



National Stoma Quality Improvement Group (NSQIG)

Formulary Planning Meeting 11.01.19

MR3 Canderside ML9 2QX

Name	Title	Area
Attendance Accepted		
Graeme Bryson	Scottish Pharmacy Practice and Prescribing Advisors Association (SP ₃ AA) Representative	NHS Glasgow & Clyde Formulary sub group Lead
Anne Milne	Pharmacist (replacing G Bryson on NSQIG)	NHS Lanarkshire
Alice Macleod	Senior Nurse (Project Manager)	NHS National Services :National Procurement
Anne Haston	Stoma Advanced Nurse Practitioner	NHS Lothian
Carol Ryan	Colorectal Clinical Nurse Specialist	NHS Tayside
Billy Hislop	Procurement Category Manager	NHS National Services: National Procurement
Lena Collins	Project Manger Stoma Redesign	NHS Lanarkshire
Awaiting Acceptance		
David Thomson	Primary Care Pharmacy lead representative	NHS Glasgow & Clyde Formulary sub group member
Dr Gordon Haveron	G.P Representative	NHS Ayrshire & Arran Formulary sub group member
Tentative		
Gavin MacColl	Principle Information Analyst ISD	NHS National Services
Apologies Received		
Tracy McMeekin	Stoma Clinical Nurse Specialist: (Chair of Scottish Stoma Nurse Group)	NHS Ayrshire & Arran Formulary sub group member
Craig Stewart	Associate Nurse Director & IJB Lead Nurse (Project Chair)	NHS Ayrshire & Arran
Mhairi Hastings	Lead Nurse Community (Deputy Chair)	NHS Dumfries & Galloway
Karen Whatton	Senior Prescribing Support Nurse	NHS Fife
Barry Melia	Senior Pharmacist Public Health	NHS National Services
James Cowan	G.P Representative	NHS Lothian
██████████	Information Analyst prescribing Team ISD	NHS National Services
Dr Emily Kennedy	Prescribing Support Pharmacist	NHS Dumfries & Galloway



Copy of G Bryson notes on e-mail (circulated)

Dear Steering Group Member

This email contains the discussion I had planned for today's cancelled development session

What I am looking for you to do is read, consider and then feedback (email is fine) on where marked below

This email is about **HOW** we go about developing national stoma prescribing recommendations not **WHAT** we are going to say in them

Having done this type of thing on a number of occasions – its important that we get some further detail thrashed out

Stoma Prescribing Guidance – General Principles

A review of all local NHS Board stoma prescribing guidance / formularies was undertaken to determine scope of advice

A number of BHS Boards do have this – however there is some variation in advice and recommendations

Also not all boards have such guidance – therefore there is a need to develop consistent recommendations

Following from the NSQUIP meeting on 19th November it was noted that our stakeholder group members agreed that

- There was scope to develop 'go to' products and preparations for some non-stoma bag prescribing only
- There was scope to develop prescribing guidance on some non-stoma bag prescribing
- There was scope to develop prescribing guidance on stoma bag prescribing

It was agreed to progress these principles within our formulary work stream

The purpose of this email is to seek work stream group members views on a number of factors to take forward towards having a session where the details (ie what to say in advice / guidance and what products) would be determined

Stoma bag prescribing – Development of Prescribing Guidance

Within this section of the recommendations it's proposed that we

- Develop a form of words to acknowledge / encourage cost-effective product selection as part of the SSNs decision making process – proposal would be to provide a *starter for 10* for discussion
- Agree appropriate quantities for bags for standard usage length – proposal would be to use ASN as starting point for discussion
- Include primary care prices of stoma bags to allow for easy reference for SSNs – proposal would be to discuss options for how that could be done

FEEDBACK – do these seem reasonable aspects to cover / is the suggestions on how to progress reasonable?

Non Stoma-bag prescribing – Development of ‘go to’ products

Assessment of published local NHS Board Formularies suggests that the following areas of non-bag prescribing could have a ‘go to’ preparation recommendation developed

- Washers & Seals
- Adhesive removers
- Solidifying agents
- Flange extenders
- Paste

There are 2 options for developing these recommendations

1 – Full CAP panel style approach where products are assessed and graded to identify top recommendation

2 – Use local HB Formularies to identify those currently recommended and then assess to determine

FEEDBACK – do the group members have a view on what they'd prefer (this includes a.n.other option)

When considering a product there will have to be criteria to assess against – it is proposed that a simple approach is taken

1 – Is the quality of the product acceptable?

2 – How is the product priced by simple ranking (highest to lowest) ?

FEEDBACK – do the group view this assessment as robust / appropriate?

When considering the price of preparations it is proposed that the price used within this process is the NHS Scotland List Price (as per latest version of the [SDT Stoma Section Dec'19v](#))

The rationale for this recommendation is that the purpose of the work stream is to develop prescribing recommendations and guidance for primary care and as such these are the prices most relevant

FEEDBACK – Do the group members agree with this rationale?

Stoma bag prescribing – Development of Prescribing Guidance

Assessment of published local NHS Board Formularies suggests that the following areas of non-bag prescribing could have prescribing guidance developed

- Adhesive wipes
- Deodorant sprays
- Gauze swabs
- Bag covers
- Belts & underwear

It is proposed that each of these sections would have a recommendation of

- Not recommended
- Prescribing should be limited

On each section some brief narrative on rationale and any limitation would be described

FEEDBACK – Do the group members agree with this approach?

Development Session Format Options

Key to making this a successful session would be to as have wide SSN input from across all HBs as possible

Ideally the session could be done face2face – however this is likely to be logistically challenging

Alternative options could be via webex or a pack could be developed and given to SSNs to review and return

FEEDBACK – what are the group members views?



Development Sessions Governance

In order that our parent group (NSQUIP) and then the Area Drugs & Therapeutics Committee Collaborative (ADTCC) will accept our recommendation we need to ensure a robust process with good governance

It is proposed that a general 'guideline development' or 'Formulary Review' process & documentation is followed & adopted

It is also proposed that any member of the Development session would complete a Declaration of Interest in line with NSQUIP group members

FEEDBACK – what are the groups members views?

Next Steps and time line to completion of work stream

From this email I am working to the following as a guide

- Feedback to this email to be returned to work stream chair by 21st December
- Review of feedback completed 11th
- With a view to having the review session (by whatever format is decided) by 30th Jan
- Review outcomes to NSQUIP in February
- Then once ratified to ADTCC by end March

FEEDBACK – does the group have any comments on these time lines?