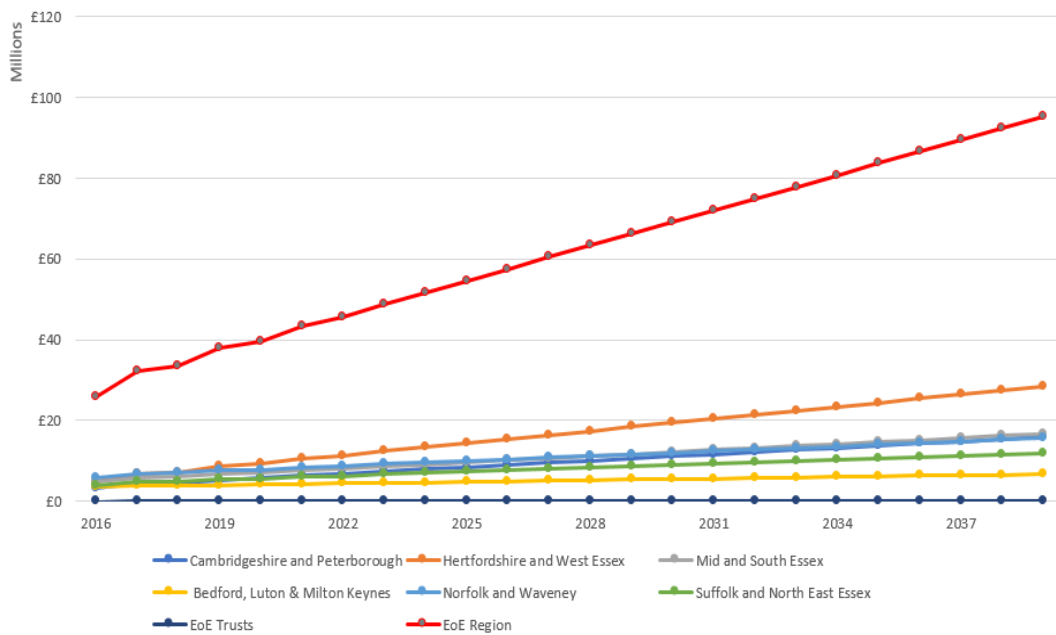


Age Group	Customers	%
0-9	174	1.4%
10-19	110	0.9%
20-29	296	2.4%
30-39	551	4.5%
40-49	946	7.7%
50-59	1,587	12.9%
60-69	2,449	19.8%
70-79	3,426	27.8%
80-89	2,348	19.0%
90-99	444	3.6%
100+	10	0.1%
	12,341	100.0%

70%

- UK median age is 40 yrs., EoE median age is slightly older at 41.5 yrs.
- Highest median age in the EoE region - 53 in North Norfolk (second highest in the UK)
- Lowest median age in the EoE region
 - Cambridge - 31 yrs.
 - Luton - 33 yrs.
 - Norwich - 33 yrs.
- Highest proportion of people aged 65 yrs. +
 - North Norfolk 32%
 - Tendring, Essex 29.5%
 - Suffolk Coastal 27%
 - Waveney 26.5%

15. Projected 20 year spend



The graph above shows the increasing projected spend growth rate by EoE region STPs year on year. The spend is currently at £34 million and is projected to grow over the next 20 years by £70 million to nearly £100 million by 2039.

16. Regional Average spend per ostomate

The average spend per patient is expected to be in the region of £2008 (UK average) per year/per patient although some patients may have complex requirements.

STP/ICS	2018	Population	Ostomates (MAT 09_2019)	Average Spend
Bedford, Luton & Milton Keynes	£3,801,989.79	970,000	2270	£1,674.89
Cambridgeshire and Peterborough	£4,568,129.76	900,000	2311	£1,976.69
Hertfordshire and West Essex	£7,085,039.34	1,200,000	3250	£2,180.01
Mid and South Essex	£5,994,347.34	1,200,000	3139	£1,909.64
Norfolk and Waveney	£7,029,557.03	1,000,000	3668	£1,916.46
Suffolk and North East Essex	£4,897,768.79	1,000,000	2700	£1,813.99

(based on approx. 1:500 of the population who have a stoma) MAT=Moving Annual Target

Over-prescribing and over-ordering of stoma products are frequently identified in primary care as an important cause of wasteful prescribing. Prescribers are also often unfamiliar with the differing needs of stoma patients, the products available and the specific ordering requirements for stoma appliances and accessories. Monitoring and review of prescribing of appliances for stoma patients is also frequently lacking. (*Bulletin 105 | September 2015 – PrescQIPP*)

17. CCG Spend 17/18 & 18/19 and growth rate

June 2017- May 2019				
	MAT PY	MAT CY	VAR £	VAR %
NHS Cambridgeshire and Peterborough CCG	£4,447,188	£4,667,790	£220,602	5.0%
NHS West Essex CCG	£1,312,822	£1,479,961	£167,139	12.7%
NHS East and North Hertfordshire CCG	£3,104,354	£3,240,953	£136,600	4.4%
NHS Ipswich and East Suffolk CCG	£1,931,739	£2,054,538	£122,799	6.4%
NHS West Norfolk CCG	£1,519,024	£1,633,858	£114,834	7.6%
NHS Great Yarmouth and Waveney CCG	£1,740,281	£1,854,914	£114,632	6.6%
NHS North Norfolk CCG	£1,234,114	£1,339,952	£105,838	8.6%
NHS Mid Essex CCG	£1,581,770	£1,667,977	£86,207	5.5%
NHS Bedfordshire CCG	£2,405,576	£2,489,605	£84,029	3.5%
NHS Basildon and Brentwood CCG	£1,358,893	£1,439,389	£80,496	5.9%
NHS Southend CCG	£947,942	£1,015,062	£67,120	7.1%
NHS Thurrock CCG	£726,810	£793,757	£66,947	9.2%
NHS Herts Valleys CCG	£2,427,254	£2,483,909	£56,655	2.3%
NHS Castle Point and Rochford CCG	£1,190,746	£1,238,161	£47,415	4.0%
NHS Milton Keynes CCG	£1,357,671	£1,397,531	£39,860	2.9%
NHS West Suffolk CCG	£1,198,347	£1,237,436	£39,089	3.3%
NHS North East Essex CCG	£1,644,254	£1,668,888	£24,633	1.5%
NHS South Norfolk CCG	£1,261,783	£1,283,397	£21,614	1.7%
NHS Norwich CCG	£1,090,913	£1,101,765	£10,852	1.0%
NHS Luton CCG	£818,698	£712,976	£-105,721	-12.9%
Grand Total	£33,300,178	£34,801,817	£1,501,639	4.5%

(MAT PY= Moving Annual Target Per Year/ CY= Current Year)

The average market growth rate is 3.6% in the UK as opposed to a **4.5%** growth rate in the EoE region in 2018. (The highest variance is in West Essex CCG at 12.7% increase in spend and the lowest in Luton CCG at -12.9% (this is being investigated by the CCG i.e. have products been ordered via a different ordering route).

18. CCGs Product Spend Overview by Supplier Market Share

	CliniMed	Coloplast	ConvaTec	Dansac	Hollister	Oakmed	Peak	Pelican	Salts	Others	Total Spend
NHS Mid Essex CCG	4.1%	14.6%	5.4%	39.1%	8.4%	0.8%	0.1%	9.7%	7.0%	10.8%	£1,631,302.10
NHS Basildon and Brentwood CCG	4.8%	13.0%	4.1%	34.0%	13.9%	2.8%	0.1%	6.1%	7.1%	14.1%	£1,395,054.78
NHS Castle Point and Rochford CCG	4.5%	12.8%	2.9%	51.6%	7.7%	0.7%	0.1%	5.1%	4.0%	10.7%	£1,216,742.75
NHS Southend CCG	3.6%	10.6%	4.0%	49.9%	9.7%	0.7%	0.1%	5.1%	2.9%	13.4%	£993,669.09
NHS Thurrock CCG	5.8%	14.5%	4.4%	36.9%	9.1%	1.4%	1.5%	8.6%	7.6%	10.2%	£757,578.62
NHS Luton CCG	9.4%	15.0%	4.0%	40.2%	4.9%	2.9%	0.1%	4.3%	6.1%	13.2%	£750,515.66
NHS Bedfordshire CCG	8.5%	21.3%	5.5%	26.7%	6.4%	2.7%	0.3%	5.8%	11.7%	11.3%	£2,456,036.84
NHS Milton Keynes CCG	7.0%	17.5%	5.5%	35.5%	7.4%	1.9%	0.2%	7.5%	5.8%	11.6%	£1,391,791.76
NHS Cambridgeshire and Peterborough CCG	4.8%	46.2%	5.5%	13.1%	7.4%	1.3%	0.1%	7.2%	5.2%	9.2%	£4,568,129.76
NHS West Norfolk CCG	6.8%	28.7%	15.5%	9.7%	8.7%	1.3%	0.2%	4.1%	10.1%	14.9%	£1,603,549.94
NHS Great Yarmouth and Waveney CCG	3.0%	64.2%	4.7%	4.4%	4.0%	1.1%	1.0%	6.2%	3.4%	8.1%	£1,767,977.46
NHS North Norfolk CCG	3.9%	20.7%	5.8%	13.1%	32.0%	0.9%	0.7%	3.4%	6.0%	13.6%	£1,299,632.53
NHS Norwich CCG	4.4%	23.1%	3.4%	14.6%	32.6%	1.1%	0.9%	3.7%	4.1%	12.1%	£1,083,065.11
NHS South Norfolk CCG	2.8%	18.6%	5.0%	15.6%	33.3%	1.1%	0.7%	5.6%	6.0%	11.5%	£1,275,331.99
NHS East and North Hertfordshire CCG	8.2%	19.6%	3.7%	31.0%	7.5%	1.1%	0.7%	5.3%	12.1%	10.8%	£3,196,251.72
NHS Herts Valleys CCG	5.7%	38.1%	6.7%	13.7%	5.8%	1.4%	0.3%	6.5%	9.8%	12.1%	£2,459,365.89
NHS West Essex CCG	3.8%	41.4%	5.8%	20.2%	7.5%	0.8%	0.3%	6.2%	6.3%	7.8%	£1,429,421.73
NHS Ipswich and East Suffolk CCG	4.7%	21.1%	5.8%	25.9%	9.2%	1.7%	0.5%	7.1%	6.2%	17.7%	£2,033,514.34
NHS West Suffolk CCG	7.4%	22.5%	3.5%	14.1%	17.2%	1.1%	0.0%	9.5%	10.6%	14.2%	£1,217,719.54
NHS North East Essex CCG	6.4%	32.6%	6.8%	10.1%	9.5%	1.2%	0.0%	11.6%	7.9%	13.9%	£1,646,534.91
East of England	£1,904,865.84	£9,523,160.34	£1,887,700.03	£7,803,116.68	£3,672,310.89	£477,193.56	£122,646.24	£2,229,736.19	£2,525,977.58	£4,026,479.17	£34,173,186.52
East of England %	6%	28%	6%	23%	11%	1%	0%	7%	7%	12%	

19. Appliance User Reviews in EoE

Appliance Use Reviews (AUR's) performed in 2017/2018

The following table from NHS Digital online data provides details of the AUR's performed per region.

		2017/18												
		Number of community pharmacy and appliance contractors	Community pharmacy and appliance contractors providing AUR services ¹			Percentage of community pharmacy and appliance contractors providing AUR services			Total AURs			Average AURs per community pharmacy and appliance contractor		
			Home	Premises	Total	Home	Premises	Total	Home	Premises	Total	Home	Premises	Total
ENGLAND	11,730	99	104	203	(0.8)	(0.9)	(1.7)	36,808	13,641	50,449	372	131	249	
Y54	North of England	3,730	23	27	50	(0.6)	(0.7)	(1.3)	3,441	968	4,409	150	36	88
Q72	Yorkshire & Humber	1,286	5	8	13	(0.4)	(0.6)	(1.0)	185	360	545	37	45	42
Q73	Lancashire & Greater Manchester	-	-	-	-	-	-	-	-	-	-	-	-	-
Q83	Manchester	707	7	7	14	(1.0)	(1.0)	(2.0)	635	96	731	91	14	52
Q84	Lancashire	429	0	2	2	(0.0)	(0.5)	(0.5)	0	17	17	0	9	9
Q74	Cumbria & North East	682	9	7	16	(1.3)	(1.0)	(2.3)	1,786	138	1,924	198	20	120
Q75	Cheshire & Merseyside	626	2	3	5	(0.3)	(0.5)	(0.8)	835	357	1,192	418	119	238
Y55	Midlands & East	3,472	43	32	75	(1.2)	(0.9)	(2.2)	19,447	6,104	25,551	452	191	341
Q76	North Midlands	786	14	4	18	(1.8)	(0.5)	(2.3)	1,122	86	1,208	80	22	67
Q77	West Midlands	980	10	12	22	(1.0)	(1.2)	(2.2)	1,079	302	1,381	108	25	63
Q78	Central Midlands	900	8	6	14	(0.9)	(0.7)	(1.6)	885	300	1,185	111	50	85
Q79	East	806	11	10	21	(1.4)	(1.2)	(2.6)	16,361	5,416	21,777	1,487	542	1,037
Y56	London	1,861	6	8	14	(0.3)	(0.4)	(0.8)	1,070	830	1,900	178	104	136
Q71	London	1,861	6	8	14	(0.3)	(0.4)	(0.8)	1,070	830	1,900	178	104	136
Y57	South	2,667	27	37	64	(1.0)	(1.4)	(2.4)	12,850	5,739	18,589	476	155	290
Q70	Wessex	510	5	8	13	(1.0)	(1.6)	(2.5)	188	98	286	38	12	22
Q80	South West	633	5	6	11	(0.8)	(0.9)	(1.7)	898	138	1,036	180	23	94
Q81	South East	887	9	12	21	(1.0)	(1.4)	(2.4)	5,180	1,333	6,513	576	111	310
Q82	South Central	637	8	11	19	(1.3)	(1.7)	(3.0)	6,584	4,170	10,754	823	379	566

Source: NHS Prescription Services

Assuming those figures in Red under 'East' will be EOE CPH CCG's –

- 21,777 AUR's performed in the East region.
- This is 85% of the total AUR's performed across the Midlands and East of England region.
- This equals 43% of the total number of AUR's performed nationally which is 50,449
- AURs in the Eastern region cost the NHS **£1,029,726** in fees (£883,494 for those performed in the Home + £146,232 for those performed in Premises).
- With 1,037 - the East of England region has the highest average number of AUR's performed per pharmacy/appliance contractor.

NB. It is recognised that all Coloplast's AURs performed in England are directed through their Charter DAC based in Peterborough which will affect the Eastern regions figures.

20. Formularies or Guidelines for Prescribing

LPP recommended that deodorants, lubricating products, skin cleansers, underwear, filters, bag covers, bridges and bag closures should not be prescribed; bag covers, and filters are now integrated into the stoma appliances and therefore bridges are not required. Deodorants and underwear can be purchased in retail outlets by ostomates if necessary. Skin cleansers, soaps or wipes are not clinically required and should not be prescribed. Ostomates can use a small amount of baby oil if they require a lubricant.

LPP also recommended that a list of products that should not be prescribed should be incorporated into local prescribing Guidelines or Formularies. A number of CCGs in EoE have stoma appliance formularies in place however compliance to these formularies is difficult to monitor due to the lack of control over the prescribing spend and activities through DACs.

Product selection should be based on individual patient clinical need and not by the manufacturing brand or stipulations from associated company sponsored nurses.



An example of over prescribing and stock piling in an ostomates home.

Over 50 boxes of stock were found.

Numerous packs of sterile gauze on prescription which were NOT CLINICALLY APPROPRIATE.

The value of the over ordering:

- Baseplates £494
- Pouches £1,195
- Sterile Gauze £52
- Total **£1,741**

(Kindly shared by Sr Helen Cox, James Paget Hospital)



Waste generated by over prescribing of stoma appliances and accessories for one ostomate following stoma reversal, estimated value £1,400.

(kindly shared by Zarah Perry-Woodford, LPP- now CPP)

21. Stoma Open Days

A Stoma Open day was observed in the region where there was excellent attendance by ostomates. There were supplier stands demonstrating their range of products and ostomates were given a wide range of free samples, but their expectations may require management due to formularies and guidelines in place which may restrict their choice or usage.

However, these open days are an excellent forum for ostomates in networking with others who have adapted to daily living with their stomas and there maybe those who have outdated appliances who could benefit from changing to a more suitable product.

DACs also give ostomates free samples of products. These products may be inappropriate for the ostomate or non-formulary and undermines the relationship with the SCN.

NHS Scotland following their review of stoma services (2006) banned the sampling of free products.

22. Innovations

Digital Imaging can be used for wound imaging but there was an article recently in the British Journal of Nursing which suggested that this technology could also be applied to stoma imaging.

EoECPH are looking at producing a framework for the provision of Digital Imaging Solutions.

23. Environmental considerations

The BBC documentary series 'The Blue Planet' highlighted the impact of plastic waste on the environment and since then there has been a growing revolution by the public to become involved in reducing the amount of plastic waste being produced.

Stoma products also has its number of contributory products that include plastic which needs to be disposed of; dry wipes, flushable pouches, disposable bags, pouch liners, plastic flanges etc.

Manufacturers need to be aware of this emerging issue and look to being innovative in this area.

24. Summary of Key Findings:

1. UK population growth and life expectancy are rising with a diverse demographic of population
2. The stoma product spend within the East of England is higher than any other region in England.
3. The regional spend is currently at £34 million and is projected to grow over the next 20 years by £70 million to nearly £100 million by 2039.
4. There is variation in spend by Sustainability Transformation Partnership/Integrated Care System and by Clinical Commissioning Group.
5. The NHS England Conflict of Interest Guidance is not being adhered to in relation to 'Managing Conflicts of Interest in the NHS' (page 22 <https://www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf>)
6. A number of stoma nurse contracts are rolling contracts without a formal review and in some instances, there are no robust key performance indicators to measure performance against. The total cost to the system for stoma care is not transparent due to free products supplied to Acute Trusts, whilst Clinical Commissioning Groups carry the majority of the cost through prescribing spend.
7. The manufacturers have affiliated Dispensing Appliance Contractors which patients are directed to which can dis-enable patient choice. Patients appear to be switched to these company products often without a clinical review by a Stoma Care Nurse.
8. The Appliance User Review rate is higher in the East of England than in any other region, which is charged to NHS England via Shared Business Services.
9. There is a high amount of waste due to over prescribing.
10. There are stoma products formularies in place, but these are not adhered to. Patients are sent free samples of products which raises expectations and patient disappointment if these products cannot be prescribed.

24. Acknowledgements:

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Association of Stoma Care Nurses

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Ileostomy and Internal Pouch Association

Manufacturers and DACs

25. EoECPH StoMap Programme Team Members contact details:

Stephanie Rose, Head of Integrated Care & Pharmacy

Stephanie.Rose@eocph.nhs.uk

Jill Kettle, Clinical Procurement Implementation Manager

Jill.Kettle@eocph.nhs.uk

Mo Aminu, PMO Manager

Mo.Aminu@eocph.nhs.uk

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