

# Non- medicines Prescribing Governance Handbook

## **INTRODUCTION**

### **About this handbook**

#### **Background**

Non-medicine prescribing is an area that shows wide variation in prescribing compared to medicines. It is often identified as an area with opportunities for improvement. To improve the quality of non-medicine prescribing and assist in realising potential efficiencies in spending, it is important to develop governance processes around their usage and create formularies and clinical guidance. Following engagement with health boards and key groups, non-medicine has been identified as a priority area of focus for the Value-Based Prescribing Working Group. The Non-Medicines Spend workstream was tasked to provide guidance for a standardised approach to improving non-medicines governance arrangements that will aid NHS Health Boards in assuring the most effective, safe, and economic use of non-medicines within their Board area.

#### **Purpose**

This handbook is an output from the Non-Medicines Spend working group and serves as a collated resource pack which includes innovative approaches that NHS Territorial Health Boards have implemented to improve non-medicines prescribing governance. It is a practical, user-friendly resource designed to facilitate sharing innovative strategies and templates for non-medicine prescribing governance, implementation delivery, reporting and review structures. These resources were compiled from contributions from a variety of health boards, with a special thanks to NHS Tayside for their extensive contribution.

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Figure 1: Overview of establishing or improving non-medicines governance

Governance	Implementation delivery	Reporting	Review
<ul style="list-style-type: none"> <li>• Define the scope of non-medicines, map out benefits and strategic aims of implementing a non-medicines management structure. Establish requirement for working group/non-medicines oversight group</li> <li>• Identify working group to review procurement/supply for non - medicine areas</li> <li>• Establish a terms of reference, roles and responsibilities</li> <li>• Define methodology and review cycle</li> <li>• Create a programme workplan which includes all non-medicine service areas</li> <li>• Create process to review and agree formulary applications in absence of existing structures</li> <li>• Establish forms to make formulary application and structure for review</li> <li>• Establish reporting format</li> </ul>	<ul style="list-style-type: none"> <li>• Oversee the development and maintenance of non-medicines formularies</li> <li>• Ensure service area has considered the mechanism for procurement and supply for each non-medicine area</li> <li>• Ensure formulary choices are reviewed at the determined frequency and updated to reflect any required changes between review periods.</li> <li>• Ensure product quantities and frequency of prescribing are detailed within formularies</li> <li>• Support services in addressing gaps in non-medicines procurement/supply</li> <li>• Produce monthly report for non-medicines oversight group</li> </ul>	<ul style="list-style-type: none"> <li>• Collate and appraise monthly reports by service areas</li> <li>• Highlight significant slippages to the Health Boards Prescribing Management Group</li> <li>• Promote awareness of comparative costs of non-medicines</li> </ul>	<ul style="list-style-type: none"> <li>• Aim to review each non-medicine prescribing area every two years or sooner based on data trends.</li> <li>• Assess variations within Health Board and compare with other NHS Boards</li> <li>• Facilitate dissemination of formulary choices with other boards</li> <li>• Identify escalate risks impacting objectives</li> <li>• Build a case for required improvements.</li> <li>• Communicate and promote effective non-medicines governance systems and policies to improve awareness and adoption by all stakeholders</li> <li>• Monitor corrective actions taken post-review</li> </ul>

## **1. Governance**

- Define the scope of non-medicines, map out benefits and strategic aims of implementing a non-medicines management structure. Establish requirement for working group/non-medicines oversight group.
- Identify working group to review procurement/supply for non-medicine areas.
- Establish a Terms of reference, roles, and responsibilities.
- Define methodology and review cycle.
- Create a programme workplan which includes all non-medicine service areas.
- Create process to review and agree formulary applications in absence of existing structures.
- Establish forms to make formulary application and structure for review.
- Establish reporting and review format.

### **1.1 Define the scope of non-medicines, map out benefits and strategic aims of implementing a non-medicines management structure**

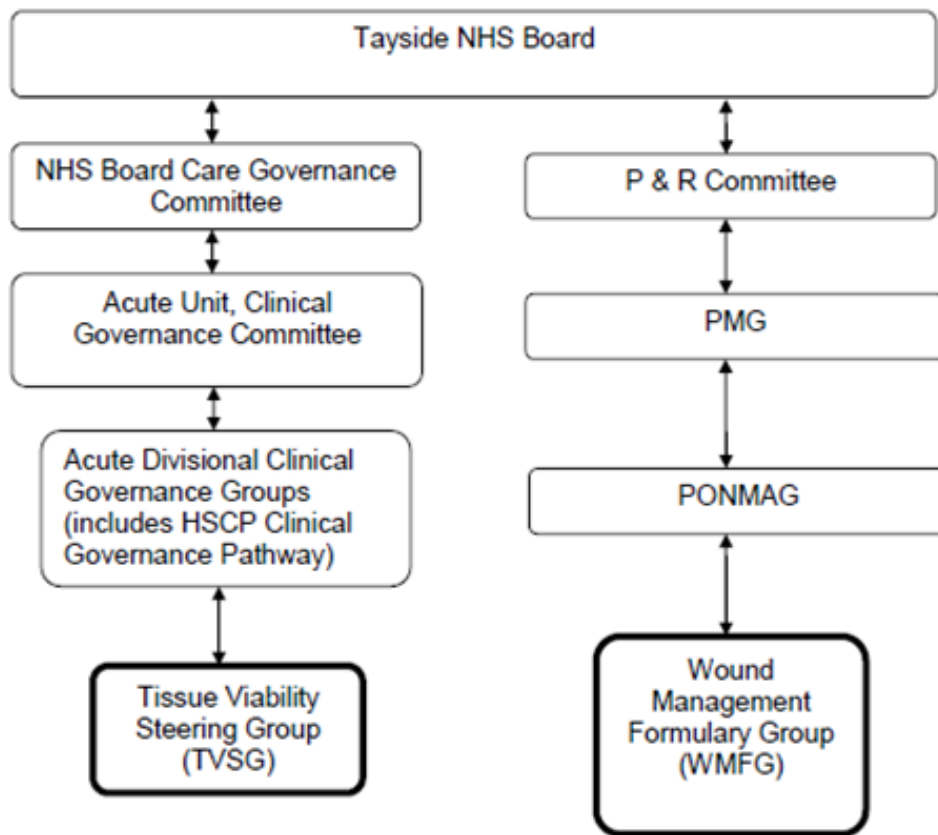
#### **1.1.1 Establishing a non-medicines governance framework**

The process to review an area of non-medicines starts by identifying the services and leads responsible for recommending use of non-medicines within current care pathways. Figure 3 below is by no means exhaustive, but at the time of producing this handbook, these were all key product categories that NHS Tayside Prescribing Of Non-Medicines Advisory Group (PONMAG) had in its workplan for regular review to monitor the status or progress of governance arrangements.

Prescribing governance and clinical governance go hand in hand and PONMAG identified gaps in their governance framework that needed to be filled before work to improve the governance arrangements for prescribing could be fully progressed. An example of this would be wound care. When PONMAG formed there was already an existing wound management formulary. However, it needed review and there was a gap in clinical leadership due to retirement. They escalated the risk and began working together with an Associate Nurse Director and Lead Nurse in Surgery to address the gap. NHS Tayside invested in a specialist tissue viability service and created new lead specialist nurse roles to develop a specialist team and a new Tissue Viability Steering Group & Wound Management Formulary Group was established in Tayside, which became the primary interface to facilitate review and improvement of prescribing governance for wound products. This Group also reports through the acute clinical governance framework. Where an established clinical network or formulary group existed, PONMAG contacted the leads to start discussions about their prescribing data and governance arrangements, but in other areas where neither a formulary or forum existed, they provided encouragement and support to develop working groups with multi-stakeholder representation. For example, Lymphoedema Formulary Group that could then work collaboratively to strengthen prescribing guidance and assure high quality evidence-based care and equity of access. Their prescribing support nurses have a central role to play in providing support between meetings.

Example provided by NHS Tayside PONMAG

Figure 2:Tayside Prescribing and Clinical Governance Structure

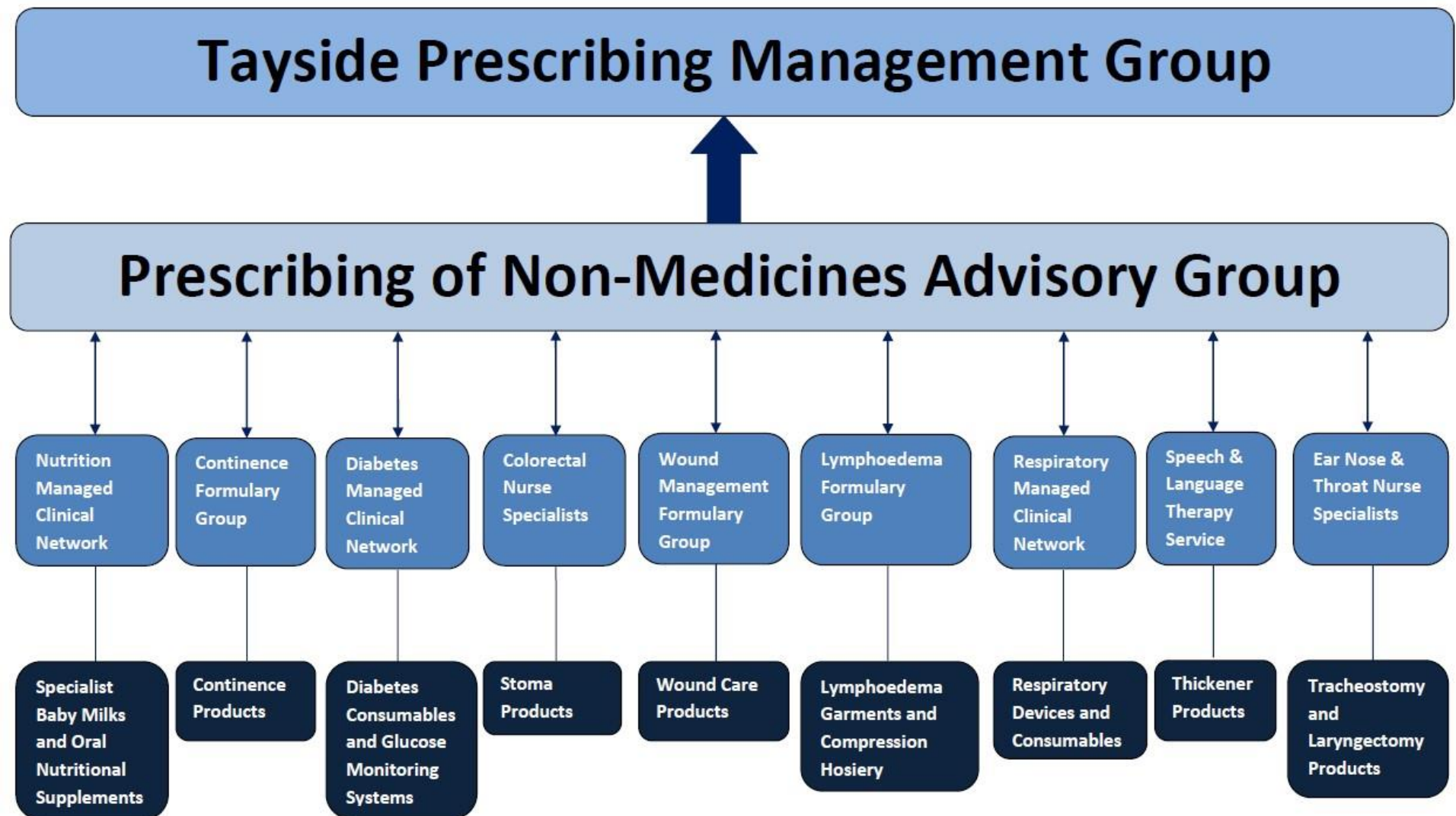


Prescribing Management Group (PMG)

Prescribing Of Non-Medicines Advisory Group (PONMAG)

Performance and Resources Committee (P&R Committee)

Figure 3: NHS Tayside Prescribing Governance Structure





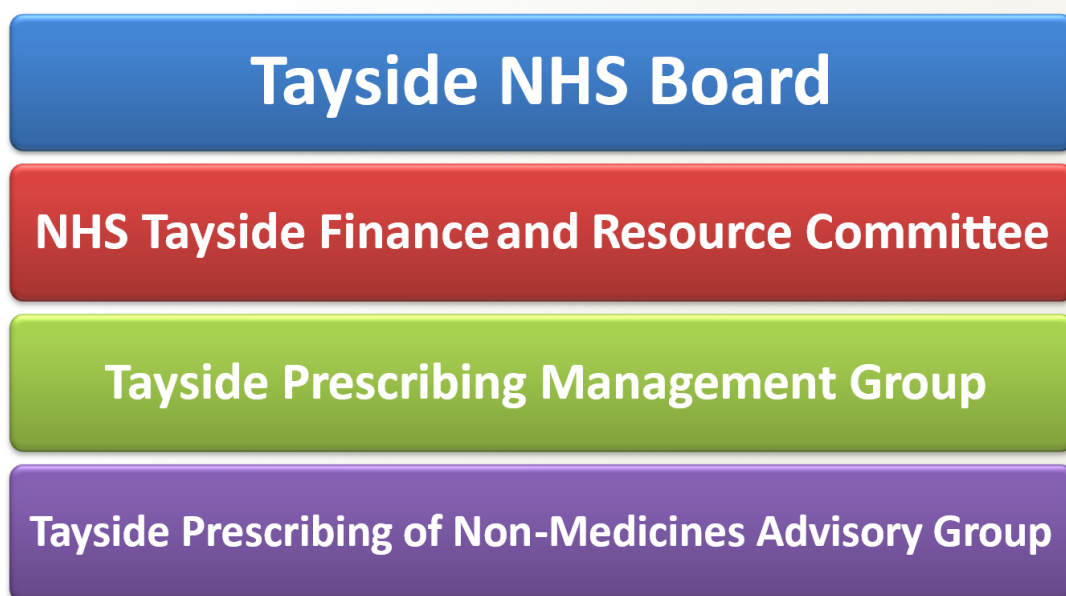
### 1.1.2 Prescribing Governance framework

Example provided by NHS Tayside PONMAG

PONMAG is accountable to the Tayside Prescribing Management Group, which collaboratively works with NHS Tayside and the three Health and Social Care Partnerships (HSCP) to deliver the Tayside Prescribing Strategy and Annual Prescribing Plan. Reports on non-medicines are reported as an appendix to the main medicines report into the NHS Tayside Finance and Resource Committee, which in turn reports into Tayside NHS Board. The Tayside medicines formulary is overseen by both the Prescribing Management Group and Area Drugs and Therapeutics Committee; however, non-medicines usage is excluded from the scope of the ADTC and before the development of PONMAG there was a gap in the Tayside governance framework for oversight of non-medicines governance arrangements.

Figure 4: NHS Tayside governance framework

## Governance Framework



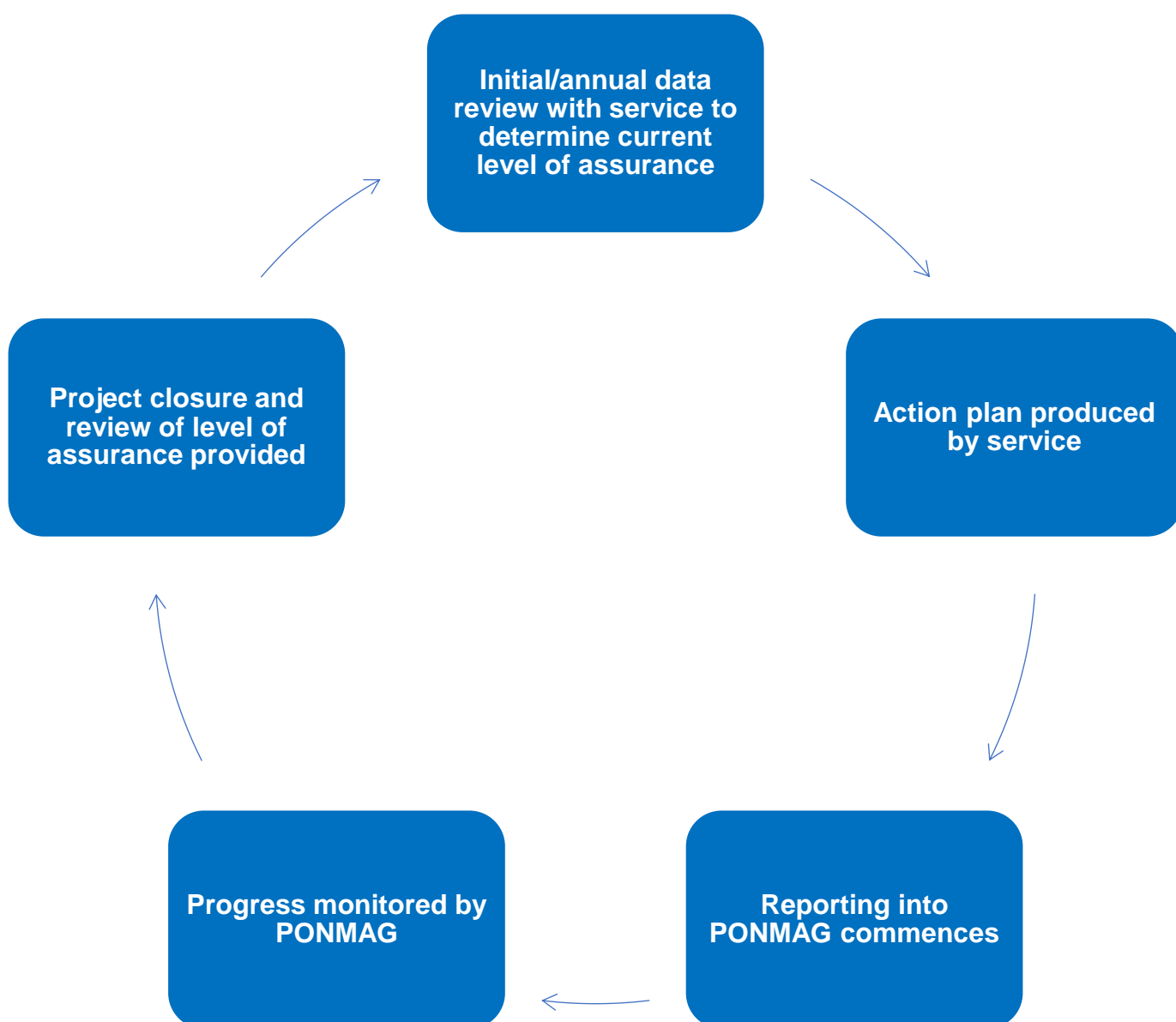
## 1.2 Define methodology and review cycle

### 1.2.1 Example of Non-Medicine Review Cycle with Service Area overview

Example provided by NHS Tayside PONMAG

When PONMAG started, the Group was provided with a review of non-medicines spend in a number of key areas (stoma, wound care, continence, diabetes sundries, Oral Nutritional Supplements (ONS), and specialist baby milks) by the Tayside Prescribing Support Unit. The Group contacted service leads, explaining their role and remit, providing them with prescribing data and inviting them to attend a review to discuss the data and usage of non-medicines in their area. This initiated a series of staggered review cycles, as shown in Figure 5 below, where services were supported to explore their own governance arrangements, produced action plans to address any significant gaps and report into the group on their progress towards objectives and key milestones.

Figure 5: Non-Medicine Review Cycle with Service Area overview

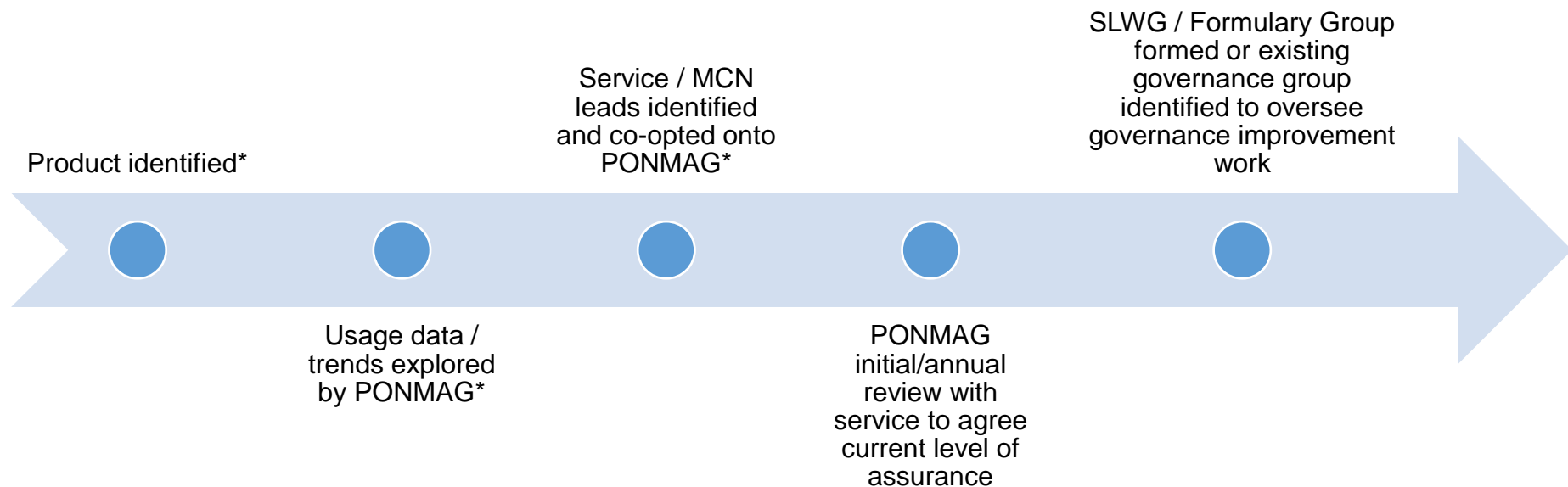


### 1.2.2 Example of Non-Medicine Review Process with Generic Key Milestones

Example provided by NHS Tayside PONMAG

The review cycle below describes how PONMAG works together with services to support them in exploring their non-medicines governance arrangements, develop action plans to improve governance, monitor and review progress, describe, and sum up the outputs of any fixed term projects at the point of closure and continually review the level of assurance provided.

Figure 6: Stage 1 of PONMAG Review cycle – initial/annual review; key milestones



\*Steps included in first cycle of PONMAG review process only

Figure 7: Stage 2 of PONMAG Review cycle – project initiation / action plan produced by service: key milestones

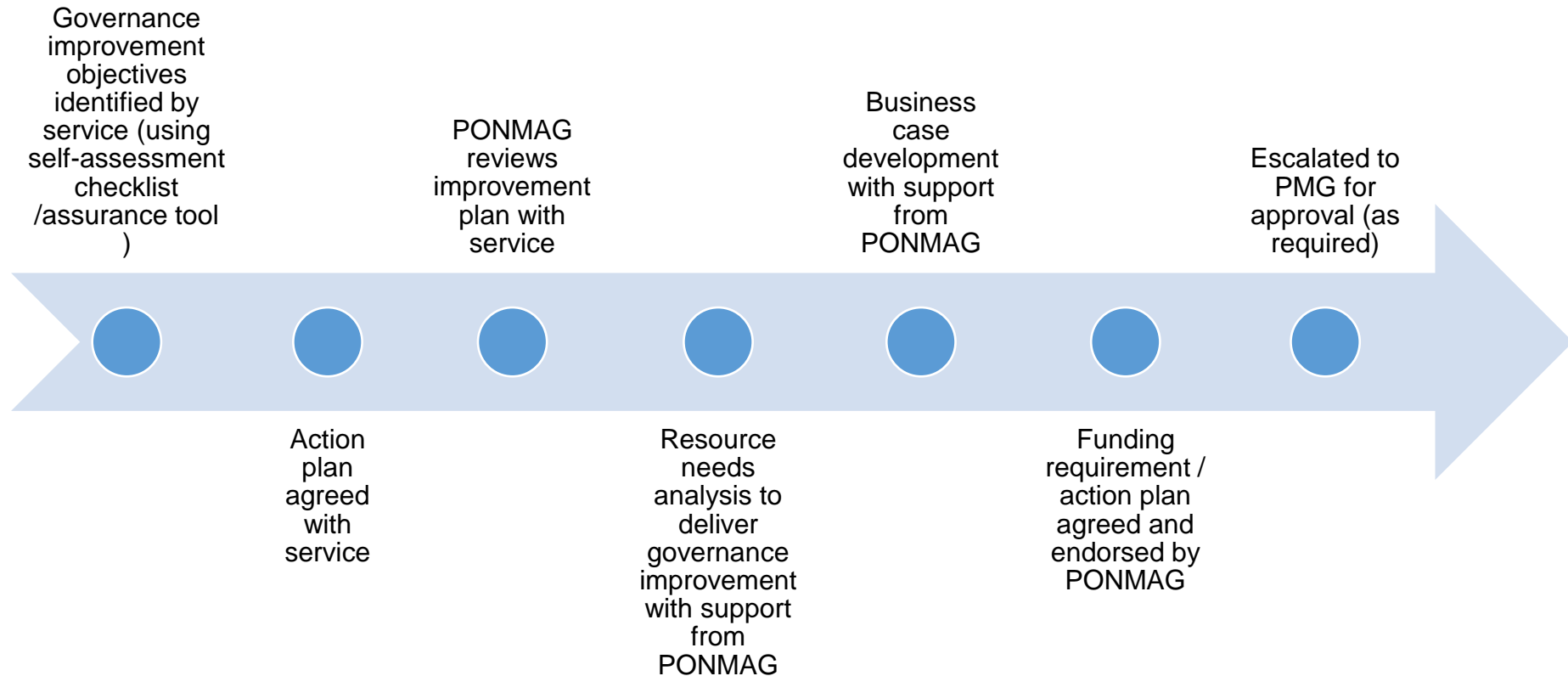


Figure 8: Stage 3 of PONMAG Review cycle – reporting and ongoing review of level of assurance provided key milestones

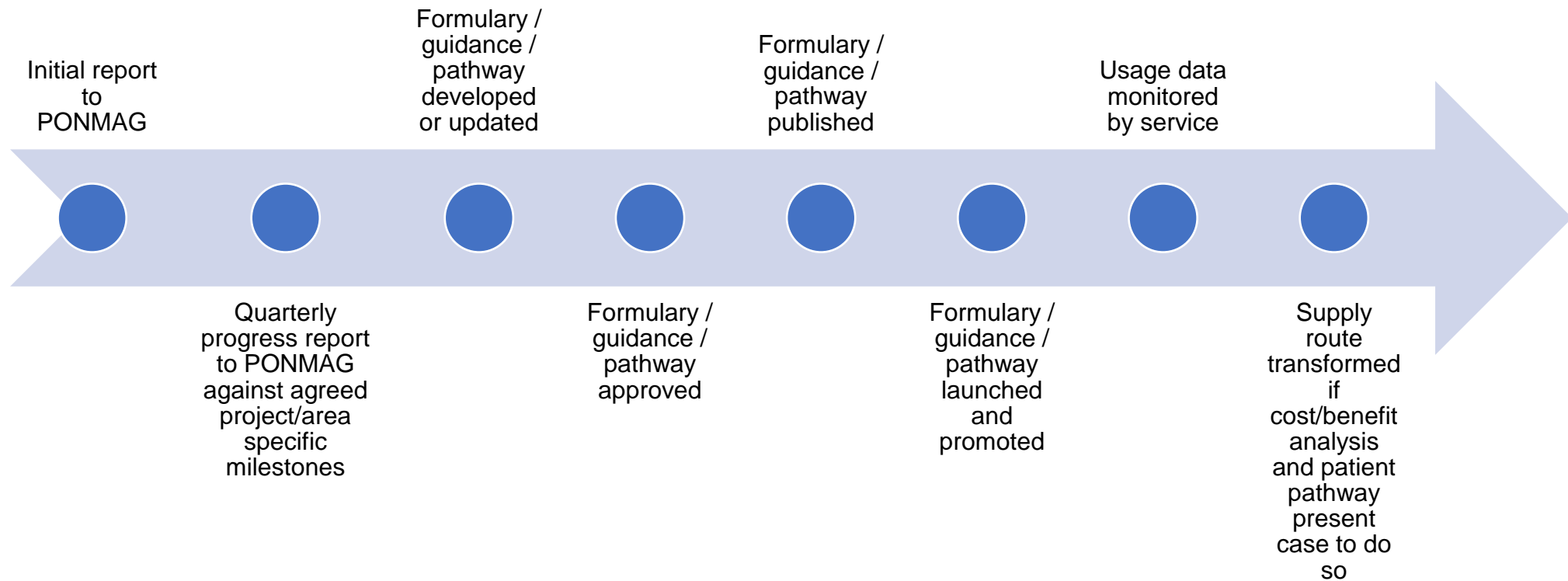
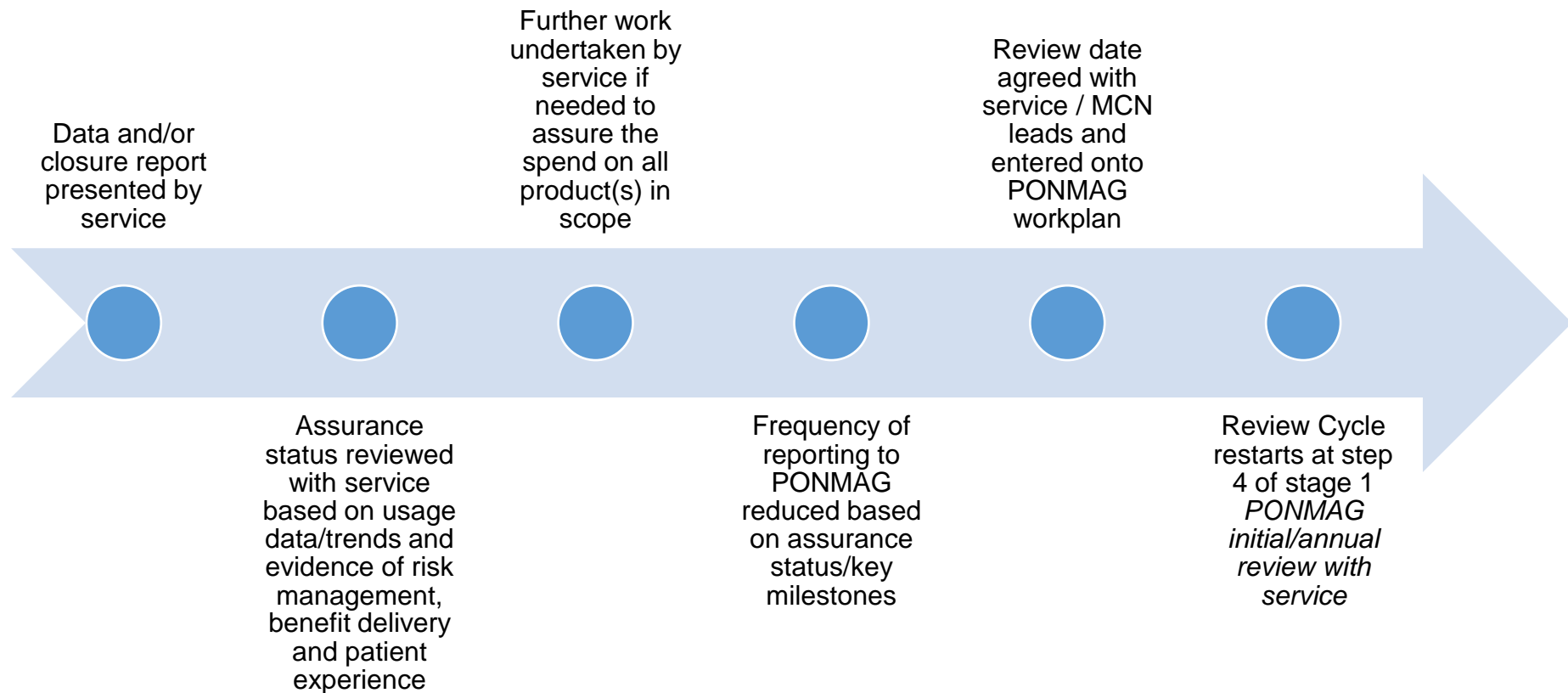


Figure 9: Stage 4 of PONMAG Review cycle – project closure and review of level of assurance provided key milestones



### 1.3 Establish a terms of reference, roles and responsibilities

#### 1.3.1 Terms of Reference example

A term of reference (ToR) is a document that defines the scope of work for a task force and outlines how the individuals identified in the ToR will work together towards achieving a common goal.

The purpose of a ToR is to clarify overall accountability for the project, key stakeholders, and inform task force members regarding what will be delivered, when it will be delivered, and how the work will be carried out. It should also limit the task force's scope to ensure that the most valuable work is prioritised. This handbook includes an example of a ToR for a non-medicine prescribing governance oversight group and a Declaration of Interest template that members must complete when initiating the group's work.

Example provided by NHS Tayside PONMAG

<b>1. Title</b>
<b>Prescribing of Non-Medicines Advisory Group (PONMAG)</b>
<b>2. Accountable to</b>
<b>Prescribing Management Group (PMG)</b> Minutes are forwarded to the PMG following each meeting. A written report from the Chair of PONMAG is submitted to each PMG meeting with any advice (e.g. where extra support may be required, or changes have been made). Implementation of PONMAG recommendations across NHS Tayside is supported through links with the co-opted members of the group from each non-medicine area and via PMG.
<b>3. Purpose of the Group</b>
The Prescribing of Non-Medicines Advisory Group (PONMAG) is a sub-group of the Prescribing Management Group (PMG). The remit of the PONMAG is <b><i>“to provide advice to support local practitioners to utilise the most effective, safe and economic use of non-medicines”</i></b> .
<b>4. Remit of the Group</b>
<ul style="list-style-type: none"><li>• Non-medicines for the purpose of this group will be the use of any prescribable non-drug product and includes but is not limited to diabetes consumables, wound management products, stoma/ileostomy care, continence appliances, oral nutritional supplements, formula milks, compression garments and gluten-free foods. Products used exclusively in secondary care are out with the scope of the programme.</li><li>• PONMAG will work closely with specialist groups to ensure that in Tayside we are making the best choice of non-medicines for patients.</li><li>• PONMAG will assure for NHS Tayside we are choosing the best value products to ensure cost-effectiveness by ensuring each non-medicine area has the correct governance in place, including supplying recommended products in appropriate quantities at the right frequency to meet the clinical needs of patients.</li><li>• Where there is no access to an appropriate governance structure, PONMAG will receive and review formulary applications making a reasoned case for a</li></ul>

prescribable non-medicine product to be made available in NHS Tayside based on clinical and cost-effectiveness, provided this is submitted on the correct form by an appropriate clinical specialist.

- PONMAG will assess for any variation in the use of non-medicines both comparing NHS Tayside against other Boards and reviewing internally within the organisation, supporting changes in use if required.
- PONMAG will facilitate the dissemination of formulary choices amongst practitioners and the wider organisation through the Tayside Area Formulary Staffnet links.
- PONMAG will aim to review each non-medicine prescribing area every 2 years or sooner if the need arises i.e. as indicated by trends in the data available.
- PONMAG will monitor the corrective actions taken by services to address issues identified during a review of non-medicines use, until appropriate governance arrangements are agreed and implemented.
- PONMAG will collate and appraise bimonthly reports submitted by services undertaking non-medicines governance and supply projects, monitoring progress against agreed key performance indicators and project milestones. Significant slippage will be highlighted in the report to PMG.
- PONMAG will escalate any risks that might impact on the achievement of objectives identified by the services where these cannot be mitigated by the service or PONMAG. This includes supporting services to carry out a resource needs analysis in the context of addressing any gaps in the governance of non-medicines identified during review and assistance and advice to build a case for making the required improvements to governance arrangements.
- PONMAG will promote awareness of the comparative costs of non-medicines sourced by different supply routes and encourage services to appraise the most cost-effective supply model that will meet the needs of all patients and care settings.

## 5. Suggested Membership

<b>General Practitioner / Prescribing Lead, Angus HSCP (Chair of PONMAG)</b>	
<b>Lead Nurse, Angus HSCP</b>	
<b>Contracts Optimisation Manager, Procurement Deputy Head of Procurement</b>	
<b>Programme Manager</b>	
<b>Locality Pharmacist</b>	
<b>Lead Pharmacist, Prescribing Support</b>	
<b>Prescribing Support Nurse</b>	
<b>Assistant Finance Manager</b>	



<p>Additionally, there will be at least one co-opted member representing each non-medicine area during each review process.</p> <p>A minimum commitment of one session (half day) each month from each core member is required to prepare for and participate in PONMAG meetings. Completion of the core activities may occasionally require additional commitment.</p> <p>If a member cannot attend this should be discussed with the Chair in advance of the meeting to determine if a suitable deputy can be nominated.</p> <p>Administrative support is provided by the Pharmacy Service.</p>	
<b>6.</b>	<b>Declaration of Interests (DOI)</b>
<p>All core members of the Prescribing of Non-Medicines Advisory Group must declare any interests they have in products, or competitor products, subject to review in accordance with the PONMAG Declaration of Interests Process. Not all co-opted members will be required to complete a PONMAG DOI form e.g. where supply is prescription only or arrangements for DOI by the relevant stakeholders are already in place. However, where this is deemed necessary, a form will be completed annually, and information returned added to the PONMAG DOI register.</p>	
<b>7.</b>	<b>Decision Making</b>
<p>The meeting will be quorate when at least the Chair and any 3 other core members are present. No decisions can be taken unless the meeting is quorate.</p>	
<b>8.</b>	<b>Frequency of Meetings</b>
<p>The group will meet for two hours bimonthly via Microsoft Teams and communicate electronically between meetings. A yearly schedule of meetings will be made available to members.</p>	
<b>9.</b>	<b>Papers</b>
<p>To be distributed to the group at least 3 days before next scheduled meeting.</p>	
<b>10.</b>	<b>Lifespan of the Group</b>
<p>PONMAG is required for the lifespan of PMG. Beyond this PONMAG should continue to exist where it is determined by the organisation for there to be a need to have peer assurance of non-medicines prescribing.</p>	
<b>11.</b>	<b>Review Arrangements</b>
<p>The Committee shall review its role and remit together with its own performance and effectiveness every two years.</p>	

**Terms of Reference Agreed:** 13 January 2022

**Date:** 13 January 2022

**Review Date:** 13 January 2024

### 1.3.2 Declaration of interest in a company or prescribable non-medicine product

Example provided by NHS Tayside PONMAG

Due to the commercial nature of the strategic sourcing / tendering process and the decisions made throughout the exercise, NHS Tayside has a responsibility to ensure that all interests in a company or product should be declared by any member of the Prescribing of Non-Medicines Advisory Group involved in the review of non-medicine governance arrangements and agreement of non-medicine formularies and supply recommendations.

Each member of PONMAG must therefore complete the declaration below at least every 12 months.

All partnership working with suppliers should be declared. This extends from individual employees to the corporate body. Such declarations should be made on joining PONMAG and annually thereafter unless prompted by a specific review. Similarly, any changes in circumstances should be reported to the Chair within four weeks. A register of such interests will be maintained by the Administrative Assistant assigned to support PONMAG and will be reviewed annually together with the terms of reference and made available to any oversight group should this be requested.

Generally, if an employee or a close relative or partners have a controlling or significant financial interest in a business or other organisation, which may compete for an NHS contract, then that interest must be declared.

Specific arrangements for declaration and a register of interests are maintained for PONMAG.

#### **DECLARATION OF INTERESTS**

##### **General**

All partnership working with non-medicine product suppliers should be declared (see attached proforma). This extends from individual employees to the corporate body. A register of such interests will be maintained by PONMAG and will be reviewed annually. Similarly, any changes in circumstances should be reported within four weeks. The accepted definitions can be summarised as follows:

##### *Personal*

Individual payment or benefit

##### *Non-Personal*

Payment to a department or organisation for which an individual is responsible

##### *Specific*

Relating to a particular product

##### *Non-Specific*

Relating to a general interest in or involvement with a company or clinical supplier

#### **Declaration at PONMAG meetings and participation by members**

A member must declare a personal specific interest if he or she has *at any time* worked on the product under consideration or a similar competitor product and has personally received payment for that work, in any form, from the supplier. The member shall take no part in any review of governance arrangements or non-medicine formulary application (i.e. the member should leave the meeting) as they relate to that product, except at the Chair's discretion to answer questions from other members. If the interest is no longer current (i.e. discontinued greater than 12 months previously), the member may declare it as a lapsed personal specific interest.

A member must declare a personal non-specific interest if he or she has a *current* personal interest in the company concerned which does not relate specifically to the product under discussion. The member shall take no part in the review as they relate to the product, except, at the Chair's discretion to answer questions from other members.

A member must declare a non-personal specific interest if he or she is aware that the department in which he or she operates has *at any time* worked on the product, but the member has not personally received payment in any form for the work done. The member may take part in the review unless he or she has personal knowledge of the product through his or her own work or through direct supervision of other people's work, in which case he or she should declare this and not take part in the review (except to answer questions).

A member must declare a non-personal, non-specific interest if he or she is aware that the department in which he or she operates is *currently* receiving payment from the company concerned which does not relate specifically to the product under discussion. The member may take part in the review unless, exceptionally, the Chair rules otherwise.

A member, who is uncertain whether he or she has an interest to be declared, or whether to take part in the review, should ask the Chair for guidance. The Chair has the power to determine whether a member with an interest shall take part in the review.

If a member is aware that a product under consideration is or may become a competitor of a product manufactured, sold, or supplied by a company in which the member has a *current personal* interest, he or she should declare an interest in the company marketing the rival product. The member should seek the Chair's guidance on whether to take part in the review.

### **Record of Interests**

Individual declarations will be recorded on a standard PONMAG Declaration of Interest proforma (see attached). A register will be kept of all relevant declarations by the Administrative Assistant and made available on request. This will be updated on an annual basis and members declaring interests on joining the group or between annual DOI submissions, will be asked to complete another form and re-submit to allow the register to be updated.

### 1.3.3 Declaration of Interests Form Template

Name of core or co-opted member:

Title / Location:

Name of Group or Service  
Member belongs to:

Name of Organisation:

I wish to declare to the Prescribing of Non-Medicines Advisory Group that my only interests in non-medicine prescribable products and associated companies are as shown on the following pages.

**Note: 'Nil' returns are required – please indicate in each section as appropriate.**

#### **CURRENT PERSONAL INTERESTS**

<b>Name of Company</b>	<b>Nature of Interest (See note 1)</b>	<b>Specific or non-specific (See note 2)</b>	<b>Current or lapsed (See Note 3)</b>

#### **Notes**

1. Personal interests include financial support to conduct a clinical trial or clinical research, sponsorship to attend a conference, payment to address a scientific meeting, salary, professional fees, grants, stocks, and shares etc
2. Please state if your interest is specific (limited to a particular product or a group of products) or non-specific; in the former case, identify the product(s) concerned.
3. Please state if your interest is current or lapsed (discontinued greater than 12 months ago)

## NON-PERSONAL INTERESTS

Name of Company	Nature of Interest (See Notes 3 and 4)	Specific or non-specific (See Note 5)

### Notes:

Lapsed non-personal interests (i.e. inactive within the last 12 months) need not be declared  
Non – personal interests may include financial support to conduct a clinical trial or clinical research, sponsorship to attend a conference, payment to address a scientific meeting, salary, professional fees, grants, etc.

A Head of Department may include a general statement about the range of partnership activities e.g. grants, sponsorship, industry supported clinical trials undertaken by colleagues.

Please state if your interest is specific (limited to a particular product or a group of products) or non-specific; in the former case, identify the product(s) concerned.

## ETHICAL STANDARDS IN CONTRACTING AND PURCHASING

		Yes	No
1	Have you been <b>offered</b> any gifts or hospitality from any person or company who is or is interested in supplying goods or services to NHS Tayside.		
2	Have you <b>received</b> any gifts or hospitality from any person or company who is or is interested in supplying goods or services to NHS Tayside.		
3	Have you <b>authorised</b> any members of staff to accept any gifts or hospitality from any person or company who is or is interested in supplying goods or services to NHS Tayside.		
4	If you have answered Yes to any of questions 1 to 3 above, have you submitted information for inclusion in the Register of Gifts and Hospitality.		

If you have answered Yes to any of questions 1 to 3 above but have not submitted information for inclusion in the Register of Gifts and Hospitality, please provide such information with this declaration. Please give as much detail as you can, including date, name of person or company who is or is interested in supplying goods or services to NHS Tayside, nature of the gift or hospitality and approximate value.

### ADDITIONAL INFORMATION:

- Please include below any information which, whilst not strictly a personal or non-personal interest, may nevertheless be perceived to cause a conflict of interest.

- Please also include details of any personal interests in non-medicine prescribable products/companies held by partners or any adult members of your immediate household. Names of household members do not need to be declared and only the type of interest (for example, stocks or shares) and company name need be stated.

**This information is correct to the best of my knowledge and belief.**

**I will advise the Prescribing of Non-Medicines Advisory Group of any changes to this information.**

**Date:**

**Signature:**

**PLEASE COMPLETE AND RETURN TO:**

Pharmacy Department Administrator

1.3.4 Example of establishment of working group engagement letter  
Example provided by NHS Tayside PONMAG



[www.nhstayside.scot.nhs.uk](http://www.nhstayside.scot.nhs.uk)

Colorectal Nurse Specialist  
Ninewells Hospital  
DUNDEE  
DD1 9SY

Dear xxxx

**Establishment of the Prescribing of Non-Medicines Advisory Group (PONMAG) – Stoma and ileostomy prescribing in primary care**

Non-medicines prescribing represents over 10% of total prescribing spending in Tayside (around £7.6M). Non-medical prescribing in primary care includes diabetes consumables, wound management products, stoma and ileostomy care, incontinence appliances, gluten-free foods, formula milks and oral nutritional supplements (ONS).

All specialists wishing to use a medicine locally must make a request to the Medicines Advisory Group – an independent review body - and spending is reviewed and monitored for all medicines by Prescribing Management Group (PMG). Whilst there are specialist groups (both locally and nationally) helping select the best non-medicine products for use in Tayside, there is no overall assurance of this spending.

While NHS Tayside local specialists will continue to maintain and provide advice on the correct stoma and ileostomy products for patients, PONMAG has been created by instruction from NHS Tayside Board to assure this prescribing. We will do so by working closely with all specialist groups to affirm we are getting the best value from non-medicines in Primary Care. We will ensure cost effectiveness and facilitate improved dissemination of formulary choices via a new Non-Medicines Formulary Website, linked from Tayside's main Formulary. Importantly, PONMAG will be there to assess for any variation in the use of non-medicines comparing NHS Tayside against other Boards and reviewing use within the organisation, supporting any changes if required.

We recognise there is work ongoing in many of these areas already. This work will continue, but the reviewing of these areas within the PONMAG Terms of reference will move from PMG to PONMAG. PONMAG will report to PMG; PMG can facilitate any further organisational changes needed where required.

PONMAG's Terms of Reference are attached to help explain the membership and structure. We will take each area in turn using a standardised approach and review each. In each case we would ask for a representative from your prescribing area to be co-opted into the group to help go through the data with PONMAG and then work with the specialist area thereafter.

Meetings will be bimonthly with annual re-appraisal of prescribing in each area. I anticipate we will be reviewing xxxx product use in xxxx and at that time I will be in touch to request your support to review this area.

Your support to this process is very much appreciated. If you have any queries, please get in touch.

Kind regards  
Chair PONMAG  
Prescribing Lead Angus HSCP

1.4 Job Descriptions  
 1.4.1 Prescribing Support Nurse Job Description  
 Example provided by NHS Tayside PONMAG



**Job Description**

<b>JOB IDENTIFICATION</b>	Job Title	Prescribing Support Nurse (Band 7)
	Department(s)/Location	<b>Pharmacy Prescribing Support Unit</b>
	Number of job holders	1
<b>JOB PURPOSE</b> The post-holder will provide management and clinical leadership to support the delivery of safe, clinically effective, and cost-effective non-medicine prescribing by: <ul style="list-style-type: none"> <li>• Providing GP practice based clinical audit and patient facing non-medicine reviews on specific topics promoting high quality prescribing with a focus on improving cost-effective non-medicine prescribing.</li> <li>• Providing expert advice on non-medicine prescribing in a broad range of therapeutic areas and clinical settings, to GPs, nurses, other healthcare professionals and non-clinical professionals.</li> <li>• Developing, implementing, and evaluating a range of processes to ensure successful implementation of NHS Tayside non-medicine prescribing strategies and policies.</li> </ul>		
<b>ORGANISATIONAL POSITION</b> <pre> graph TD     A[Head of the Prescribing Support Unit] --&gt; B[Lead Pharmacist-Prescribing Support]     B --&gt; C[Prescribing Support Nurse (This Post)]     C -.-&gt; D[HSCP Lead Nurse]     C -.-&gt; E[HSCP Primary Care Managers]           </pre>		
<b>SCOPE AND RANGE</b> <ul style="list-style-type: none"> <li>• Primary care settings in NHS Tayside including GP practices, community health clinics, general and other community settings including patients' homes.</li> <li>• Work as part of the Prescribing of Non-Medicines Advisory Group (PONMAG)</li> <li>• Link with local stakeholders within primary care.</li> <li>• Link with members of the Prescribing Support Team.</li> </ul>		



- Supervise and teach nursing staff and nursing students on areas of non-medicine prescribing such as wound management, stoma, urinary, dietetics and any other areas as deemed appropriate to the post.
- Advise & implement on local recommendations for non-medicine prescribing.

### **MAIN DUTIES/RESPONSIBILITIES**

- Provision of Specialist Knowledge & Advice
- GP Practices / Non-Medicine prescribing audits:
- Responsible for the planning, organisation and formulation of short or long term non-medicine prescribing management activities after negotiation with GP practice staff. This includes regular evaluation and strategy adjustment in response to changing priorities.
- Challenge current non-medicine prescribing behaviour and influence future non-medicines prescribing practice, able to justify decisions where conflicting information/evidence is available to individuals who may hold alternative or hostile views.
- Advises practices on the safe and effective development and implementation of practice policies and protocols relating to non-medicine prescribing e.g. wound management.
- Identifies and agrees the focus and duration of practice based work with Practices, PONMAG, PMG and PSU.

### **Information Collation & Analysis:**

- Collate, analyse, and interpret non-medicine prescribing data stored in PRISMs (Prescribing Information System) database to generate individualised and standard reports/ presentations for prescribers.
- Regularly update reports to facilitate monitoring of changes to non-medicine prescribing practice and provide written and verbal reports on the findings to individual practices, PONMAG, PMG and PSU.
- Appraise, interpret, and compare complex clinical literature, trials, protocols, clinical guidelines, published research and budgetary information to ensure tailored specialist non-medicines and pharmaceutical information is provided.
- Support the development and implementation of clinical audits for both practice specific and NHS Tayside-wide use.
- Promote and contribute to the identification, collation and analysis of data collected in support of NHS Tayside non-medicine prescribing policies & guidelines.

### **Clinical Governance:**

- Maintains an up to date clinical knowledge across common non-medicine areas accounting for the majority of non-medicine prescribing in primary care. It would be expected that a highly specialist clinical knowledge in relation to specific projects and initiatives is maintained.
- Actively contributes to the development of a clinical governance framework which needs to evolve around the introduction of new interventions and patient care services.
- Undertakes the necessary training and maintains competencies to practice safely the techniques of clinical assessment of patients in relation to non-medicines areas of activity.

- Undertakes and records details of regular postgraduate education and continuing professional development, to meet the CPD requirements for continued registration with the NMC.
- Directly respond to concerns from patients, GPs, and other service users in a sensitive and tactful manner to address any problems and negotiate a satisfactory and appropriate outcome.
- Initiates, undertakes, or guide others, in audit and research within their specified clinical speciality in line with the national standards and frameworks in order to maintain standards and develop the service.
- Implements all local policies and procedures in accordance with corporate, clinical and staff governance.

#### **Education & Training:**

- Provides educational training to GP practices to support aspects of non-medicine prescribing.
- Prepares and delivers presentations to a range of other healthcare professionals from primary and acute care and various public groups, on a variety of topics relating to non-medicine prescribing. These groups will have a scaled understanding of the topics and the post holder will be required to adapt the presentation accordingly in order to answer ensuing questions.
- Contributes to the development and delivery of clinical education & training sessions for members of the prescribing support team e.g. preparation and delivery of oral presentations, workshop facilitation.
- Participates in relevant team meetings and peer review to share working practice, identify clinical education needs, and support practice governance.
- Contributes articles & information to prescribing bulletins on non-medicine prescribing.
- Undertakes statutory and mandatory training.

#### **COMMUNICATIONS AND RELATIONSHIPS**

- The post-holder is expected to communicate daily with GPs, nursing and administrative staff, community pharmacist and patients, using different methods of communication such verbal and written, as appropriate to the situation.
- Information received and communicated will occasionally be highly complex and sensitive, including the need to interpret clinical trial data in a rapidly changing research environment.
- The post-holder requires excellent interpersonal skills to motivate staff and communicate with a wide range of people.
- Teaching, presentation, and mentoring skills, at local and national level, are necessary to fulfil the role of developing and supporting staff in an often stressful and changing environment.
- There will be regular indirect and direct contact with patients at an individual / clinical level regarding information about their medicines both face to face and via the telephone helpline.
- The post-holder will present at training sessions and seminars to specific patient groups, and other members of the health care team including pharmacy staff, undergraduate medical students, and junior doctors and nursing staff.

Internal Communications  
External Communications  
GP Practices

Pharmacy Industry  
HSCP Lead Nurses/Nurses  
Undergraduate and postgraduate students  
Practice based administrative staff  
Patients and their carers  
Other pharmacists and technicians  
Other healthcare staff

## **KNOWLEDGE, TRAINING AND EXPERIENCE REQUIRED TO DO THE JOB**

### **Qualifications**

- First level registered nurse with NMC with appropriate post registration experience and able to demonstrate the appropriate competencies and skill for the job
- Educated to degree level in an appropriate subject
- Educated to master's level or working towards desirable
- Non-medical prescribing
- Willingness to attend appropriate study days and short courses relevant to job
- Willingness to undertake extended self-study
- Willingness to develop advanced assessment and diagnostic skills

### **Training and Experience**

- Evidence of further education including post graduate certificate/diploma/Continuous Professional development in relevant area
- Evidence of recent, relevant continuous personal development
- Significant clinical experience in relevant clinical within areas as required for the post (e.g. continence, stoma, and wound management)
- In depth knowledge and demonstrable evidence of influencing and facilitating skills
- Experience in service improvement and / or practice development
- In depth knowledge and demonstrable evidence of guideline development skills
- In depth knowledge and demonstrable evidence of Change Management Skills
- In depth knowledge and demonstrable evidence of good Organisational Skills
- In depth knowledge and demonstrable evidence of training and education skills
- In depth knowledge and demonstrable evidence of Time Management Skills
- In depth knowledge and demonstrable evidence of demonstrating leadership skills and the ability to facilitate these in others
- Ability to train and educate patient and professional groups

### **Knowledge, Skills, and Abilities**

- Proven track record in effective leadership – successful communication, negotiating, persuasion, influencing, challenging behaviours
- Knowledge and understanding of policy and guideline development, implementation, review, monitoring, and evaluation
- Knowledge, understanding and experience of service improvement, redesign and managing change
- Be able to demonstrate skills in effective decision making, prioritisation and organization
- In depth knowledge and demonstrable evidence of training and education skills
- In depth knowledge and demonstrable evidence of Time Management Skills

- In depth knowledge and demonstrable evidence of demonstrating leadership skills and the ability to facilitate these in others
- IT and information literacy
- Knowledge and thinking at postgraduate (master's level) within relevant therapy areas as required within the post (e.g. continence, stoma, and wound management)
- Good working knowledge of national standards and guidelines
- Sound understanding of the principles of clinical and care governance
- Ability to demonstrate excellent and effective communication and interpersonal skills
- Good working knowledge of clinical audit and research
- Report writing skills
- Awareness of budget management

### **Personal qualities**

- Ability to work on a complex, broad dynamic, and varied agenda
- Ability to work on own initiative

### **SYSTEMS AND EQUIPMENT**

- Laptop/Desktop computer/Scanners/Printers/Fax
- LCD Projector
- Mobile Phone
- Equipment for clinical assessment e.g. Peak Flow meter, Blood Pressure monitors
- Uses office for generation and use of word documents, bulletins, excel spreadsheets, power point presentations. All used extensively in the production, analysis, interpretation, and presentation of prescribing information.
- Uses e-mail for communication and the Intranet/Internet/e-library to access a wide range of clinical, medical & pharmaceutical databases and publications. The post-holder must be competent in the techniques of literature searching and critical appraisal to identify specific resources and information.
- The post-holder should be familiar with core medical and pharmaceutical reference books, journals, and local medicines information specialist departments.
- Post-holder may be required to understand and extract prescribing information from PRISMS database. They may be required to present this information in a variety of formats and export and manipulate in other software e.g. Microsoft excel.
- The post-holder must be competent in the use of patient's paper and electronic medical records, being able to locate and extract relevant clinical and administrative information. A sound understanding of the main electronic software is essential and the post-holder must be prepared to learn about other electronic systems when they come across them in post.
- Prescribing Support databases.

### **RESPONSIBILITY FOR RECORDS MANAGEMENT**

All records created in the course of the business of NHS Tayside are corporate records and are public records under the terms of the Public Records (Scotland) Act 2011. This includes email messages and other electronic records. It is your responsibility to ensure that you keep appropriate records of your work in NHS Tayside and manage those records in keeping with the NHS Tayside Records Management Policy and with any guidance produced by NHS Tayside specific to your employment.

### **PHYSICAL DEMANDS OF THE JOB**

**PHYSICAL EFFORT / SKILLS:**

- Computer keyboard skills used daily.
- Lifting and handling skills used occasionally to lift and move boxes and containers.

**MENTAL EFFORT / SKILLS:**

- Occasional periods of prolonged concentration required when carrying out complex calculations, analysing/ interpreting highly complex data and interpreting or appraising reports or documents.
- Tasks are frequently interrupted to deal with queries or requests for advice that have to be dealt with immediately.
- Requirement to concentrate continuously and apply mental attention at all times.
- A high degree of speed, accuracy and attention to detail is expected in all duties.
- Requires confidence to contribute and lead in clinical settings.

**EMOTIONAL EFFORT / SKILLS:**

- Frequent indirect contact with patients (and their carers) who are often suffering very serious or terminal disease and who may be emotionally distressed.
- Conflicting demands and pressures from individuals and groups.

**WORKING CONDITIONS:**

- Potential exposure to toxic pharmaceutical materials.
- Occasional direct patient contact involving exposure to environmental risk.
- Regular VDU user.
- Occasional risk of verbal or physical abuse from patients or their carers.

**DECISIONS AND JUDGEMENTS**

- The post-holder will be expected to exercise their own discretion on how to provide the service taking account of local and national policies and to seek line management support as required.
- The post-holder is expected to anticipate problems/needs and resolve these in a proactive, independent manner.
- The post-holder is professionally accountable for his/her own actions in advising and influencing nurses, medical staff, and other healthcare professionals regarding the treatment of individual patients on a daily basis
- Works within own competency level and seeks out senior professional nursing support and clinical supervision
- Plans and prioritises own workload.

The post-holder will be expected to assist the Work Stream in developing the service taking into account the needs of the service users, in accordance with published guidance and building on their own experience.

**MOST CHALLENGING/DIFFICULT PARTS OF THE JOB**

Positively influencing and changing non-medicines prescribing practice of GPs and other prescribing health professionals in non-medical prescribing to improve the quality of patient care and where appropriate the cost effectiveness of prescribing.

- Providing a high standard of care to individual patients with professional responsibility for clinical and prescribing decisions.

- Build effective relationships with practices and other teams to facilitate the delivery of the NHS Tayside prescribing strategy.
- Keeping up to date with a rapidly changing knowledge base.

## JOB DESCRIPTION AGREEMENT

A separate job description will need to be signed off by each postholder to whom the job description applies.

**Job Holder's Signature:**

**Date:**

**Head of Department's Signature:**

**Date:**

### Prescribing Support Nurse (Band 7)

This job advert can be accessed on the following webpage:

<https://apply.jobs.scot.nhs.uk/Job/JobDetail?JobId=177643>

CRITERIA	ESSENTIAL	DESIRABLE
<b>EXPERIENCE:</b>	<ul style="list-style-type: none"> <li>▪ Significant clinical experience in relevant clinical within areas as required for the post (e.g. continence, stoma, and wound management)</li> <li>▪ In depth knowledge and demonstrable evidence of guideline development skills.</li> <li>▪ In depth knowledge and demonstrable evidence of change management skills.</li> <li>▪ In depth knowledge and demonstrable evidence of good organisational skills.</li> <li>▪ In depth knowledge and demonstrable evidence of training and education skills.</li> <li>▪ In depth knowledge and demonstrable evidence of time management skills.</li> <li>▪ In depth knowledge and demonstrable evidence of demonstrating leadership skills and the ability to facilitate these in others.</li> <li>▪ Developing &amp; delivering training on practice related topic.</li> </ul>	<ul style="list-style-type: none"> <li>▪ Track record of delivering on service improvement and / or practice development.</li> </ul>
<b>QUALIFICATIONS:</b> (Training; Research; Publications)	<ul style="list-style-type: none"> <li>▪ Professional clinical qualification and registered with NMC (first level registered nurse).</li> <li>▪ Educated to degree level in an appropriate subject.</li> <li>▪ Evidence of Continuous Professional Development</li> </ul>	<ul style="list-style-type: none"> <li>▪ Education / training qualification at postgraduate (masters) level or demonstrate equivalent expertise.</li> </ul>

<b>KNOWLEDGE &amp; SKILLS:</b>	<ul style="list-style-type: none"> <li>• Demonstrate computer literacy</li> <li>▪ Knowledge and thinking at higher level within relevant therapy areas as required within the post (e.g. continence, stoma, and wound management)</li> <li>▪ Good working knowledge of national standards and guidelines</li> <li>▪ Sound understanding of the principles of clinical governance</li> <li>▪ Communication skills, both written and verbal/nonverbal</li> <li>▪ Good working knowledge of clinical audit and research</li> <li>▪ Report writing</li> <li>▪ Evidence of recent, relevant personal development</li> <li>▪ Computer literacy</li> <li>▪ Communication skills – both written and verbal</li> <li>▪ Analytical skills</li> <li>▪ Negotiation skills</li> <li>▪ Ability to prioritise workload</li> <li>▪ Understands limitations of own experience</li> </ul> <p>Complete tasks to agreed timescales.</p>	<ul style="list-style-type: none"> <li>• Wider understanding of Primary Care.</li> </ul>
<b>PERSONAL QUALITIES:</b>		
<b>OTHER:</b> (e.g. travel across NHS Tayside)	<ul style="list-style-type: none"> <li>▪ Ability to travel within sites to meet service needs.</li> </ul>	

## 1.5 Create a programme workplan which includes all non-medicine service areas

### 1.5.1 Benefits Mapping

Example provided by NHS Tayside PONMAG

The benefits map as shown in Table 1 is a tool that illustrates the benefits of a project and how to achieve them. It outlines the processes, roles, and responsibilities involved, as well as aligning the outputs and capabilities with desired outcomes, strategic aims, and organisational objectives.

Table 1: Benefits mapping example provided by NHS Tayside Prescribing of Non-Medicines Advisory Group (PONMAG)

STRATEGIC AIMS	ORGANISATIONAL OBJECTIVES	MEASURABLE BENEFITS	OUTCOMES	OUTPUTS	CAPABILITIES
<p>Ensure governance, systems, and processes support quality prescribing</p> <p>Nurture innovation and enable change</p> <p>Facilitate best practice with safe, high quality prescribing choices</p>	<p>Improve governance arrangements for non-medicines prescribing through ongoing support and scrutiny of the Prescribing of Non-Medicines Advisory Group including modernisation of procurement and supply mechanisms</p> <p>Promote invest to save opportunities and ensure budgets are aligned to achieve best value across the system</p> <p>Identify opportunities for quality improvement through effective stakeholder collaboration with application of multi-disciplinary expertise</p>	<p>Increased number of up-to-date non-medicines formularies (or sections of formularies) agreed and published for use on the non-medicines section of the TAF (Staffnet)</p> <p>Percentage formulary compliance (not currently trackable for every area)</p> <p>Increased number of non-medicine areas with established pathways or protocols for provision where the decision to supply and choice of product is made by the appropriate HCP.</p> <p>Patient feedback relating to quality of life, quality of care or experience of healthcare services as a user of a non-medicine's product</p> <p>Reduced or more proportionate (based on factors such as prevalence, demographics, criteria for supply, national guidance, care setting etc.) spend on non-medicines products in Tayside (complex to track, area specific measurement required)</p> <p>Assurance robust governance arrangements are in place pan-Tayside for identified areas of non-medicines</p>	<p>Increased access to up-to-date formularies / guidance for non-medicines aligned to best practice</p> <p>Increased formulary compliance</p> <p>Redesigned assessment pathways for non-medicines where responsibility for recommendations to meet patients' clinical needs is assigned to the appropriate specialist enabling more person-centred care</p> <p>Equity of access to non-medicines products</p> <p>More appropriate supply routes that provide patients with the right product at the right time</p> <p>Reduced inappropriate prescribing/supply</p>	<p>Provide a Tayside directory of non-medicines formularies/guidance</p> <p>Establish clearly defined assessment and supply pathways that ensure accountability for the quality and cost effectiveness of non-medicines choices in Tayside</p> <p>Facilitate sustainable continuous models of service delivery that ensure non-medicine products supplied to patients remain aligned to their clinical needs and current best practice</p> <p>Optimise supply routes to deliver ease of access, quality, and value</p> <p>Provide a robust process for assessment and approval of formulary applications that cannot be routed through the established non-medicines governance framework</p>	<p>Ability to supply the right product to meet each patient's clinical needs by cost-effective supply routes pan-Tayside</p> <p>Ability to monitor the use of non-medicines and assess the effectiveness of governance arrangements regardless of the assessment pathway or supply route employed</p> <p>Empower the practitioners who are accountable to manage appropriate use of non-medicines in their own area</p>



### 1.5.2 Example of a programme workplan

Example provided by NHS Tayside PONMAG

Table 2 : Prescribing of Non-medicines Advisory Group programme workplan

Area of Non-Medicines	Co-Opted Member (include leads name)	Initial review at PONMAG	Area last reviewed by PONMAG <i>with service</i>	Next Report to be submitted	Next review of progress (Service to attend)	Usage/ spend assured
Continence Formulary Group		Sep-18	Sep-23	Feb-24	Feb-24	Reasonable Assurance (L3)
Indwelling urinary catheters and catheter accessories Specialist continence products Containment products						
Intermittent self- catheterisation products		Nov-22	Nov-23	Feb-24	Feb-24	
Bowel irrigation systems		May-22	Not applicable	Feb-24	Feb-24	TBC
Dexcom ONE (Continuous GMS)		May-23	May-23	N/A*	TBC	TBC
Diabetes Consumables		Nov-18	Nov-22	Data Feb-24	Feb-24	**Substantial Assurance (L4)
Freestyle Libre® (Flash GMS)		Nov-19	May-23	Data Feb-24	TBC	**Reasonable Assurance (L3)
Hernia support garments for incisional hernias		May-22	May-23	Data Feb-25	TBC	TBC
Lymphoedema garments and compression hosiery		Mar-19	May-23	May-24	May-24	Limited Assurance (L2)
Neria™ guard giving set		Mar-22	Nov-23	Feb-24	Feb-24	TBC
Oral nutritional supplements		May-19	Mar-23	N/A*	Feb-24	Reasonable Assurance (L3)
Respiratory devices and consumables		Sep-19	May-23	N/A*	May-24	TBC
Specialist baby milk		Jul-18	Jul-22	Data Requested	TBC	TBC
Stoma products		Jan-19	Nov-23	May-24	May-24	Limited Assurance (L2)/ Reasonable Assurance (L3)

TheraBite®		Nov-20	May-22	<i>Data May-23</i>	TBC	N/A
Thickener products		May-21	Jul-23	<i>Data July-23</i>	<b>Aug-24</b>	Reasonable Assurance (L3)
Tracheostomy & laryngectomy products		Sep-21	Nov-23	<b>Feb-24</b>	<b>Feb-24</b>	TBC
Wound care products		Mar-19	Nov-23	<b>May-24 Nursing Home Closure Report</b>	<b>May-24</b>	Reasonable Assurance (L3)
Erectile Dysfunction Devices		Sep-22	May-23	<b>Feb-24</b>	TBC	TBC
Skin camouflage products		Feb-24	N/A	N/A*	N/A*	TBC

### 1.5.3 Example of a Non-medicines Prescribing Oversight Progress Tracker

Example provided by NHS Tayside PONMAG

During the first few years establishing a non-medicines programme, PONMAG summarised the progress of services using a progress tracker (an example is provided in Figure 10 below). They prioritised non-medicines areas based on the following factors:

- clinical safety
- quality of service
- patient and staff feedback
- variation in the data and existing drivers within services to take forward improvement work.

The tracker worked towards a position of improved assurance and the group made an objective assessment to agree with the service when the spend on non-medicines could be described as “assured”. As the group’s knowledge and experience of non-medicines grew, they developed a template with criteria for assessing the level of assurance provided for non-medicines as being at one of four levels and now work with services to describe this as: no assurance, limited assurance, reasonable assurance, or substantial assurance.

Figure 10: PONMAG progress tracker

# Progress Tracker

Initial review of spend at PONMAG													
Ongoing review / action plan being worked up by service													
Action plan review at PONMAG / implementation by service													
Monitoring by service / reporting outcomes to PONMAG													
Governance assured / next review scheduled													
Obstacle to progress identified and escalated													
Services	Jul-18	Sep-18	Nov-18	Jan-19	Mar-19	May-19	Jul-19	Sep-19	Nov-19	Jan-20	Mar-20	Jul-20	Sep-20
Specialist Baby Milk (SBM)	Initial review of spend at PONMAG	Action plan review at PONMAG / implementation by service	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG
Continence Products		Initial review of spend at PONMAG	Ongoing review / action plan being worked up by service	Ongoing review / action plan being worked up by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Prescribing Support Nurse constraint. Recruitment in progress.	Prescribing Support Nurse constraint. Recruitment in progress.	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG
Diabetes Consumables			Initial review of spend at PONMAG	Action plan review at PONMAG / implementation by service	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG
Stoma Products				Initial review of spend at PONMAG	Ongoing review / action plan being worked up by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Pilot exercise complete. Resource requirement escalated.	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG
Wound Care Products					Initial review of spend at PONMAG	Prescribing Support Nurse constraint. Recruitment in progress.	Prescribing Support Nurse constraint. Recruitment in progress.	Prescribing Support Nurse constraint. Recruitment in progress.	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service
Lymphoedema Garments and Compression Hosiery					Initial review of spend at PONMAG	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Action plan review at PONMAG / implementation by service	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG
Oral Nutritional Supplements (ONS)					Initial review of spend at PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG	Monitoring by service / reporting outcomes to PONMAG
Respiratory Devices and Consumables								Initial review of spend at PONMAG	Ongoing review / action plan being worked up by service	Ongoing review / action plan being worked up by service	Ongoing review / action plan being worked up by service	Ongoing review / action plan being worked up by service	Ongoing review / action plan being worked up by service
Freestyle® Libre									Initial review of spend at PONMAG	Governance assured / next review scheduled	Governance assured / next review scheduled	Governance assured / next review scheduled	Governance assured / next review scheduled

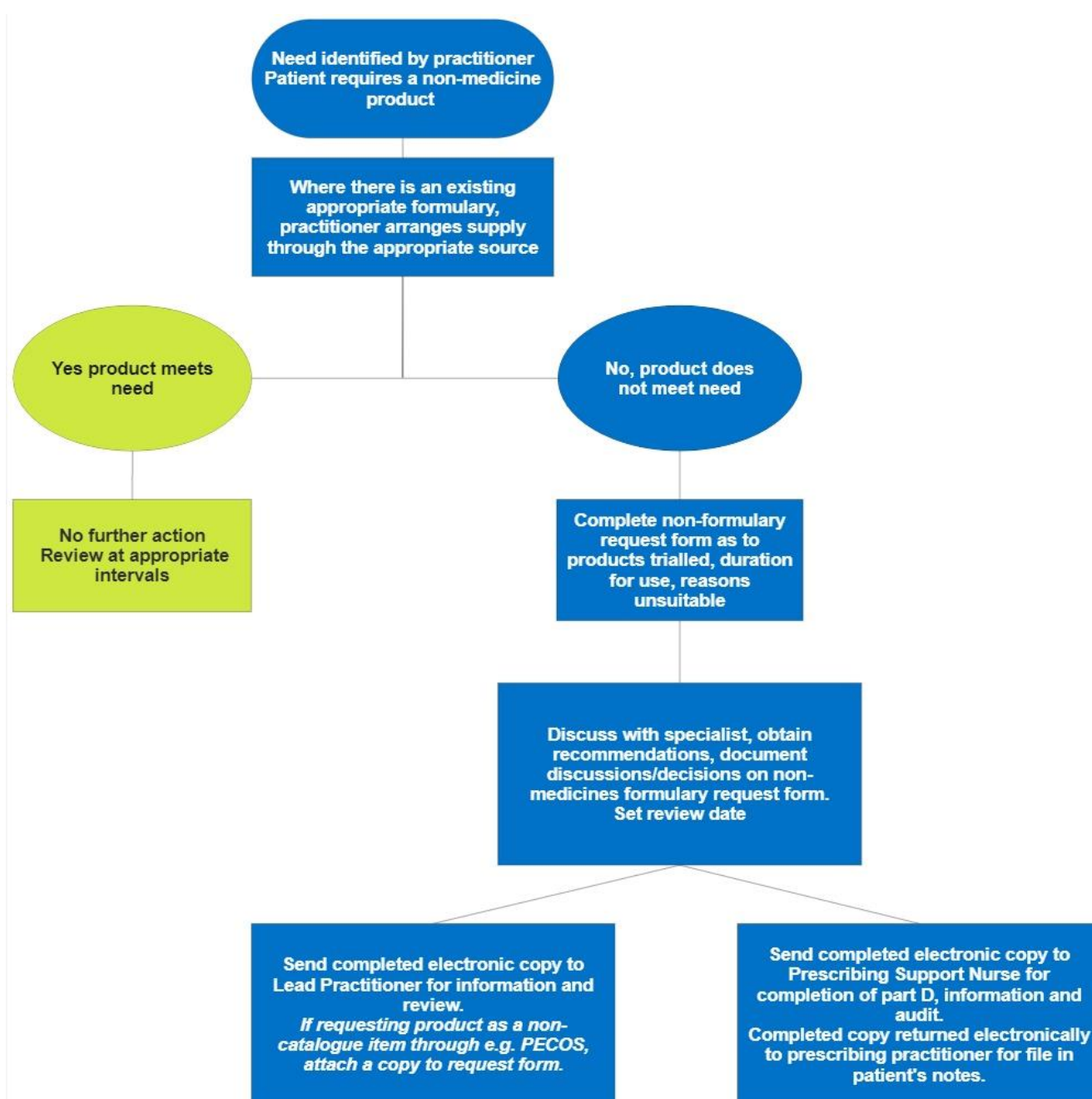
## 1.6 Create process to review and agree formulary applications in absence of existing structures

### 1.6.1 Non-formulary product request process map

Example provided by NHS Tayside PONMAG

PONMAG works closely with specialist groups to ensure that the best choices are made for non-medicines for patients. Where there is no access to an appropriate governance structure, PONMAG will receive and review formulary applications making a reasoned case for a prescribable non-medicine product to be made available in Tayside based on clinical and cost-effectiveness provided this is submitted on the correct form by an appropriate clinical specialist. A process map detailing the various steps is provided in Figure 11 below.

Figure 11: NHS Tayside PONMAG Non-formulary product request process map



## 1.7 Establish forms to make formulary application and structure for review

### 1.7.1 Non-Formulary Product Request Form Template

Example provided by NHS Tayside PONMAG

To be completed for all non-formulary product requests. When the Practitioner makes a decision to use any e.g.: dressing, bandage, compression wrap, catheter, stoma accessory or aero chamber etc any non-medicine product not listed on NHS Tayside Formulary.

Requests of non-formulary products must be patient specific and must not be used for stock requests.

Please complete **PART A, B and C** for all non-formulary requests

#### Part A

<b>Practitioner Requesting</b>	
<b>Designation</b>	
<b>Work base / Contact details</b>	
<b>Date of Request</b>	
<b>CHI No. of Patient</b>	
<b>Name of Non-Formulary Product</b>	
<b>Product size</b>	
<b>Quantity Required</b>	
<b>GP10</b>	

#### Part B

<b>List formulary products already tried:</b>
<b>Duration of use</b>
<b>Reason formulary product unsuitable:</b>
<b>Rationale for non-formulary choice:</b>

Review date:

**Part C**

**Discussed with Specialist / recommendations:**

	YES /NO	Recommendations	Name	Date
Dermatology Nurse				
Vascular Nurse				
Podiatrist				
Plastics				
Tissue Viability Specialist Nurse				
Urology Specialist Nurse				
Continence Specialist				
Colorectal Specialist				
Lymphoedema Specialist Nurse				
Respiratory Specialist				
ENT Specialist				
Other				

Continue below if required.

.....  
.....  
.....

Declaration to be signed by requesting Practitioner:

It is my clinical opinion that this product is the best choice for this patient. I have considered formulary choices, clinical evidence and cost and realised I may have to substantiate this decision, if necessary, later:

**Signature**.....

**Date**.....

Once completed please forward electronically to Prescribing Support Nurse and send copy to your Line Manager.

Completing this form enables the PSN to collate non-formulary prescribing information and inform future discussion on formularies, training etc.

**If requesting Non-formulary Product as a Non-Catalogue item a copy of this Form should be attached.**

**Part D - Completed by Prescribing Support Nurse only:**

Date Request received.....

Name.....

Signature.....

<b>Non-formulary product Review</b>	<b>Date</b>	<b>Signature</b>
<b>Anticipated Costs, from procurement / GP10</b>		
<b>Discussed with Requesting Practitioner</b>		
<b>Outcomes i.e. Product meets need. Discontinued product use. Product no longer required. Alternative product sourced. Further review.</b>		

**Once Completed return copy electronically to requesting Practitioner for file in case notes.**

**Retain copy in file for Audit Purposes.**

### 1.7.2 Non-medicines product evaluation form template

Example provided by NHS Greater Glasgow & Clyde

#### **Generic Evaluation Form for Non-Medicine Products (Non-MU FORM EVAL1)**

The GGC Non-Medicines Utilisation Subcommittee of ADTC (Non-MU) acknowledges that good quality published evidence for non-medicine products can be lacking. Clinical non-MU sub-groups may wish to support product evaluations in order to assess products and produce local data to support changes to GGC non-drug formularies.

This form is intended to be a template for submission to non-MU in combination with any formulary change request submissions. This form could also be used for data collection at patient level although clinical non-MU sub-groups can develop evaluation forms if more appropriate.

Evaluation methodology (including data collection forms, clinician involvement, evaluation locations, number of patients etc.) is the responsibility of the clinical non-MU sub-group supporting the evaluation. A summary of evaluation results using the parameters below should be submitted to non-MU for review in combination with any formulary change request submissions.

<b>Audit name</b>	<b>Data Collector</b>	<b>Date Patient consented:</b>	<b>Form completion date:</b>	<b>Patient identifier</b>

1	<b>What are the indications for use?</b>	e.g. wound bed condition type of incontinence, perceived new benefit of product, proposed patient group etc.
2	<b>Formulary product(s) currently used for this indication?</b>	<input type="checkbox"/> None available <input type="checkbox"/> Formulary product(s):



3	<b>General Product evaluation</b>	<p>Is this product was appropriate for this patient/ patient group? <input type="checkbox"/> Yes <input type="checkbox"/> No, details:</p> <p>If not, is there a patient group/clinical situation which would be more suitable?</p> <p>What did you think of overall quality of product? <input type="checkbox"/> Very good <input type="checkbox"/> Acceptable <input type="checkbox"/> Poor, details:</p>
4	<b>Patient safety/ effectiveness</b>	<p>Since commencing this product have there been any adverse effects or unexpected outcomes? <input type="checkbox"/> No <input type="checkbox"/> Yes, details:</p> <p>Would you recommend any restrictions, e.g. particular patient group? <input type="checkbox"/> No <input type="checkbox"/> Yes, restricted to:</p> <p>Should it be restricted to specialist use only? <input type="checkbox"/> No <input type="checkbox"/> Yes, restricted to:</p>
5	<b>What was the perceived advantage of the audited product over formulary product at end of evaluation?</b>	<p> <input type="checkbox"/> None <input type="checkbox"/> Progress management patient acceptability/ quality of life <input type="checkbox"/> Improved  Prevented deterioration </p> <p> <input type="checkbox"/> Allow patient to Reduced clinician time to <input type="checkbox"/> Reduced need to re-apply product <input type="checkbox"/> Other, details:  - self-manage  - carry out procedure </p> <p> Proposed position of product within line <input type="checkbox"/> Preferred List <input type="checkbox"/> Total Formulary  <input type="checkbox"/> 1 Formulary? </p>
7	<b>Patient Feedback</b>	<p>Comments by patient/carers/proxy including any particular patient education/ support required.</p>

NHSGGC Non-Medicines Utilisation Subcommittee of ADTC Approved May 2023

**Generic Evaluation Form for Non-Medicine Products (Non-MU FORM EVAL1)**

8	<b>Environmental impact</b>	Please give details of any environmental considerations, excess packaging, recyclability,
9	<b>Other relevant comments</b>	e.g. specific education required for practitioner

### 1.7.3 Non-medicine formulary application template

#### **NHS Tayside Template of Non-Medicine formulary application**

Example provided by NHS Tayside PONMAG

The Tayside Area Formulary (TAF) contains medicines that are routinely prescribed in both primary and secondary care. Additional sections are now available for some groups of prescribable non-medicines.

Where possible, existing governance groups e.g. Diabetes MCN, Wound Care Formulary Group take responsibility for agreeing the most suitable choices of non-medicines to use across Tayside for their clinical area. However, it is acknowledged that not all non-medicines may have access to a suitable governance structure. In this event PONMAG will review this application form when submitted by the relevant specialist.

If you require advice about the correct process, please direct enquiries to either Prescribing Support Nurse, Lead Pharmacist, Prescribing Support.

#### **How to complete this form**

This form is intended for clinicians to make a reasoned case for the addition of a prescribable non-medicine to be made available in NHS Tayside on the basis of clinical and cost-effectiveness.

A clinical specialist (nurse, doctor, AHP) should fully complete this form and return it to the Chair of the Prescribing of Non-medicines Advisory Group, copying the Programme Manager (see contact details below).

PONMAG will review the application at their next scheduled meeting and inform the clinician/specialist prescriber of the decision by email as soon as possible thereafter. Clinicians/specialists are strongly advised to discuss the application with prescribing colleagues in their relevant Clinical Group / Directorate / HSCP prior to submission of the form.

Chair  
Prescribing of Non-Medicines Advisory  
Group  
Email:

Programme Manager  
Email:  
Telephone:

**Product Name**.....

**Formulation / Route**  
.....

**Indication / Usage**  
.....  
.....

**Name of Applicant** (please print) .....

**Designation** .....

**Department / Directorate / HSCP** .....

**Briefly explain your reasons for this request** (provide a brief summary of peer reviewed published evidence for use in this indication in terms of efficacy, safety, clinical and cost effectiveness with references attached or cited)

**Why is this product a better choice than currently available alternatives or products already in use?** (If the product is unique then skip this question) Provide a brief summary of peer reviewed published evidence for use in this indication in terms of comparative efficacy, comparative safety, comparative clinical effectiveness, and comparative cost effectiveness. Please include the results of any local test of change carried out, including patient numbers, duration of test period and evaluation method as well as outcomes.

**Please indicate the likely number of patients who may require the non-medicine each year** (e.g. under your care / in your speciality / across NHS Tayside where applicable)

**Please indicate the cost of the product and relevant comparators** (e.g. cost per course, cost per 28 days) **and anticipated budget impact** (e.g. after 1 year and 5 years). Please include both primary and secondary care supply costs in your projections if relevant.

**If the product(s) you wish to add to the Tayside non-medicines formulary are recommended and supplied by a range of professionals and procurement routes, please clarify below the recommended supply pathway and why this is preferable.**

Who will recommend use of this product? (e.g. physiotherapist, district nurse, GP?)

How will this product be supplied? (e.g. on prescription, direct appliance supplier)

If supplied on prescription, who is the intended prescriber? (e.g. GP, hospital doctor, specified non-medical prescriber)

**Will this product completely replace an existing product? If so, please indicate which current product(s) it could replace, any anticipated cost differential and impact on patient experience (e.g. will the switch apply to existing patients) and how this will be monitored and/or mitigated.**

**Monitoring requirements:**

(Please specify who will be responsible for monitoring financial and clinical aspects of product use and how this will be reported)

**13 Declaration of interest:**

In accordance with the NHS Tayside Code of Corporate Governance you are required to declare all previous personal specific interests and any other current interests (within the last 12 months) you have in the **Pharmaceutical Company who market this medicine or any relevant comparator.**

Interests may include, but are not limited to:

- Employment (including self-employment e.g. a paid educational session for a pharmaceutical company or patient support group)
- Shareholdings in pharmaceutical companies
- Involvement in clinical studies/trials
- Funded attendance at meetings or conferences
- Any position of authority held in another public body, charity, or voluntary body (e.g. patient support group)

Complete all that apply below. This should describe the type of interest(s) for anyone directly involved in this application.

	<b>Specific Interest (Relate directly to the medicine above)</b>	<b>Non-Specific Interest (Relate to the company, not the medicine)</b>
<b>Personal Interest (Receipt of payment /fees/resources/other benefit(s) you have received personally)</b>	<input type="checkbox"/> - Applicant	<input type="checkbox"/> - Applicant
<b>Non-Personal Interest (Involvement in research or receipt of payment/fees/ resources by anyone involved in this application e.g. your MCN/department/colleagues)</b>	<input type="checkbox"/> - Applicant	<input type="checkbox"/> - Applicant

**Details of interest:**

**If you have no interests to declare cross [x] here:**

☐ - Applicant

**Applicant signature:**

Applicant signature.....

Designation.....

Date .....

#### 1.7.4 Example of decision register for non-medicines products that cannot be supported and assumed to be 'non-formulary'

Example provided by NHS Tayside PONMAG

The PONMAG Decision Register is a record of all decisions made by the Prescribing of Non-Medicines Advisory Group (PONMAG) regarding the NHS Tayside position on prescribing of non-medicines products that are not supported and cannot be assumed to be 'non-formulary' by their exclusion from an existing non-medicines formulary published on the [non-medicines section of the Tayside Area Formulary \(TAF\)](#). This is not an exhaustive list; only products that have been referred to PONMAG for discussion and a position confirmed by the relevant service are included here. If you wish to clarify the prescribing position for a non-medicine product that does not appear in Table 3 below and cannot be referred to the contacts provided for any existing formulary, you can refer the product for discussion at the next bi-monthly PONMAG meeting by e-mailing xxxx. If you wish to request approval to use a non-medicine product that cannot be considered as part of a review of an existing formulary or governance, e.g. via the appropriate MCN, you should [complete an application form](#) for use of non-medicines in NHS Tayside .

Table 3: PONMAG Decision Register

Ref .	Date Raised at PONMAG	Product / Indication	PONMAG Decision on Prescribing in Primary Care in Tayside	Staff / Service Consulted	Date Closed	Rationale / Details	Other Product Options Considered	Further Updates or Decision Overridden
1	16/05/19	Wet wipes (eyelid) to treat blepharitis	<b>Not supported</b>	Ophthalmology	11/07/19	Current guidance is to use baby shampoo in warm water for cleaning, therefore provision of wipes is not supported. However, ophthalmology advises patients they can purchase themselves if they wish.	N/A	12/04/21: Simple bathing measures remain the recommended treatment, but the position is to be reviewed with ophthalmology due to ongoing prescribing requests.
2	11/03/21	Knee brace to treat musculoskeletal issues	<b>Not supported</b>	Angus AHP Lead and Advanced Physiotherapy Practitioner	15/03/21	The current Physiotherapy advice is that knee braces should not be prescribed in General Practice. Braces of this nature need specialist assessment, therefore if a patient asks their GP for one then they should be referred on for assessment. <i>Expert assessment by orthopaedics or orthotics is required to avoid knee braces causing exacerbation of a pre-existing condition.</i>	N/A	
3	01/07/21	Vaginal dilators	<b>Not supported</b>	Consultant Sexual & Reproductive	01/07/21	Vaginal dilators should not be prescribed in General Practice.	N/A	

				Health, Consultant Gynaecologist, Consultant Obstetrician and Gynaecologist and Pelvic Health Specialist Physiotherapy		Patients should be referred to the specialist service for assessment and supply if needed.		
--	--	--	--	--	--	--	--	--

Re f.	Date Raised at PONM AG	Product / Indication	PONMAG Decision on Prescribing in Primary Care in Tayside	Staff / Service Consulted	Date Closed	Rationale / Details	Other Product Options Considered	Further Updates or Decision Overridden
4	06/05/21	Hernia support garments for the treatment or prevention of <u>parastomal</u> hernias only	Supported	Colorectal Nurse Specialist	04/11/21	Not prescribed routinely. To be supplied in General Practice <u>on specialist recommendation only</u> following patient assessment and fitting on referral to NHS Tayside Colorectal Service in accordance with the <i>NHS Scotland Parastomal Hernia Pathway</i> . Refer to Colorectal Service if current appliance is no longer effective.	N/A	
5	06/05/22	Hernia support garments for the treatment of groin hernias	Not Supported	Consultant Surgeon	10/02/23	In accordance with current British Hernia Society guidelines, the use of support garments (trusses) is not recommended for the treatment of groin hernias in NHS Tayside. They are considered a low value intervention for this type of hernia with little evidence of benefit. Patients who express a desire to try a hernia support garment should be advised to self-purchase.	N/A	
6	06/05/22	Hernia support garments for the treatment of incisional hernias	Under review	Consultant Surgeon Jackie Rodger, Lead Nurse Surgery & Orthopaedics	Ongoing	<i>To be drafted once pathway for provision is agreed.</i>	N/A	
7	10/03/22	gammaCore™ for the treatment of cluster headache	Not Supported	Consultant Neurologist and Clinical Lead for Neurology and Neurophysiology	07/07/22	gammaCore™ should not be prescribed in General Practice. Patients will be supplied directly on the authorisation of a headache specialist. Treatment is for 3 months in the first instance with further therapy dependent on clinical response/evaluation by a specialist.	N/A	
8	01/09/22	IQoro® neuromuscular training device	Not Supported	Clinical Lead Speech & Language Therapy	17/11/22	Following consultation with colleagues in Gastroenterology, Respiratory and Speech and	N/A	



				John Dillon, Professor of Hepatology & Gastroentero logy Consultant Respiratory Physician		Language Therapy, it was confirmed there is insufficient evidence to recommend use of this product for dysphagia, drooling, reflux, heartburn, hiatus hernia or sleep apnoea.		
9	01/09/22	Actipatch® drug free pain relief	<b>Not Supported</b>	Specialist Pharmacist	17/11/ 22	Following consultation with the Pain Team, it was confirmed Actipatch® is not included in either the NHS Tayside neurological or non- neurological pain pathways. TENS remains the intervention of choice in Tayside where electrical stimulation may be beneficial.	N/A	

Re f.	Date Raised at PONM AG	Product / Indication	PONMAG Decision on Prescribing in Primary Care in Tayside	Staff / Service Consulted	Date Close d	Rationale / Details	Other Product Options Considered	Further Updates or Decision Overridden
10	12/01/23	Freestyle Libre® use for the treatment of a small cohort of non-diabetic patients with insulinomas or other causes of severe spontaneous hypoglycaemia	<b>Supported</b>	Diabetes MCN Clinical Lead	12/01/ 23	To be supplied in general practice on the recommendation of the Endocrine Specialist Team. The use of flash glucose monitoring provides clinical benefit and safe management of these patients, usually for a time limited period pending treatment or surgical intervention.	N/A	
11	03/11/22	Granulox® spray for the treatment of chronic wounds	<b>Not supported</b>	Lead Clinical Nurse Specialist for Tissue Viability	09/03/ 23	Granulox® spray is not included in the NHS Tayside Wound Management Formulary. Any requests to use this product should be directed to the <a href="#">Non- Formulary Product Request</a> guidance on the Non- Medicines Formulary page and <a href="#">Proforma Process</a> for new product requests on the Procurement page of NHS Tayside Staffnet.	N/A	

**For PONMAG use only**

**Date discussed:**

**Outcome:**

**Comments and reason for decision:**

## 1.8 Establish reporting and review format

### 1.8.1 Non-medicines governance self-assessment tool template

Example provided by NHS Tayside PONMAG

A self-assessment tool can be used by services to start their journey to improve non-medicines governance or repeated at intervals for gap analysis / progress tracking.

<b>Service</b>		<b>Service Lead(s)</b>	
<b>Completed by:</b>			
<b>Name</b>		<b>Role</b>	
<b>Date completed</b>		<b>Date reviewed at PONMAG</b>	
<b>Section 1 Formulary - Production, Scope, Review, Compliance and Access</b>			
<b>Question</b>		<b>Response</b>	
<b>1</b>	What kind of non-medicine products are routinely used in the delivery of your service?	<b>Please list main products or categories of products:</b>	
<b>2</b>	Do you have a formulary* or guidance with recommendations for <u>all non-medicines</u> products used by your service? *A formulary can be as simple as a list of recommended products.	<b>Please confirm</b> Yes / No	<b>Please state the title of any currently established formulary or guidance:</b>

<b>3</b>	Who are the key stakeholders that need to be consulted in the development or expansion of a formulary?	<b>Please list below</b>  <b>Please state any existing local service improvement group or meeting/process that is used or could be used to agree or approve products for use in NHS Tayside</b>	
<b>4</b>	What products are currently excluded from any existing formulary /guidance?	<b>Please list main products or categories of products for which there is currently no best quality and value recommendation:</b>	
<b>5</b>	Are there plans to include these products within the formulary / guidance?	<b>Please confirm</b> Yes / No	<b>If not why?</b>  <b>If yes, what are the timescales?</b>
<b><i>If there is no agreed formulary please go to question 13</i></b>			
<b>6</b>	How regularly is any formulary / guidance reviewed?	<b>Please state target frequency</b>  <b>Who is responsible for carrying out the review?</b>	
<b>7</b>	Is the formulary / guidance up to date?	<b>Please confirm</b> Yes / No / NA	<b>Please state when the current formulary was last reviewed / revised</b>
<b>8</b>	Has the most up to date version of the formulary / guidance been publicised?	<b>Please confirm</b> Yes / No / NA	<b>How was this done and when?</b>
<b>9</b>	Is the formulary published on Staffnet?	<b>Please confirm</b> Yes / No / NA	<b>Which healthcare professionals need to have access?</b>  <b>If no, how is the formulary currently accessed?</b>
<b>10</b>	Do you have a formulary compliance objective?	<b>Please confirm</b> Yes / No / Not applicable	
<b>11</b>	If yes, what are your specific objectives with regard to compliance e.g. percentage compliance or restricted supply mechanism etc?	<b>Please state below</b>	
<b>12</b>	Do you monitor compliance with the formulary / guidance?	<b>Please confirm</b> Yes / No / NA	<b>If yes, please state last measured compliance rate and the date this was checked</b>

<b>13</b>	What national guidelines or groups would you consult to assure the products on the formulary / guidance meet the clinical needs of patients and are the most cost-effective?	<b>Please state all publications/groups/frameworks that may influence product choices:</b>	
<b>14</b>	What challenges might you face in establishing appropriate governance frameworks for the supply of products required by your service?	<b>Please state here</b>	
<b>15</b>	What actions have you taken or plan to take to overcome these challenges?	<b>Please list actions and current status i.e. complete, ongoing, or planned (refer to separate document if necessary)</b>	
<b>Section 2 Non-Medicine Product Supply</b>			
<b>Question</b>		<b>Response</b>	
<b>16</b>	By what supply mechanism(s) are non-medicines products required in the delivery of your service currently provided to patients?	<b>Please state which products or groups of products are supplied by each supply mechanism employed</b>	
<b>17</b>	Are these mechanisms the most cost-effective way of delivering the right product to the patient at the right time with minimal environmental impact?	<b>Please confirm</b> Yes / No / Not sure	<b>If yes, when were the costs of alternative supply mechanisms last appraised?</b>
<b>18</b>	If no or not sure, which products cannot be assured as the most cost-effective choices and how are they currently supplied?	<b>Please list products or groups of products below and the supply mechanism used</b>	
<b>19</b>	If no or not sure, what barriers prevent consideration of alternative supply mechanisms?	<b>Please state the main challenges to taking forward alternative supply models</b>	
<b>Section 3 Patient and Public Involvement</b>			
<b>Question</b>		<b>Response</b>	
<b>20</b>	What actions have you taken or plan to take to involve patients/public and invite their feedback to inform product choices or change ideas?		

1.8.2 Example of governance self-assessment (Respiratory Devices)  
Example provided by NHS Tayside PONMAG

Service	RESPIRATORY	Service Lead(s)	
Completed by:			
Name		Role	LEAD CLINICAL PHARMACIST
Date completed	JULY 2019	Date reviewed at PONMAG	12 SEPTEMBER 2019
<b>Section 1 Formulary - Production, Scope, Review, Compliance and Access</b>			
<b>Question</b>		<b>Response</b>	
1	What kind of non-medicine products are routinely used in the delivery of your service?	<b>Please list main products or categories of products:</b> SPACERS, PEAK FLOW METERS, HALER AIDS, AIRWAY CLEARANCE DEVICES, NEBULISER AND OXYGEN SUNDRIES	
2	Do you have a formulary* or guidance with recommendations for <u>all non-medicines</u> products used by your service? *A formulary can be as simple as a list of recommended products.	<b>Please confirm</b> Yes / No  PARTLY	<b>Please state the title of any currently established formulary or guidance:</b>  TAYSIDE AREA FORMULARY 03.01.05 (SPACERS) – ONLY HOSTED HERE AS NO OTHER PLATFORM WAS AVAILABLE
3	Who are the key stakeholders that need to be consulted in the development or expansion of a formulary?	<b>Please list below</b> ? RESPIRATORY MCN FORMULARY GROUP - ? SUBGROUP REQUIRED <b>Please state any existing local service improvement group or meeting/process that is used or could be used to agree or approve products for use in Tayside</b>	
4	What products are currently excluded from any existing formulary /guidance?	<b>Please list main products or categories of products for which there is currently no best quality and value recommendation:</b> PEAK FLOW METERS, HALER AIDS, AIRWAY CLEARANCE DEVICES, NEBULISER AND OXYGEN SUNDRIES	
5	Are there plans to include these products within the formulary / guidance?	<b>Please confirm</b> Yes / No YES	<b>If not why?</b> DOES NOT FIT CRITERIA FOR T.A.F. BUT REQUESTING TO INCLUDE WITHIN PONMAG FORMULARY <b>If yes, what are the timescales?</b> BY END OF FINANCIAL YEAR 2019-2020

<b>If there is no agreed formulary please go to question 13</b>			
<b>6</b>	How regularly is any formulary / guidance reviewed?	<b>Please state target frequency</b> <b>ANNUALLY</b> <b>Who is responsible for carrying out the review?</b> <b>RESPIRATORY MCN FORMULARY GROUP</b>	
<b>7</b>	Is the formulary / guidance up to date?	<b>Please confirm</b> Yes / No / NA <b>YES</b>	<b>Please state when the current formulary was last reviewed / revised</b> <b>FEBRUARY 2019</b>
<b>8</b>	Has the most up to date version of the formulary / guidance been publicised?	<b>Please confirm</b> Yes / No / NA <b>YES</b>	<b>How was this done and when?</b> <b>ON T.A.F.</b>
<b>9</b>	Is the formulary published on Staffnet?	<b>Please confirm</b> Yes / No / NA <b>YES</b>	<b>Which healthcare professionals need to have access? THOSE WORKING WITH PATIENTS WHO HAVE A CHRONIC RESPIRATORY CONDITION</b>  <b>If no, how is the formulary currently accessed?</b>
<b>10</b>	Do you have a formulary compliance objective?	<b>Please confirm NO</b> Yes / No / Not applicable	
<b>11</b>	If yes, what are your specific objectives with regard to compliance e.g. percentage compliance or restricted supply mechanism etc?	<b>Please state below</b>	
<b>12</b>	Do you monitor compliance with the formulary / guidance?	<b>Please confirm</b> Yes / No / NA <b>NO</b>	<b>If yes, please state last measured compliance rate and the date this was checked</b>
<b>13</b>	What national guidelines or groups would you consult to assure the products on the formulary / guidance meet the clinical needs of patients and are the most cost-effective?	<b>Please state all publications/groups/frameworks that may influence product choices:</b> <b>NATIONAL GUIDANCE ONLY RECOMMENDS BROAD TYPE OF DEVICE AS DECISION BASED ON INDIVIDUAL PATIENT NEEDS AND CIRCUMSTANCES</b> <b>LOCAL MCN CAN ADD RECOMMENDATIONS INCLUDING COST DETAILS</b>	
<b>14</b>	What challenges might you face in establishing appropriate governance frameworks for the supply of products required by your service?	<b>Please state here</b> <b>NIL</b>	

<b>15</b>	What actions have you taken or plan to take to overcome these challenges?	<b>Please list actions and current status i.e. complete, ongoing, or planned (refer to separate document if necessary)</b>		
<b>Section 2 Non-Medicine Product Supply</b>				
<b>Question</b>		<b>Response</b>		
<b>16</b>	By what supply mechanism(s) are non-medicines products required in the delivery of your service currently provided to patients?	<b>Please state which products or groups of products are supplied by each supply mechanism employed</b>		
<b>17</b>	Are these mechanisms the most cost-effective way of delivering the right product to the patient at the right time?	<table border="1"> <tr> <td> <b>Please confirm</b>            Yes / No / Not sure  <b>NOT SURE – BUT MOST CONVENIENT FOR PATIENTS</b> </td> <td><b>If yes, when were the costs of alternative supply mechanisms last appraised?</b></td> </tr> </table>	<b>Please confirm</b> Yes / No / Not sure <b>NOT SURE – BUT MOST CONVENIENT FOR PATIENTS</b>	<b>If yes, when were the costs of alternative supply mechanisms last appraised?</b>
<b>Please confirm</b> Yes / No / Not sure <b>NOT SURE – BUT MOST CONVENIENT FOR PATIENTS</b>	<b>If yes, when were the costs of alternative supply mechanisms last appraised?</b>			
<b>18</b>	If no or not sure, which products cannot be assured as the most cost-effective choices and how are they currently supplied?	<b>Please list products or groups of products below and the supply mechanism used</b>		
<b>19</b>	If no or not sure, what barriers prevent consideration of alternative supply mechanisms?	<b>Please state the main challenges to taking forward alternative supply models</b> <b>PATIENT ACCESS</b>		

### 1.8.3 Initial report template

Example provided by NHS Tayside PONMAG

<b>Date:</b>		<b>Author:</b>	
<b>Objectives:</b>			
x			
<b>A: Achievements and Progress</b>			
x			
<b>B: Benefits Delivered</b>		Last Month RAG	This Month RAG
<b>Benefit</b>			
<b>C: Concerns</b>			
<b>Risks</b>	RAG	Action to address	Status
<b>Assumptions</b>	RAG	Action to address	Status
1.			
2.			
3.			
<b>Issues</b>	RAG	Action to address	Status
1.			
2.			
3.			
<b>Dependencies</b>	RAG	From/To	Date Status
1.			
2.			
3.			
<b>D: Delivery and Milestones</b>			
<b>Upcoming Milestone and Deliverables</b>	<b>Baseline Date</b>	<b>Forecast Date</b>	<b>RAG</b>
1.			
2.			
3.			
4.			

#### Comments:

Decisions required from PONMAG:



#### 1.8.4 Example of reporting and data review schedule

Example provided by NHS Tayside PONMAG

Table 4: PONMAG reporting & data review schedule 2024 (last updated 14th November 2023)

Area of Non-Medicines	1 <sup>st</sup> February 2024	2 <sup>nd</sup> May 2024	1 <sup>st</sup> August 2024	7 <sup>th</sup> November 2024
<b>Bowel irrigation systems</b>	Status update report	TBC	TBC	TBC
<b>Continence Formulary Group</b>	Status update report	X	Status update report	X
<b>ISC products</b>	Status update report	Status update report	Status update report	TBC
<b>Dexcom ONE (Continuous GMS)</b>	<i>Pending process (PMG)</i>			
<b>Diabetes Consumables</b>	Annual data review	X	X	X
<b>Finance Non-Medicines</b>	Finance report	Finance report	Finance report	Finance report
<b>Freestyle Libre® (Flash GMS)</b>	MCN uptake report / e-prescribing data report	X	MCN uptake report / e-prescribing data report	X
<b>Hernia support garments for incisional hernias</b>	X	X	X	<i>Annual data review Feb 2025</i>
<b>Lymphoedema garments and compression hosiery</b>	X	Status update report	X	Status update report
<b>Neria™ guard giving set</b>	Status update report	TBC	TBC	TBC
<b>Oral nutritional supplements</b>	Update on NPO model	TBC	TBC	TBC
<b>Respiratory devices and consumables</b>	X	Status update report	TBC	TBC
<b>Skin camouflage products</b>	Self-assessment checklist	TBC	TBC	TBC
<b>Specialist baby milk</b>	<i>Pending data (PSU)</i>			
<b>Stoma products</b>	X	Status update report	X	Status update report
<b>TheraBite®</b>	X	Annual data review	X	X
<b>Thickener products</b>	X	X	Annual data review	X
<b>Tracheostomy &amp; laryngectomy products</b>	Status update report	TBC	TBC	TBC
<b>Wound Management Formulary Group</b>	X	Status update report	X	Status update report
<b>Nursing Home Wound Care Supply Route</b>	X	Closure report	X	X
<b>Erectile Dysfunction Devices</b>	Status update report	TBC	TBC	TBC

## **2. Implementation and Delivery**

- Oversee the development and maintenance of non-medicines formularies
- Ensure service area has considered the mechanism for procurement and supply for each non-medicine area
- Ensure formulary choices are reviewed at the determined frequency and updated to reflect any required changes between review periods.
- Promote product quantities and frequency of prescribing are detailed within formularies
- Support services in addressing gaps in non-medicines procurement/supply
- Produce monthly report for non-medicines oversight group

The content included in the implementation and delivery section below provides an approach to provide governance for those non-medicine prescribing areas that don't sit in existing formulary structures. The focus of the non-medicines prescribing oversight group should primarily encourage ownership of governance arrangements for non-medicines, by facilitating the development of formulary groups with appropriate stakeholder representation and monitoring these arrangements. Processes to receive formulary applications from service areas where an appropriate formulary to host a particular product doesn't exist are necessary but should be the exception.

### **2.1 Oversee the development and maintenance of non-medicines formularies**

2.1.1 Example of best practice guidance for formulary development  
Example provided by the ONS Short-Life Working Group



#### **Scottish Oral Nutritional Supplements Short Life Working Group (ONS SLWG)**

##### **Best Practice Guidance for Adult ONS Formulary Development**

Produced by the Formulary Sub-Group of the ONS SLWG, September 2017

##### **Key Guidance**

Oral nutritional supplements (ONS) are 'Foods for Special Medical Purposes' which can be prescribed in the UK under indications as specified by the Advisory Committee for Borderline Substances (ACBS).

This best practice guidance should be used by NHS Boards when developing or reviewing their local adult ONS formularies. The aims are:

- To reduce variation in ONS formularies and support a move towards a Single National Formulary
- To reduce variation in ONS prescribing across Scotland
- To promote high quality, clinical and cost effective ONS prescribing

ONS should only be prescribed in the presence of specific indications as defined by the Advisory Committee on Borderline Substances (ACBS). Those initiating ONS must also take into account an individual's medical history and special dietary requirements (including food allergies) when recommending an ONS product. Some products may not be appropriate for those with, for example, chronic kidney disease, diabetes or who are pregnant.

All Boards should have a joint adult Oral Nutritional Supplements (ONS) formulary covering hospital and community settings. It is recognised that ONS products may vary across these settings for practical and best value reasons but, where possible, aim to limit variation between settings.

**Adult ONS formularies should include the following products (for categories please refer to category lists on the following pages):**

1. One standard ONS powdered product (from Category 6) should be used as the 1<sup>st</sup> line product in community settings (and acute settings where possible).
2. Ready-made products can be used as a 2<sup>nd</sup> line option if patients are unable to reconstitute the powdered product or don't like milk:
  - a. One ready-made milkshake style (from Category 3)
  - b. One yoghurt style (from Category 3)
  - c. One savoury style (from Category 3)
  - d. One juice style product (from Category 2)
3. One compact style product (from Category 5) when a low volume is indicated.  
One higher protein style product (from Category 4), where additional protein is required.
4. Where a standard ONS powdered product is the 1<sup>st</sup> line preferred option, Boards may wish to include one Dysphagia, Pre-thickened ONS product (Category 13) for use ONLY where patients are unable to thicken the 1<sup>st</sup> line standard ONS powdered product.
5. Where a Board has a Thickening Agent on their ONS formulary (Category 11), these are best used on the advice of a specialist such as a Speech and Language Therapist following a swallow assessment. Speech & Language Therapy services should be involved in the decision regarding the formulary product option.

For the remaining ONS categories (below), it is recommended that these products are **not** routinely included on adult ONS formularies. Some use of these products may be expected; however, it is recommended that all non-formulary products should be by dietitian initiation

only. Boards may wish to specify within their local formulary the specialist products of choice for use within their Board area from these categories:

- Category 1: ONS products providing 1.0kcal/ml
- Category 7: High calorie powdered products
- Category 8: Modular / Low Volume products
- Category 9: Specialist products – tolerance
- Category 10: Specialist products – other
- Category 12: Pre-thickened juice drinks
- Category 14: Dessert products

It is recommended that those initiating ONS should be aware of product costs to aid decision making around the most clinically and cost effective product choice.

ONS starter packs should only be prescribed for patients **once** as these are for trial purposes only. Boards may wish to specify within their local formulary their starter packs of choice.

ONS formulary changes should be communicated timeously with Community Pharmacy to help manage stock holding.

### **Categorised product list**

The product list in Table 5 below was agreed by the Prescribing Information Subgroup of the ONS SLWG September 2017 – names and unit sizes therefore correct as at this time.

Table 5 ONS Categorised product list

Product	Unit size
<b>01. ONS - Products providing 1.0kcal per ml</b>	
Fresubin Original	200ml
Ensure	250ml (can)
<b>02. ONS - Juice based products</b>	
Ensure Plus Juce	220ml
Fresubin jucy	200ml
Fortijuce	200ml
Fortijuce starter pack	200ml
Resource Fruit	200ml
<b>03. ONS - Milk based products providing 1.1-1.5kcal per ml</b>	
Altraplen	200ml
Altraplen protein	200ml
Aymes Complete	200ml
Ensure Plus Commence	220ml
Ensure Plus Fibre	200ml
Ensure Plus Milkshake style	220ml

Ensure Plus Savoury	200ml
Ensure Plus Yoghurt Style	200ml
Fortisip bottle	200ml
Fortisip Multifibre	200ml
Fortisip Savoury Multifibre	200ml
Fortisip Range Starter Pack	200ml
Fortisip Yoghurt Style	200ml
Fresubin Energy	200ml
Fresubin Energy Fibre	200ml
Fresubin Protein Energy	200ml
Resource Energy	200ml
Nutricomp Drink Plus	200ml
<b>04. ONS - Products providing over 1.5kcal per ml</b>	
Ensure Twocal	200ml
Fortisip Extra	200ml
Fortisip Extra Starter Pack	200ml
Fortisip 2kcal	200ml
Fresubin 2kcal Drink	200ml
Fresubin 2kcal Fibre Drink	200ml
Resource 2.0 Fibre	200ml
<b>05. ONS - Compact products providing over 1.5kcal per ml</b>	
Ensure Compact	125ml
Fortisip Compact	125ml
Fortisip Compact Starter Pack	125ml
Fortisip Compact Fibre	125ml
Fortisip Compact Fibre Starter pack	125ml
Fortisip Compact Protein	125ml
Fortisip Compact Protein Starter pack	125ml
Altraplen Compact	125ml
Altraplen Compact Starter / 'cluster' Pack	4 x 125ml bottles
Fresubin 2kcal Mini Drink	125ml
Fresubin 2kcal Fibre Mini Drink	125ml
<b>06. ONS - Standard powdered products</b>	
Aymes Shake	57g sachet
Aymes Shake starter pack	57g sachet
Aymes Shake (Chicken)	57g sachet
Complan Shake	57g sachet
Complan Shake starter packs	57g sachet
Ensure Shake	57g sachet
Fresubin Powder Extra	62g sachet

Foodlink Complete(>1.5kcal/ml)	7*57g sachet
Foodlink Complete with Fibre (>1.5kcal/ml)	10 *63g sachet
<b>07. ONS - High calorie powdered products</b>	
Calshake	87g sachet/90g sachet (chocolate only)
Scandishake Mix	85g sachet
Enshake	96.5g
<b>08. Modular/Low Volume Products</b>	
Calogen	200ml, 500ml
Calogen Extra	200ml
Pro-Cal Shot	120ml and 250ml
Pro-Cal Shot Starter pack	3 x 120ml
Pro-Cal	25 x 15g sachet, 510g tub, 1.5kg tub 12.5kg tub, 25kg tub
Pro-Cal Powder starter pack	
Pro-Cal singles	60 x 30mls
Calogen Extra Shots	6 x 40ml pots
Fresubin 5kcal shot	120ml
MCT Pro-Cal	30 x 16g
Liquigen	250ml
Maxijul Super Soluble	132g x 4 sachets, 200g can, 2.5kg can, 25kg
MCT Duocal	400g can
Medium-chain Triglyceride (MCT) oil	500ml
<b>09. Specialist Products - Tolerance</b>	
Elemental 028 Extra	250ml carton
Elemental 028	100g sachet
Nestle Nutrition Flavour Mix (Banana)	60g tub
Nestle Nutrition Flavour Mix (Strawberry)	60g tub
Peptamen	200ml
Vital 1.5	200ml
Survimed OPD Drink	200ml
<b>10. Specialist Products - Other</b>	
Forticare (ca)	125ml carton
Ensure Plus Advance	220ml
Modulen IBD	400g can - 20% standard dilution, 500g
Oral impact (acute product but is ACBS)	74g sachet
Renilon 7.5	125ml
Nepro	220ml
Prosure (ca)	240ml
Renamil	100g *10
Renapro	20g *30

Renastart	400g can
Respifor (COPD)	125ml
Optifibre	5g *16 sachets, 250g can
<b>11. Dysphagia - Thickening Agents</b>	
Nutlis	12g *20 sachets, 300g tin
Nutlis Clear	175g
Resource ThickenUp	227g powder, 74*4.5g sachet
Resource ThickenUp Clear	125g powder, 24*1.2g sachet
Thicken Aid	225g , 100*9g sachet
Thick and Easy	100g x 9g sachets, 225g tin, 4.54kg pack
Thixo-D	375g powder
Vitaquick	300g powder, 2kg tin, 6kg tin
Multithick	250g powder
Thixo-D Cal Free	30g
Swalloweze Clear	125g until 4/5/17, now 165g
Thick & Easy Clear	1.4g sachet, 126g tin
<b>12. Dysphagia - Pre-Thickened Juice Drinks</b>	
SLO Drinks	115ml * 25
Resource Thickened drink	114ml *12
Thick and Easy Thickened Juice Drinks	Various sizes incl. 1.42 litre bottle and 118ml pots
<b>13. Dysphagia - Pre-Thickened ONS</b>	
Fresubin thickened Stage 1	200ml
Fresubin thickened Stage 2	200ml
Nutlis Complete Stage 1	125ml
Nutlis Complete Stage 2	125g pot
SLO Milkshakes+	50g * 7
<b>14. Dysphagia - Desserts</b>	
Ensure Plus Crème	125g
Forticreme Complete	125g
Fortisip Fruit Dessert	150g
Fresubin Yocrème	125g
Fresubin 2kcal Crème	125g
Resource Dessert Fruit	125g
Clinutren Dessert	125g
Nutricrem	125g pot
Nutlis Fruit Stage 3	150g

## 2.1.2 Example of Non-Medicine formulary application

Example provided by NHS Tayside PONMAG

Where there is no access to an appropriate governance structure, PONMAG will receive and review formulary applications making a reasoned case for a prescribable non-medicine product to be made available in Tayside on the basis of clinical and cost-effectiveness provided this is submitted on the correct form by an appropriate clinical specialist.

**Product Name.** GammaCore

**Formulation / Route** Handheld, Self-administered Non-Invasive Vagus Nerve Stimulator

**Indication / Usage** Primary Headache Disorder, Cluster Headache

**Name of Applicant** (please print) .....

**Designation** ...CLINICAL LEAD FOR NEUROLOGY AND NEUROPHYSIOLOGY..

**Department / Directorate / HSCP**...NEUROLOGY/SPECIALIST SERVICES

**Briefly explain your reasons for this request (provide a brief summary of peer reviewed published evidence for use in this indication in terms of efficacy, safety, clinical and cost effectiveness with references attached or cited)**

GammaCore has proven efficacy for the treatment of cluster headache and was approved by SHTG in January 2021 (Plain Language Summary attached). NICE guidance was also published in 2019 in the UK, recommending GammaCore.

It is currently prescribed in Glasgow, Aberdeen and Inverness through their specialist headache services.

Supporting studies include:

Silberstein SD, Mechtler LL, Kudrow DB, Calhoun AH, McClure C, Saper JR, Liebler EJ, Rubenstein Engel E, Tepper SJ; ACT1 Study Group. Non-Invasive Vagus Nerve Stimulation for the ACute Treatment of Cluster Headache: Findings From the Randomized, Double-Blind, Sham-Controlled ACT1 Study. *Headache*. 2016 Sep;56(8):1317-32. doi: 10.1111/head.12896. PMID: 27593728; PMCID: PMC5113831.

Goadsby PJ, de Coo IF, Silver N, Tyagi A, Ahmed F, Gaul C, Jensen RH, Diener HC, Solbach K, Straube A, Liebler E, Marin JC, Ferrari MD; ACT2 Study Group. Non-invasive vagus nerve stimulation for the acute treatment of episodic and chronic cluster headache: A randomized, double-blind, sham-controlled ACT2 study. *Cephalalgia*. 2018 Apr;38(5):959-969. doi: 10.1177/0333102417744362. Epub 2017 Dec 12. PMID: 29231763; PMCID: PMC5896689.

Lai YH, Huang YC, Huang LT, Chen RM, Chen C. Cervical Noninvasive Vagus Nerve Stimulation for Migraine and Cluster Headache: A Systematic Review and Meta-Analysis. *Neuromodulation*. 2020 Aug;23(6):721-731. doi: 10.1111/ner.13122. Epub 2020 Mar 12. PMID: 32166843.

**Why is this product a better choice than currently available alternatives or products already in use? (If the product is unique then skip this question) Provide a brief summary of peer reviewed published evidence for use in this indication in terms of comparative efficacy, comparative safety, comparative clinical effectiveness, and comparative cost effectiveness.**



**Please include the results of any local test of change carried out, including patient numbers, duration of test period and evaluation method as well as outcomes.**

The SHTG agreed with NICE and concluded that the evidence base was of good quality. For some people with Cluster Headache, it can reduce the number of attacks, intensity, and length, leading to less abortive medication being required.

The SHTG agreed that a similar recommendation was required in Scotland and may benefit up to 270 patients currently affected by this debilitating condition.

**Please indicate the likely number of patients who may require the non-medicine each year** (e.g. under your care / in your speciality / across NHS Tayside where applicable)

10

**Please indicate the cost of the product and relevant comparators** (e.g. cost per course, cost per 28 days) **and anticipated budget impact** (e.g. after 1 year and 5 years). Please include both primary and secondary care supply costs in your projections if relevant.

Each 93 day (3 month) course of therapy is £625.00 (excluding VAT) or £6.30/day for up to 30 doses per day.

Typical abortive medication required for this condition (sumatriptan 6.0mg/IM at a max usage of 12.00mg/day) is in excess of £50.00 per day.

The first 3 months of therapy is provided free of any charge by the company to determine the patient's response. Only if the patient responds in a clinically meaningful way is further therapy, then required, which would require funding approval.

GammaCore has been determined by NICE and the SHTG as cost saving for those who respond to therapy.

Patients are trained by the company in the comfort of their homes via video link, with no additional resources required.

**If the product(s) you wish to add to the Tayside non-medicines formulary are recommended and supplied by a range of professionals and procurement routes, please clarify below the recommended supply pathway and why this is preferable.**

**Who will recommend use of this product? (e.g. physiotherapist, district nurse, GP?)**

Specialists use only

**How will this product be supplied?**

Direct Supply to patient on authorisation of Specialist for first time evaluation. Subsequent refills would then require a Purchase Order to process and send patients further therapy if required.

**If supplied on prescription, who is the intended prescriber? (e.g. GP, hospital doctor, specified non-medical prescriber)**

Hospital Doctor/Headache Specialist.

**Will this product completely replace an existing product? If so, please indicate which current product(s) it could replace, any anticipated cost differential and impact on patient**

**experience (e.g. will the switch apply to existing patients) and how this will be monitored and/or mitigated.**

No. It is an adjunct to current standard of care and for those who are intolerant/non-responsive to this. If then patient responds to therapy, it can significantly reduce health care consumption, particularly of expensive abortive medications and massively increase the patient's quality of life.

**Monitoring requirements:**

**Declaration of interest:**

In accordance with the NHS Tayside Code of Corporate Governance you are required to declare all previous personal specific interests and any other current interests (within the last 12 months) you have in the **Pharmaceutical Company who market this medicine or any relevant comparator.**

Interests may include, but are not limited to:

- Employment (including self-employment e.g. a paid educational session for a pharmaceutical company or patient support group)
- Shareholdings in pharmaceutical companies
- Involvement in clinical studies/trials
- Funded attendance at meetings or conferences
- Any position of authority held in another public body, charity, or voluntary body (e.g. patient support group)

Complete all that apply below. This should describe the type of interest(s) for anyone directly involved in this application.

	<b>Specific Interest (Relate directly to the medicine above)</b>	<b>Non-Specific Interest (Relate to the company, not the medicine)</b>
<b>Personal Interest (Receipt of payment /fees/resources/other benefit(s) you have received personally)</b>	<input type="checkbox"/> - Applicant	<input type="checkbox"/> - Applicant
<b>Non Personal Interest (Involvement in research or receipt of payment/fees/ resources by anyone involved in this application e.g. your MCN/department/colleagues)</b>	<input type="checkbox"/> - Applicant	<input type="checkbox"/> - Applicant

**Details of interest:**

**If you have no interests to declare cross [x] here:**

☒ - Applicant

**Applicant signature:**

**Designation...**CONSULTANT NEUROLOGIST AND CLINICAL LEAD.....

**Date ...**21/2/2022..

**For PONMAG use only**

**Date discussed:** 10<sup>th</sup> March 2022

**Outcome:** The Programme Manager will record the agreed Tayside position in the PONMAG Decision Register to inform colleagues in primary care.

**Comments and reason for decision:** gammaCore™ should not be prescribed in General Practice. Patients will be supplied directly on the authorisation of a headache specialist. Treatment is for 3 months in the first instance with further therapy dependent on clinical response/evaluation by a specialist.

**(Please specify who will be responsible for monitoring financial and clinical aspects of product use and how this will be reported)**

First 3 months of therapy is supplied free of any charge to determine the patient's response. If after this period, a clinically meaningful response is recorded, then further therapy can be authorised.

If the patient is deemed a non-responder, there is nothing to pay.

## **2.2 Ensure service area has considered the mechanism for procurement and supply for each non-medicine area**

Ensure the service area has a prescribing oversight group. They should consider options within a multidisciplinary team (MDT). The service area updates the prescribing oversight group as part of their reporting mechanisms.

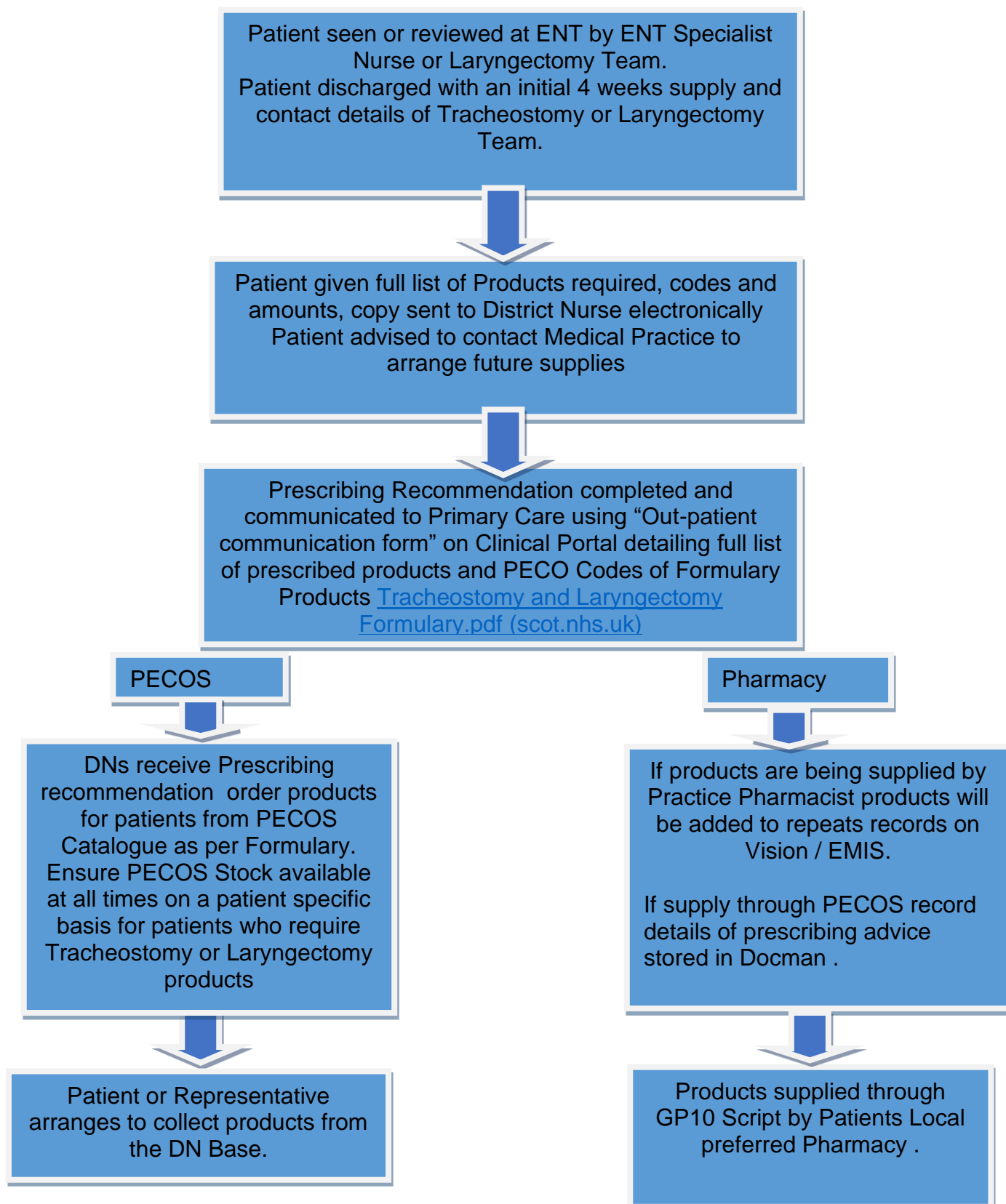
The non-medicines prescribing oversight group ensures that each service area has considered the mechanism for procurement when the project area completes the self-assessment checklist. The checklist includes questions on their supply mechanisms and different prescribed routes. Once completed, the self-assessment is assessed by the non-medicines prescribing oversight group. If problems are identified, the service area can then appraise and implement intervention strategies to address any gaps or inconsistencies with prescribed routes for patients.

When a formulary reaches its time for review, a working group with specialist, procurement, pharmacy, and operational services membership meet. They discuss and agree the best product options considering quality and cost. This approach is collaborative, and responsibilities are shared.

## 2.2.1 Example of service area considering supply routes for different products

Example provided by NHS Tayside PONMAG

Figure 12: Process map of supply of tracheostomy and laryngectomy products



## 2.2.2 Example of non-medicines prescribing working group assurance checklist for service area

Example provided by NHS Tayside PONMAG

Table 6: Checklist to support planning for assurance of continence products by PONMAG

Date of Last Update		20/06/23		Updated by						
Continence Product Area	Formulary drafted*	Consultation with stakeholders complete	Formulary content agreed by stakeholders **	Formulary endorsed for publication by PONMAG	Published on non-medicines formulary web page	Communicated to key stakeholders for implementation	supply route established pan-Tayside*		Process to monitor data for compliance / trends in use	
							In the community	In care homes	GP10	
Indwelling urinary catheters and catheter accessories	Yes	Yes	Yes	10/5/23	Yes	Yes	Yes	No	YES	YES
Intermittent self-catheterisation products	Yes	Yes	Yes	14/9/22	Yes	Yes	N/A	N/A	YES	YES
Specialist continence products	Yes	Yes	Yes	10/8/21	Yes	Yes	MIXED	MIXED	YES	YES
Nephrostomy products	Yes						Yes			

Rectal irrigation systems	Yes	Yes	Yes	1/3/23	Yes	Yes	N/A	N/A	YES	YES
Containment products for adults	Yes	Yes	Yes	1 July 2021	Yes	Yes	National contract	National contract	YES	YES
Containment products for children	Yes						National Contract	National Contract	YES	YES

\*See below Table 7\*\*In accordance with current national contract

Table 7: Products in scope of each continence area and intentions for testing or rollout of supply

Continence Product Area	Products Included	Areas Identified for Supply (For Pilot or Full Rollout)	
		In the community	In care homes (nursing)
Indwelling urinary catheters and catheter accessories	Indwelling Catheters		
	Urinary Sheaths	GP10	
	Leg Bags		
	Fixation/Retention Device		
	Bag Holder		
	Catheter Valve		
	Catheter Maintenance Solution	GP10	GP10
	Anaesthetic Gel	GP10	GP10
	Nephrostomy products	GP10	
Intermittent self-catheterisation products	ISC catheters	GP10	GP10
Rectal Irrigation	Persitseen products	GP10	GP10
	Quofora products	GP10	GP10
	Navina products	GP10	GP10
	Silver catheters		

<b>Specialist continence products</b>	Catheters with 20 +30ml balloon		
	Male urinary Pouches	GP10	GP10
	Overnight Drainage bags with 3L capacity	GP10	GP10
	Anal plugs	GP10	GP10
	Inserts for Female stress incontinence	GP10	
<b>Containment products for adults</b>	Continence Pads	National Contract	National Contract
	Fixation Pants		
	All In One Pads		
	Washable Underwear Products		
<b>Containment products for children</b>	Continence Pads	National Contract	National Contract
	Fixation Pants		
	All In One Pads		
	Washable Underwear Products		
	Bed Pads		

GP10 (General practice prescribing)

### 2.2.3 Example of a service area addressing variation (Prescribing of Diabetes Consumables Action Plan)

Example provided by NHS Tayside PONMAG

#### **Prescribing of diabetes consumables action plan January 2019**

Scope: Non-medicines issued via GP10 – blood glucose strips, blood ketone strips, lancets, needles, needle clippers, oral glucose therapies.

Aim: To reduce variation and spend on diabetes consumables

Table 8: Prescribing of diabetes consumables action plan January 2019

	Action	Timescale	Status	RAG
1	<b>Objective: Clear guidance on diabetes consumables</b>			
1.1	Update the Diabetes MCN Blood Glucose Meter Formulary to be circulated to general practice/community pharmacy/diabetes team with explicit message that only these strips should be prescribed	Jan 2019	Updated formulary drafted	
1.2	Review and update guidance on self-monitoring in people with diabetes. Re-circulate to general practice/community pharmacy to ensure patient testing is appropriate.	Jan 2019		
1.3	Review and update the Diabetes MCN Needle advice to be circulated to general practice/community pharmacy with explicit message that only these needles should be prescribed	Jan 2019	Updated choice drafted	
1.4	Develop guidance on other diabetes consumables e.g. lancets, needle clippers, oral glucose therapies for circulation to general practice/community pharmacy/diabetes team	Jan 2019		
1.5	Agree consistent messages/requests from Specialist Diabetes Team for prescribing of diabetes consumables	Jan 2019		
1.6	Involve people with diabetes in improving patient information and communicating message to wider diabetes population	Mar 2019		
2				
2.1	Review spend and cost of products and potential savings	Jan 2019	Prescribing data and SCI-Diabetes data discussed at Diabetes MCN Implementation Group	
2.2	Compare consumable prescribing with prevalence data across establish any influencing factors Tayside wide	Jan 2019	Prevalence data obtained. Does not reflect or explain the variation in prescribing.	
2.3	Identify general practices with significant variation	Jan 2019		
3				
3.1	Establish a short life working group to consider <ul style="list-style-type: none"> <li>• how best to support practices to look at their data and make changes</li> <li>• alternative mechanisms to provide consumables</li> </ul>	Mar 2019	Seek support from PONMAG in identifying GP input	
3.2	Explore use of Scriptswitch	Mar 2019		
3.3	Explore support provided by Meter Companies to change patients over to appropriate meters.	Mar 2019		
3.4	Develop and run an education session on self-monitoring	Jun 2019		



## **2.3 Service Area to produce reports for non-medicines oversight group**

### **2.3.1 Project update to non-medicines prescribing oversight group template**

Example provided by NHS Tayside PONMAG

This template can be used when a service area needs to provide the non-medicines oversight group with an update of its project activities. This is the recently updated reporting tool PONMAG uses to enable services working on more formalised pieces of improvement work to update us on their objectives, progress and milestones and escalate any risks that may jeopardise the delivery of the anticipated benefits. The update was the addition of an extra field to record assurance status that empowers services to assess for themselves the level of assurance they can provide agreed criteria developed by PONMAG.

Project Title Quarterly/Biannual/Annual \*delete as appropriate Update to PONMAG –  
Month Year

Current Level of Assurance– See attached Table		Enter X
Substantial assurance	4	
Reasonable assurance	3	
Limited assurance	2	
No assurance	1	X

Objectives With reference to table of assurance for nonmedicines and non-medicines governance selfassessment tool

Progress made since last report

Concerns and/or any change to risk status

D: Delivery and Milestones





Upcoming Milestone and Deliverables	Baseline Date	Forecast Date	RAG
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
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	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	

Key: Completed On target Missing target corrective action plan in place Failing targets support required

Authors:

Date Completed: dd/mm/yyyy

Assurance status is now described against agreed criteria, and this gives a greater level of consistency to the assurance we provide to the Prescribing Management Group and helps us to work with services, supporting them to set their own goals for continuous improvement of their governance arrangements over a period of repeat cycles of review, that become less frequent as they move up the levels.

Level of Assurance		System Adequacy	Controls
Comprehensive Assurance		Robust framework of key controls ensures objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.
Moderate Assurance		Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.
Limited Assurance		Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives.	Controls are applied but with some significant lapses.
No Assurance		High risk of objectives not being achieved due to the absence of key internal controls.	Significant breakdown in the application of controls.

### 2.3.2 Example of collated update report (Stoma Products)

Example provided by NHS Tayside PONMAG

#### **Stoma Product Review Update to PONMAG – November 2023**

##### **Objectives**

To maintain an established review process of all patients prescribed stoma appliances and accessories within NHS Tayside. Patients will receive a rolling review on a 3 yearly basis as per individual GP Practices.

To review the data generated from PRISMS on a 6 monthly basis and report back to the Colorectal Specialist Team. This will identify areas of high cost and non-formulary compliance whilst highlighting areas of clinical concern.

To ensure that healthcare colleagues have access to an up to date Tayside Stoma Accessory Formulary and Stoma Product Guidance to support quality prescribing for stoma products.

To deploy up to 5% of CNS time (around 6 hours per month) to facilitate stoma education and training sessions to healthcare professionals in the community setting to enhance clinical care and ensure:

- \* best practice patient centred stoma care

- \* the use of the most clinically and cost effective products

##### **Progress made in last 4 months**

**1.Patient stoma reviews** – 3 x Angus high spend Practices identified for follow up patient reviews – further savings projected (ongoing). Cycle of rolling reviews commenced and new spreadsheet available with projected annual savings. Follow up and outstanding reviews continue.

**2.Tayside Stoma Accessory Formulary** – further update to Formulary completed due to discontinued products (Sureprep barriers) – Cavilon Barrier Spray 3346P now 1<sup>st</sup> choice. Information shared in Primary Care Newsletter. All Formulary accessory prices updated following recent changes (see concerns).

**3.Stoma Educational Sessions** – theoretical and practical sessions carried out in primary and secondary care settings for all health and social care workers – excellent feedback from Teams (completed evaluation forms available/feedback in Angus District Nursing Newsletter Autumn 2023) – further sessions to be arranged.

**4.Stoma Bag Guidance** – progressing with formulating stoma bag guidance for primary and secondary care. Separate guidance required for each sector.

**5.Patient Reviews** – significant increase in referrals back to this service for support/advice re stoma issues and products – positive outcomes.

### Concerns and/or any change to risk status

**1.Changes to Scottish Drug Tariff** – stoma supplies are no longer included in the Scottish Drug Tariff; they are now being managed by National Procurement which has aligned with the NHS England and Wales Drug Tariff. Stoma appliances and associated products including urostomy pouches are listed in Part IXC of the Drug Tariff – [Stoma supplies | National Services Scotland \(nhs.scot\)](#) – significant increase in stoma product prices that will impact overall spend.

**2.Dispensing Appliance Contractors (DACs)** – new Tayside Stoma Accessory Formulary sent out to all DACs with covering letter. No stoma accessories to be sent out as samples – patients to be referred back to Colorectal Service for assessment/review.

### D: Delivery and Milestones

Upcoming Milestone and Deliverables	Baseline Date	Forecast Date	RAG
*PRISMS – monitor trends in expenditures for stoma care appliances – 1 <sup>st</sup> data review with Colorectal Lead	March 2024		On target
*Develop guidance to support stoma bag choices - to help promote consistency in products used in primary care	April 2024		On target
*Develop guidance to support stoma bag choices - to help promote consistency in products used in secondary care	April 2024		On target
*Complete rolling review of all stoma patients at 10/60 GP Practices in a 6 month period	April 2024		On target

Key: Completed On target Missing target corrective action plan in place Failing targets support required

Authors

Date Completed: 23/10/2023

### 2.3.3 Example of Project Closure Report (Stoma Product Review)

Example provided by NHS Tayside PONMAG

#### Stoma Product Review Update to PONMAG – November 2023

##### Objectives

To maintain an established review process of all patients prescribed stoma appliances and accessories within NHS Tayside. Patients will receive a rolling review on a 3 yearly basis as per individual GP Practices.

To review the data generated from PRISMS on a 6 monthly basis and report back to the Colorectal Specialist Team. This will identify areas of high cost and non-formulary compliance whilst highlighting areas of clinical concern.

To ensure that healthcare colleagues have access to an up to date Tayside Stoma Accessory Formulary and Stoma Product Guidance to support quality prescribing for stoma products.

To deploy up to 5% of CNS time (around 6 hours per month) to facilitate stoma education and training sessions to healthcare professionals in the community setting to enhance clinical care and ensure:

- \* best practice patient centred stoma care
- \* the use of the most clinically and cost effective

products

##### Progress made in last 4 months

**1.Patient stoma reviews** – 3 x Angus high spend Practices identified for follow up patient reviews – further savings projected (ongoing). Cycle of rolling reviews commenced and new spreadsheet available with projected annual savings. Follow up and outstanding reviews continue.

**2.Tayside Stoma Accessory Formulary** – further update to Formulary completed due to discontinued products (Sureprep barriers) – Cavidon Barrier Spray 3346P now 1<sup>st</sup> choice. Information shared in Primary Care Newsletter. All Formulary accessory prices updated following recent changes (see concerns).

**3.Stoma Educational Sessions** – theoretical and practical sessions carried out in primary and secondary care settings for all health and social care workers – excellent feedback from Teams (completed evaluation forms available/feedback in Angus District Nursing Newsletter Autumn 2023) – further sessions to be arranged.

**4.Stoma Bag Guidance** – progressing with formulating stoma bag guidance for primary and secondary care. Separate guidance required for each sector.

**5.Patient Reviews** – significant increase in referrals back to this service for support/advice re stoma issues and products – positive outcomes.

### Concerns and/or any change to risk status

**1.Changes to Scottish Drug Tariff** – stoma supplies are no longer included in the Scottish Drug Tariff; they are now being managed by National Procurement which has aligned with the NHS England and Wales Drug Tariff. Stoma appliances and associated products including urostomy pouches are listed in Part IXC of the Drug Tariff – [Stoma supplies | National Services Scotland \(nhs.scot\)](#) – significant increase in stoma product prices that will impact overall spend.

**2.Dispensing Appliance Contractors (DACs)** – new Tayside Stoma Accessory Formulary sent out to all DACs with covering letter. No stoma accessories to be sent out as samples – patients to be referred back to Colorectal Service for assessment/review.

D: Delivery and Milestones			
Upcoming Milestone and Deliverables	Baseline Date	Forecast Date	RAG
*PRISMS – monitor trends in expenditures for stoma			
care appliances – 1 <sup>st</sup> data review with Colorectal Lead	March 2024		
*Develop guidance to support stoma bag choices - to help			
promote consistency in products used in primary care	April 2024		
*Develop guidance to support stoma bag choices - to help			
promote consistency in products used in secondary	April 2024		
*Complete rolling review of all stoma patients at 10/60			
GP Practices in a 6 month period	April 2024		

**Key:** Completed On target Missing target corrective action plan in place Failing targets support required

Authors:

Date Completed: 23/10/2023

### **3. Reporting**

- Collate and appraise monthly reports by service areas
- Highlight significant slippages to the Health Boards Prescribing Management Group
- Promote awareness of comparative costs of non-medicines

#### **3.1 Collate and appraise monthly, bimonthly, or quarterly reports by service areas**

3.1.1 Example of Bimonthly Update to non-medicines prescribing oversight group example (Wound Management Formulary)

Example provided by NHS Tayside PONMAG



## Objectives:

- To produce a formulary which is cost effective, value for money, supported by evidence based practice.

## Progress made in last 12 months:

- NP599 21 awarded (wound management products).
- Formulary review process completed in relation to NP599 21: product review sections.
- Formulary review process completed with the exception of one section (Burns): educational and guidance sections.
- Wound Formulary launch event held 20.12.22. Attendance of 11 wound companies and 114 delegates from across all care settings in Tayside.
- Editing of updated pages completed, now published on staff net
- Company representatives (registered with Intellicentrics) now attending clinical areas to offer educational support as per local and national contract agreement

## Concerns and/or any change to risk status:

- Burns educational section review outstanding (Consultant Plastic Surgeon reviewing page)
- Local review ongoing in relation to NPWT contract award

D: Delivery and Milestones			
Upcoming Milestone and Deliverables	Baseline Date	Forecast Date	
Evaluation and update of wound formulary completed	January 2023	January 2023	
Final version published on staff net	February 2023	February 2023	
Remove documents on TAF and initiate direct link to staff net/wound formulary page		April 2023	
Dressing prescription form updated		April 2023	
Product catalogue changes completed		September 2023	
Process to report prescribing anomalies (GP10) ordering anomalies for wound care products established. Standing agenda item for WMFG		April 2023	
NPWT contract awarded May 2023, local review process to begin July 2023 with Commodity Advisory Panel Members.	July 2023	Ongoing	
Dressings contract (simple dressings) under review, including debridement products, awaiting award.		No update from NP	

### 3.1.2 Example of quarterly report to the non-medicines prescribing oversight group Example provided by NHS Ayrshire & Arran

#### **Objectives 2024-25**

1. Improve BNF Chapter 21.27 Lymphoedema formulary compliance by 5% to 50% by 01 April 2025
2. Collate data and report on possible savings achieved from off script model.
3. Review high cost prescribing items.

#### **Patient and Public Involvement**

Report on feedback from Lymphoedema team and patients around off script model.

#### **Economic impact and sustainability**

Review of Product costs

- Many have increased in cost due to inflation
- Lymphoedema guidance continually reviewed

Review of use in patients

- High-cost patients ongoing reviews to be highlighted by Primary Care Pharmacy Teams and referred onto Lymphoedema team if appropriate to review.
- Reviews to be carried out by CTAC / DN's and Practice Nurses when referred by other departments in secondary care.

Review of the supply of garments via procurement

- Supply of garment direct to patient via manufacturer without the need for GP10
- Reduction in workload via GP practices
- Service to patients improved

#### **Progress made in last 3 months**

Training completed in all three localities via MS Teams for CTAC nurses on use of formulary products and supply of standard fit garments if appropriate, before prescribing made to measure.

#### **Concerns and/or any change to risk status**

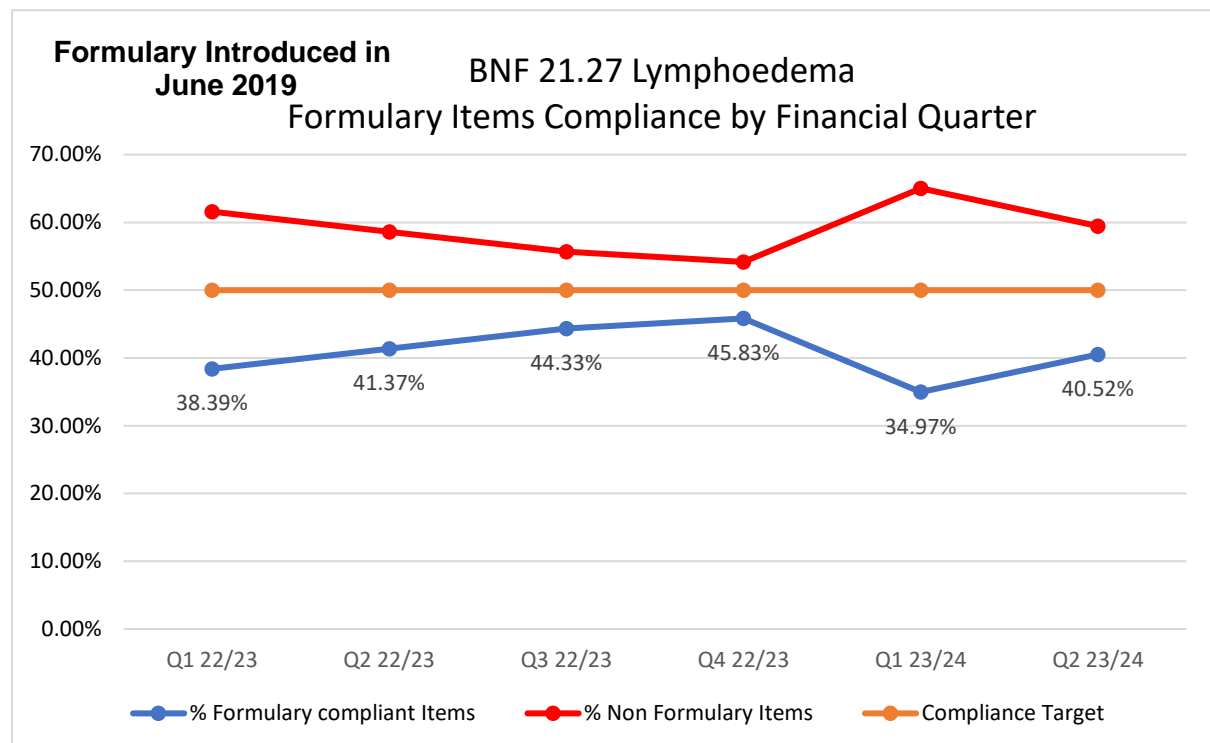
Duplicate ordering by Essity for off script model. Lymphoedema team to return stock, monitor and feedback.

#### **Delivery and Milestones**

Upcoming Milestone and Deliverables				Baseline Date	Forecast Date	RAG
Report on data from Essity regarding off script supply				April 24	Sep 24	
Target practices with high usage/cost garments and refer for review to Lymphoedema team				April 24	April 25	
Education and Training of CTAC nurses on standard size stock				Jan 24	April 24	
Feedback from Lymphoedema team and patients				Jan 24	Oct 24	
Inform District Nurse services on Standard size garments before made to measure.				April 24	Sep 24	
<b>Key:</b>	Completed	On target	Missing target corrective action plan in place		Failing targets support required	

## Supporting Data

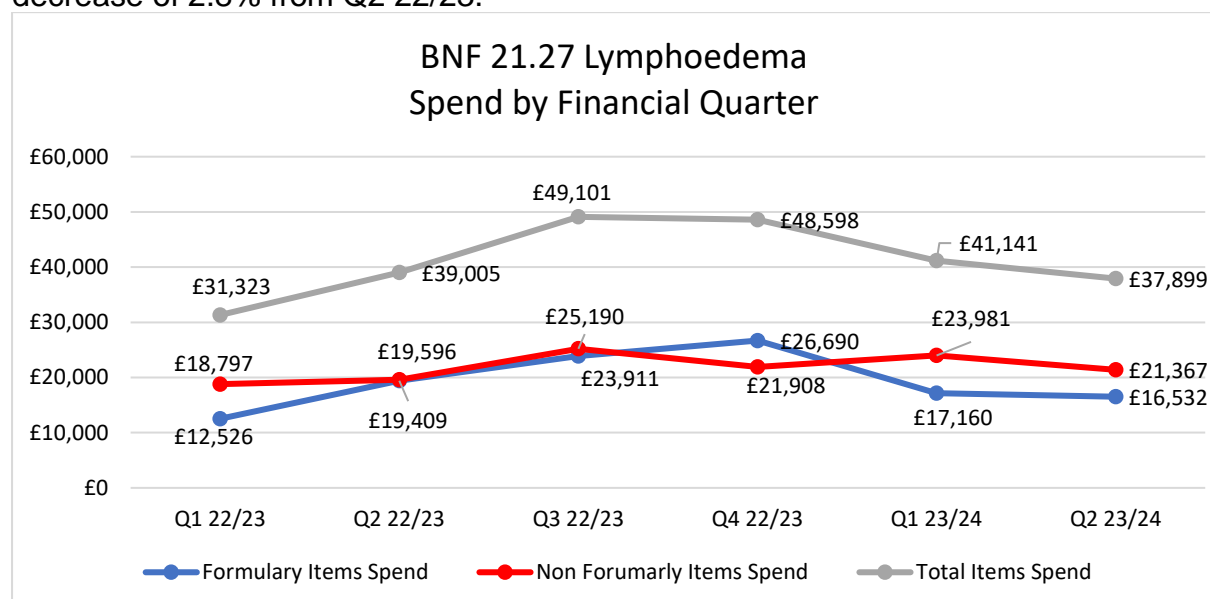
Chart 1: Formulary Compliance



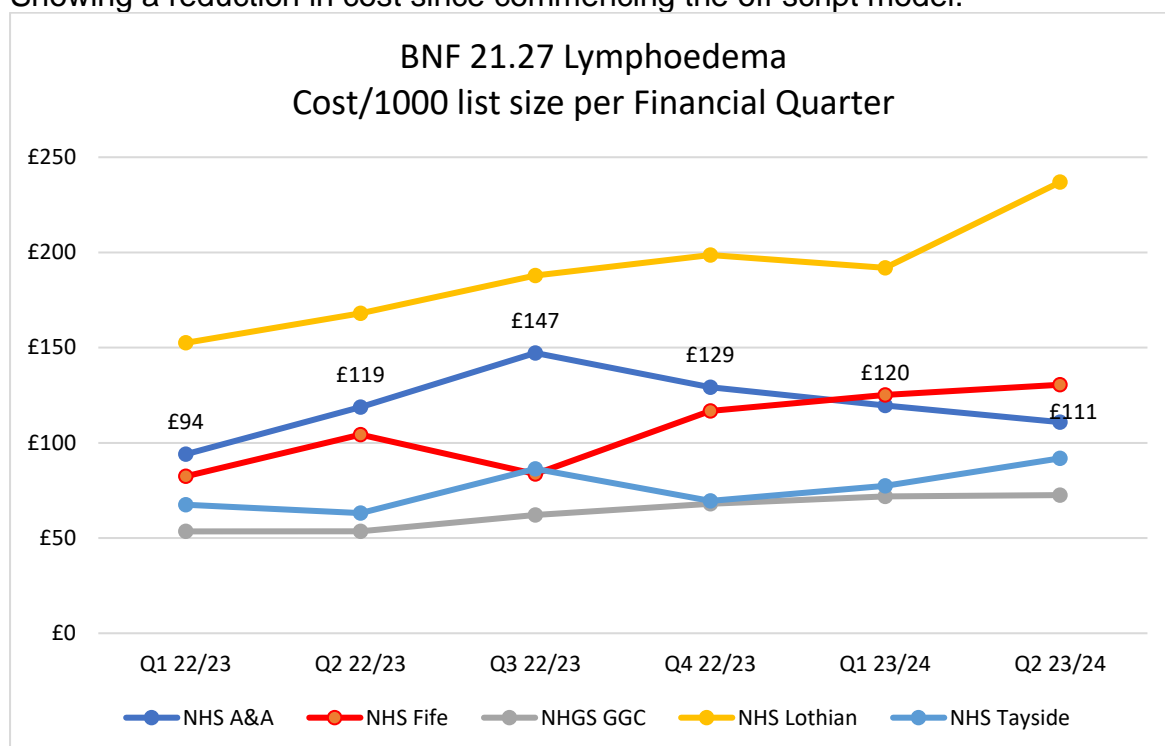
Formulary items compliance increase this quarter of 5.5%

Chart 2: Spend

Overall spend on lymphoedema products in Q2 23/24 was £37,899 which is decrease of 2.8% from Q2 22/23.



Cost per 1000 pts list size for Q2 23/24 has seen a decrease of 6.7% to £111. Showing a reduction in cost since commencing the off script model.



*NHS Fife, GGC, Lothian and Tayside continue to use Pecos for first supply and garments not available on Pecos, but rest all via GP script. This is probably the most similar to our situation and as such are used as comparator Boards.*

### 3.1.3 Project Closure Report Template

Example provided by NHS Tayside PONMAG

Prescribing of Non-Medicines Advisory Group (PONMAG)			
Non-Medicines Project Closure Report			
<b>Project Title</b>			
<b>Project Team / Co-Opted Members:</b>			
<b>Name</b>	<b>Job Title</b>		
<b>Project Start Date</b>	dd/mm/yyyy	<b>Project End Date</b>	dd/mm/yyyy
<b>Project Description</b>			

Progress Against Key Milestones			
Key Milestone	Target Date	Actual Completion Date	Comments
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	
	dd/mm/yyyy	dd/mm/yyyy	

Lessons Learned	
Lesson Description	Suggested Future Action


Outstanding Issues		
Task	Owner(s)	Notes

Sustained Improvement to Non-Medicines Governance	
Describe the process by which the effectiveness of non-medicines governance will be measured/monitored and identify who is responsible for this	
State any planned mitigating actions to ensure the usage of non-medicines remains aligned to the current formulary/guidance and identify who is responsible for this	

Closure report completed by:		
Name	Role	Date
		dd/mm/yyyy
Date reviewed by PONMAG:	dd/mm/yyyy	

### 3.1.4 Example of closure report (ONS)

Example provided by NHS Tayside PONMAG

ORAL NUTRITIONAL SUPPLEMENTS PONMAG CLOSURE REPORT			
Prescribing of Non-Medicines Advisory Group (PONMAG)			
Non-Medicines Project Closure Report			
<b>Project Title</b>	Oral nutritional Supplements (ONS)		
<b>Project Team / Co-Opted Members:</b>			
<b>Name</b>	<b>Job Title</b>		
	Service Lead		
	Service Lead		
	Team Lead		
	Team Lead		
<b>Project Start Date</b>	01/02/2019	<b>Project End Date</b>	31/01/2023

Project Description
<p><b>Objectives</b></p> <ol style="list-style-type: none"> <li>1. To remove inappropriate prescribing.</li> <li>2. To fully develop 'Food First' approaches in care homes to support improved resident and staff experiences; and to minimise prescribing.</li> <li>3. Integrate TEC into ONS pathways</li> <li>4. Develop the Dietetic Led Service to support other pathways.</li> </ol> <p>This dietetic led oral nutritional supplement pathway (ONS) model enables access to appropriate ONS via Nutrition &amp; Dietetics for care Homes and also community pharmacy for those living at home whereby GPs will still require to prescribe ONS but it will be under the direction of the dietitian. It is based on the dietitian as the 'right clinician' advising on food and appropriate ONS prescribing. It meets the new Scottish Government directive on ONS prescribing management. The Nutrition and Dietetic Service (NDS) ensure appropriate prescribing by following an approved pathway, protocol, and a best value ONS formulary. Patients are assessed and advised on the most appropriate nutritional care to meet individuals' nutritional needs. Relevant skill mix is incorporated into the care pathway and digital health is used to maximise efficiency of pathway, patient self-management and deliver support close to home. An alternative supply route to provide patients residing in care homes with the appropriate ONS product to meet their clinical needs was established and prescribing ceased for all but a small number of</p>

patients who require a GP10 prescription for ONS products. These products are those whereby Abbott do not have a suitable alternative, mainly dysphagia but also a small number requiring a vegan ONS.

Progress Against Key Milestones			
Key Milestone	Target Date	Actual Completion Date	Comments
Implementation plan complete – community	28/02/2019	28/02/2019	
Implementation plan complete – care homes	28/02/2019	28/02/2019	
Care Home Undernutrition service (Inhealthcare) feasibility pilot starts – care homes	31/05/2019	31/05/2019	
All care home residents uploaded onto Care Home Undernutrition service (Inhealthcare).	31/08/2021		77 (78)% out of 95 homes use Inhealthcare. The others have been held up due to IG issues or because training is not required at this time as the homes do not have any residents under the care of the dietitian. However dietetic led care was established in <b>all</b> care homes in September 2019
Commencement of alternative supply model to care homes and GP prescribing for ONS to cease for care homes.	01/10/2019	01/10/2019	A minimal number remain on prescription supply route, mainly for dysphagia.

Lessons Learned	
Lesson Description	Suggested Future Action

Reduction in inappropriate prescribing and cost effectiveness of ONS in Community including care homes.	Ongoing sharing of experiences with other NHS boards through membership of Scottish Dietitians Prescribing Group and Scottish Dietitians Care Home group.
ONS provision in care homes is effectively managed under the oversight of NDS. Data suggests some GP's are still prescribing ONS inappropriately without dietetic involvement.	Routine audit of prescribing data and follow up when capacity permits. Targeted education with GP 10 ONS prescribing practices. Consider an off script model of provision for all patients in the community to bring all provision under the direct control of NDS and minimise supply via GP10.
The risk of patients being discharged from hospital on ONS without dietetic involvement has been minimised due to the hospital ONS Pathway and close and diligence of some practice pharmacy teams	Ongoing education of NDS staff. The introduction of HEPMA will minimise this further.

Benefits Delivered	
<b>Briefly describe any improvements to non-medicine formularies or guidance, including how this has been shared/communicated to stakeholders and agreed arrangements for review</b>	ONS formulary shared on NHS Tayside non-medicines formulary page with a minimum 2 yearly review. A separate formulary is used for NDS staff. Regular communication to stakeholders such as GPs, pharmacy, and other prescribers in the past and now only as required. Current and regular ongoing communication with care homes.
<b>Briefly describe any quality improvement to patient care/service delivery</b>	Reduction in inappropriate ONS prescribing, right product, right clinician at right time. More timely and safe prescribing. Less wastage through stock rotation and management between care homes. Improved training of care home staff.
<b>Where new pathways for prescribing or alternative supply models were tested and implemented, please confirm outcomes, commenting on sustainability beyond the term of the project</b>	Supply to care homes arranged via local agreement with Abbott nutrition. Future consideration of off script model being considered whereby a longer-term contract would be agreed.
<b>Describe any savings associated with the improvements made to non-medicines governance</b>	A saving of £125k was recorded in the first 12 months of supply to Tayside care homes (September 2019 to August 2020) based on differential supply system rates. Further cost avoidance in



	the region of £31k is estimated based on subsequent increases in GP10 tariff.
<b>State any other benefits gained through the measures taken to improve non-medicines governance and how these were quantified</b>	Increased awareness generally of nutritional care.

<b>Outstanding Issues</b>		
<b>Task</b>	<b>Owner(s)</b>	<b>Notes</b>
Implementation of Inhealthcare in all care homes due to issues with IG		Reliant on input from digital directorate
Further changes required to Inhealthcare platform promised by Inhealthcare		Awaiting outcome of discussions including national TEC team
Regular ongoing review of ONS formulary.	NDS ONS Formulary Review Group to be established	The GP and specialist nurse ONS formulary is due for review with minimal change required. This is work in progress, as is a new nutrition network website to host the NDS formulary.
Future consideration to go 'off script' for all ONS provision in the community		Discussions around a new project for a Tayside wide off script model to supply ONS in all settings is being considered. This is already established in NHS Fife.

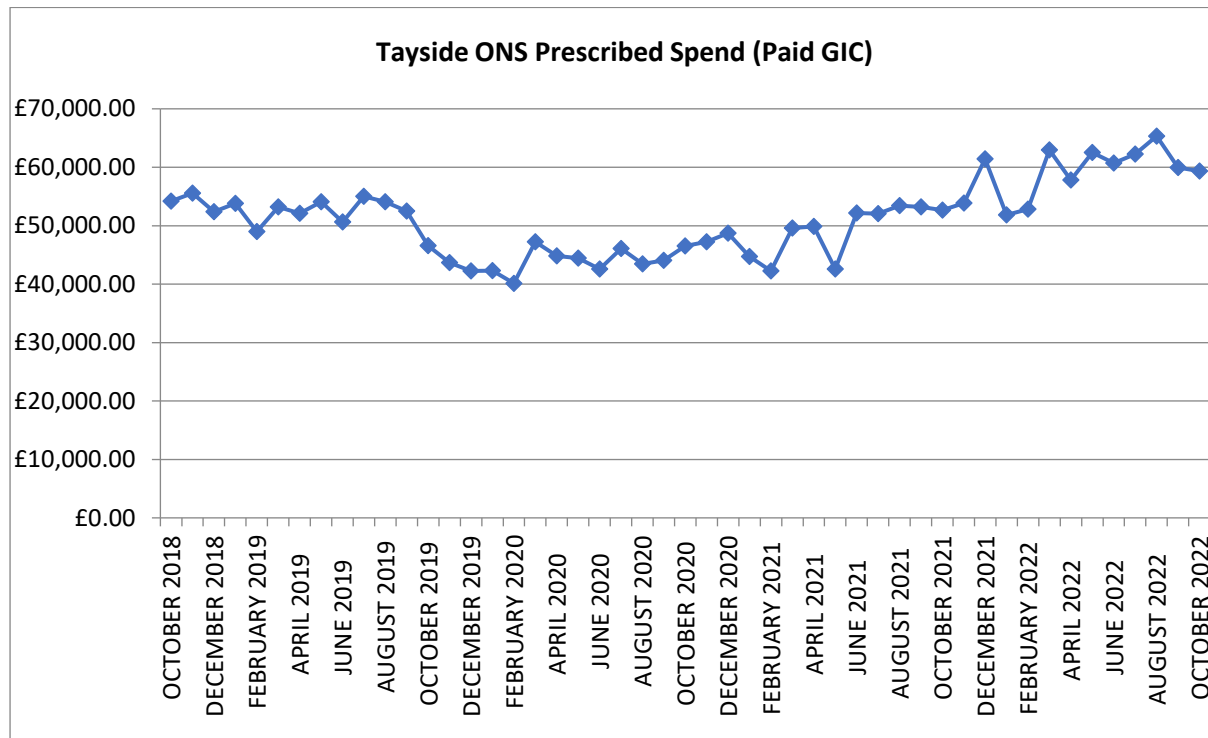
<b>Sustained Improvement to Non-Medicines Governance</b>	
<b>Describe the process by which the effectiveness of non-medicines governance will be measured/monitored and identify who is responsible for this</b>	<p>A Scotland wide ISD report is due to be run in March 2023 although there are complexities associated with benchmarking due to differing models of provision. We have collated separate figures from the care home service to be included in this report.</p> <p>We anecdotally monitor prescribed ONS cost and volume trends, care home stock ordering, use of second line and non-formulary products as time allows. However, GP10 provision to care homes out with NDS caseload is</p>

	monitored and discontinued on a monthly basis.
<b>State any planned mitigating actions to ensure the usage of non-medicines remains aligned to the current formulary/guidance and identify who is responsible for this</b>	<p>The number of GP10 ONS items have not increased significantly compared to cost and there are a number of reasons for this, including price growth, use of more expensive products due to changes in clinical requirements, inappropriate GP prescribing out with NDS oversight, more frail/complex patients, impact of Covid and more reliance on telephone/remote consultation, increased referrals, staffing constraints.</p> <p>Action includes:</p> <ul style="list-style-type: none"> <li>• regular reminding of staff to follow formulary guidance.</li> <li>• The Dietetic ONS formulary was updated and circulated in February 2023 with a spend summary update and reminder to use first line product and guidance on the use of off formulary requests. A small working group has been established for long term review to limit the need for off formulary requests</li> <li>• Induction for all NDS staff includes formulary guidance</li> <li>• GP and specialist nurse formulary due for re-launch March 2023 with guidance.</li> <li>• Targeted education for GP prescribing to ensure dietetic referral and oversight</li> </ul> <p>Care home training continues to be on the agenda and instigated as time allows. Training videos are one of the available resources used for this purpose.</p> <p><a href="#">Care Homes - YouTube</a></p> <p>The NDS website is due to be re-launched in March 2023 which will include signposting for undernutrition. Responsibility of service lead and team lead.</p>

Closure report completed by:		
Name	Role	Date
	Service Lead	20/02/2023

	Team Lead	
	Team Lead	
	Service Lead	
Date reviewed by PONMAG:	09/03/2023	

Chart 3: Cost of ONS Product Supplied via GP10



### 3.2 Highlight significant slippages to the Health Boards Prescribing Management Group

3.2.1 Example of SBAR report to Prescribing Management Group from Prescribing of non-medicines advisory group



Example provided by NHS Tayside PONMAG

#### Prescribing Management Group 30th May 2018: Prescribing of Non-Medicines Situation and Background

A request was received through the PMG Huddle to describe in detail the current prescribing of non-medicines.

The scope of this paper is to describe the current spend, trends, progress of current initiatives and any further opportunities which can be identified.

## Assessment

### 1. Stoma

The total spend on Stoma products in NHS Tayside during Quarter 3 of 2017/8 was **£612K**. Chart 4 below shows that the cost per weighted patient with Tayside compared to Scotland. This shows that the cost is above the Scottish average. Chart 4 below shows the top 10 spend items comparing 2016 to 2017.

Chart 4: Soma products spend comparing 2016 and 2017

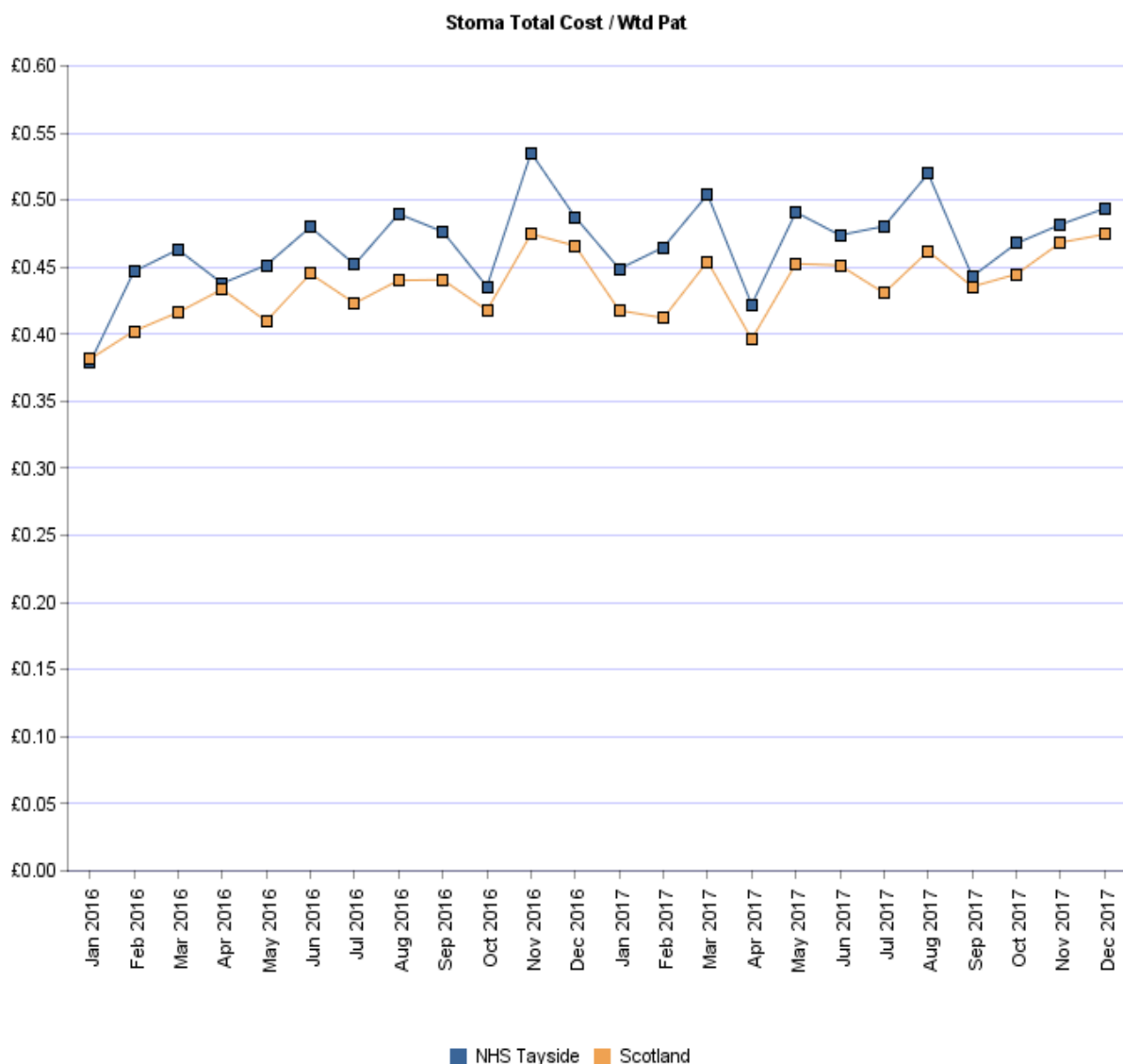


Table 9: Stoma appliance spend Q3 2016 and Q3 2017

<b><u>Stoma Appliances</u></b>	<b>Q3 2017</b>	<b>Q3 2016</b>
COLOSTOMY BAGS	£208,099	£200,330
ILEOSTOMY BAGS	£174,088	£184,438
TWO PIECE OSTOMY SYSTEMS	£87,388	£83,540
UROSTOMY BAGS	£43,623	£37,416
SKIN FILLERS AND PROTECTIVES	£23,073	£23,602
SKIN PROTECTORS	£21,752	£23,778
ADHESIVE REMOVERS (SPRAYS, LIQUIDS, WIPES)	£20,198	£21,093
ADHESIVE DISCS/RINGS/PADS/PLASTERS	£12,943	£12,746
BELTS	£5,409	£4,342
TUBING AND ACCESSORIES STOMA	£3,824	£3,780

The focus of work to date on improving stoma prescribing has been to establish improved clinical governance, financial governance, and patient experience across the stoma service. This has involved looking into redesigning the service to enable patient review and ongoing management via improved access to a specialist nurse team.

As part of this NHS Tayside considered that the supply of stoma products and appliances should not require a prescription.

The preferred model to have been adopted in Tayside was a procurement model:

- to provide more control to the 'experts' in the management of patients and stoma products,
- remove the requirement for a prescription - what is required is a purchase order.
- identifying what needs to be delivered by suppliers.
- KPIs developed to monitor the performance of suppliers.

The challenge was this approach would require a once for Scotland model and could not be delivered by a single HB. (NHS Tayside will seek to influence the scope of the national review recently commissioned, ensuring that the focus looks to transform the supply pathway from GP to a procurement model).

Therefore, the model we are now pursuing is one of improved relations with DACs, where we define the service and standards that we expect the supplier to adhere to and reviewing the patient's actual requirements.

The anticipated benefits are:

1. This model will put our nurses at the centre where they will control and dictate the supply of products. We would not expect patients to receive samples or promotional materials from suppliers.
2. Any supply to a patient which is a change to the regular repeat products must be approved by a specialist nurse.
3. Within this model we have asked to test a new order form – the order form will follow the same process as a current prescription but will be only for stoma products, there would be no requirement to be a prescriber.
4. The nurse authorising the form would be deemed competent in the management of stoma patients.
5. It is possible to use an order form and not a prescription as these are devices not medicine.
6. If the order form is approved this would remove GP from the supply process.

7. Spend would be monitored by the specialist nurses.
8. This model described would still use DACs, but control would be through the HB and under the management of the Specialist Nurses.

A pilot study has been conducted with a small number of practices. A small number of patients were contacted from which some attended for review. This identified savings of £4333 per year, in order to establish the reproducibility a paper-based review of all Dundee based patients will be conducted. PMG approved short term funding of approx. £10k to allow specialist staff to be released to undertake rapid review of patients in other practices starting with those identified as highest cost per 1000 NRAC patients anticipated benefits in 2017/18 are projected from early pilots to be in the order of £100k

A formulary of stoma accessories has been produced which will be rolled out by specialist staff during patient reviews. This will meet clinical needs of patients using cost effective products chosen by clinical staff. Further scoping work and monitoring of cost per patient needs to be undertaken to quantify the benefits of this piece of work.

## **2. Wound Care**

The total spend on Wound care products in NHS Tayside during Quarter 3 of 2017/8 was **£402K. Error! Reference source not found.** shows that the cost per weighted patient with Tayside compared to Scotland. This shows that although the cost was above the Scottish average in 2016, the latest data shows a drop. However, this should be interpreted with caution as wound care products have moved into community nursing budgets. **Error! Reference source not found.** shows the top 10 spend items comparing 2016 to 2017.

Chart 5: Dressing total cost 2016 and 2017

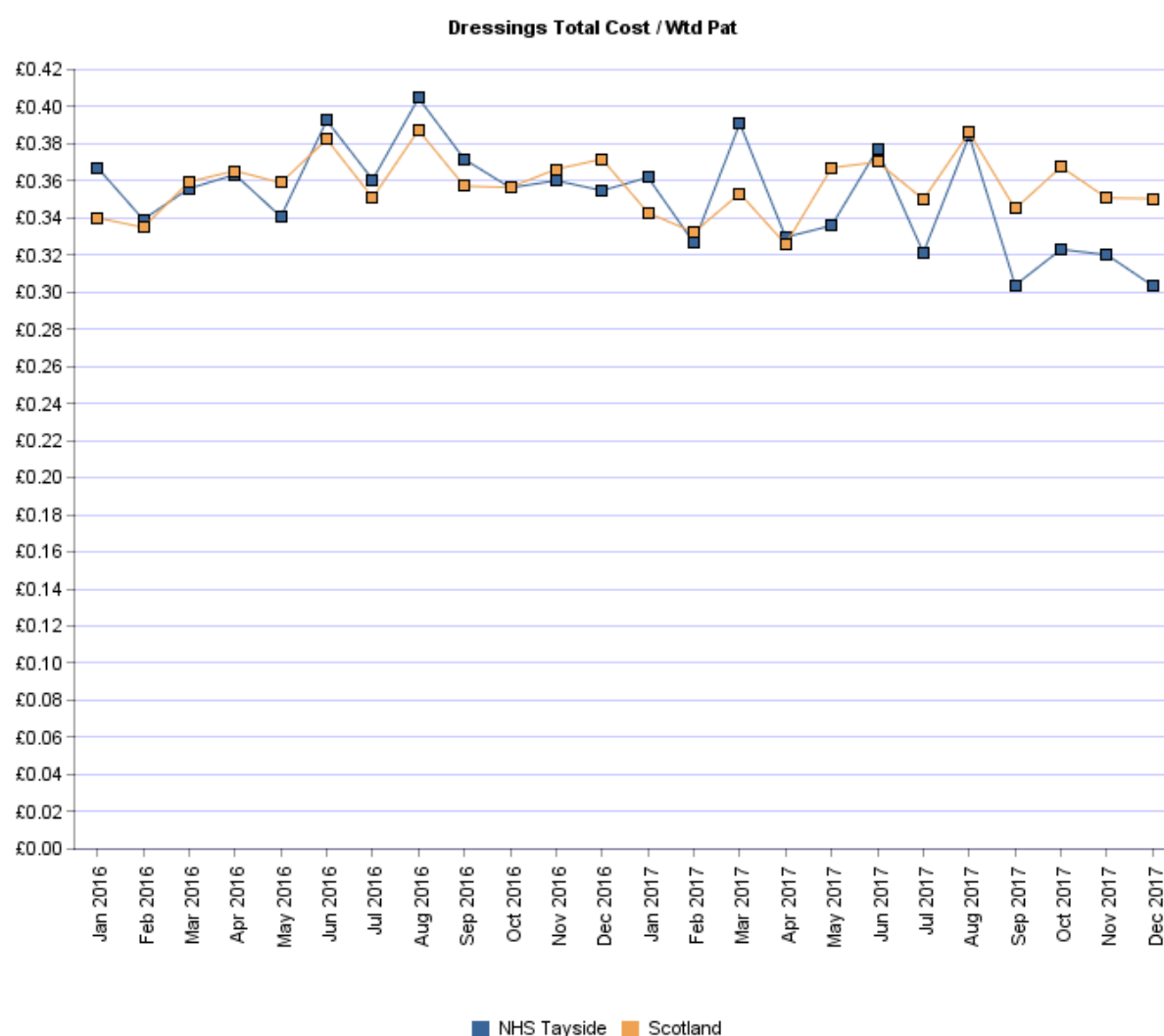


Table 10: Wound management products Q3 2016 and Q3 2017

<b><u>Wound Management Products</u></b>	<b>Q3 2017</b>	<b>Q3 2016</b>
ALLEVYN GENTLE BORDER DRESSING	£31,677	£3,989
AQUACEL EXTRA DRESSING	£27,819	£26,976
MEPILEX BORDER DRESSING	£19,740	£48,641
AQUACEL FOAM ADHESIVE DRESSING	£15,519	£25,699
MEPILEX XT DRESSING	£12,327	£19,343
ALLEVYN GENTLE BORDER HEEL DRESSING	£10,704	£1,032
MEPILEX LITE DRESSING	£9,096	£16,933
AQUACEL AG EXTRA DRESSING	£8,318	£9,878
ALLEVYN ADHESIVE DRESSING	£8,196	£4,495
MEPILEX BORDER LITE DRESSING	£7,447	£24,771

A project is in progress, led by prescribing and nursing teams as part of the Realistic Medicine Work stream to ensure that the most cost and clinically effective products are used within Tayside. This work also focuses how products are supplied and procurement processes are being changed.

Ordering and supplying these products from a main distribution centre promotes formulary compliance and supports more robust stock management. The project is testing a model of providing stock in line with NHS Tayside Wound Management Formulary to District Nurses negating the need to involve a GP in writing a prescription.

The Project commenced in January 2017 where all pilot sites were identified from all three HSCPs: Angus, Dundee, and Perth & Kinross.

The first pilot sites went live in Dundee on the 27/02/17 and remaining pilot practices at the end of June 2017. The areas of improvement identified to date include:

- 22% savings realised in the first 3 months of implementation
- Compliance with formulary as only these items available to order from NDC any other dressing required out with this requires a special request.
- Nurse engagement – positive. Nurses now aware of their stock, reducing over ordering / prescribing
- Increased Formulary Compliance
- Reduced waste
- Good links established with Procurement colleagues
- Other services e.g. podiatry wanting to set up same process.
- Nursing accountability for ordering and stock management back sitting with the nurses.

All 14 test practices continue to order through NDC, and any logistical, procurement issues have been addressed as they arise.

The challenges have been:

- Delivery schedule in Dundee has historically been on a four weekly basis which initially had an impact on the pilot with some nurses reverting back to writing prescriptions for their dressing stock. This has now been resolved by collaboration with DHSCP Homecare Support Service providing a delivery man and the use of a van which will provide a two weekly delivery schedule to all pilot sites in Dundee. (see next slide)
- It is recognised for the roll out of the Pilot to reach its objective of completion by March 2018 there is a requirement for the National Distribution Centre (NDC) and NHS Tayside logistics to be able to support this. Solutions are being sought by Procurement and leads from NDC
- Nurse Managers within Community Nursing anxious about increased spend identified within their accounts- had asked staff not to order from Pecos until this was resolved, putting pressure on meeting the target date of March 2018 for completion.
- Over ordered stock and how this could be redistributed to where it could be used.

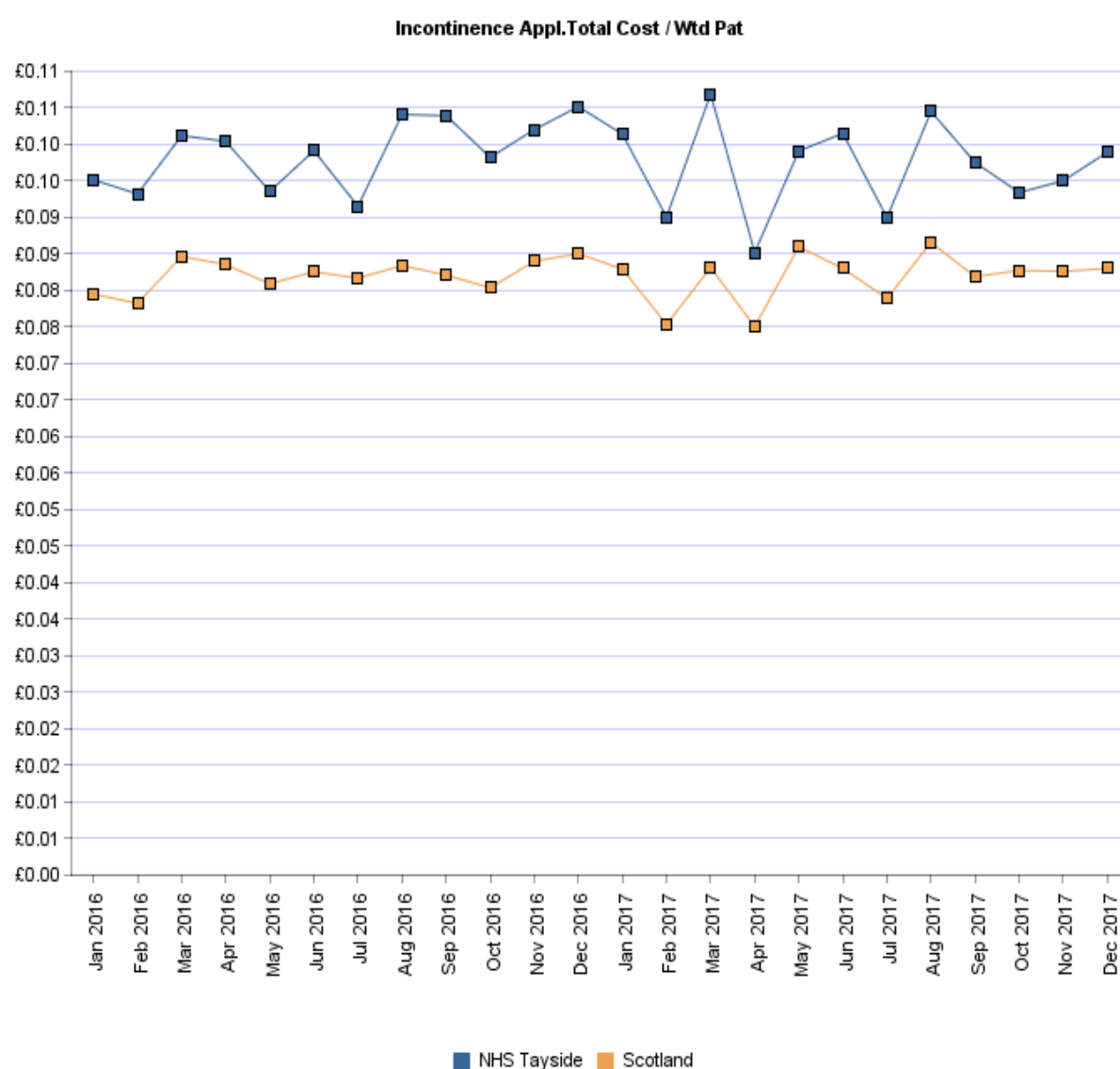
The next phase of practices have been identified across all three Localities and the aim of the Pilot is to have all remaining Practices across NHS Tayside up and running by end of March 2018

### **3. Incontinence Appliances**

The total spend on Incontinence appliances in NHS Tayside during Quarter 3 of 2017/8 was **£122K**. Chart 6 below shows that the cost per weighted patient with Tayside compared to Scotland. This shows that the cost is above the Scottish average. Chart 6 below also compares 2016 to 2017 incontinence spend.



Chart 6: Incontinence appliances spend 2016 and 2017



#### Incontinence Appliances

	Q3 2017	Q3 2016
LEG BAGS	£55,061	£56,115
NIGHT DRAINAGE BAGS	£33,486	£34,192
INCONTINENCE SHEATHS	£14,829	£17,654
CATHETER VALVES	£7,464	£8,617
TUBING AND ACCESSORIES INCONTINENCE	£5,052	£5,502
SUSPENSORY SYSTEMS	£2,777	£3,350
ANAL PLUGS	£2,109	£712
URINAL SYSTEMS	£739	£281
INSERT FOR FEMALE STRESS INCONTINENCE	£201	£294
INCONTINENCE SHEATH FIXING STRIPS & ADHESIVES	£132	£63

#### 4. Diabetic Sundries

Table 11 below shows the top 10 spend items for needles and test strips comparing 2016 to 2017.

Table 11: Diabetes sundries spend in 2016 and 2017

<b><u>Diabetic Hypodermics</u></b>	<b>Q3 2017</b>	<b>Q3 2016</b>
OMNICAN FINE NEEDLES	£17,619	£19,123
NOVOFINE NEEDLES	£9,977	£11,300
BD MICRO-FINE + NEEDLES	£8,241	£20,449
BD MICRO-FINE ULTRA NEEDLES (FORMERLY BD MICRO-FINE+ NEEDLES)	£5,405	£8,091
UNISTIK 3 COMFORT LANCET	£4,933	£4,474
MICROLET LANCET	£4,605	£1,975
U100 DISPOSABLE INSULIN SYRINGE WITH NEEDLE	£3,744	£4,094
UNIFINE PENTIPS NEEDLES	£3,597	£3,470
FASTCLIX LANCET	£3,584	£3,350
OMNICAN LANCE SOFT LANCETS	£3,225	£3,842
<b><u>Diabetic Blood Glucose test Strips</u></b>	<b>Q3 2017</b>	<b>Q3 2016</b>
AVIVA (REAGENT)_STRIPS	£82,976	£79,864
CONTOUR (REAGENT)_STRIPS	£50,098	£20,885
TRUEYOU (REAGENT)_STRIPS	£47,308	£65,006
FREESTYLE OPTIUM (REAGENT)_STRIPS	£40,544	£38,802
CONTOUR NEXT (REAGENT)_STRIPS	£37,510	£33,509
GLUCOMEN LX SENSOR (REAGENT)_STRIPS	£19,858	£22,994
FREESTYLE LITE (REAGENT)_STRIPS	£12,751	£15,651
MOBILE (REAGENT)_STRIPS	£8,372	£14,778
TRUERESULT (REAGENT)_STRIPS	£8,035	£13,221
ONETOUCH ULTRA (REAGENT)_STRIPS	£5,644	£11,349

# **Foods- ONS, Baby Milks/Foods, Gluten free** **ONS**

Chart 7: ONS total cost 2016 and 2017

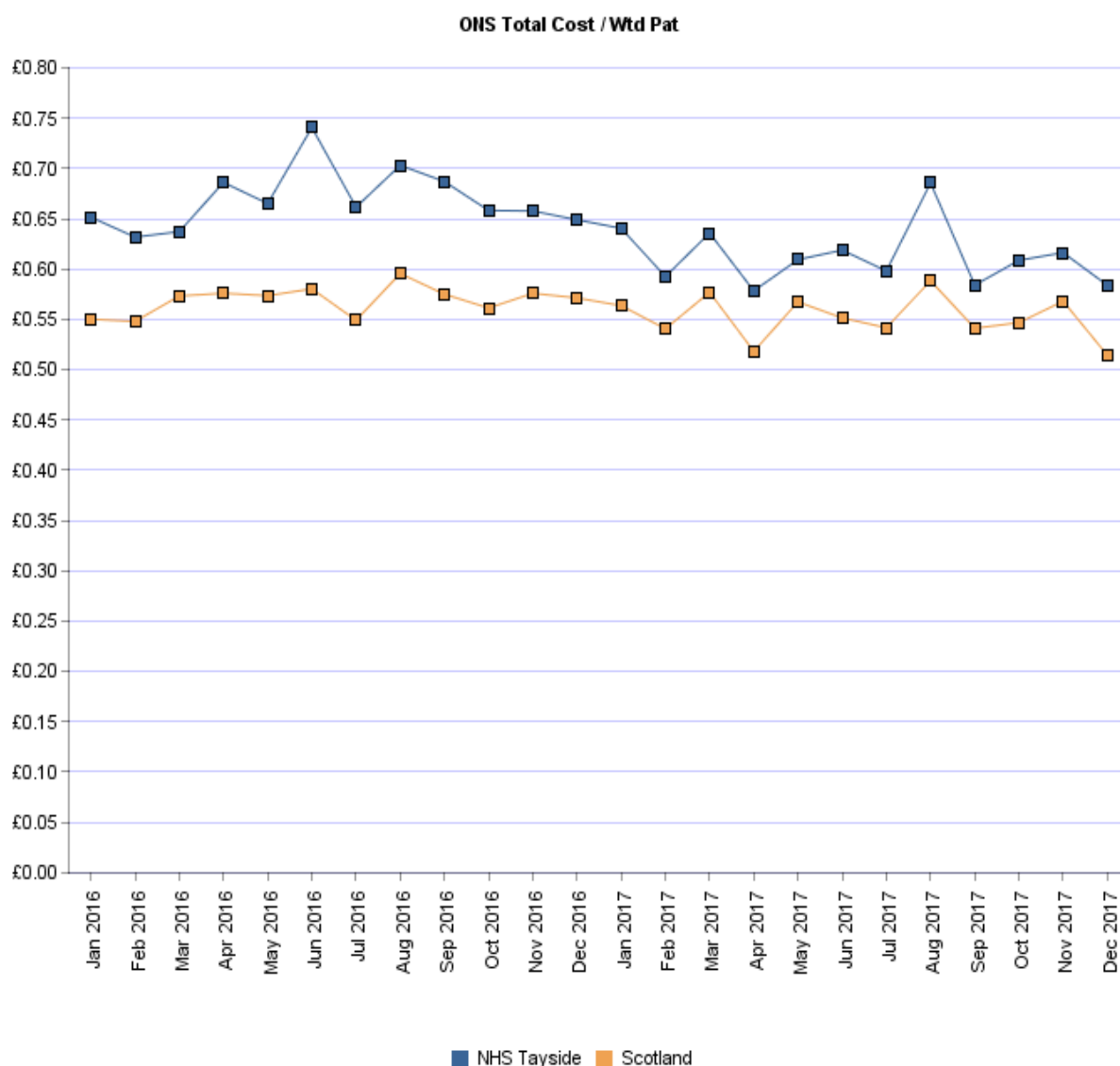


Table 12: ONS Q3 2016 and Q3 2017 spend

<u>ONS</u>	<u>Q3 2017</u>	<u>Q3 2016</u>
ENSURE PLUS MILKSHAKE STYLE	£48,646	£91,424
ENSURE PLUS JUCE	£44,861	£63,085
ENSURE TWOCAL	£30,829	£39,527
ENSURE COMPACT	£22,654	£39,782
AYMES SHAKE	£15,521	£3,867
ENSURE PLUS FIBRE	£13,018	£22,743
FORTICREME COMPLETE	£8,528	£15,045
TWOCAL	£8,321	£7,356
MODULEN IBD	£6,778	£4,654
AYMES COMPLETE	£6,199	£1,144

Chart 8: ONS GIC Spend 2015-2017

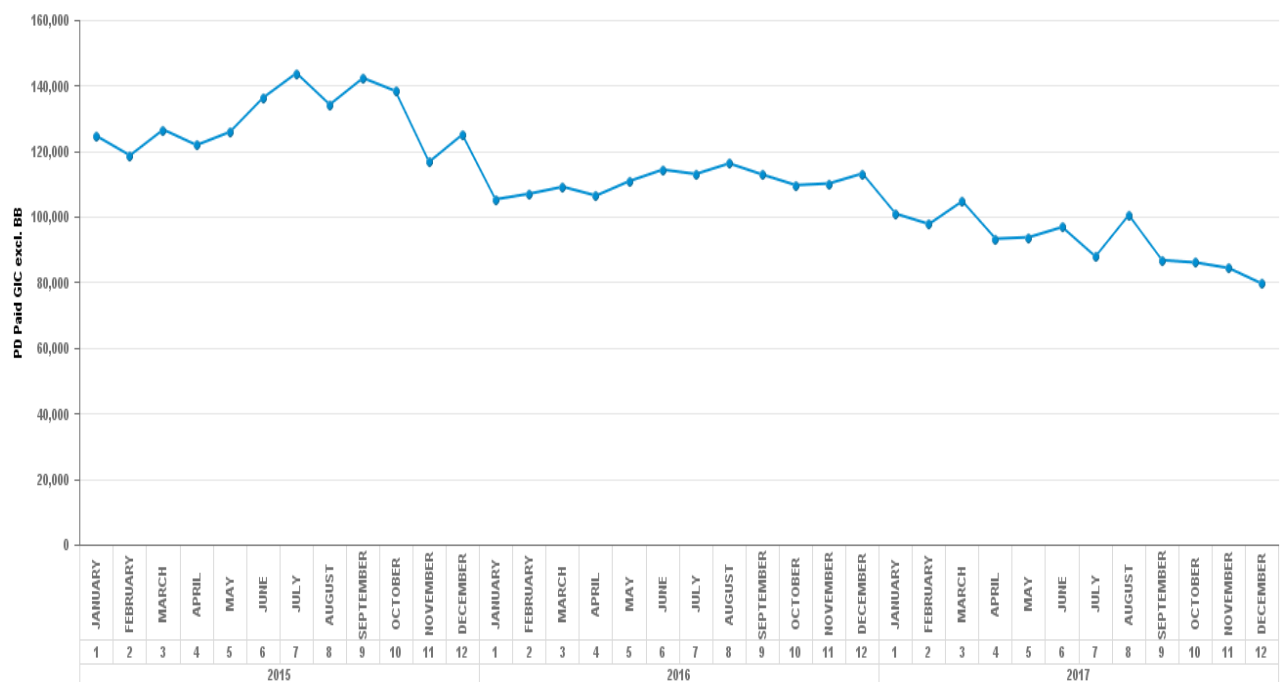
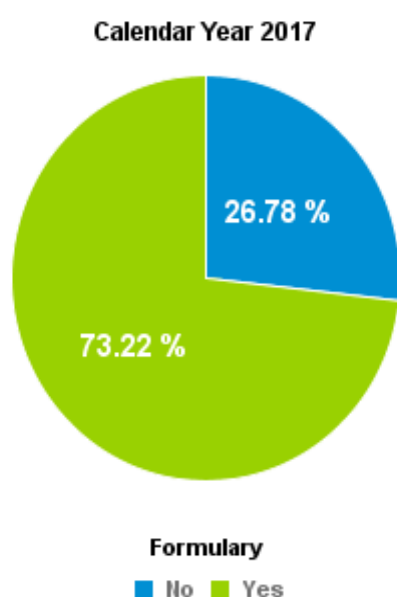


Table 13: ONS spend 2015, 2016 and 2017

Paid Calendar Year	PD Paid GIC excl. BB
2015	£1,554,380.61
2016	£1,328,045.28
2017	£1,112,205.62

Figure 13: ONS formulary compliance pie chart



The Tayside Nutrition Network commenced coproducing whole system ONS change in Oct 2015, with attached investment in dietetic services. The spend on ONS decreased but it was realised that this save could be extended significantly and permanently with a corresponding increase in quality of service if NHS Tayside progressed the following:

1. Best value ONS formulary
2. ONS redesign within hospitals
3. ONS re-design within care homes
4. Tayside ONS Dietetic Led Service Model for community
5. Review of ONS patients in GP and care homes
6. Introducing new E-health and digital solutions to dietetics

All of the actions are being progressed under the leadership of the dietician and a full SBAR assessment of the position of this work in March 2018 is available.

## 5.2 Baby Milks/Foods

Table 14 below shows the top 10 spend items comparing 2016 to 2017.

Table 14: Baby milks/food spend in 2016 and 2017

<b><u>Baby Milks/ Food</u></b>	<b><u>Q3 2017</u></b>	<b><u>Q3 2016</u></b>
NEOCATE LCP	£66,383	£48,817
NEOCATE ADVANCE	£12,620	£16,614
GAVISCON INFANT	£11,291	£12,250
NEOCATE ACTIVE	£3,706	£8,126
ALTHERA	£1,367	
COLIEF	£1,212	£1,502
INSTANT CAROBEL	£1,081	£621
INFACOL	£1,076	£1,564
NUTRAMIGEN LIPIL 2	£794	£20,523
NUTRAMIGEN LIPIL 1	£478	£20,795

### 5.3 Gluten Free

Table 15 below shows the top 10 spend items comparing 2016 to 2017.

Table 15 Gluten free foods spend in 2016 and 2017

<u>Gluten Free Foods</u>	<u>Q3 2017</u>	<u>Q3 2016</u>
JUVELA LOAF	£10,458	£10,937
GLUTAFIN SELECT LOAF	£7,017	£6,474
GLUTAFIN ROLLS	£5,262	£4,675
GENIUS SANDWICH BREAD	£4,281	£4,137
GLUTAFIN PASTA	£4,193	£4,043
JUVELA ROLLS	£3,973	£4,978
JUVELA PASTA	£3,373	£4,042
JUVELA MIX	£3,006	£2,947
GLUTAFIN PIZZA BASES	£2,768	£2,309
WARBURTONS BREAD	£2,459	£2,249

### Recommendations

PMG are asked to:

- Consider whether progress on any of the current projects in progress could be accelerated
- Consider whether further opportunities outlined in the paper should be progressed, identifying project leads and proposed timescales.

### Head of the Prescribing Support Unit

#### 3.2.2 Example of update report to non-medicines oversight group (ONS)

Example provided by NHS Tayside PONMAG

#### Oral Nutritional Supplements Report to PONMAG

<b>Date:</b>	March 2019	<b>Author:</b>	
<b>Objectives:</b>			
This dietetic led oral nutritional supplement pathway (ONS) model enables access to appropriate ONS via Nutrition & Dietetics and community pharmacy. GPs will still require to prescribe ONS, but it will be under the direction of the dietitian. It is based on dietitians as the right clinician advising on diet and prescribing appropriate ONS and meets the new Scottish Government directive on ONS prescribing management. The Nutrition and Dietetic Service (N&DS) will ensure appropriate prescribing by following an approved pathway, protocol, and a best value ONS formulary. Patients will be assessed and advised on the most appropriate nutritional care to meet individuals' nutritional needs. Relevant skill mix will be incorporated into the care pathway and digital health will be used to maximise efficiency of pathway, patient self-management and deliver support close to home.			
<b>A: Achievements and Progress</b>			
The programme is <b>AMBER</b> overall as, while the new ONS formulary is in place, the full dietetic model will not be implemented in the community and care homes until the new procurement route is in place, the distinct ONS team has been fully operationalised and the use of Healthcall has been enabled to address the issue of information governance of spreadsheet monitoring of patients.			

There is also an ongoing staffing issue within dietetics, due to staff sickness and recruitment of staff to other change opportunities, that is limiting the rate of implementation. Recruitment to address these gaps is in progress.

Dietetic led service – community:

The service is being delivered via the existing operational structure. Implementation planning for the formal creation of the ONS district team is due to complete by the end of February 2019, with the service live by the end of April 2019. There is a dependency on confirmation of timelines for procurement to enable the supply route to be implemented and confirmation of the ePO request to eHealth for Ensemble permissions and Healthcall implementation.

Dietetic led service – Care Homes:

An initial test of change is in progress with 3 Care Homes, but this has been impacted both by dietetic staff capacity and by information governance issues with the use of the spreadsheet tool for monitoring. Funding has been secured for a pilot of Healthcall which will resolve these information governance issues and allow for full virtual monitoring of patients. Implementation planning for the care home service is due to complete by the end of April 2019, with the full service expected to be in place by March 2020. There is a risk that care homes do not fully engage with the service as has been experienced during the pilot due to the training requirements in terms of Ensemble and Healthcall.

<b>B: Benefits Delivered</b>		
Benefit	Last Month RAG	This Month RAG
Cost savings 18/19 of £200k		
Cost savings 19/20 TBC		

<b>C: Concerns</b>			
Risks	RAG	Action to address	Status
IF current suppliers react to increasing volumes by increasing prices or refusing to supply THEN the delivery route may not be sustainable / cost effective	15	transparent around supply model changes to ensure potential suppliers are aware base implementation to avoid rapid increases in volume work with procurement colleagues to identify alternative supply as contingency	
IF care homes are not willing to engage due to the overhead of training in 2 I.T. systems THEN implementation may be limited	15	confirm training requirements and ensure care homes are fully aware of the training commitment required identify the most efficient model of training roll-out to minimise overhead provide clarity on the cost/benefit of the new service	
IF we are unable to secure the appropriate levels and skills of staff to deliver the new model of care and the appropriate premises/infrastructure THEN we may not be able to deliver these new models of care	15	identify workforce & infrastructure requirements to deliver proposed new models of care test models of care and re-visit these requirements adapt models of care where appropriate to make best use of staff that can be secured use innovative approaches to recruitment and infrastructure	
Assumptions	RAG	Action to address	Status
1. 2. 3.			
Issues	RAG	Action to address	Status
BECAUSE there are capacity constraints within procurement THEN there is insufficient clarity on procurement timescales	4	Confirm procurement timescales based on worst case Escalate issue to PMG to try and identify where other procurement priorities could be de-prioritised to allow this activity to complete	
BECAUSE the spreadsheet monitoring approach does not comply with information governance standards THEN this approach cannot be used	4	Identify alternative solution (Healthcall) Secure required funding to test Implement alternative if test is successful	

BECAUSE dietetic staff are being recruited to other opportunities THEN capacity for implementation is limited	4	Recruit to vacant roles Design implementation in line with current capacity	
<b>Dependencies</b>	<b>RAG</b>	<b>From/To</b>	<b>Status</b>
Completion of ePO request for Ensemble permissions for entire N7D service		eHealth to ONS	Open
National ONS Products list		NHS Glasgow to ONS	
Dataset from PSU in line with National ONS products list		PSU to ONS	
<b>D: Delivery and Milestones</b>			
Upcoming Milestone and Deliverables	Baseline Date	Forecast Date	RAG
Implementation plan complete – community	28/02/2019		
Implementation plan complete – care homes	28/02/2019		
Service live - dietetic led service	31/06/2019	tba	
Healthcall pilot starts	30/04/2019		
Confirmation of funding for Healthcall going forward (if pilot successful)	28/01/2020		
Service live - dietetic led service in Care Homes	28/03/2020		
Healthcall pilot complete	28/04/2020		

#### Comments:

### 3.3 Highlight significant slippages to the Health Boards Prescribing Management Group

#### 3.3.1 Example of non-medicines prescribing oversight group report to prescribing management group

Example provided by NHS Tayside PONMAG

This is an example of the non-medicines oversight group report to the Health Board's prescribing management group. It contains data and project updates from different non-medicines service areas and includes an update of the oversight group's work plan.

#### PONMAG Report to Tayside Prescribing Management Group for meeting held on 02/11/2023



#### Prescribing of Non-Medicines Advisory Group

#### Bimonthly Report of meeting on

2 November 2023

Version 1.0 (Final)

#### For consideration by

Prescribing Management Group on

29 November 2023

Chair of PONMAG

Programme Manager



## **PONMAG Executive Summary November 2023**

The Prescribing of Non-Medicines Advisory Group (PONMAG) continues to work collaboratively with specialist services to ensure the appropriate governance and assurance structures are in place to deliver the most effective provision of non-medicines to the patients of Tayside within primary care. This report outlines the progress status of the non-medicines programme of work reviewed at the last meeting on 2<sup>nd</sup> November 2023.

### **Stoma Products**

Colorectal Nurse Specialist presented a status update report outlining progress made in the last four months. Objectives and milestones for this work have been reviewed with the Service and revised to reflect the agreed way forward for the now embedded service. The clinical review programme will continue on a practice-by-practice basis, with a commitment to cover all practices in the region and offer every patient with a stoma a consultation with the specialist nurse, at least once every 3 years. Referrals back to the specialist nurse for support and advice are also increasing with positive outcomes. In addition, work to improve governance arrangements for stoma products and accessories continues through formulary maintenance, stoma care education sessions, communication with dispensing appliance contractors and development of new stoma bag guidance for primary and secondary care settings. Significant increases to Scottish drug tariff to bring this in line with NHS England and Wales were noted and the impact on stoma product expenditure will be monitored, subject to the availability of accurate prescribing data. The next update on progress against milestones is scheduled for May 2024.

### **Intermittent Self Catheterisation Products**

Intermittent Self Catheterisation (ISC) Project Nurse presented a status update report on the ongoing patient review programme. 55 practices have now had their ISC patients reviewed, with estimated projected annual savings of more than £88k. Working with the Children's Continence Project Nurse, the Service intend to explore broadening the scope to apply the same approach to meet the needs of paediatric patients using ISC products in the community. The Service is currently awaiting the outcome of a proposal to extend funding for a further six months so the impact of the ISC product formulary and review programme can be fully evaluated.

### **Wound Care Products**

Senior Nurse Specialist attended the meeting to provide an update on behalf of the Wound Management Formulary Group/Tissue Viability Service. The Prescribing Support Nurse and the Contracts Optimisation Manager also presented a report on the status to nursing homes in Tayside. Key milestones to align to the new Tayside Wound Management Formulary are all complete; with some ongoing work to finalise the negative pressure wound therapy and simple dressings contracts. All nursing homes in Tayside are now ordering wound care products and a closure report evaluating the benefits of this work is scheduled for May 2024.

### **Eakin® Hernia Support Belts for Treatment of Incisional Hernias**

shared processes and product recommendations agreed with the Surgical Outpatients Charge Nurse, that will form the basis of a new supply pathway for patients with incisional hernias to be provided with an appropriate support garment. Patients will be fitted and supplied with their initial garment in the hospital setting and instructions communicated to general practice for future provision in line with new prescribing guidance.

### **Lymphoedema Garments and Compression Hosiery**

updated the Group that an SBAR to test a “Healthy Legs Clinic” where patients could be reviewed and monitored with a view to preventing deterioration has been submitted and confirmation is awaited to proceed with a pilot clinic in Arbroath.

### **Tracheostomy and Laryngectomy Products**

Specialist Airways Nurse presented a status update report on work to improve provision of tracheostomy and laryngectomy products in Tayside. An updated [Formulary](#) and process map for product supply via District Nursing Teams was shared and the Service is working directly with staff in the community to ensure smooth transition of supply takes place. A standard operating procedure for a 3 yearly refurbishment programme for Silver Negus Tracheostomy Tubes and draft SBAR outlining the costs and benefits of refurbishment compared to repeat prescribing of plastic tubes for a small cohort of 20 patients was also shared but requires further input from Finance colleagues to confirm a funding stream to take forward the required contractual arrangements.

### **Neria™ Guard Infusion Set**

Senior Nurse, Medicine for the Elderly attended the meeting to discuss queries raised by PONMAG regarding the governance arrangements for the use of neria™ guard infusion set in the treatment of eight Tayside patients with Parkinson’s disease being prescribed apomorphine. It was established this particular giving set is generally adopted for apomorphine administration in other Board areas, but there is a gap in governance arrangements for the giving set element of the pathway and DD agreed to undertake further work to address this with support from Prescribing Support Nurse. Progress will be reviewed by PONMAG in February 2024.

### **Other Items Discussed**

Senior Nurse, Renal Services has confirmed **Independence® VAP Dressings** are no longer recommended for use by renal patients in Tayside and these products, which are not on any Tayside formulary, will be listed in the PONMAG Decision Register as ‘not supported’ for prescribing in primary care. Prior to exploring the evidence base for use, over £14k was spent on these products across the region in the 12-month period to February 2023.

Due to a **central upgrade of the PRISMS data system**, the Prescribing Support Unit (PSU) are working through ongoing issues and a significant number of reports are having to be re-written, increasing workload and resulting in longer turnaround times for data requests. This is impacting on a number of non-medicines areas that require baseline or updated prescribing data for planning or assurance purposes but is unfortunately out with the control of PSU and PONMAG.

In preparation for submitting PONMAG documentation for consideration by a **new national non-medicines short life working group (SLWG)**, the **non-medicines governance self-assessment tool and status update reporting template used by services have been reviewed and updated** to reflect the shift to describing assurance for non-medicines governance as being at one of four different levels.

The new templates will be rolled out for implementation in Tayside by the next PONMAG reporting cycle in February 2024. The first meeting of the national SLWG led by GP Clinical Lead Effective Prescribing & Therapeutics Division, Scottish Government and Angus HSCP Associate Clinical Director and Chair of PONMAG is scheduled to take place on 30<sup>th</sup> November.

### **DRAFT Minute**

**Minute of the above meeting held on Thursday, 2<sup>nd</sup> November 2023 at 2.00pm on MS Teams.**

<b>Core Members</b>	
<b>Present:</b>	
	Programme Manager (EF)
	Prescribing Support Nurse (SF)
	Procurement Manager (NG)
	Locality Pharmacist, P&K (GL)
	General Practitioner, Chair (SJ)
	Management Accountant (SMcD)
	Assistant Finance Manager - Primary Care & Prescribing (AP)
	Lead Pharmacist, Prescribing Support Unit (HS)
	Prescribing Support Nurse (CW)
<b>In Attendance:</b>	
	ISC Project Nurse (CB)
	Senior Nurse Specialist (KD)
	Senior Nurse, Medicine for the Elderly (DD)
	Colorectal Nurse Specialist (DJ)
	Pharmacy Departmental Administrator (RMcP)
	Children's Continence Project Nurse (KM)
<b>Apologies:</b>	
	Lead Nurse, Angus HSCP (KF)
	Lead Clinical Nurse Specialist for Tissue Viability (JN)
<b>Not in Attendance:</b>	
	Specialist Dietitian (AC)
	Lead Specialist Nurse Urology (AR)
	Specialist Nurse ENT (EM)
	Senior Nurse, Dundee HSCP (CS)
	Emergency Laparotomy Specialist Nurse (HW)
	Deputy Head, Procurement (JW)
<b>Co-Opted Members</b>	<b>Minute for information</b>
	Colorectal Specialist Nurse (AB)
	Specialist Dietitian (AC)
	Senior Nurse Specialist (KD)
	Senior Speech and Language Therapist (KF)
	Macmillan Lymphoedema CNS NMP (CH)

	Senior Specialist Nurse, Continence (LH)
	Service Lead, Community Dietetic Services (NH)
	Lead Dietitian (ONS) (RM)
	Specialist Nurse ENT (EM)
	Acting Clinical Lead, Tayside Adult Acquired Speech and Language Therapy Service (FM)
	Senior Physiotherapist (SM)
	Consultant General Surgeon (SO)
	Macmillan Specialist Physiotherapist (FR)
	Lead Specialist Nurse Urology (AR)
	Clinical Nurse Specialist (CR)
	Consultant, Medicine and Cardiovascular (CS)
	Consultant Respiratory Physician (PS)

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UGI Specialist Nurse (PS)
Specialist Nurse Diabetes (DV)
Managed Clinical Network Co-ordinator for Respiratory (JW)
Diabetes MCN Manager (EW)

#### Chair

ITEM		ACTION
1.	<b>WELCOME AND APOLOGIES</b>	
	SJ welcomed members to the meeting. Apologies received were noted as above.	
2.	<b>DECLARATIONS OF INTEREST</b>	
	None.	
3.	<b>MINUTE OF LAST MEETING - 7<sup>th</sup> September 2023</b>	
	The minute of the previous meeting was accepted as an accurate record of the meeting.	
4.	<b>ACTION POINTS UPDATE AND MATTERS ARISING</b>	
	The actions points table was reviewed and updated accordingly.	
5.	<b>STOMA PRODUCTS</b>	
5.1.	Stoma patient review status update report	

	<p>SJ welcomed DJ to the meeting. SJ praised DJ for the excellent level of service provided to stoma patients in primary care.</p> <p>DJ provided members with an update. Points were made as follows:</p> <ul style="list-style-type: none"> <li>- Updated report to reflect the new objectives, milestones for the new embedded service for stoma patients in Tayside.</li> <li>- New spreadsheet has been produced with further savings projected.</li> <li>- The Stoma Accessory Formulary has been updated.</li> <li>- Educational sessions have been successful.</li> <li>- DJ has begun to produce guidance surrounding stoma bags. DJ shared the intent to create a document for primary care and a document for secondary care. Once completed DJ will share this with PONMAG.</li> <li>- The programme of patient reviews has now restarted in three high spending practices.</li> <li>- A significant increase in referrals from Pharmacy teams for support and advice was noted, with positive outcomes.</li> <li>- DJ highlighted concerns surrounding changes to the Scottish Drug Tariff since pricing of stoma products has been aligned to NHS Wales and NHS England and this will result in an increase to the overall spend.</li> </ul> <p>NG highlighted that Grampian are using less barrier cream than Tayside. DJ responded stating that barrier cream is not prescribed in patients with stomas. KD explained that the switch from conotrane® cream to cavilon™ cream is most likely due to Tissue Viability Service advocating use of the latter because it can be used on broken skin. Whilst the 28g tube was more expensive, it was considered more economical to prescribe in the community as there is a tendency for 2g sachets to be thrown away once opened, rather than continued use as would happen in the acute setting.</p> <p>EF stated that the drug tariff changes will have a significant impact which must be quantified.</p> <p>EF asked AP if there is an intention to monitor these changes and quantify the impact of this. AP in response stated, this would be difficult to know at this stage. AP highlighted issues surrounding how the data has been captured. AP added that the Scottish Government are to fund this increase. AP added the full impact of this will become clearer in the coming months.</p>	
<b>6.</b>	<b>CONTINENCE PRODUCTS</b>	
<b>6.1.</b>	ISC product review status update report	
<b>6.2.</b>	SBAR to PMG to request extension of ISC project funding	

	<p>CB informed members that the project is progressing well, and significant savings are projected.</p> <p>CB reported that an SBAR was taken to PMG proposing a 6-month extension to ISC project funding. This has been sent back to the partnerships for consideration.</p> <p>CB noted that all formulary catheters are now available. CB spoke with the Children's continence project nurse to determine what can be accomplished to capture paediatric patients within the ISC patient review programme. SJ encouraged to apply the same model as for adults.</p>	
<b>7.</b>	<b>HOME ENTERAL TUBE FEEDS</b>	
7.1.	Evaluation report	
	<p>NG provided a brief update, informing members that the joint contract review meeting with NHS Fife has taken place.</p>	
<b>8.</b>	<b>WOUND CARE PRODUCTS</b>	
8.1.	Wound management formulary group status update report	
	<p>KD informed members that much of the delivery and milestones noted in the report have been completed. KD added that a process to report prescribing anomalies for wound care products is now a standing agenda item for the wound management formulary group, although recent national issues with PRISMS have delayed the data to inform discussion.</p> <p>KD advised that negative pressure wound therapy discussions are still ongoing. KD anticipates this will be finalised soon.</p> <p>NG informed members of a piece of work; pulling together data from August 2022 to July 2023 to evaluate work to bring the Tayside Wound Management Formulary in line with the new contract. Which represents 27,009 rows of data. This analysis will confirm savings from the no change price variances and products that have been switched. NG notes savings so far of nearly £20,000, less than 40% of the way through the analysis.</p>	
8.2.	Care home status update report	

	<p>CW provided members with an update. Points</p> <ul style="list-style-type: none"> <li>- All nursing care homes are now ordering of wound management products.</li> <li>- To ensure equity of access to more specialist products, it was agreed that they would have access to the entire catalogue, with caveats around that and on the proviso that these would be requested on recommendations from specialist services. Approval process to be reviewed to ensure care homes are ordering appropriately - in terms of spend and volume.</li> </ul> <p>CW highlighted a care home patient requiring specialist equipment. CW asked members for support to determine the best supply route to procure these niche products. NG highlighted this as a matter of clinically urgent. AP to liaise with NG and CW to resolve this.</p> <p>EF requested a closure report for the nursing home project in May 2024 together with an update from the Wound Management Formulary Group and this was agreed as a reasonable timeframe.</p>	<b>AP/ NG/ CW</b>
<b>9.</b>	<b>EAKIN INCISIONAL HERNIA SUPPORT BELTS</b>	
9.1.	Process map	
9.2.	Abdominal sheet	
9.3.	Eakin incisional product	
	<p>CW and HW met to discuss the process map for the supply of these products. CW informed members that HW has now developed a referral form. CW elaborated, stating, in the first instance patients will be measured and supplied with these garments in hospital.</p> <p>CW explained that the hospital will then liaise with general practice keeping a note of what the patient was supplied, who measured the patient, the size required, at the date this took place. This information will then be added to the patient's prescription for future use. If patients require a change - they will be re-referred to the hospital.</p> <p>CW highlighted the onus of measuring and fitting for these garments will not fall on community.</p> <p>GL queried how this information would be communicated to practices. CW and GL to discuss.</p> <p>CW stated that the numbers surrounding this are relatively small. GL queried whether this would be long or short term. SJ explained that this is a treatment for patients that are unable to undergo surgery, therefore is likely to be a long-term requirement for patients if they remain compliant. CW noted HW had stated 4 – 5 patients are currently being seen monthly. ordering of these garments in the last 12 months was only £2.5k, confirming low patient numbers.</p> <p>SJ clarified the wording used in the process map should be “standard repeat” for future supply.</p> <p>CW agreed to change this wording in the document.</p>	<b>CW / GL</b>

<b>10.</b>	<b>LYMPHOEDEMA GARMENTS AND COMPRESSION HOSIERY</b>	
<b>10.1.</b>	Healthy legs proposal update	
	<p>CW updated the Group that an SBAR has been submitted to the Primary Care Service Manager in Angus HSCP, to test a “Healthy Legs Clinic” where patients could be reviewed and monitored with a view to preventing deterioration. Confirmation is awaited to proceed with a pilot clinic in Arbroath. CH asked CW to raise a query regarding private patients receiving treatment for lymphoedema requesting products from the NHS.</p> <p>SJ advised this was covered under the Prescribing Following a Private Consultation Policy and the same principles apply for non-medicines as for medicines. SJ highlighted this, citing, in the instance that the patient is requesting a medication, or product which is currently on the formulary, and would be used for the indication, there is no issue with provision. However, if recommendations aren’t congruent or from who we would expect them to be from, this would be grounds to decline the request.</p>	
<b>11.</b>	<b>TRACHEOSTOMY AND LARYNGECTOMY PRODUCTS</b>	
<b>11.1.</b>	Status update report	
	<p>AMcl provided members with an update, stating that the tracheostomy and laryngectomy products formulary, and the process map for community teams to be able to procure these products have been reviewed and updated.</p> <p>AMcl made reference to the SBAR and SOP surrounding the refurbishment of silver tracheostomy tubes.</p> <p>There has been a trial of three patients who have given positive feedback. AMcl queried where the budget for refurbishment would sit. AMcl highlighted that ENT have stated this finance does not come from their budget. AP to liaise with AMcl on this.</p> <p>EF added, it is not a particularly large cost to meet this need (less than £10k) and is clearly more economical than prescribing disposable plastic tubes. EF and AMcl highlighted that the number of patients currently prescribed silver tubes are fixed so costs will not grow. CW, AMcl, AP to liaise.</p>	<p><b>AP /</b>  <b>AMcl</b>  <b>CW /</b>  <b>AMcl</b>  <b>/ AP</b></p>
<b>12.</b>	<b>NERIA GUARD GIVING SET</b>	
	<p>SJ explained that PONMAG is required to ensure there is appropriate governance behind the selection and use of neria™ guard infusion set. DD explained the process to members, stating a Britannia nurse specialist is involved. Once the patient has been identified as requiring treatment with apomorphine by the clinician, the company then becomes involved with the patients and moves forward from there. DD stated that the GP’s prescribe the medication and the giving sets.</p> <p>However, NG affirmed very few areas are using that supply route, so it is generally ordered via GP10. SF added that the processes surrounding neria™ guard are unclear.</p> <p>DD noted that seven other health boards in Scotland also use neria™ guard. NG asked whether there is a contract in place with Britannia and highlighted a potential gap in governance arrangements.</p>	



	<p>HS clarified that there is an honorary contract in place for supporting patients with apomorphine use at home. However, was unsure about the boundaries in place for this.</p> <p>HS also highlighted disparities in the quantities of neria™ guard currently being supplied. HS suggested that the governance surrounding the quantities being supplied, and how the giving sets are being managed needs to be looked at. HS noted this would aid transparency. DD agreed to undertake further work to address this with the support of SF.</p>	
<b>13.</b>	<b>ERECTILE DYSFUNCTION</b>	
13.1.	Status update report	
	SF to liaise with IF and GB to determine what stage the service is currently at with product trials to inform product selection and the development of a new formulary.	
<b>14.</b>	<b>NON-MEDICINES FINANCE UPDATE REPORT</b>	
	<p>AP noted that finance has no prescribing data at this stage. AP cited on-going issues with PRISMS which is hindering this information.</p> <p>HS added that most reports are now being rewritten. As a result of this, HS explained that the turnaround for this data will be significantly slower.</p>	
<b>15.</b>	<b>UPDATED PONMAG TEMPLATES</b>	
15.1.	PONMAG Non-Medicines Governance Self-Assessment Tool v1.2 (Final)	
15.2.	Quarterly one-page PONMAG update template v1.1 (Draft)	
	<p>EF stated the assurance levels have been added into the status update report template so services can confirm themselves what level of assurance they are providing. EF added when services come for their review, PONMAG can then review where the service is sitting against the agreed criteria.</p> <p>EF explained that initially the sustainability of products was previously incorporated into the bimonthly template. However, it was felt this would sit better on self- assessment checklist. EF added that there has also been a section added which will look at patient and public involvement. This is to prompt capturing feedback when services are making plans to change products being prescribed or pathways.</p> <p>EF added the updated self-assessment checklist can go onto the non-medicine's webpage. EF noted the intention to move the services reporting to the updated templates by the next PONMAG meeting taking place in February. SJ asked that the assurance criteria be added for reference. EF agreed with this.</p>	
<b>16.</b>	<b>PONMAG WORKPLAN</b>	

	<p>Group discussed and agreed the following areas will return for review in February:</p> <ul style="list-style-type: none"> <li>- Continence formulary group</li> <li>- Intermittent self-catheterisation products</li> <li>- Bowel irrigation systems</li> <li>- Diabetes Consumables</li> <li>- Neria™ guard giving set</li> <li>- Oral nutritional supplements</li> <li>- Tracheostomy &amp; laryngectomy products</li> <li>- Erectile dysfunction devices (SF to liaise with leads, but provisionally scheduled in February).</li> </ul>	
<b>14.</b>	<b>AOCB</b>	
	<p>EF shared with members that the Scottish Government are setting up a national working group for non-medicines and EF has been asked to submit the documentation agreed with the Group in the previously circulated draft handbook index.</p>	
<b>15.</b>	<b>MEETING DATES 2024</b>	
	<p>All Thursdays on MS Teams, 2.00-4.00pm on:</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> February 2024</li> <li>• 2<sup>nd</sup> May 2024</li> <li>• 1<sup>st</sup> August 2024</li> <li>• 7<sup>th</sup> November 2024</li> </ul>	

Table 16: PONMAG action log

Meeting	Ref	Area	Action	Owner/s	Update	Status
7Jul22	19.	<b>Capturing benefits of the non-medicines programme</b>	Review layout and content of bimonthly report template	EF/CW	<p><b>1Sep22:</b> Carried forward, EF/CW meeting offline.</p> <p><b>17Nov22:</b> Carried forward.</p> <p><b>12Jan23:</b> Carried forward. <b>9Mar23:</b> Carried forward.</p> <p><b>4May23:</b> Carried forward.</p> <p><b>6July23:</b> Carried forward.</p> <p><b>7Sep23:</b> Carried forward.</p> <p><b>14Sep23:</b> EF circulated an updated draft of the report template for comment by Friday 22<sup>nd</sup> September.</p> <p><b>2Nov23: Updated draft template approved by Group, with table of assurance attached for reference. Closed</b></p>	<b>Closed</b>
1Sep22		<b>Specialist baby milk</b>	SJ/HS to liaise out with the meeting on response to the SBM team regarding checks of prescribing beyond 12 months for assurance purposes.	SJ/HS	<p><b>17Nov22:</b> Carried forward.</p> <p><b>12Jan23:</b> Carried forward.</p> <p><b>13Feb23:</b> NK updated there is nothing further to add to the status report submitted to PONMAG in January and she won't be able to attend the PONMAG meeting in May. This is due to ongoing staff shortages and increased clinical demands which has impacted on the Service's ability, at this moment in time, to be able to support the previously agreed CMA pathway.</p> <p><b>9Mar23:</b> No additional update available currently. EF to contact NK to agree current assurance level for this area in the first instance.</p> <p><b>4May23:</b> EF updated a meeting was requested to review SBM assurance levels on 24<sup>th</sup> April. CB who previously led on this workstream has left her post with NHS Tayside.</p> <p><b>6July23:</b> EF did not receive a response. KF noted NK is retiring. EF requested HS arrange to provide recent SBM prescribing data for review by PONMAG to inform a discussion with the Service to agree their current assurance level.</p> <p><b>28July23:</b> AC contacted EF to explain deficit in Service capacity with 3.4WTE vacancies and due to prioritisation SBM/CMA work has been stepped down.</p> <p><b>31July23:</b> EF informed AC awaiting prescribing data (PSU trying to resolve issue with report query) and will make arrangements to meet and discuss assurance status when this is available.</p> <p><b>7Sep23:</b> No further update. Carried forward</p> <p><b>2Nov23:</b> EF explained once prescribing data becomes available,</p>	Open

Figure 14: Stoma Product Review Update to PONMAG – November 2023

## Objectives

To maintain an established review process of all patients prescribed stoma appliances and accessories within NHS Tayside. Patients will receive a rolling review on a 3 yearly basis as per individual GP Practices. To review the data generated from PRISMS on a 6 monthly basis and report back to the Colorectal Specialist Team. This will identify areas of high cost and non-Formulary compliance whilst highlighting areas of clinical concern.

To ensure that healthcare colleagues have access to an up-to-date Tayside Stoma Accessory Formulary and Stoma Product Guidance to support quality prescribing for stoma products.

To deploy up to 5% of CNS time (around 6 hours per month) to facilitate stoma education and training sessions to healthcare professionals in the community setting to enhance clinical care and ensure:

- \* Best practice patient centred stoma care
- \* The use of the most clinically and cost-effective products

## Concerns and/or any change to risk status

**1.Changes to Scottish Drug Tariff** – stoma supplies are no longer included in the Scottish Drug Tariff; they are now being managed by National Procurement which has aligned with the NHS England and Wales Drug Tariff. Stoma appliances and associated products including urostomy pouches are listed in Part IXC of the Drug Tariff – [Stoma supplies | National Services Scotland \(nhs.scot\)](#) – significant increase in stoma product prices that will impact overall spend.

**2.Dispensing Appliance Contractors (DACs)** – new Tayside Stoma Accessory Formulary sent out to all DACs with covering letter. No stoma accessories to be sent out as samples – patients to be referred to Colorectal Service for assessment/review.

## Progress made in last 4 months.

**1.Patient stoma reviews** – 3 x Angus high spend Practices identified for follow up patient reviews – further savings projected (ongoing). Cycle of rolling reviews commenced and new spreadsheet available with projected annual savings. Follow up and outstanding reviews continue. **2.Tayside Stoma Accessory Formulary** – further update to Formulary completed due to discontinued products (Sureprep barriers) – Cavilon Barrier Spray 3346P now 1<sup>st</sup> choice. Information shared in Primary Care Newsletter.

All Formulary accessory prices updated following recent changes (see concerns).

**3.Stoma Educational Sessions** – theoretical and practical sessions carried out in primary and secondary care settings for all health and social care workers – excellent feedback from Teams (completed evaluation forms available/feedback in Angus District Nursing Newsletter Autumn 2023) – further sessions to be arranged.

**4.Stoma Bag Guidance** – progressing with formulating stoma bag guidance for primary and secondary care. Separate guidance required for each sector.

**5.Patient Reviews** – significant increase in referrals back to this service for support/advice re stoma issues and products – positive outcomes.

D: Delivery and Milestones			
Upcoming Milestone and Deliverables	Baseline Date	Forecast Date	RAG
*PRISMS – monitor trends in expenditures for stoma			
care appliances – 1 <sup>st</sup> data review with Colorectal Lead	March 2024		
*Develop guidance to support stoma bag choices - to help			
promote consistency in products used in primary care	April 2024		
*Develop guidance to support stoma bag choices - to help			
promote consistency in products used in secondary care	April 2024		
*Complete rolling review of all stoma patients at 10/60			
GP Practices in a 6-month period	April 2024		

Key: Completed On target Missing target corrective action plan in place Failing targets support required

Figure 15: Project Title: Intermittent self-catheterisation (ISC) Bimonthly Update to PONMAG –November 2023

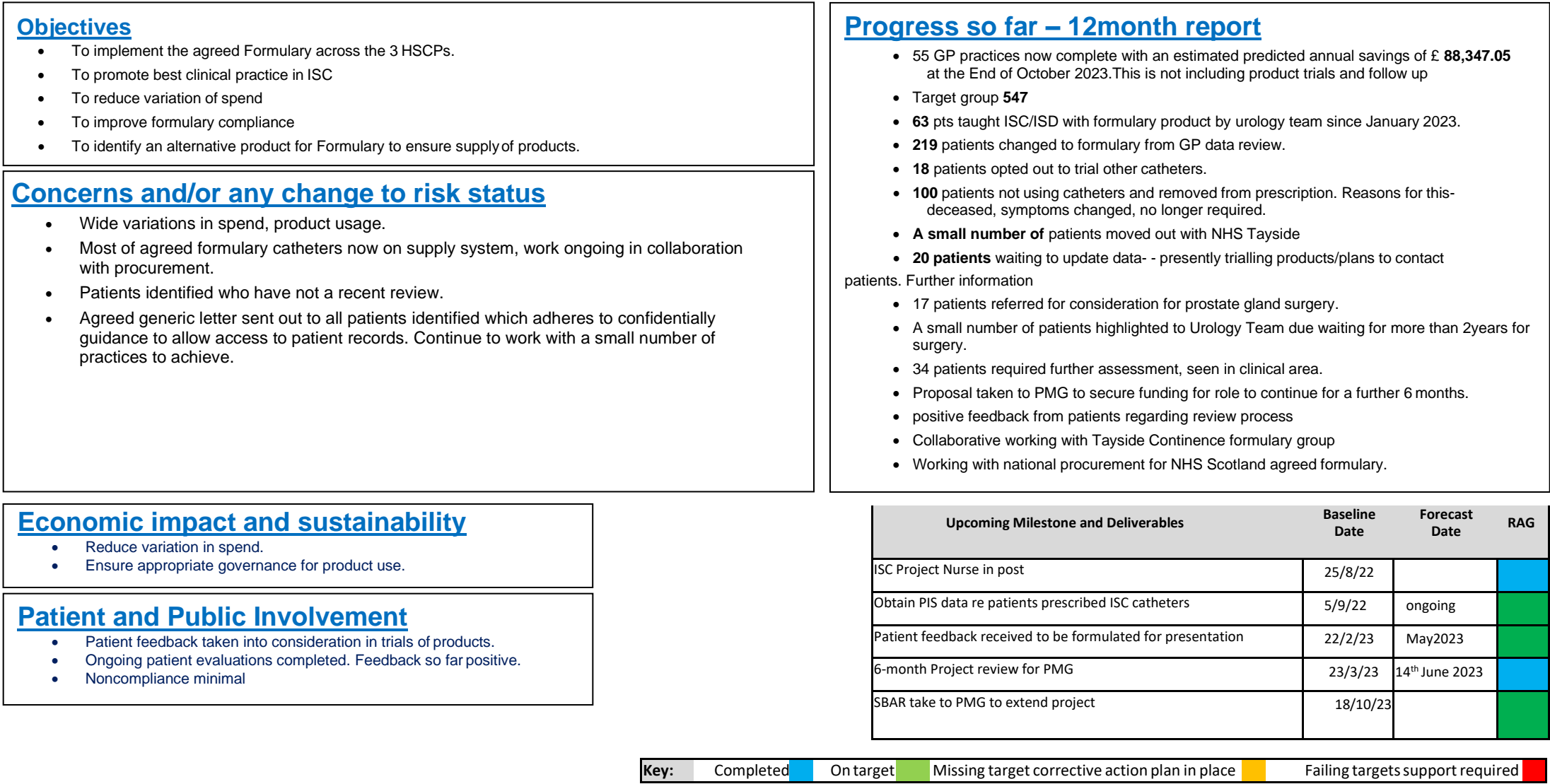


Figure 16: Wound Management Formulary Bimonthly Update to PONMAG – November 2023

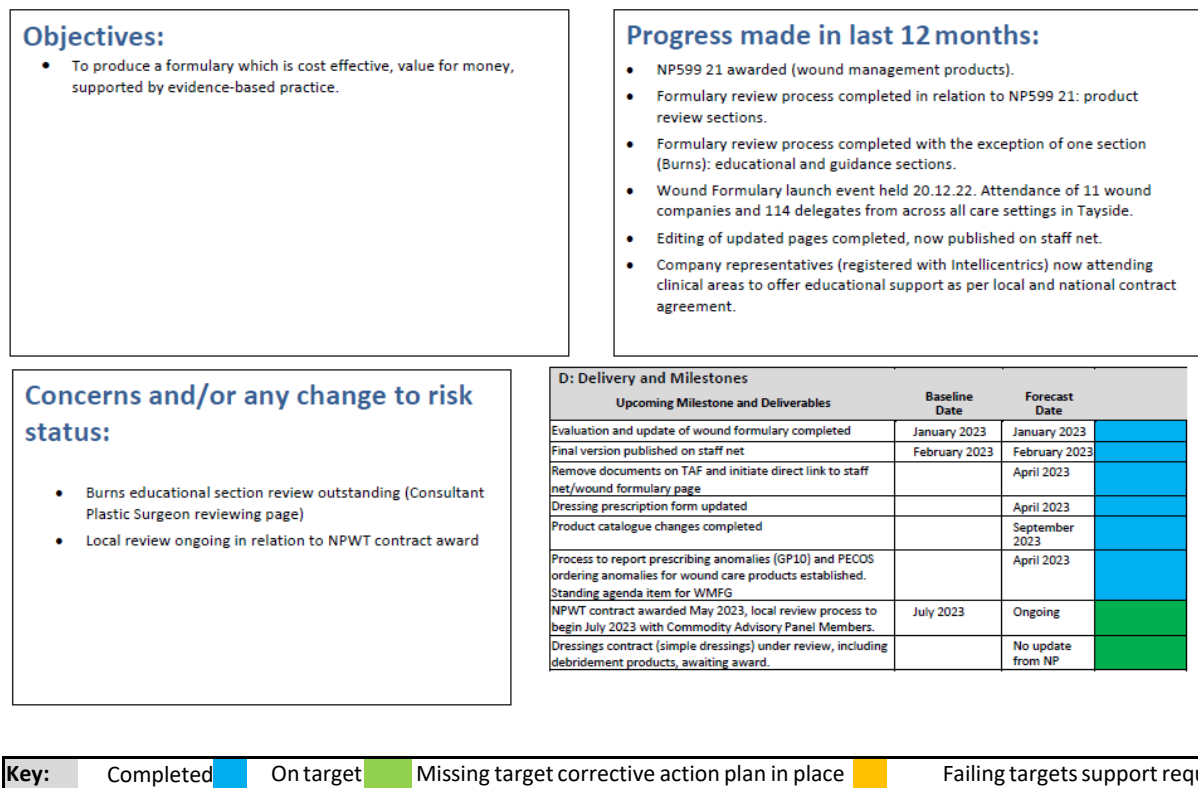


Figure 17: Project Title Care Homes Wound care Products Bimonthly Update to PONMAG – November 2023

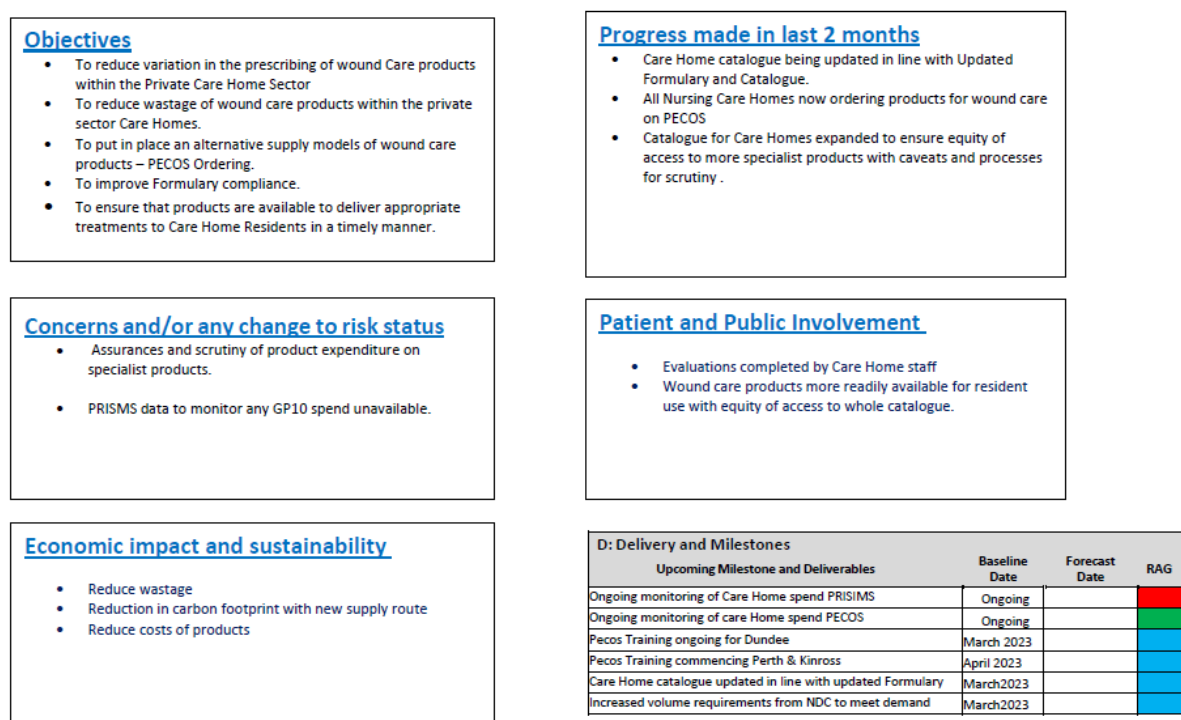


Figure 18: Project Title Tracheostomy and Laryngectomy Bimonthly Update to PONMAG – 20th October 2023

## Objectives

- To Develop a NHS Tayside formulary for Tracheostomy and Laryngectomy products which is cost effective, value for money, supported by good practice and sustainable to the Service across the 3 HSCPS – **codes and formulary updated October 2023 checked supplier codes for changes.**
- To consider alternative supply models for the provision of Tracheostomy and Laryngectomy products
- To reduce wastage and variation in prescribing.
- MDT involvement with CAP national procurement process for altered airway products.

## Concerns and/or any change to risk status

- Concerns regarding patients obtaining products from PECOS and GP10s -a lot of supply chain problems (alternatives identified)
- Due to these products being very niche there is sometimes issues in Local Pharmacists being able to get supply timeously.
- Identified district nurses have wider pecos product access as NHS than GP practice nurses - GP prescriptions pharmacy processes – availability of 2. 5 ml saline plastic amps (not glass)
- Moving of Budgets from prescribing to PECOS to promote PECOS ordering Processes.
- Silver tracheostomy tubes – supply and refurb costs per patient defined in SBAR and SOP.**
- Budget to support rolling programme of silver tubes refurb ideally will sit with ENT Altered Airway specialist nurses as we know the patients (PONMAG accountant involvement to define finance feasibility)**

## Economic impact and sustainability

- Reduce wastage through PECOS Supply rather than Patient specific prescription.
- Reducing costs and wasted quantities of stock.
- CAP process engagement ( 8.11.23)

## Progress made in last 2 months.

- Language. Procurement and Prescribing Support.
- GP10 spend mapped reduction noted 12months to end of July -21 £61826. 12months to end of July 22 £53359
- Updated PIS data requested.
- Formulary developed, updated October 2023 and published.**
- Process Map updated October 2023 for order guidance.**
- Specialist Altered Airway Nurse commenced post 15.5.2023 to work collaboratively taking this work forward.
- Generic email for altered airway team to be finalised to go live.**
- Bleep for altered airway service 3357 Mon-Fri 8am – 4pm
- Learnpro altered airway education module final sign off pending.**
- CAP Tayside panel chosen for NP altered airway products **8/11/23.**

## Patient and Public Involvement

- Improving supply route for patients through PECOS
- Large training events completed for Community Nursing team leads in Dundee localities to support inpatient discharge out to community for patients with altered airways safeguarding their pathways.**
- New weekly Altered Airway outpatient clinic on a Wednesday afternoon
- Patient feedback process to be confirmed – care opinion.**

### D: Delivery and Milestones

Upcoming Milestone and Deliverables	Baseline Date	Forecast Date	RAG
Liaise with DNs to look at feasibility of PECOS supply	July 22	ongoing	
Formulary for Tracheostomy products published.		Sept. 22	
Consultation with wider Clinical Team.	July 22	ongoing	
Process Map for supply route reviewed updated October 2023 for DNs and Locality Leads meeting	July 22	ongoing	

## 4. Review

- Aim to review each non-medicine prescribing area every two years or sooner based on data trends.
- Assess variations within Health Board and compare with other NHS Boards
- Facilitate dissemination of formulary choices with other boards
- Identify escalate risks impacting objectives
- Build a case for required improvements.
- Communicate and promote effective non-medicines governance systems and policies to improve awareness and adoption by all stakeholders
- Monitor corrective actions taken post-review

### 4.1 Build a case for required improvements

#### 4.1.1 Example of project proposal to prescribing management group (short- term – Urology)

Example provided by NHS Tayside PONMAG

#### **ISC Project proposal to Tayside Prescribing Management Group - 6 month extension funding**

**Meeting: Prescribing Management Group**

**Meeting date:18/10/23**

**Title: Intermittent Self Catheterisation Review Project / Application for project extension.**

**Responsible Officer: Lead Urology Specialist Nurse**

**Report Author: Lead Urology Specialist Nurse, Urology Specialist Nurse, Prescribing Support Nurse, Lead Pharmacist and Asst Finance Manager**

#### **Purpose**

This is presented to PMG for: approval of extension of ISC project post

#### **Decision**

NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

#### **Report summary**

##### **Situation**

**To agree for a 6month extension of this project to allow the opportunity to gather and complete data collection and write a formal report to reflect cost saving and fully describe patient experience.** There has been a particular challenge in determining the actual savings and cost avoidance as a result of these interventions due to the national issues with provision of prescribing data. Currently PRISMS/PIS data is only available to May 2023, with significant caveats. Due to the lag time between SpN interventions and prescription recommendations becoming active it is unlikely that the full benefit of the project can be demonstrated until further prescribing data becomes available. This should allow comparison of records of interventions held by the SpN with actual prescribing volume and costs and provide assurance of savings and cost avoidance as a result of the project.



## Background

In August 2021 following a successful pilot exercise in Kirriemuir Medical Practice an experienced urology specialist nurse (SpN) was appointed to carry out reviews for patients using ISC by telephone consultation. The data taken from the Prescribing Information System (original data collected for pilot study) July- Sept 2020 reported 656 patients across the 3 HSCPs were requesting intermittent catheters on prescription.

The aim of the project was:

- To implement the agreed Formulary across the 3 HSCPs.
- To promote best clinical practice in ISC based on current evidence.
- To reduce variation of spend
- To improve formulary compliance
- To identify an alternative product for Formulary for the more complex patient

Prior to commencing this project, patients carrying out ISC had access to an open appointment with the urology service however access to this service relied on self-assessment by the patient. No specific resource was allocated to provide patients carrying out ISC in the community with regular routine review and support; or to ensure the products they were using continued to be the most cost effective and meeting patient's needs .

Urology SPN is currently implementing a rolling review and support programme for patients carrying out ISC across the 3 HSCPS using remote methodology based on patient centred realistic medicine principles and face to face review where deemed appropriate. Key aims of the review and support programme are:

- Providing routine, expert, patient-centred care to ISC patients in the community
- Improving clinical and cost effectiveness of ISC prescribing, with reduction of inappropriate variation
- Implementing the of [Intermittent Self-Catheterisation Catheters Formulary.pdf \(scot.nhs.uk\)](https://www.scot.nhs.uk/intermittent-self-catheterisation-catheters-formulary/) cost effective and clinically evaluated catheter products. Developing professional relationships between the urology service and the primary care team

This Project was primarily set up as a fixed term 18mth project to reduce unwarranted variation and cost.

Table 17: Patients reviewed to date 2/7/23

HSCP	Number of patients
Angus	151
Dundee	201
Perth & Kinross	195
NHST Total	547

## Review Process

Collaborative working with GP with agreement from the teams to be given access to GP system secured for Urology Specialist Project Nurse (USPN)

Agreed quarterly update of patients requesting prescription for intermittent catheters

All patients carrying intermittent catheterisation will receive initial phone call for assessment of symptoms/catheters. Support may be required with further clinical assessment which is arranged to attend urology clinic and there is an agreed treatment plan.

Any Changes to patient's prescription will be actioned by Urology SPN and review documented in patients GP notes in real time and clinical portal

As this service has developed and profile has been raised the project nurse has been working collaboratively with supporting Pharmacists, Pharmacy Technicians, and other primary care staff to provide optimum care to patients with ISC in the community.

Table 18: snapshot examples of non-routine interactions requiring follow up onward referral, advice

Example; Follow up Initial contact /follow up required	Direct patient Contact – Phone call/ face to face Time- Mins	Non patient Contact – email/ Referral/ Vision / Clinical Portal/ ICE / E-Case – Time Mins	Total Time Mins
Complex Patient follow up required	240mins	120mins	360mins
Complex Patient Follow up with NOK at Patient request	120mins	60mins	180mins
Review of patient Complex Psychological issues	60mins	60mins	120mins
Call back / patient	120mins	30mins	150mins
Pharmacist Product advice	30mins	30mins	60mins
GP contact	0	0	0
Patient Review Patient initiated concern re ISC	30mins	30mins	60mins

### Assessment

Evidence presented in this proposal indicates the project has successfully delivered the following objectives:

- **Establishment of a live NHS Tayside ISC Patient Database** identifying and quantifying the number of patients requiring ISC needs and associated products in the region
- **A clinical and prescription review for all ISC patients in Tayside** whose records can be accessed undertaken by a specialist and supported by a clinical review via telephone or in person where outcomes of the remote review indicate it is appropriate to do so.
- **Successful implementation of a Tayside Intermittent Catheter Formulary** as far as is reasonably practicable and taking into account patients' individual clinical needs.
- **Delivery of person-centred care** through holistic clinical review and identification of appropriate products and quantities to meet each patient's clinical needs.
- **A reduction in variation and waste** in primary care by improving the quality of product prescribing in line with formulary recommendations and best practice resulting in significant cost savings.
- **Potential reduction in time spent within general practice** resolving ISC product prescribing issues (e.g. pharmacists, GPs etc)
- **Development of a new model to effectively manage intermittent self-catheterisation in primary care** that is part of a whole system strategy to supply the most appropriate products to all ISC patients in Tayside, thereby improving the quality of care across all settings.

Benefits can be summarised as

- Reduced inappropriate variation in ISC prescribing
- Improved equity of access to expert ISC care for vulnerable groups
- Improved financial & clinical governance

### Patient Story Example

A 65-year-old female had been attending their GP with concerns with incomplete bladder emptying UTI and irritative urinary symptoms over a number of months. She was taught intermittent self-catheterisation by the GP as she had previous Urology Experience. A period of time went passed and the patient was not keen to continue performing ISC. She again approached the GP and was informed that was her only option. As part of the project, I conducted a telephone review and made a clinical decision to see her in person for review of her ongoing symptoms. She had baseline bloods, USS of her urinary tract which did not reveal any abnormalities. Lower Urinary Tract assessment was carried out and a decision to commence medication and change to formulary catheter was agreed with the patient. Further review was carried out after commencing treatment. She was delighted as her symptoms had disappeared, catheter usage had reduced, and she felt she "had her life back". She felt that "someone had listened, and she has a contact if had any issues in the future".

### Quality Patient Care

This project has sought patient feedback by carrying out Patient Evaluation feedback responses. The Feedback received from patients regarding this project has been very positive.

Following analysis of the patient evaluation feedback forms regarding their experience of the ISC review it has identified that catheter education, lifestyle advice, health promotion is beneficial to support compliance and understanding for some ISC patients. It is vital that patients have a treatment summary of their management and support. The results have been extremely positive regarding the benefits of their ISC review, and the outcome achieved. This has been an effective and valuable tool to identify areas in the current service that can be improved to meet individual needs and to continue to provide an essential service delivering high quality, person centred, safe and effective, integrated care. See Chart 9: Evaluation results below.

Chart 9: Evaluation

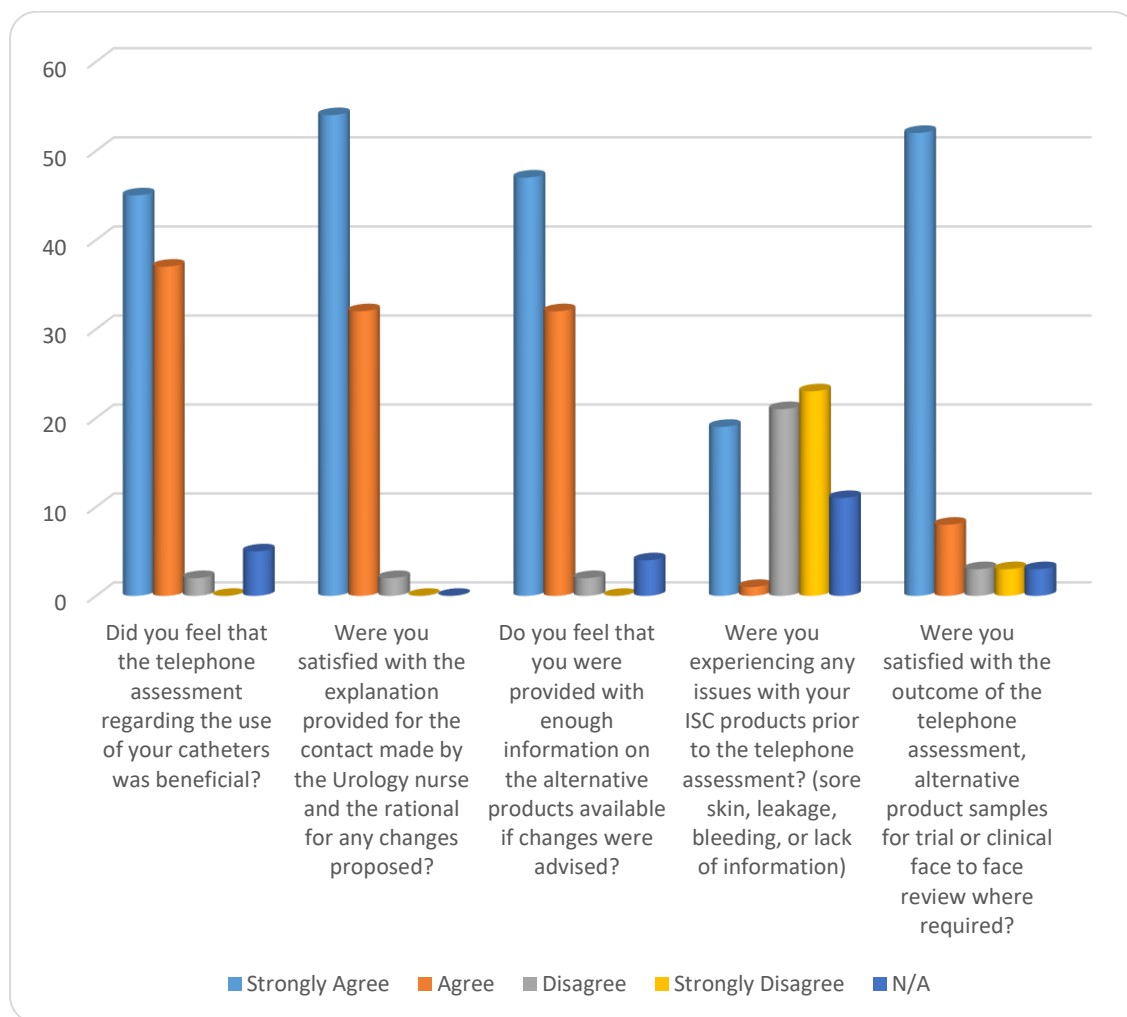
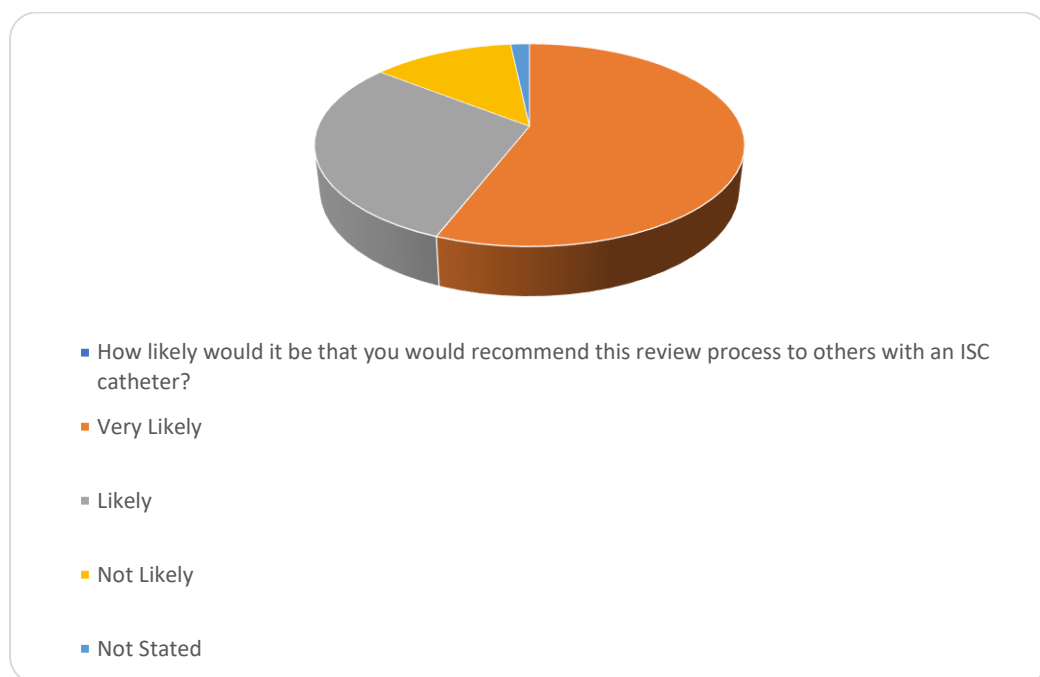


Figure 19: Review process results



## Workforce

The post of the Urology Specialist Project Nurse is a Lone worker position and NHS Tayside Lone Worker Policy has been considered. The post is closely aligned to the existing Urology Service and close links continue to be maintained to ensure optimum continuity and quality care throughout the patient journey.

## Financial

Table 19: Savings included in the Prescribing Financial Plan

Number of Practices Reviewed to date.	52
Number of patients reviewed	547
Number of patients changed to formulary	215
Number of patients reduced catheter usage	20
Number of patients identified for surgery	16
Projected savings over 12months	<b>£88,470.46</b>

Figure 20: Intermittent Self Catheterisation Review Activity to date

**ISC PATIENT REVIEW**  
**TEMPLATE**  
**BEFORE CONTACTING PATIENT**

- Reason for performing ISC.
- If patient has had UTIs by checking results.
- Medication for urinary symptoms.
- How many catheters they are using.
- Medication for urinary symptoms. If any.
- Catheter type. Formulary/non-formulary.
- When was last reviewed.
- The length of time they have been using catheters.
- Are they under the care of Urology or different speciality?

**TELEPHONE REVIEW**

- Inform patient to why they are having review.
- If they are having any issues. (Obtaining catheters, bleeding, irritative symptoms). Do they require face to face review?
- How often carrying out ISC, discuss technique
- Review medication (urology meds)
- Are they in a position to stop using catheters or reducing the number of times they perform ISC.
- Who provides the catheters e.g. chemist, home delivery
- If they are using non-formulary, arrange to trial Formulary catheters.
- Arrange follow up following trial of formulary catheters
- If unable to contact patient send letter.

**AFTER REVIEW**

- Record consultation in Vision notes
- Ensure it is clear where prescriptions supply is DAC/ Chemist
- Ensure patients have contact details for any issues.
- Arrange follow up review as necessary.

- **52 GP practices completed a small number of practices had no patients performing ISC**
- **A small number of patients found to be washing out catheters**
- **A small number of patients buying own catheters**
- **A small number of patients had never had a review by anyone, using relative's catheters**
- **16 patients waiting for Prostate surgery a small number waiting for more than 2 years**
- **A small number of patients referred to Consultant for consideration for**

**Risk Assessment/Management**

- Lone working Policy considered.
- Person dependent; mitigated by interim agreed cover arrangements for urgent or emerging cases within the Urology Service.
- Patient compliance: successfully mitigated during the Project phase by adopting Realistic Medicine principles and delivering Person Centred Care.

- Promotion of non-formulary products by DACS: successfully mitigated by communicating NHS Tayside Formulary and USPN maintaining relationship with the DACS and support from NHST Procurement.

### **Equality and Diversity, including health inequalities**

This is an NHS Tayside wide service with proactive reviews carried out for all ISC patients. It is ensuring equity of access to Urology Specialist Nurse support via this new service rather than relying on subjective self-assessment and /or ability to communicate in order to access care.

### **Other impacts**

Not assessed.

### **Communication, involvement, engagement, and consultation**

Patient feedback evaluations

### **Route to the Meeting**

This SBAR was presented to the Prescribing of Non-Medicines Advisory Group

### **Recommendation,**

It is recognised that to ensure sustainability and evaluation of the project an extension of this post is required. This will be for 6months with a 0.42WTE urology specialist nurse

4.1.2 Example of project proposal to prescribing management group (permanent funding - Stoma products)

*Example provided by NHS Tayside PONMAG*

### **Stoma Project proposal to PMG for permanent funding**

**Meeting: Prescribing Management Group**

**Meeting date: 27 July 2022**

**Title: Stoma Project Review Application for Permanent Funding.**

**Responsible Officer: Specialist Colorectal Nurse.**

**Report Author: Lead Pharmacist, Colorectal Specialist Nurse, Specialist Colorectal Nurse, Prescribing Support Nurse, and Asst Finance Manager**

### **Purpose**

This is presented to PMG for:

### **Decision**

NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

### **Report summary**

#### **Situation**

In February 2020, following a successful pilot exercise involving stoma product prescription reviews carried out by a colorectal nurse specialist in three Tayside practices, the Prescribing Management Group (PMG) agreed to fund a proposal to roll out the reviews across the Tayside region. At this time the expenditure associated with stoma products in primary care in Tayside was approximately £2.5million and although other boards also showed an increase in volume and costs, NHS Tayside's increase was higher, but the reasons for this were not clear.

In October 2020 0.8WTE Colorectal Specialist Project Nurse (CSPN) was recruited to implement the project. A Colorectal Nurse Specialist 0.8WTE has since been in post as the CSPN, using remote methodology undertaking clinical reviews and reviews of prescribed stoma products for all stoma patients across the 3 HSCPS. According to the PIS data from September to November 2022 there are 1594 patients across the 3 HSCPs receiving stoma products see Table 20: Number of patients. Prior to commencing this project following discharge from surgical clinic post-surgery, patients had access to an open appointment with the colorectal service however access to this service relied on subjective self-assessment by the patient. No specific resource was allocated to provide patients with stomas in the community regular routine review and support; or to ensure the products they were using continued to be the most clinically effective and cost effective for their needs as well as best value to the NHS.

This Project was primarily set up as a fixed term project to reduce unwarranted variation and cost. This would be achieved by validating the patient review methodology across the region and determining the sustainability of the approach and establishing optimum working patterns. A service to provide permanent ongoing review programmes of stoma patients in the community is now being planned with the view that this project should be embedded permanently in the HSCPs and maintaining strong links with the Specialist Colorectal Nursing Service.

Table 20: Number of patients

HSCP	Number of patients
Angus	475
Dundee	591
Perth & Kinross	528
NHST Total	1594

## Background

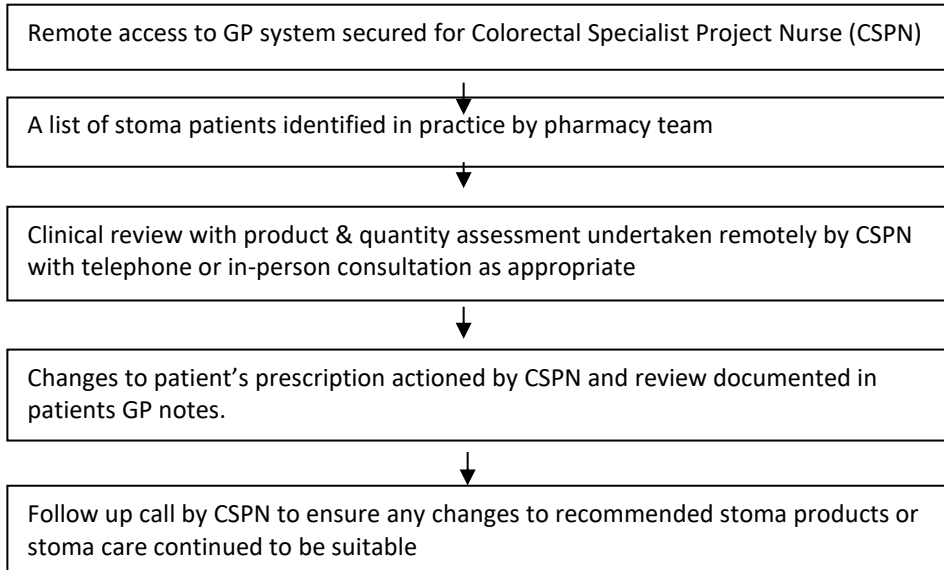
A core formulary for stoma accessories has been developed, published, and being implemented as part of the project. CSPN is currently implementing a rolling review and support programme for stoma patients across the 3 HSCPS using remote methodology based on patient centred realistic medicine principles and face to face review where deemed appropriate.

- Providing routine, expert, patient-centred care to stoma patients in the community



- Improving clinical and cost effectiveness of stoma prescribing, with reduction of inappropriate variation
- Implementing the [formulary](#) of cost effective and clinically evaluated stoma products. Developing professional relationships between the colorectal service and the primary care team

### Review Process



In addition, where indicated the Colorectal project nurse has followed up patients locally at face to face clinics, home visits including visits to care homes to carry out face to face reviews.

To date of the number of reviews carried out so far 489 patients have had clinical reviews necessitating changes of products / advice etc 92 of these patients has required face to face reviews.

As this service has developed and profile has been raised the project nurse has also seen an increase in time been spent in supporting Pharmacists, Pharmacy Technicians, and other primary care staff to provide optimum care to patients with stoma in the community. See Table 21: Snapshot examples of non-routine interactions requiring follow up onward referral, advice snapshot examples of non-routine interactions requiring follow up onward referral, advice etc.

Table 21: Snapshot examples of non-routine interactions requiring follow up onward referral, advice

Example; Follow up Initial contact /follow up required	Direct patient Contact – Phone call/ face to face Time- Mins	Non patient Contact – email/ Referral/ Vision / Clinical Portal/ ICE / E- Case – Time Mins	Total Time Mins
Complex Patient follow up required	30	20	50
Complex Patient Follow up with NOK at Patient request	60	30	90
Review of patient Complex Psychological issues	160	30	190
Call back / patient	15	10	25
Pharmacist Product advice	5	50	55
GP contact	0	60	60
Patient Review Patient initiated concern re stoma	30	30	60

## Assessment

Evidence presented in the proposal indicates the project will successfully deliver the following objectives by the end of the project phase:

- **Establishment of an NHS Tayside Stoma Patient Register** identifying and quantifying the number of patients requiring stoma care and associated products in the region
- **A clinical and prescription review for all stoma patients in Tayside** whose records can be accessed undertaken by a specialist and supported by a clinical review via telephone or in person where outcomes of the remote review indicate it is appropriate to do so.
- **Effective maintenance and implementation of a Tayside Stoma Accessory Formulary** as far as is reasonably practicable and taking into account patients' individual clinical needs.

- **Delivery of person-centred care** through holistic clinical review and identification of appropriate products and quantities to meet each patient's clinical needs.
- **A reduction in variation and waste** in primary care by improving the quality of stoma product prescribing in line with formulary recommendations and best practice resulting in significant cost savings.
- **A reduction in time spent within general practice** resolving stoma product prescribing issues (e.g. pharmacists, GPs etc)
- **Development of a new model to effectively manage stoma product provision in primary care** that is part of a whole system strategy to supply the most appropriate products to all stoma patients in Tayside, thereby improving the quality of care across all settings.

Benefits can be summarised as

- Reduced inappropriate variation in stoma prescribing
- Improved equity of access to expert stoma care for vulnerable groups
- Improved financial & clinical governance

### **Quality/ Patient Care**

This project has sought patient feedback by carrying out Patient Evaluation feedback responses. The Feedback received from patients regarding this project has been very positive.

Following analysis of the patient evaluation feedback forms regarding their experience of the stoma review it has been identified that for some long term ostomates there is an unmet need in the community for stoma education, informal counselling, lifestyle advice, health promotion, and stoma appliance management and support. The results however have been extremely positive regarding the benefits of their stoma review and the outcome achieved. This has been an effective and valuable tool to identify areas in the current service that can be improved to meet individual needs and to continue to provide an essential service delivering high quality, person centred, safe and effective, integrated care. Evaluation results in Chart 10. See Appendix 1: Patient story

Chart 10: Evaluation results

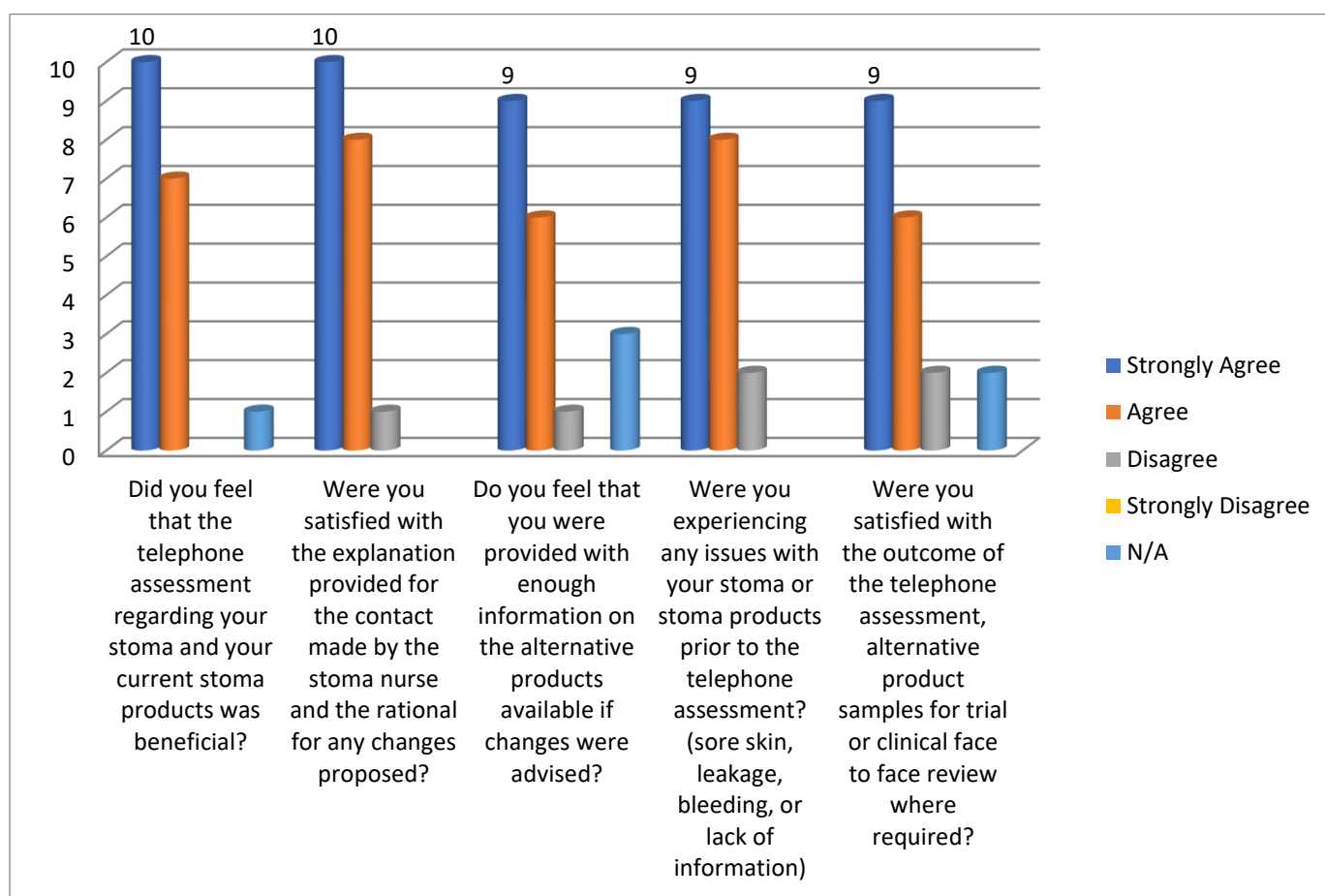
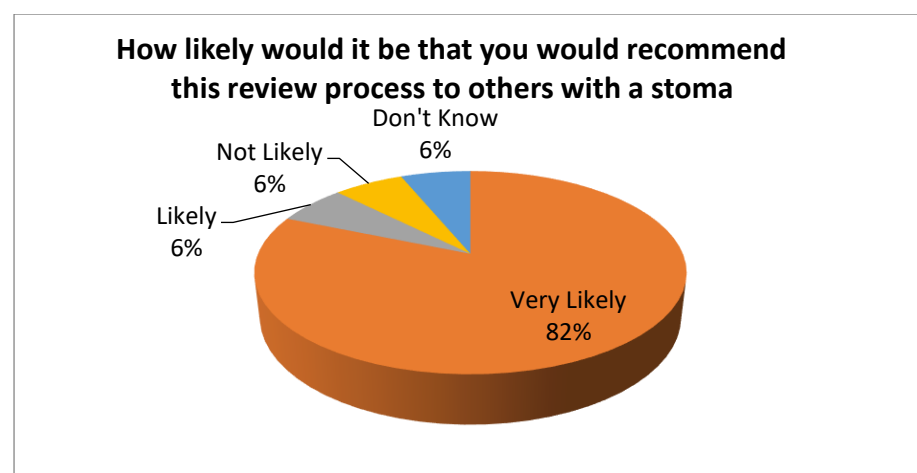


Figure 21: How likely would it be that you would recommend this review process to others with a stoma



### Comments

*"Very helpful"*

*"We had the colorectal specialist support nurse come out to see us. The visit was very informative for us, and we feel that it has most definitely helped our resident as well as our staff".*

*"I changed the stoma seals upon recommendation following the review. The "new" seals are more suitable, and I'm extremely pleased to use the seal as the bag is more comfortable"*

*"Very beneficial. My stoma is starting to prolapse so there may be some changes required post-surgery".*

*"I changed this to computer screen instead of phone as I am profoundly deaf, and I was having leakage problems as well so found this review very good"*

*"Pleasant interviewer. Polite and helpful. I am not an extravagant user so not hugely applicable. Didn't mind the questions. This type of review is all very well but I just wonder how much money was saved by NHS as a result. I can't say how likely I would recommend it because I have no idea how successful and good use of time and effort it was. I am forever astounded at the wonderful service I get as a stoma bag user; it is so good".*

*"Very informative and helpful with my problems. May I suggest reviews say every 3 - 5 years would be beneficial."*

*"The contact from the colorectal specialist support nurse was very helpful in that stoma sizes etc were discussed and more importantly recommendations made. They also backed up their advice with a change in pouch size choices - very important - plus a change in my personal wellbeing. Fantastic service by all involved".*

*"The colorectal specialist support nurse was excellent! So knowledgeable and so supportive. Thank you".*

*"I'm sorry but all I was told was items were being taken off my prescription. I wasn't told about alternative items. I enjoyed the chat with the stoma nurse."*

*"I feel that the review was a very helpful and positive experience".*

*"I appreciate there are always new (and sometimes better products) but not always. I know my skin better than anyone. If it's a case of cost that's not good."*

*"Very helpful"*

*"Good"*

*"I thought the phone call was very useful. I have not needed to contact anyone for a while, but it is useful to have someone to contact. We have had no contact since operation unless we contacted the stoma nurse in Perth with a problem. Maybe a yearly review or Clinic appointment would be useful.*

*Respond ladies have been very good and always ask if there are problems.*

*I'm writing on behalf of my husband as he will not take any responsibility for his stoma. I think perhaps more time should be spent in the first few weeks after operation. He still doesn't feel confident to change bag. His condition is unique as he has no memory so no matter how many times he is shown he still forgets how and when to change."*

*"Should be doing thing as people's needs change"*

## **Workforce**

The post of the Colorectal Specialist Project Nurse is a Lone worker position and NHS Tayside Lone Worker Policy has been considered. The post is closely aligned to the existing Colorectal Service and close links will be maintained to ensure optimum continuity and quality care throughout the patient journey.

## **Financial**

Savings included in the Prescribing Financial Plan are £76k in 2021/22, £114k in 2022/23, with recurring savings of £118k from 2023/24. Recent trajectory shows this is ahead of target with £78k savings generated during the 10 months to January 2022

Current projected annual savings based on prescription reviews carried out to 30 April 2022 are approximately Total £91K.

Number of Practices Reviewed to date.	50
Number of patients reviewed requiring changes to prescription	489
Projected savings over 12months	£91K

### **Risk Assessment/Management**

- Lone working Policy considered.
- Person dependent; mitigated by interim agreed cover arrangements for urgent or emerging cases within the Colorectal Service.
- Patient compliance: successfully mitigated during the Project phase by adopting Realistic Medicine principles and delivering Person Centred Care.
- Promotion of non-formulary products by DACS: successfully mitigated by communicating NHS Tayside Formulary and CSPN maintaining relationship with the DACS and support from NHST Procurement.

### **Equality and Diversity, including health inequalities**

This is an NHS Tayside wide service with proactive reviews carried out for all stoma patients. It is ensuring equity of access to Specialist Colorectal Nurse support via this new service rather than relying on subjective self-assessment and /or ability to communicate in order to access care.

### **Other impacts**

Not assessed.

### **Communication, involvement, engagement, and consultation**

Patient feedback evaluations collated in January / February 2022.

Stoma patient focus group held in January 2018

### **Route to the Meeting**

This SBAR was presented to the Prescribing of Non-medicines Advisory Group.

### **Recommendation**

It is recognised that to ensure sustainability of the project, permanent resources are required in order to maintain formulary compliance, assure costs and clinical effectiveness long term.

It is the recommendation that this post 0.8 WTE Colorectal Specialist Nurse is made permanent and this service to stoma patients in NHST becomes permanently embedded in the 3 HSCPs and remains aligned to the Colorectal Service.

Table 22: Costings

	£000
0.8wte Band 6 Staff Nurse per annum	40.0
0.16wte Band 3 Admin per annum	4.8
Travel	2.4
Stationery / Postage	1.0
Total	48.2

Funding for this post and associated supplies costs, to be met from four way split:

- Colorectal 25% = £12k
- Dundee HSCP 28.35% = £13.7k
- Angus HSCP 20.55% = £9.9k
- Perth & Kinross 26.10% = £12.6k
- Total = £48.2k

## List of appendices

Appendix 1: Patient story

Appendix 2: Stoma patient focus group

## Appendix 1: Patient story

### **PATIENT STORY**

#### **Stoma Accessory Review (PONMAG Project)**

A female in her 60's underwent emergency surgery for inflammatory bowel disease many years ago resulting in formation of an ileostomy. Initially, she managed very well with her stoma care however over time she started experiencing problems with high output from the stoma causing her stoma bag to leak. She did not seek help as she believed this was 'normal' and unfortunately this then led to a breakdown of her peristomal skin and surrounding area on her abdomen proving it difficult to get a stoma bag to adhere to her skin. She became very reluctant to leave her home and would not even consider travelling on public transport. She was identified from GP stoma patient list provided by local Practice Pharmacist/Technician during this Project.

#### **Situation**

- Telephone call to carry out assessment of stoma accessories/products and provide advice/support
- Patient reported chronic leakage issues on a daily basis resulting in frequent bag changes
- Issues with excoriated and painful peristomal skin and inability to get stoma bag to adhere to skin
- Issues identified with output from stoma – chronic loose/watery stool
- Receives pre-cut stoma bags from Dispensing Appliance Contractors (DACs) – unable to measure and cut independently
- Lack of confidence, unable to leave the house and poor quality of life

## **Intervention**

- Very lengthy discussion about how we could aim to resolve these issues affecting her quality of life.
- Advice given over the telephone regarding reducing/controlling stoma output – correct diet/use of Loperamide that was requested/supplied from GP Practice
- An urgent face to face clinical review arranged – hospital was within walking distance to her home
- At clinical review it was clear that current aperture was cut too small causing trauma to stoma spout resulting in excoriated skin from effluent leakage – measured for new template and barrier spray provided
- Incorrect bag being used due to changes in shape of abdomen - samples of a more suitable alternative product arranged
- Literature regarding diet provided
- Contact details provided and follow-up appointment arranged

## **Outcome**

Diet changes and use of Loperamide resulted in a thickened consistency of stool. Correct size of aperture prevented further leakage problems and barrier spray helped protect and heal affected area of peristomal skin. Correct stoma appliance fitted well to shape of abdomen and felt secure. Leakage issues and peristomal skin breakdown resolved over a period of time. Further clinical review was required where there was a significant improvement noted in condition of the peristomal skin. Telephone monitoring continued until issues had resolved. She was aware to call directly for further advice/support when required but more importantly her quality of life has improved, and she feels much more confident about leaving the house.

## Appendix 2: Stoma patient focus group

### **STOMA PATIENT FOCUS GROUP JANUARY 2018 BOARD ROOM, KINGS CROSS HOSPITAL**

#### **In attendance:**

Public Involvement Manager, NHS Tayside  
Associate Director of Pharmacy NHS Tayside  
Programme Support Officer  
Colorectal Nurse Specialist, NHS Tayside  
Patient Representatives

#### **PURPOSE:**

This focus group of Stoma patients was brought together to discuss experiences and thoughts regarding the Stoma review process so far and capture ideas for clarity and progression towards the next step.

The director of pharmacy provided participants with a background to the NHS Tayside Stoma Service review.



Participants were invited to join in the discussion and to consider particular questions relating to the sharing of information with all those affected by the changes.

### **INITIAL POINTS:**

The general consensus of the group from the outset was that individual users have a degree of responsibility towards tailoring their prescription to their actual needs when submitting and therefore not stockpiling accessories they do not require or use.

The problem with excess supplies is that patients have great difficulty in finding a way to return anything that is not used.

There is a query in general around the amount of choice available and information on products is a necessity which should be provided and explained more thoroughly at the outset.

The group advised that during the early days after their operation, patients are trying to build up confidence in getting used to the Stoma. At this point it may be important to them to access many different accessories and to try what they think they might need to adapt to their new “normal”.

Patients should be able to order when they want and have no restrictions placed on the number of times they do so. This avoids emergency requests plus patient usage of products does vary.

All agreed that some accessories are not a necessity and should not be offered.

### **WHAT HAD TO CHANGE?**

There is a great variation in cost of accessories therefore the clinical need and cost effectiveness had to be reviewed along with the amount of wastage.

This has led to:

- a draft Formulary - group agreed this is fine as long as adequate choice is available to suit all skin types.
- requirement for education to help reduce alarm in patients to the changes
- accessories being prescribed on a clinical need basis.
- day to day requirements of patient being at the forefront e.g. their needs driving forward the practical side of this review, contribution of users is essential.
- encouraging patients to go to Stoma nurse with concerns and be advised properly what they need.

### **GROUP SUGGESTION:**

- review scripts yearly with patients via phone call
  - this could be problematic resource wise but a good process to follow
- must always be person centred care and capture experiences

### **KEY QUESTIONS FOR DISCUSSION:**

Questions 1 and 2 became interlinked as the group shared their thoughts:

- Q1. Gauging how beneficial this approach is to sharing information with patients. What worked well, what could be done differently, what was your general experience.
- Q2. Some of you and other patients have not had a clinical review what would be your advice regarding how they should be informed.

Letter sent out requesting attendance for a review was felt to be slightly alarming initially with having had no prior warning. Points made were:

- either a patient could feel fine and wonder what is wrong because they are being called in for review or they may also have ignored the letter as there was not enough information contained in it.
- although letters were followed up by a call, sometimes this did not result in discussion as patients are working during the day.
- high rate of non-attendance and group felt this could have been due to lack of explanation.
- patients have to be clear about purpose to understand the requirement for review and not to fear it.

All agreed that during the phone call plenty of detail was given to explain questions which would be asked in clinic so perhaps some of this should be transferred to the letter. However, all felt that verbal communication is much better than written.

Excellent outcome from one review: patient decided to go along and had a tweak made to his bags made which has given him much easier use after many years of thinking that was “just the way it was”. This could have been a missed opportunity so better wording of the letter may encourage more people to come along.

One member of the group suggested they “feel lucky to be asked for input” because often in the management of some drugs, they are changed, and patients are simply informed that they will “still do the same job” but is not always the case and there is no consultation.

#### **OUTCOME:**

- Clarity in letter – wording and explanation
- But verbal communication is better than written
- Group agreed review is worthwhile and a means to encourage patients to raise queries.

Q3. Information given to patients could include frequently asked questions with answers – thoughts and suggestions.

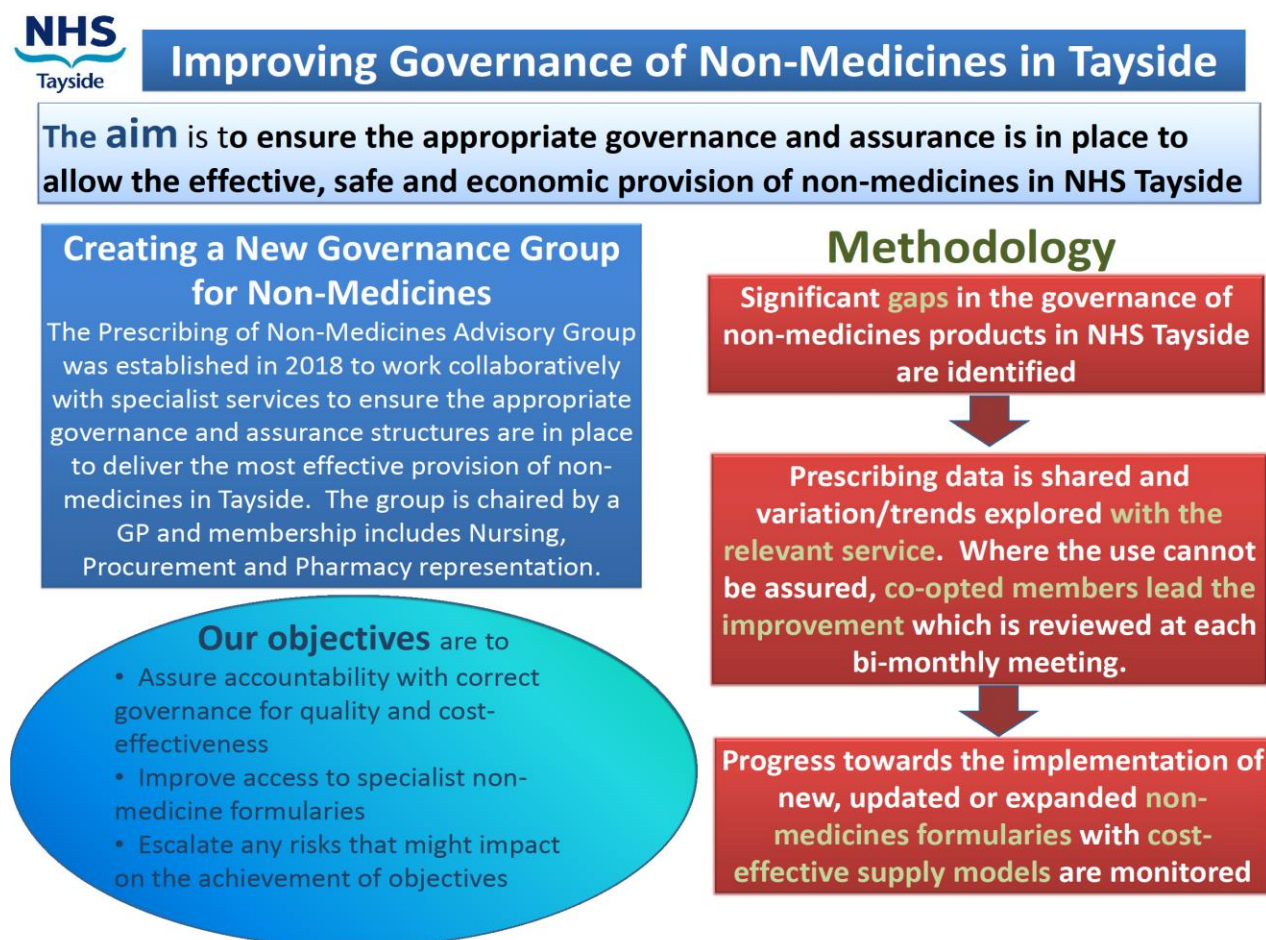
- Information should be given with the emphasis on “clinically necessary” to explain why changes are being made with example to clarify the difference.
- Information should make clear what is in and out of review.
- Is there a possibility that samples could be given for patients to trial before swapping products?
- The information must be given in a way that is clear so that patients are not unnerved by the review.
- Next step will be to consider how the wider community (e.g. carers, users of sign language) will obtain this information.

Group are happy to come together again, revisit this discussion and next steps at a later date.

#### **4.2 Communicate and promote effective non-medicines governance systems and policies to improve awareness and adoption by all stakeholder**

#### 4.2.1 Example of improving governance of non-medicines poster (non-medicines prescribing oversight group)

Figure 22: Improving governance of non-medicines in Tayside poster



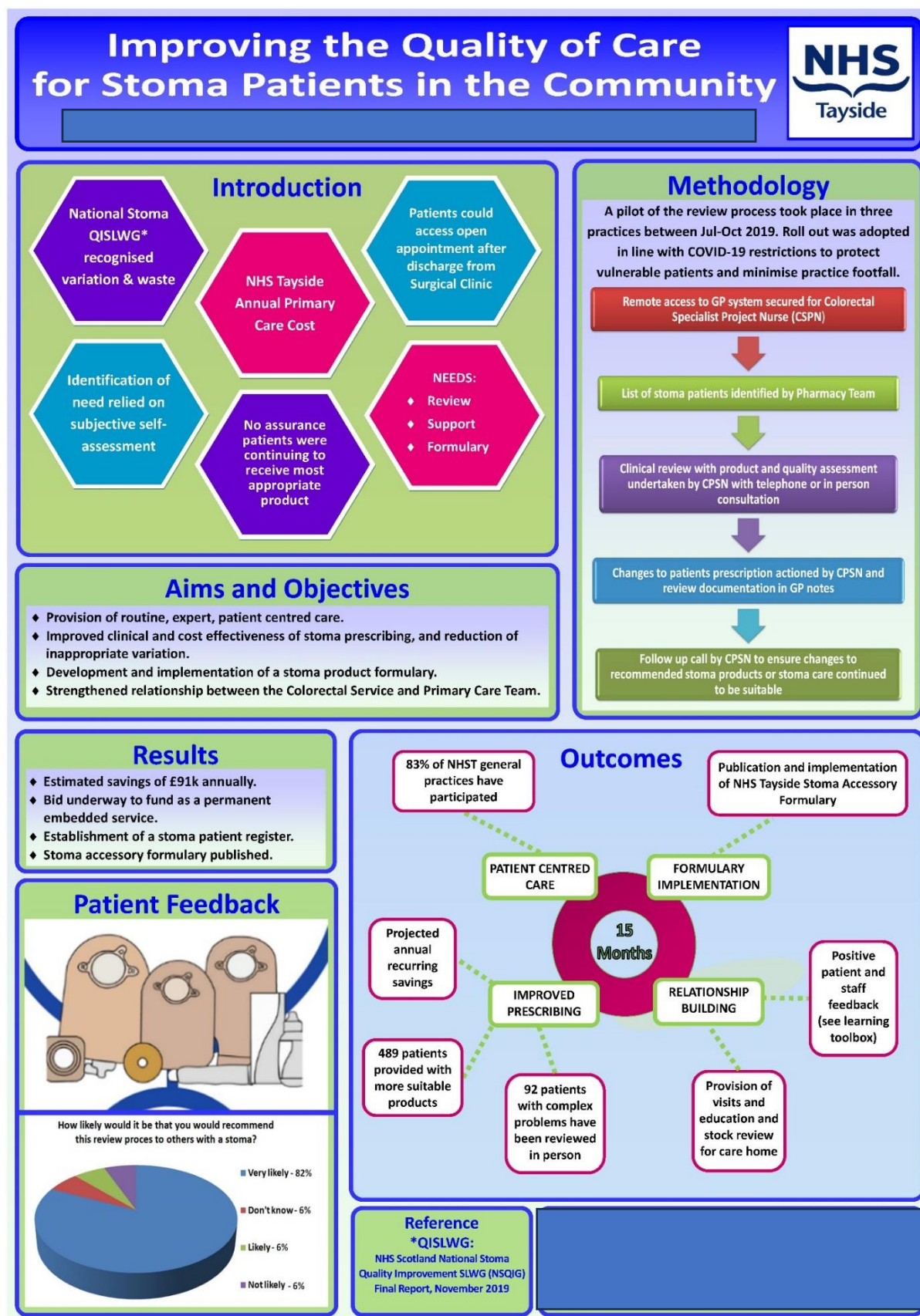
### What this rolling programme has delivered since 2018...

Non-Medicines Supplied	Governance Review	Action Plan Developed	Monitoring Action Plan	Formulary Improvement	Savings Delivered	Alternative Supply
Specialist Baby Milk	July 2018					Not applicable
Continence Products	September 2018					
Diabetes Consumables	November 2018					Not applicable
Stoma Products	January 2019					Not applicable
Wound Care Products	March 2019					
Lymphoedema Garments	March 2019					
Oral Nutritional Supplements	May 2019					
Respiratory Devices	September 2019					

**Key:** Completed   On target   Missing target, ongoing support required

#### 4.2.2 Example of poster from project work

Figure 23: Improving the quality of care for stoma patients in the community poster



NHS Boards are working with Scottish Government to develop national indicators and benchmarking tools in key areas of non-medicine prescribing, alongside a mechanism to support sharing of quality improvement work between NHS Board