National Framework Agreement for the Provision of Centralised Prescription Hubs (Bladder and Bowel)

Project Reference: F/076/CPH/21/AB

SCHEDULE A

FRAMEWORK AGREEMENT SPECIFICATION

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1. Aims of the Framework Agreement

1.1 The overall aim of the Framework Agreement is to provide a prescription and advice hub for stoma and/or catheter patients, which may also include care for stoma patients pre- and post-operation.

1.2 The services will aim to:

1.2.1 Deliver a regular reliable appliance prescription service with specialist clinical input to deliver a better quality of life and more independence to patients.

1.2.2 Improve prescribing control through consistent application of prescribing guidance and an accessory formulary to ensure items issued are cost-effective and quantities supplied in line with patients' clinical needs.

1.2.3 Free up GP time by having specialist nurses managing prescriptions to add clinical value to the prescribing process. This should ensure suitable quantities and products are prescribed, reducing primary care admin time for GPs.

1.2.4 Reduce complications through regular interactions with patients to deliver improved clinical care.

1.2.5 Deliver more accessible community support for patients following discharge to avoid patients attending A&E and accessing urgent healthcare services due to stoma and catheter related complications.

1.3 The Supplier will actively lead a whole-systems approach by working in collaboration with the Participating Authority and the following stakeholders:

1.3.1 GPs
1.3.2 Local acute Providers (in relation to shared pathway delivery and multi-disciplinary team (MDT) discussions)
1.3.3 Local community Providers
1.3.4 Macmillan
1.3.5 Providers of diagnostic support services
1.3.6 Statutory and voluntary groups (including patient groups)

1.4 The Supplier will offer flexible payment models to align with the various commissioning payment models in operation, including but not limited to locally agreed tariff payments, Payment By Results (PBR) and NHS Block Contract commissioning models.

GENERAL REQUIREMENTS – APPLICABLE TO ALL LOTS

1. Implementation

1.1. The Supplier must operate a defined and documented quality management system.

1.2. The Supplier must operate a defined and documented project management process.

1.3. Contract Implementation Plans are required for each Contract under this Framework (preferably in Gantt chart format); this must reflect the planned procedure of smooth handover from the incumbent provider to the successful provider, including a Data Protection Impact Assessment, Data Sharing Agreement for GPs and a process map for data transfer.

1.4. The Contract Implementation Plan will outline the following:

1.4.1. Proposed plan for the transfer of patient records, files and appointments relevant to their stoma and/or continence care from the incumbent supplier or Participating Authority to the Supplier

1.4.2. Details of recruitment, training and development and mobilisation of staff to service/deliver the Contract (including any Disclosure and Barring Service (DBS) or PVG checks where appropriate and required by the Participating Authority)

1.4.3. The co-ordination of any sub-contracting arrangements required to fully service the Contract as specified.

1.5. The Implementation Plan provided by the Supplier is subject to alteration and agreement with the Participating Authority(s).

1.6. The Supplier will work closely with the Participating Authority and integrate in an adaptive and responsive way with the Participating Authority's clinical and management teams.

1.7. The Supplier will effectively communicate with and manage the supply chain to deliver Services for and with Participating Authorities.

1.8. The Supplier must ensure that services provided do not negatively impact on patient care.

1.9. The Supplier will effectively performance manage any subcontractors (and their supply chains) in performing the services.

1.10. The Supplier will effectively manage its costs and budgets to prevent cost over-runs.

1.11. The Supplier will achieve value for money and continuous improvement which will be measured by Key Performance Indicators agreed with the Participating Authority. Key Performance Indicators may include but not be restricted to:

1.11.1. Initial contact made with referred patients within agreed time frame

1.11.2. Length of time from prescription request to issuing to dispensing organisation

1.11.3. Documented patient choice of dispensing organisation for all patients (Dispensing Appliance Contractor (DAC) / community pharmacy)

1.11.4. Annual patient satisfaction survey to be undertaken by Supplier and results discussed with Participating Authority

1.11.5. Quarterly cost effective/optimised prescribing data and number of Appliance Use Reviews undertaken to be provided to the Participating Authority

2. Clinical Governance

2.1. The Supplier must commit to comply with any Participating Authority's policies and procedures appropriate to the performance of the Services, including but not restricted to clinical governance policies and risk management strategies. These may be developed between the Supplier and the Participating Authority to ensure that they are relevant to the service and appropriate for the service level being provided. Participating Authorities will provide relevant policies to the Supplier as necessary or upon written request.

2.2. The Supplier must not through its actions or inactions jeopardise the Participating Authority's compliance with Care Quality Commission (or equivalent organisations in Scotland, Wales and Northern Ireland, where applicable) standards, and with those of any future regulatory bodies as appropriate throughout the life of the Agreement and during any Contract whose performance concludes outside the period of the Framework Agreement. The Supplier will use best endeavours to ensure that the actions or inactions of the Staff do not jeopardise the compliance referred to in this clause 2.2.

2.3. The Supplier must have robust, clearly defined and auditable quality assurance processes to ensure that Services are carried out to the satisfaction of any Participating Authority that chooses to contract with the Supplier for the services covered by this Framework which will ensure:

2.3.1. Adherence to the Participating Authority's Policies and Procedures

2.3.2. All requirements relating to health and safety in the workplace are satisfied;

2.3.3. Professionals are appropriately trained and competent to perform duties required of their role

2.4. The Supplier must have a robust, clearly defined and auditable information system security management system to protect Patient data.

2.5. The Supplier must hold and maintain Cyber Security Essentials Plus accreditation throughout the period of the Framework Agreement and any Contract called off from the Framework Agreement.

2.6. The Supplier must operate within Care Quality Commission (CQC) System Guidelines and the guidelines outlined within the Participating Authority's own Standard Operating Procedures throughout the life of the Agreement and during any Contract whose performance concludes outside the period of the Framework Agreement.

2.7. The Supplier will be responsible for updating patient case notes immediately following the Services. Updates must be compliant with the Participating Authority's Standard Operating Procedures and common practice as a minimum and must include, where appropriate

2.7.1. Consent forms.

2.7.2. Discharge notes and forms.

2.8. The Supplier will implement specific audit arrangements and submit evaluation of audits to the Framework Manager or to any Participating Authority on request.

2.9. Topics for audit will be agreed between the Participating Authority and the Supplier and will be detailed in tailored agendas for review meetings. The Supplier will ensure

attendance at such meetings by an appropriately senior officer of the Supplier who will be named within the Call Off Contract

2.10. The Supplier will have access to the Participating Authority's full range of clinical and non-clinical risk assessments, including written policies on business continuity, and will use them as agreed with the Participating Authority for each Call Off Contract.

2.11. The Supplier must have a robust system in place for reporting patient safety incidents and reviewing of this data at appropriate levels.

2.12. The Supplier will investigate and manage Serious Untoward Incidents and complaints in line with the agreed complaints and incident reporting procedures, implementing the NHS Commissioning Board Special Health Authority (formerly NPSA) investigation toolkit (or the procedures of equivalent organisations in Scotland, Wales and Northern Ireland, where applicable).

3. Service Management

3.1. The clinical care service will deliver the service as outlined in this specification within the agreed budget.

3.2. The service will ensure the staff used for the delivery of the service is appropriate to meet patient's needs, in consideration that not all patient needs are of a clinical nature.

3.3. The Supplier should ensure that the service is fit for purpose in a post COVID-19 environment. Face to face care should be augmented with effective virtual and telephone-based care, where appropriate and according to patient's needs.

3.4. The service will ensure it is compliant with all relevant NICE and DH good practice and guidance as well as all locally agreed policies and guidance.

3.5. The service will provide equity of provision and a maximum wait time for appointments and nurse advice sufficient to meet the needs of patients.

3.6. Flexibility within the service will ensure the provision of appointments to support more urgent demand and patient needs.

3.7. The clinical care service will participate in local stoma and catheter patient user groups.

3.8. The service will action any patient safety alerts, take the appropriate action and report and communicate actions taken according to local policies.

3.9. The service will participate in service review meetings with the commissioners every quarter or as agreed with the Participating Authority.

3.10. The specialist nurses will form part of the membership of local and relevant multi-disciplinary teams (MDTs).

3.11. The service will establish accessible clinics across the locality from which to deliver face-to-face patient consultations and reviews. Within the clinics will be access to private, safe environments suitable for confidential clinical consultations.

3.12. The service will ensure visits can be provided in a patient's home where required.

3.13. The service will ensure that clinics are provided in an environment that is accessible for patients with mobility issues.

3.14. The service will maintain up to date and relevant knowledge of local support services, in order to refer or signpost patients needing their services.

3.15. The service will maintain a register of stoma and catheter patients and clinical interactions and track patients requiring a stoma reversal.

3.16. The service will facilitate discussions with stakeholders and, wherever possible, engage in collaborative working for the benefit of patients.

3.17. The service will produce a range of resources for stakeholders and patients on their services and will produce a standard discharge summary template that can be used for stoma products when patients are transferred from one care setting to another.

3.18. The service will maximise the use of new innovations and technology where evidence-based, for example developing an online ordering capability and implementing electronic transfer of prescriptions.

3.19. Where optimal technologies are not currently available it is expected that the Supplier will move towards new ways of working during the lifetime of the Framework Agreement and any Contracts awarded under it.

3.20. The Supplier will ensure they have robust business continuity plans in place to ensure continued service is provided to patients in the advent of disruption, which could include loss of power, IT, staff sickness, strikes, adverse weather including snow flood etc.

4. Corporate Governance

4.1. The Supplier will be responsible for:

4.1.1. Delivering the services in the agreed service environment

4.1.2. Leadership of the clinical team, where appropriate

4.1.3. Provision of clinical guidance and support where necessary to ensure that staff work to a clinical governance framework

4.1.4. Ensuring that all staff are competent to perform all duties that are required of their role

4.1.5. Access to relevant training and Continuous Professional Development (CPD) for clinical and non-clinical staff

4.1.6. Leading in audit, service evaluation and service development

4.2. All persons employed by or subcontracted by the Supplier who may come into contact with patients during the course of their duties must hold a current enhanced Disclosure and Barring Service (DBS) certificate or Disclosure Scotland PVG certificate, as appropriate, valid for the work that is the subject of any Call Off Contract.

4.3. All DBS or PVG checks undertaken must have been completed to include all information pertaining to children and vulnerable adults and will cover induction, all mandatory training, occupational health checks, and all appropriate General Medical Council (GMC), General Pharmaceutical Council (GPhC) and Nursing and Midwifery Council (NMC) checks.

4.4. The Supplier must ensure that the Participating Authority is informed directly should convictions be received regarding them or their employees or subcontractors after the date of the DBS or PVG check. Appropriate action will be taken if necessary.

4.5. The Supplier must work within Care Quality Commission (CQC) (or equivalent organisations in Scotland, Wales and Northern Ireland, where applicable) compliance using their certification for each individual service. The Supplier must have robust, auditable management and corporate governance procedures including clear responsibilities for all staff and appropriate employment policies and procedures, insurances and indemnities and, where relevant, clear written agreements with sub-contractors.

4.6. The Supplier will provide details of their policies and procedures for corporate governance to any requesting Participating Authorities and will notify the Participating Authorities that have entered into a Call Off Contract of any changes in these.

4.7. The Supplier must comply with the following:

4.7.1. Data Protection Act 1998

4.7.2. Caldicott Guidelines 1997

4.7.3. The relevant requirements of the Access to Health Records Act 1990

4.7.4. Freedom of Information Act 2000

4.7.5. Access to Medical Reports Act 1988

4.7.6. Confidentiality Code of Practice 1998

4.7.7. The relevant requirements of the Care Standards Act 2000

4.7.8. Any other relevant statutory requirements.

4.7.9. Any amendments to the above.

4.8. The Supplier must be registered with the Information Commissioners Office as a Data Processer.

4.9. Patient records will remain the responsibility of the Participating Authority. The Supplier shall obtain no proprietary interest in any patient data and shall ensure the return of any material detailing or recording such patient data to the Participating Authority on demand.

4.10. The Supplier will ensure that all patients' case notes are kept securely and transferred to the Supplier securely where the Supplier needs such notes to perform its duties under the terms of the contracted service.

4.11. The Supplier shall ensure that all staff engaged to undertake any of the services fulfil all statutory requirements of employment including but not limited to the right to work in the UK.

4.12. The Supplier shall be responsible for ensuring compliance with all relevant HM Revenue and Customs regulations regarding the correct accounting for and payment of tax and National Insurance by and for staff engaged in the performance of the services.

4.13. The Supplier shall take all reasonable steps to ensure that no Participating Authority is exposed to any liabilities resulting from any part of the services being determined by HM Revenue and Customs as disguised employment as defined in 2017 Public Sector Contracting ("IR35") regulations.

4.14. The Supplier will commit to provide any information as reasonably required by the Framework Manager for the purposes of monitoring the Agreement.

4.15. Patients treated under the services will remain the overall responsibility of the Participating Authority and as such will be covered by each Participating Authority's NHS Resolution insurances. The Participating Authority will ensure that NHS Resolution is notified of the new sub-contract arrangements for the services. The Supplier must ensure that it retains all appropriate public liability, professional liability and employer liability insurance at all times throughout the life of the Agreement and during any treatments whose performance concludes outside the period of the Framework Agreement.

4.16. The Supplier shall produce to the Framework Manager or to any Participating Authority on request documentary evidence that the insurance required is properly maintained.

4.17. The Supplier will maintain a complaints procedure in line with applicable law and provide as and when necessary details of such a procedure to the Framework Manager or to any Participating Authority.

4.18. The Supplier shall inform the Framework Manager of any complaints made by any Participating Authority and supply copies of all correspondence to the Framework Manager which relates to complaints or the handling of them.

4.19. In the event that complaints regarding the services are made by patients to a Participating Authority, the Participating Authority will forthwith inform the Supplier and supply relevant correspondence.

4.20. The Supplier will co-operate as required with any statutory and regulatory bodies in relation to the complaints procedure and with any independent investigation of complaints. Accordingly, the Supplier will:

4.20.1. Appoint a complaints manager or individual with complaints remit

4.20.2. Provide the Framework Manager and any Participating Authority with relevant details of the complaints manager

4.21. The Supplier will undertake where requested to provide information to the Participating Authority to support the Participating Authority's adherence to national or local frameworks for performance reporting.

4.22. The Supplier will collect and provide anonymised data to the Participating Authority for assessment of Patient Reported Outcome Measures.

4.23. The Participating Authority shall on reasonable notice in writing be entitled to request additional information from the Supplier covering the provision of the services if such information is reasonably required by the Participating Authority and to comply with any written requests under the Freedom of Information Act 2000 (as amended) or under the Environmental Information Regulations 2004 (as amended).

LOT 1 – STOMA PRESCRIPTION SERVICE

1. Clinical Care and Prescribing Hub

1.1. Patients will be referred into the Clinical Care and Prescribing Hub when an accredited healthcare professional directs a patient to the service in order to obtain advice, repeat prescriptions or access to services, in accordance with agreed protocols and care pathways.

1.2. The service will accept all referrals for stoma care. However, some patients with specific specialist needs may require referral to tertiary partners for on-going management.

1.3. Where a patient is unsuitable for the service, the referral will be returned to the referrer (with advice on next steps) or onward referral to a more appropriate service. Where pertinent information is missing or further secondary care management is required, the referral will be returned to the referrer with clear instructions on next steps. The service will seek to resolve any referral acceptance issues via dialogue with the referrer wherever possible to avoid delay in the patient receiving the care they require.

1.4. The Supplier will make initial contact with the patient via an introductory letter and leaflet explaining the Clinical Care and Prescribing Hub service (including how to access the Clinical Care and Prescribing Line) and next steps.

1.5. The patient will receive either a telephone or face-to-face clinic appointment within the timescale agreed with the Participating Authority. This first appointment will be with a stoma nurse and will include, as a minimum:

1.5.1. Confirming the patient's lead stoma nurse who will take responsibility for their care while under the Clinical Care and Prescribing Hub service.

1.5.2. A review of the patient's prescription.

1.5.3. A stock-take of stoma products held by the patient and amended prescription schedule where appropriate.

1.5.4. Assessment of best method for patient to request repeat prescriptions

1.5.5. Patient counselling, lifestyle and dietary advice as needed.

1.5.6. Sign-posting to appropriate third-sector charities and support groups where appropriate.

1.5.7. Helping the patient to make an un-biased and objective choice of Dispensing Appliance Contractor (DAC) or local pharmacy. The patient's decision must be recorded. Patients will also be informed that they are able to change their DAC at any time.

1.6. The service will be used on a monthly basis for patients to obtain prescriptions for their on-going stoma supplies and appliances by contacting the Prescription Hub.

1.7. Prescription requests will only be accepted from patients directly, not via a commercial third party i.e. an organisation with a financial interest in a patient's prescription.

1.8. As a minimum, a telephone-based service will be available for patients. Where online ordering of prescriptions is available, systems will be safe and robust.

1.9. The operating hours of the telephone line will be as agreed with the Participating Authority.

1.10. The telephone-based service will be staffed by a team of administrators with experience and training in stoma care, enabling them to answer non-clinical queries without requiring input from a stoma nurse.

1.11. The administrators will ideally be physically co-located with a rotation of stoma nurses to ensure close communication regarding systems, processes and individual patient cases, and ensure effective handover of clinical queries and patient call back referrals.

1.12. The service will make every effort to respond to urgent care needs in order to avoid patients having to present to their GP or Accident & Emergency department. If a nurse determines that a patient requires a home visit to avoid such a presentation, this should occur as soon as clinically indicated.

1.13. Patients and clinicians accessing the telephone service for information, advice or prescription requests should have their call answered in a timely manner, within specific time guidelines agreed with the Participating Authority.

1.14. All patients will be provided with contact information regarding who to contact with any concerns following their referral.

1.15. When a patient calls to request a repeat prescription, they should be asked triage questions designed to identify clinical issues requiring input from a stoma nurse. The administrator will check that the repeat request is within expected parameters and in line with the agreed formulary and prescribing guidelines.

1.16. A stoma nurse will review the repeat prescription request and approve, revise or reject and provide an explanation directly to the patient where it is not approved as requested (via telephone wherever possible).

1.17. The service will issue a prescription within 2 working days of the prescription request to the dispensing organisation (DAC / Community pharmacy). The service will endeavour to action urgent requests on the same day wherever possible.

1.18. When a patient requires clinical advice and is triaged to a stoma specialist nurse, this may be provided by telephone, video consultation or in a face-to-face consultation, as determined by the nurse.

1.19. It is expected that the Supplier with work with the Participating Authority to monitor and reduce instances of over-ordering and requests for items or quantities that fall outside the agreed prescribing guidelines and accessory formulary.

1.19.1. Prescribing should be in line with agreed guidelines on the products that should not be routinely prescribed or items which can be purchased from retail outlets.

1.19.2. Repeat prescription requests should be checked thoroughly with the patient to ensure accessory products are still required and whether quantities can be reduced.

1.19.3. Where over-ordering is noted, patients should be triaged to a stoma care nurse for assessment.

1.19.4. Any product alterations to patients' prescription requests will be highlighted to the stoma nurse prescriber with the reason, for them undertake an in-depth review prior to issuing a prescription.

1.19.5. Patient requests for new appliances and accessories must be approved by a stoma care nurse before being prescribed. If it is considered that a patient could reduce number of prescribed products or use a cheaper alternative without compromising on quality or outcomes a referral to the stoma care nurse should be considered to review the prescription with the patient.

1.20. The patient will have the opportunity to choose, and at any point amend, their dispensing organisation (DAC / Community Pharmacy) without influence or direction.

1.21. A generic e-mail address for the Prescription Hub should be made available for GPs and other referrers or healthcare professionals.

2. **Annual Reviews**

2.1. The Supplier is required to work with primary and secondary care Providers/tertiary care sector to minimise duplication in the provision of on-going care and support for patients.

2.2. Patients will be invited for a review annually as a minimum, unless otherwise agreed with the Participating Authority, to provide an opportunity for on-going assessment of the suitability of stoma appliances and related accessories, to identify and swiftly resolve any complications that have arisen, and to ensure the patient is continuing with appropriate stoma management and maintaining quality of life.

2.3. Patient reviews should ideally be undertaken face-to-face by an appropriately accredited stoma nurse to assess the patient's quality of life, their stoma products remain fit for purpose and any challenges or complications are identified to ensure continuing appropriateness of products and quantities.

2.4. Face-to-face clinics will be delivered from suitable and convenient locations within the area of the Participating Authority. Sufficient capacity must be maintained at each site to facilitate patient's preferred location within reasonable waiting times.

2.5. It may sometimes be necessary to undertake annual reviews in a patient's home where they are unable to travel to their nearest clinic location.

2.6. Annual reviews will occur as soon as practical following one year from the patient's previous stoma nurse appointment unless otherwise agreed with the Participating Authority. Wherever possible the assessment should be with the patient's named lead stoma nurse.

2.7. Any patients who do not attend their appointments will be contacted and offered a further appointment or a telephone-based review.

2.8. Where the review is undertaken over the telephone, the patient will be referred to a face-to-face consultation with the stoma nurse where problems have been identified.

2.9. At each review the stoma nurse will, as a minimum:

2.9.1. Review the prescription to ensure the products prescribed are appropriate to their clinical needs and in line with agreed stoma formulary and recommended quantities.

2.9.2. Discuss approximate quantities of stoma products held by the patient and amend the prescription schedule where appropriate.

2.9.3. Sign-post to appropriate third-sector charities and support groups where a patient need is identified.

2.9.4. Remind patients of the procedure for ordering supplies and ensure they are not having any supply issues.

2.9.5. Provide the patient with counselling for any issues or concerns, including provision of dietary and lifestyle advice.

2.9.6. Reinforce to patients that they are able to self-refer to the stoma care team for stoma management problems or product review at any point.

2.9.7. Confirm that the patient has a nominated dispensing entity recorded and reinforce the message that they can change their prescription dispenser at any time.

2.10. The outcome of the review and all clinical interventions will be recorded on the patient management system.

2.11. Review clinic letters will be sent to the patient's GP within 24 hours and copied to the patient. Electronic clinical correspondence systems should be utilised where appropriate to ensure prompt GP access to clinic notes.

3. Onward Referral

3.1. Any onward referrals will be in line with the latest NICE guidelines.

3.2. Onward referrals should be made within 24 hours of that decision being taken.

3.3. As the service is intended to deliver a full range of stoma related care, the reasons for onward referral are restricted to the requirement for specialist skills, complex diagnostic assessment and/or treatment that can only be accessed from a tertiary service.

3.4. All patients onward referred from the service to tertiary care (or to community or primary care services) will have a full treatment plan that forms part of the referral also shared with the patient's GP, which includes patient's relevant medical history, findings on examination and reason for referral.

3.5. The Supplier is responsible for the production and distribution of treatment plans.

4. Discharge from the Clinical Care and Prescribing Hub

4.1. Discharge occurs when the service clinician reaches a decision that no further action needs to take place (i.e. following stoma reversal or patient moves out of the area covered in the contract). The patient will be discharged back to their GP or other referring healthcare professional.

4.2. The service will not discharge patients that do not attend appointments.

4.3. At the point of discharge, the Supplier will be required to produce a discharge document including a detailed relevant medical history. It should also outline the conditions for re-referral to the same or another service. The referring clinician or patient's GP (as appropriate) will receive this information within 24 hours of the patient being discharged.

4.4. Electronic clinical correspondence systems should be utilised where appropriate to ensure prompt GP access to clinic notes to reduce the administrative load.

4.5. A copy of the discharge documentation should be posted to the patient on the same day.

4.6. The discharge documents should conform to an agreed minimum data set.

4.7. The Supplier will be responsible for the production and distribution of all discharge documents.

LOT 2 – CATHETER PRESCRIPTION SERVICE

1. Clinical Care and Prescribing Hub

1.1. Patients will be referred into the Prescription Hub when an accredited healthcare professional directs a patient to the service in order to obtain advice, repeat prescriptions or access to services, in accordance with agreed protocols and care pathways.

1.2. The service will accept all referrals for catheter care. However, some patients with specific specialist needs may require referral to tertiary partners for on-going management.

1.3. Where a patient is unsuitable for the service, the referral will be returned to the referrer (with advice on next steps) or onward referral to a more appropriate service. Where pertinent information is missing or further secondary care management is required, the referral will be returned to the referrer with clear instructions on next steps. The service will seek to resolve any referral acceptance issues via dialogue with the referrer wherever possible to avoid delay in the patient receiving the care they require.

1.4. The Supplier will make initial contact with the patient via an introductory letter and leaflet explaining the Prescription Hub service (including how to access the Advice and Repeat Prescription Line) and next steps.

1.5. The patient will receive either a telephone or face-to-face clinic appointment within the timescale agreed with the Participating Authority. This first appointment will be with a specialist nurse and will include:

1.5.1. Confirming the patient's lead specialist nurse who will take responsibility for their care while under the Prescription Hub service.

1.5.2. A review of the patient's prescription.

1.5.3. A stock-take of catheter products held by the patient and amended prescription schedule where appropriate.

1.5.4. Assessment of best method for patient to request repeat prescriptions

1.5.5. Patient counselling, lifestyle and dietary advice as needed.

1.5.6. Sign-posting to appropriate third-sector charities and support groups where appropriate.

1.5.7. Helping the patient to make an un-biased and objective choice of Dispensing Appliance Contractor (DAC) or local pharmacy. The patient's decision must be recorded. Patients will also be informed that they are able to change their DAC at any time.

1.6. The service will be used on a monthly basis for patients to obtain prescriptions for their on-going catheter supplies and appliances by contacting the Prescription Hub.

1.7. Prescription requests will only be accepted from patients directly not via a commercial third party i.e. an organisation with a financial interest in a patient's prescription.

1.8. As a minimum, a telephone-based service will be available for patients. Where online ordering of prescriptions is available, systems will be safe and robust.

1.9. The operating hours of the telephone line will be as agreed with the Participating Authority.

1.10. The telephone-based service will be staffed by a team of administrators with experience and training in catheter care, enabling them to answer non-clinical queries without requiring input from a specialist nurse.

1.11. The administrators will ideally be physically co-located with a rotation of specialist nurses to ensure close communication regarding systems, processes and individual patient cases, and ensure effective handover of clinical queries and patient call back referrals.

1.12. The service will make every effort to respond to urgent care needs in order to avoid patients having to present to their GP or Accident & Emergency department. If a nurse determines that a patient requires a home visit to avoid such a presentation, this should occur as soon as clinically indicated.

1.13. Patients and clinicians accessing the telephone service for information, advice or prescription requests should have their call answered in a timely manner, within specific time guidelines agreed with the Participating Authority.

1.14. All patients will be provided with contact information regarding who to contact with any concerns following their referral.

1.15. When a patient calls to request a repeat prescription, they should be asked triage questions designed to identify clinical issues requiring input from a specialist nurse. The administrator will check that the repeat request is within expected parameters and in line with the agreed formulary and prescribing guidelines.

1.16. A specialist nurse will review the repeat prescription request and approve, revise or reject and provide an explanation directly to the patient where it is not approved as requested (via telephone wherever possible).

1.17. The service will issue a prescription within 2 working days of the prescription request to the dispensing organisation (DAC / Community pharmacy). The service will endeavour to action urgent requests on the same day wherever possible.

1.18. When a patient requires clinical advice and is triaged to a specialist nurse, this may be provided by telephone or in a face-to-face consultation, as determined by the nurse.

1.19. It is expected that the Supplier with work with the Participating Authority to monitor and reduce instances of over-ordering and requests for items or quantities that fall outside the agreed prescribing guidelines and accessory formulary.

1.19.1. Prescribing should be in line with agreed guidelines on the products that should not be routinely prescribed or items which can be purchased from retail outlets.

1.19.2. Repeat prescription requests should be checked thoroughly with the patient to ensure accessory products are still required and whether quantities can be reduced.

1.19.3. Where over-ordering is noted, patients should be triaged to a specialist care nurse for assessment.

1.19.4. Any product alterations to patients' prescription requests will be highlighted to the specialist nurse prescriber with the reason, for them undertake an in-depth review prior to issuing a prescription.

1.19.5. Patient requests for new appliances and accessories must be approved by a specialist nurse before being prescribed. If it is considered that a patient could reduce number of prescribed products or use a cheaper alternative without compromising on quality or outcomes a referral to the specialist nurse should be considered to review the prescription with the patient.

1.20. The patient will have the opportunity to choose, and at any point amend, their dispensing organisation (DAC / Community Pharmacy) without influence or direction.

1.21. A generic e-mail address for the Prescription Hub should be made available for GPs and other referrers or healthcare professionals.

2. **Annual Reviews**

2.1. The Supplier is required to work with primary and secondary care Providers/tertiary care sector to minimise duplication in the provision of on-going care and support for patients.

2.2. Patients will be invited for a review annually as a minimum, unless otherwise agreed with the Participating Authority, to provide an opportunity for on-going assessment of the suitability of catheter appliances and related accessories, to identify and swiftly resolve any complications that have arisen, and to ensure the patient is continuing with appropriate catheter management and maintaining quality of life.

2.3. Patient reviews should ideally be undertaken face-to-face by an appropriately accredited specialist nurse to assess the patient's quality of life, their catheter products remain fit for purpose and any challenges or complications are identified to ensure continuing appropriateness of products and quantities.

2.4. Face-to-face clinics will be delivered from suitable and convenient locations within the area of the Participating Authority. Sufficient capacity must be maintained at each site to facilitate patient's preferred location within reasonable waiting times.

2.5. It may be sometimes be necessary to undertake annual reviews in a patient's home where they are unable to travel to their nearest clinic location.

2.6. Annual reviews will occur as soon as practical following one year from the patient's previous specialist nurse appointment unless otherwise agreed with the Participating Authority. Wherever possible the assessment should be with the patient's named lead specialist nurse.

2.7. Any patients who do not attend their appointments will be contacted and offered a further appointment or a telephone-based review.

2.8. Where the review is undertaken over the telephone, the patient will be referred to a face-to-face consultation with the specialist nurse where problems have been identified.

2.9. At each review the specialist nurse will:

2.9.1. Review the prescription to ensure the products prescribed are appropriate to their clinical needs and in line with agreed catheter formulary and recommended quantities.

2.9.2. Discuss approximate quantities of catheter products held by the patient and amend the prescription schedule where appropriate.

2.9.3. Sign-post to appropriate third-sector charities and support groups where a patient need is identified.

2.9.4. Remind patients of the procedure for ordering supplies and ensure they are not having any supply issues.

2.9.5. Provide the patient with counselling for any issues or concerns, including provision of dietary and lifestyle advice.

2.9.6. Reinforce to patients that they are able to self-refer to the catheter care team for catheter management problems or product review at any point.

2.9.7. Confirm that the patient has a nominated dispensing entity recorded and reinforce the message that they can change their prescription dispenser at any time.

2.10. The outcome of the review and all clinical interventions will be recorded on the patient management system.

2.11. Review clinic letters will be sent to the patient's GP within 24 hours and copied to the patient. Electronic clinical correspondence systems should be utilised where appropriate to ensure prompt GP access to clinic notes.

3. Onward Referral

3.1. Any onward referrals will be in line with the latest NICE guidelines.

3.2. Onward referrals should be made within 24 hours of that decision being taken.

3.3. As the service is intended to deliver a full range of catheter related care, the reasons for onward referral are restricted to the requirement for specialist skills, complex diagnostic assessment and/or treatment that can only be accessed from a tertiary service.

3.4. All patients onward referred from the service to tertiary care (or to community or primary care services) will have a full treatment plan that forms part of the referral also shared with the patient's GP, which includes patient's relevant medical history, findings on examination and reason for referral.

3.5. The Supplier is responsible for the production and distribution of treatment plans.

4. Discharge from the Clinical Care and Prescribing Hub

4.1. Discharge occurs when the service clinician reaches a decision that no further action needs to take place (i.e. following catheter reversal or decision of no further requirement, or patient moves out of the area covered in the contract). The patient will be discharged back to their GP or other referring healthcare professional.

4.2. The service will not discharge patients that do not attend appointments.

4.3. At the point of discharge, the Supplier will be required to produce a discharge document including a detailed relevant medical history. It should also outline the conditions for re-referral to the same or another service. The referring clinician or patient's GP (as appropriate) will receive this information within 24 hours of the patient being discharged.

4.4. Electronic clinical correspondence systems should be utilised where appropriate to ensure prompt GP access to clinic notes to reduce the administrative load.

4.5. A copy of the discharge documentation should be posted to the patient on the same day.

4.6. The discharge documents should conform to an agreed minimum data set.

4.7. The Supplier will be responsible for the production and distribution of all discharge documents.

LOT 3 – STOMA AND CATHETER COMBINED PRESCRIPTION SERVICE

1. Clinical Care and Prescribing Hub

1.1. Patients will be referred into the Prescription Hub when an accredited healthcare professional directs a patient to the service in order to obtain advice, repeat prescriptions or access to services, in accordance with agreed protocols and care pathways.

1.2. The service will accept all referrals for stoma and catheter care. However, some patients with specific specialist needs may require referral to tertiary partners for on-going management.

1.3. Where a patient is unsuitable for the service, the referral will be returned to the referrer (with advice on next steps) or onward referral to a more appropriate service. Where pertinent information is missing or further secondary care management is required, the referral will be returned to the referrer with clear instructions on next steps. The service will seek to resolve any referral acceptance issues via dialogue with the referrer wherever possible to avoid delay in the patient receiving the care they require.

1.4. The Supplier will make initial contact with the patient via an introductory letter and leaflet explaining the Prescription Hub service (including how to access the Advice and Repeat Prescription Line) and next steps.

1.5. The patient will receive either a telephone or face-to-face clinic appointment within the timescale agreed with the Participating Authority. This first appointment will be with an appropriate specialist nurse and will include:

1.5.1. Confirming the patient's lead stoma nurse who will take responsibility for their care while under the Prescription Hub service.

1.5.2. A review of the patient's prescription.

1.5.3. A stock-take of stoma or catheter products held by the patient and amended prescription schedule where appropriate.

1.5.4. Assessment of best method for patient to request repeat prescriptions

1.5.5. Patient counselling, lifestyle and dietary advice as needed.

1.5.6. Sign-posting to appropriate third-sector charities and support groups where appropriate.

1.5.7. Helping the patient to make an un-biased and objective choice of Dispensing Appliance Contractor (DAC) or local pharmacy. The patient's decision must be recorded. Patients will also be informed that they are able to change their DAC at any time.

1.6. The service will be used on a monthly basis for patients to obtain prescriptions for their on-going stoma or catheter supplies and appliances by contacting the Prescription Hub.

1.7. Prescription requests will only be accepted from patients directly not via a commercial third party i.e. an organisation with a financial interest in a patient's prescription.

1.8. As a minimum, a telephone-based service will be available for patients. Where online ordering of prescriptions is available, systems will be safe and robust.

1.9. The operating hours of the telephone line will be as agreed with the Participating Authority.

1.10. The telephone-based service will be staffed by a team of administrators with experience and training in stoma and catheter care, enabling them to answer non-clinical queries without requiring input from a specialist nurse.

1.11. The administrators will ideally be physically co-located with a rotation of specialist nurses to ensure close communication regarding systems, processes and individual patient cases, and ensure effective handover of clinical queries and patient call back referrals.

1.12. The service will make every effort to respond to urgent care needs in order to avoid patients having to present to their GP or Accident & Emergency department. If a nurse determines that a patient requires a home visit to avoid such a presentation, this should occur as soon as clinically indicated.

1.13. Patients and clinicians accessing the telephone service for information, advice or prescription requests should have their call answered in a timely manner, within specific time guidelines agreed with the Participating Authority.

1.14. All patients will be provided with contact information regarding who to contact with any concerns following their referral.

1.15. When a patient calls to request a repeat prescription, they should be asked triage questions designed to identify clinical issues requiring input from a specialist nurse. The administrator will check that the repeat request is within expected parameters and in line with the agreed formulary and prescribing guidelines.

1.16. A stoma or catheter nurse (as appropriate) will review the repeat prescription request and approve, revise or reject and provide an explanation directly to the patient where it is not approved as requested (via telephone wherever possible).

1.17. The service will issue a prescription within 2 working days of the prescription request to the dispensing organisation (DAC / Community pharmacy). The service will endeavour to action urgent requests on the same day wherever possible.

1.18. When a patient requires clinical advice and is triaged to a specialist nurse, this may be provided by telephone or in a face-to-face consultation, as determined by the nurse.

1.19. It is expected that the Supplier with work with the Participating Authority to monitor and reduce instances of over-ordering and requests for items or quantities that fall outside the agreed prescribing guidelines and accessory formulary.

1.19.1. Prescribing should be in line with agreed guidelines on the products that should not be routinely prescribed or items which can be purchased from retail outlets.

1.19.2. Repeat prescription requests should be checked thoroughly with the patient to ensure accessory products are still required and whether quantities can be reduced.

1.19.3. Where over-ordering is noted, patients should be triaged to a specialist care nurse for assessment.

1.19.4. Any product alterations to patients' prescription requests will be highlighted to the specialist nurse prescriber with the reason, for them undertake an in-depth review prior to issuing a prescription.

1.19.5. Patient requests for new appliances and accessories must be approved by an appropriate specialist nurse before being prescribed. If it is considered that a patient could reduce number of prescribed products or use a cheaper alternative without compromising on quality or outcomes a referral to a specialist nurse should be considered to review the prescription with the patient.

1.20. The patient will have the opportunity to choose, and at any point amend, their dispensing organisation (DAC / Community Pharmacy) without influence or direction.

1.21. A generic e-mail address for the Prescription Hub should be made available for GPs and other referrers or healthcare professionals.

2. **Annual Reviews**

2.1. The Supplier is required to work with primary and secondary care Providers/tertiary care sector to minimise duplication in the provision of on-going care and support for patients.

2.2. Patients will be invited for a review annually as a minimum, unless otherwise agreed with the Participating Authority, to provide an opportunity for on-going assessment of the suitability of stoma or catheter appliances and related accessories, to identify and swiftly resolve any complications that have arisen, and to ensure the patient is continuing with appropriate stoma or catheter management and maintaining quality of life.

2.3. Patient reviews should ideally be undertaken face-to-face by an appropriately accredited specialist nurse to assess the patient's quality of life, their stoma or catheter products remain fit for purpose and any challenges or complications are identified to ensure continuing appropriateness of products and quantities.

2.4. Face-to-face clinics will be delivered from suitable and convenient locations within the area of the Participating Authority. Sufficient capacity must be maintained at each site to facilitate patient's preferred location within reasonable waiting times.

2.5. It may be sometimes be necessary to undertake annual reviews in a patient's home where they are unable to travel to their nearest clinic location.

2.6. Annual reviews will occur as soon as practical following one year from the patient's previous specialist nurse appointment unless otherwise agreed with the Participating Authority. Wherever possible the assessment should be with the patient's named lead specialist nurse.

2.7. Any patients who do not attend their appointments will be contacted and offered a further appointment or a telephone-based review.

2.8. Where the review is undertaken over the telephone, the patient will be referred to a face-to-face consultation with the stoma nurse where problems have been identified.

2.9. At each review the specialist nurse will:

2.9.1. Review the prescription to ensure the products prescribed are appropriate to their clinical needs and in line with agreed stoma or catheter formulary and recommended quantities.

2.9.2. Discuss approximate quantities of stoma or catheter products held by the patient and amend the prescription schedule where appropriate.

2.9.3. Sign-post to appropriate third-sector charities and support groups where a patient need is identified.

2.9.4. Remind patients of the procedure for ordering supplies and ensure they are not having any supply issues.

2.9.5. Provide the patient with counselling for any issues or concerns, including provision of dietary and lifestyle advice.

2.9.6. Reinforce to patients that they are able to self-refer to the stoma or catheter care team for stoma or catheter management problems or product review at any point.

2.9.7. Confirm that the patient has a nominated dispensing entity recorded and reinforce the message that they can change their prescription dispenser at any time.

2.10. The outcome of the review and all clinical interventions will be recorded on the patient management system.

2.11. Review clinic letters will be sent to the patient's GP within 24 hours and copied to the patient. Electronic clinical correspondence systems should be utilised where appropriate to ensure prompt GP access to clinic notes.

3. Onward Referral

3.1. Any onward referrals will be in line with the latest NICE guidelines.

3.2. Onward referrals should be made within 24 hours of that decision being taken.

3.3. As the service is intended to deliver a full range of stoma and catheter related care, the reasons for onward referral are restricted to the requirement for specialist skills, complex diagnostic assessment and/or treatment that can only be accessed from a tertiary service.

3.4. All patients onward referred from the service to tertiary care (or to community or primary care services) will have a full treatment plan that forms part of the referral also shared with the patient's GP, which includes patient's relevant medical history, findings on examination and reason for referral.

3.5. The Supplier is responsible for the production and distribution of treatment plans.

4. Discharge from the Clinical Care and Prescribing Hub

4.1. Discharge occurs when the service clinician reaches a decision that no further action needs to take place (i.e. following stoma or catheter reversal or patient moves out of the area covered in the contract). The patient will be discharged back to their GP or other referring healthcare professional.

4.2. The service will not discharge patients that do not attend appointments.

4.3. At the point of discharge, the Supplier will be required to produce a discharge document including a detailed relevant medical history. It should also outline the conditions for re-referral to the same or another service. The referring clinician or patient's GP (as appropriate) will receive this information within 24 hours of the patient being discharged.

4.4. Electronic clinical correspondence systems should be utilised where appropriate to ensure prompt GP access to clinic notes to reduce the administrative load.

4.5. A copy of the discharge documentation should be posted to the patient on the same day.

4.6. The discharge documents should conform to an agreed minimum data set.

4.7. The Supplier will be responsible for the production and distribution of all discharge documents.

LOT 4 – STOMA PRE- AND POST-OPERATIVE CARE SUPPORT

1. Pre-operative Care

1.1. The supplier should ensure that patients receive sufficient support and education prior to their stoma formation and as early in their journey as possible, in consideration of their physical and psychological needs.

1.2. The service will ensure local referral policies are in place for patients who may require a stoma – close communication between surgical teams and the stoma service is vital, so that pre-operative care can commence as early as possible. For some patients this will be prior to the decision to form a stoma. Stoma nurses should be an integral member of the multi-disciplinary team (MDT) and the decision-making process.

1.3. Preparing patients who may require a stoma should begin as soon as surgery is confirmed. The stoma nurse should make contact with the patient pre-operatively at the earliest opportunity, ideally within 5 days, and arrange an appointment for pre-op discussion. Where appropriate and possible this should be dovetailed with the patient's other clinic appointments.

1.4. Upon referral, the stoma nurse should gather and review information about the patient's relevant medical history from their health care record. In partnership with the patient, the stoma care nurse should develop an individualised care plan which considers and addresses both the patient's psychological and physical needs and prepares the patient for enhanced recovery.

1.5. In situations where patients lack mental capacity, the stoma nurse must be involved in relevant best interest meetings to support decision making.

1.6. In agreement with the patient, pre-operative support, education and counselling should involve carers where appropriate and possible.

1.7. The patient should be informed of their diagnosis, the risks and benefits of surgery and what to expect from their treatment, aftercare and ongoing health.

1.8. The patient should be informed about their relevant stoma and its related management.

1.9. The patient should be provided with ample opportunities to ask questions and seek clarification in relation to the information provided.

1.10. The patient should receive face to face pre-operative counselling to ensure they can come to terms with their stoma and are fully aware of any required adaptations to their lifestyle and discuss concerns in a safe and confidential environment.

1.11. The patient should be given an opportunity to discuss their emotional and physical state and concerns, along with their social circumstances and any relevant cultural and religious beliefs.

1.12. The stoma nurse should provide the patient with information on the sources of psychological and other means of help/support and contact details as well as signposting and referring to third sector support organisations where necessary.

1.13. The stoma nurse should provide the patient with an opportunity to examine stoma appliances and practice a pouch change prior to their operation.

1.14. The stoma nurse should offer the patient an opportunity to meet a suitably trained volunteer or patient mentor, and make the patient aware of local support groups where they feel this would be beneficial.

1.15. The stoma nurse should be familiar with organisational policies regarding patient confidentiality and data protection and ensure patient confidentiality and dignity is maintained at all times.

1.16. In order for the patient to have a well-constructed stoma sited at an appropriate position, the stoma care nurse should counsel patients, gain patient consent and sensitively discuss the proposed site of the stoma pre-operatively. Where there is time (for example, with elective patients) this should be done prior to admission, but no more than 10 days prior to surgery. This gives the patient an opportunity to test the pre marked site position with their clothing and normal activities.

1.17. In the case of emergency patients where advance siting is not possible, the stoma nurse should visit the patient on the ward and discuss the site of the stoma and mark the preferred location on the patient with their consent and agreement. A well sited stoma significantly contributes to patient outcomes.

1.18. If there is a problem prior to surgery, there should be a mechanism to call the patient back for the stoma nurse to see the patient and re-site the stoma.

2. Post-operative Care

2.1. The patient should receive appropriate clinical care as well as emotional support and education from their stoma care team in the post-operative period, ensuring they learn to self-care and become confident and competent to manage their stoma prior to their discharge.

2.2. The stoma nurse should oversee a programme of post-operative education for the patient and where relevant their carer, to become competent with the management of their stoma prior to discharge. The education should include preparation, pouch emptying, pouch renewal, skin care, disposal and the importance of hand washing.

2.3. Patients should be educated to recognise and act upon the early signs of stoma complications and associated skin conditions such as the development of a peri-stoma hernia, skin excoriation, fungal infection, granulomas or fistula. This will help to ensure an appropriate treatment plan is initiated without delay.

2.4. The stoma nurse should discuss the lifestyle implications of their stoma with patient/carer including dietary issues, faecal discharge, hygiene, physical activity and intimacy and should assess the patient's need for psychological support; making any relevant referrals for additional support.

2.5. Families and carers should be informed of how to access help, support and advice and have information about the circumstances when it is important to seek help. The Supplier will also foster links with local hospices and nursing homes to coordinate on-going care where appropriate, to meet the needs of the patients, facilitate early discharge and prevent readmission.

2.6. In consultation with the patient, the stoma nurse should discuss suitable stoma appliances and select one that meets the clinical needs of the patient. The stoma nurse should provide the patient with adequate supplies of the appliance and an appropriate template according to size and shape of the stoma.

2.7. The stoma nurse should provide the patient with full and impartial information regarding relevant products available through the NHS.

2.8. The patient should be provided with information on a range of local and national organisations that provide stoma appliance dispensing and/or delivery services. The patient must not be guided towards a particular organisation and must be given unbiased information on which to make a decision on the service best suited to them. The patient should be informed that they can change dispensing organisation at any point.

2.9. The stoma nurse should evaluate and document all interactions with the patient and liaise with relevant health care professionals as needed.

3. Discharge Planning

3.1. Prior to discharge, the stoma nurse should be assured that the patient (and where relevant, carer) demonstrates the skills and knowledge regarding their stoma and is confident that the patient will be able to cope independently at home.

3.2. The stoma care nurse should make referrals to other agencies or therapists (e.g. occupational / physical therapists), as per the patient's needs, and liaise with the patient's primary health and social care teams as appropriate.

3.3. The stoma nurse should check that the patient has been made aware of relevant and available local support services and provide patient/carer with contact details and information on how to access these services following discharge, including written information.

3.4. The stoma nurse should remind the patient of the specific stoma related problems to watch out for following their discharge and the action to take if stoma problems arise.

3.5. The patient should be provided with a minimum of two weeks of stoma products prior to their discharge from hospital.

3.6. Discharge letters should be sent to GP and, where relevant, district nurse in accordance with local policies.

3.7. Follow up appointments will be discussed and agreed with the Participating Authority's stoma nurses prior to discharge. These will usually be within 72 hours of leaving hospital, then one visit per week for two weeks. Further appointments may be required if there are any stoma-related clinical issues. Where patient's needs dictate, these could be home visits.

4. Post Discharge Follow-Up

4.1. The stoma service will continue to provide support to patients ensuring swift access to advice and support at any point in their life with a stoma.

4.2. A single point of access, protocol-driven triage service will provide patients with swift access to relevant and timely face-to-face support from a stoma nurse when needed. Stoma nurses will be able to refer to other departments, agencies and sources of clinical expertise in order to avoid an emergency admission.

4.3. The stoma nurse should provide rapid access to advice for all patients requiring emergency advice or review with regard to their stoma and associated appliance, working to reduce avoidable A&E and outpatient attendances relating to stoma-associated complications.

4.4. Telephone based support will be available for patients needing support or queries.

4.5. The stoma care team will make contact with the patient during the first week following discharge to assess how they are coping with their stoma care and ensure continuing product suitability.

4.6. A clinic appointment will be made within 72 hours of discharge from hospital where the patient can be assessed for how they are coping and to ensure continuing appliance suitability. The patient's prescription details and chosen method of product dispensing will be clarified. Further clinic appointments may be required, depending on the stoma care nurse's assessment of the situation.

4.7. Further appointments will be made for the patient to attend a stoma clinic and/or for telephone consultation to follow up post-discharge. The review period(s) will be determined by the Participating Authority but will usually be one per week for two weeks following the initial appointment. Further appointments may be required if there are stoma-related clinical issues.

4.8. A further appointment will be made for the patient to attend a stoma clinic for a review at three months post discharge from hospital, or as agreed with the Participating Authority.

LOT 5 – COMBINED STOMA SERVICE – PRESCRIPTION AND PRE- AND POST-OPERATIVE CARE SUPPORT

1. Pre-operative Care

1.1. The supplier should ensure that patients receive sufficient support and education prior to their stoma formation and as early in their journey as possible, in consideration of their physical and psychological needs.

1.2. The service will ensure local referral policies are in place for patients who may require a stoma – close communication between surgical teams and the stoma service is vital, so that pre-operative care can commence as early as possible. For some patients this will be prior to the decision to form a stoma. Stoma nurses should be an integral member of the multi-disciplinary team (MDT) and the decision-making process.

1.3. Preparing patients who may require a stoma should begin as soon as surgery is confirmed. The stoma nurse should make contact with the patient pre-operatively at the earliest opportunity, ideally within 5 days, and arrange an appointment for pre-op discussion. Where appropriate and possible this should be dovetailed with the patient's other clinic appointments.

1.4. Upon referral, the stoma nurse should gather and review information about the patient's relevant medical history from their health care record. In partnership with the patient, the stoma care nurse should develop an individualised care plan which considers and addresses both the patient's psychological and physical needs and prepares the patient for enhanced recovery.

1.5. In situations where patients lack mental capacity, the stoma nurse must be involved in relevant best interest meetings to support decision making.

1.6. In agreement with the patient, pre-operative support, education and counselling should involve carers where appropriate and possible.

1.7. The patient should be informed of their diagnosis, the risks and benefits of surgery and what to expect from their treatment, aftercare and ongoing health.

1.8. The patient should be informed about their relevant stoma and its related management.

1.9. The patient should be provided with ample opportunities to ask questions and seek clarification in relation to the information provided.

1.10. The patient should receive face to face pre-operative counselling to ensure they can come to terms with their stoma and are fully aware of any required adaptations to their lifestyle and discuss concerns in a safe and confidential environment.

1.11. The patient should be given an opportunity to discuss their emotional and physical state and concerns, along with their social circumstances and any relevant cultural and religious beliefs.

1.12. The stoma nurse should provide the patient with information on the sources of psychological and other means of help/support and contact details as well as signposting and referring to third sector support organisations where necessary.

1.13. The stoma nurse should provide the patient with an opportunity to examine stoma appliances and practice a pouch change prior to their operation.

1.14. The stoma nurse should offer the patient an opportunity to meet a suitably trained volunteer or patient mentor, and make the patient aware of local support groups where they feel this would be beneficial.

1.15. The stoma nurse should be familiar with organisational policies regarding patient confidentiality and data protection and ensure patient confidentiality and dignity is maintained at all times.

1.16. In order for the patient to have a well-constructed stoma sited at an appropriate position, the stoma care nurse should counsel patients, gain patient consent and sensitively discuss the proposed site of the stoma pre-operatively. Where there is time (for example, with elective patients) this should be done prior to admission, but no more than 10 days prior to surgery. This gives the patient an opportunity to test the pre marked site position with their clothing and normal activities.

1.17. In the case of emergency patients where advance siting is not possible, the stoma nurse should visit the patient on the ward and discuss the site of the stoma and mark the preferred location on the patient with their consent and agreement. A well sited stoma significantly contributes to patient outcomes.

1.18. If there is a problem prior to surgery, there should be a mechanism to call the patient back for the stoma nurse to see the patient and re-site the stoma.

2. Post-operative Care

2.1. The patient should receive appropriate clinical care as well as emotional support and education from their stoma care team in the post-operative period, ensuring they learn to self-care and become confident and competent to manage their stoma prior to their discharge.

2.2. The stoma nurse should oversee a programme of post-operative education for the patient and where relevant their carer, to become competent with the management of their stoma prior to discharge. The education should include preparation, pouch emptying, pouch renewal, skin care, disposal and the importance of hand washing.

2.3. Patients should be educated to recognise and act upon the early signs of stoma complications and associated skin conditions such as the development of a peri-stoma hernia, skin excoriation, fungal infection, granulomas or fistula. This will help to ensure an appropriate treatment plan is initiated without delay.

2.4. The stoma nurse should discuss the lifestyle implications of their stoma with patient/carer including dietary issues, faecal discharge, hygiene, physical activity and intimacy and should assess the patient's need for psychological support; making any relevant referrals for additional support.

2.5. Families and carers should be informed of how to access help, support and advice and have information about the circumstances when it is important to seek help. The Supplier will also foster links with local hospices and nursing homes to coordinate on-going care where appropriate, to meet the needs of the patients, facilitate early discharge and prevent readmission.

2.6. In consultation with the patient, the stoma nurse should discuss suitable stoma appliances and select one that meets the clinical needs of the patient. The stoma nurse should provide the patient with adequate supplies of the appliance and an appropriate template according to size and shape of the stoma.

2.7. The stoma nurse should provide the patient with full and impartial information regarding relevant products available through the NHS.

2.8. The patient should be provided with information on a range of local and national organisations that provide stoma appliance dispensing and/or delivery services. The patient must not be guided towards a particular organisation and must be given unbiased information on which to make a decision on the service best suited to them. The patient should be informed that they can change dispensing organisation at any point.

2.9. The stoma nurse should evaluate and document all interactions with the patient and liaise with relevant health care professionals as needed.

3. Discharge Planning

3.1. Prior to discharge, the stoma nurse should be assured that the patient (and where relevant, carer) demonstrates the skills and knowledge regarding their stoma and is confident that the patient will be able to cope independently at home.

3.2. The stoma care nurse should make referrals to other agencies or therapists (e.g. occupational / physical therapists), as per the patient's needs, and liaise with the patient's primary health and social care teams as appropriate.

3.3. The stoma nurse should check that the patient has been made aware of relevant and available local support services and provide patient/carer with contact details and information on how to access these services following discharge, including written information.

3.4. The stoma nurse should remind the patient of the specific stoma related problems to watch out for following their discharge and the action to take if stoma problems arise.

3.5. The patient should be provided with a minimum of two weeks of stoma products prior to their discharge from hospital.

3.6. Discharge letters should be sent to GP and, where relevant, district nurse in accordance with local policies.

3.7. Follow up appointments will be discussed and agreed with the Participating Authority's stoma nurses prior to discharge. These will usually be within 72 hours of leaving hospital, then one visit per week for two weeks. Further appointments may be required if there are any stoma-related clinical issues. Where patient's needs dictate, these could be home visits.

4. Post Discharge Follow-Up

4.1. The stoma service will continue to provide support to patients ensuring swift access to advice and support at any point in their life with a stoma.

4.2. A single point of access, protocol-driven triage service will provide patients with swift access to relevant and timely face-to-face support from a stoma nurse when needed. Stoma nurses will be able to refer to other departments, agencies and sources of clinical expertise in order to avoid an emergency admission.

4.3. The stoma nurse should provide rapid access to advice for all patients requiring emergency advice or review with regard to their stoma and associated appliance, working to reduce avoidable A&E and outpatient attendances relating to stoma-associated complications.

4.4. Telephone based support will be available for patients needing support or queries.

4.5. The stoma care team will make contact with the patient during the first week following discharge to assess how they are coping with their stoma care and ensure continuing product suitability.

4.6. A clinic appointment will be made within 72 hours of discharge from hospital where the patient can be assessed for how they are coping and to ensure continuing appliance suitability. The patient's prescription details and chosen method of product dispensing will be clarified. Further clinic appointments may be required, depending on the stoma care nurse's assessment of the situation.

4.7. Further appointments will be made for the patient to attend a stoma clinic and/or for telephone consultation to follow up post-discharge. The review period(s) will be determined by the Participating Authority but will usually be one per week for two weeks following the initial appointment. Further appointments may be required if there are stoma-related clinical issues.

4.8. A further appointment will be made for the patient to attend a stoma clinic for a review at three months post discharge from hospital, or as agreed with the Participating Authority.

5. Clinical Care and Prescribing Hub

5.1. Patients will be referred into the Prescription Hub when an accredited healthcare professional directs a patient to the service in order to obtain advice, repeat prescriptions or access to services, in accordance with agreed protocols and care pathways.

5.2. The service will accept all referrals for stoma care. However, some patients with specific specialist needs may require referral to tertiary partners for on-going management.

5.3. Where a patient is unsuitable for the service, the referral will be returned to the referrer (with advice on next steps) or onward referral to a more appropriate service. Where pertinent information is missing or further secondary care management is required, the referral will be returned to the referrer with clear instructions on next steps. The service will seek to resolve any referral acceptance issues via dialogue with the referrer wherever possible to avoid delay in the patient receiving the care they require.

5.4. The Supplier will make initial contact with the patient via an introductory letter and leaflet explaining the Prescription Hub service (including how to access the Advice and Repeat Prescription Line) and next steps.

5.5. The patient will receive either a telephone or face-to-face clinic appointment within the timescale agreed with the Participating Authority. This first appointment will be with a stoma nurse and will include:

5.5.1. Confirming the patient's lead stoma nurse who will take responsibility for their care while under the Prescription Hub service.

5.5.2. A review of the patient's prescription.

5.5.3. A stock-take of stoma products held by the patient and amended prescription schedule where appropriate.

5.5.4. Assessment of best method for patient to request repeat prescriptions

5.5.5. Patient counselling, lifestyle and dietary advice as needed.

5.5.6. Sign-posting to appropriate third-sector charities and support groups where appropriate.

5.5.7. Helping the patient to make an un-biased and objective choice of Dispensing Appliance Contractor (DAC) or local pharmacy. The patient's decision must be recorded. Patients will also be informed that they are able to change their DAC at any time.

5.6. The service will be used on a monthly basis for patients to obtain prescriptions for their on-going stoma supplies and appliances by contacting the Prescription Hub.

5.7. Prescription requests will only be accepted from patients directly not via a commercial third party i.e. an organisation with a financial interest in a patient's prescription.

5.8. As a minimum, a telephone-based service will be available for patients. Where online ordering of prescriptions is available, systems will be safe and robust.

5.9. The operating hours of the telephone line will be as agreed with the Participating Authority.

5.10. The telephone-based service will be staffed by a team of administrators with experience and training in stoma care, enabling them to answer non-clinical queries without requiring input from a stoma nurse.

5.11. The administrators will ideally be physically co-located with a rotation of stoma nurses to ensure close communication regarding systems, processes and individual patient cases, and ensure effective handover of clinical queries and patient call back referrals.

5.12. The service will make every effort to respond to urgent care needs in order to avoid patients having to present to their GP or Accident & Emergency department. If a nurse determines that a patient requires a home visit to avoid such a presentation, this should occur as soon as clinically indicated.

5.13. Patients and clinicians accessing the telephone service for information, advice or prescription requests should have their call answered in a timely manner, within specific time guidelines agreed with the Participating Authority.

5.14. All patients will be provided with contact information regarding who to contact with any concerns following their referral.

5.15. When a patient calls to request a repeat prescription, they should be asked triage questions designed to identify clinical issues requiring input from a stoma nurse. The administrator will check that the repeat request is within expected parameters and in line with the agreed formulary and prescribing guidelines.

5.16. A stoma nurse will review the repeat prescription request and approve, revise or reject and provide an explanation directly to the patient where it is not approved as requested (via telephone wherever possible).

5.17. The service will issue a prescription within 2 working days of the prescription request to the dispensing organisation (DAC / Community pharmacy). The service will endeavour to action urgent requests on the same day wherever possible.

5.18. When a patient requires clinical advice and is triaged to a stoma specialist nurse, this may be provided by telephone or in a face-to-face consultation, as determined by the nurse.

5.19. It is expected that the Supplier with work with the Participating Authority to monitor and reduce instances of over-ordering and requests for items or quantities that fall outside the agreed prescribing guidelines and accessory formulary.

5.19.1. Prescribing should be in line with agreed guidelines on the products that should not be routinely prescribed or items which can be purchased from retail outlets.

5.19.2. Repeat prescription requests should be checked thoroughly with the patient to ensure accessory products are still required and whether quantities can be reduced.

5.19.3. Where over-ordering is noted, patients should be triaged to a stoma care nurse for assessment.

5.19.4. Any product alterations to patients' prescription requests will be highlighted to the stoma nurse prescriber with the reason, for them undertake an in-depth review prior to issuing a prescription.

5.19.5. Patient requests for new appliances and accessories must be approved by a stoma care nurse before being prescribed. If it is considered that a patient could reduce number of prescribed products or use a cheaper alternative without compromising on quality or outcomes a referral to the stoma care nurse should be considered to review the prescription with the patient.

5.20. The patient will have the opportunity to choose, and at any point amend, their dispensing organisation (DAC / Community Pharmacy) without influence or direction.

5.21. A generic e-mail address for the Prescription Hub should be made available for GPs and other referrers or healthcare professionals.

6. Annual Reviews

6.1. The Supplier is required to work with primary and secondary care Providers/tertiary care sector to minimise duplication in the provision of on-going care and support for patients.

6.2. Patients will be invited for a review annually as a minimum, unless otherwise agreed with the Participating Authority, to provide an opportunity for on-going assessment of the suitability of stoma appliances and related accessories, to identify and swiftly resolve any complications that have arisen, and to ensure the patient is continuing with appropriate stoma management and maintaining quality of life.

6.3. Patient reviews should ideally be undertaken face-to-face by an appropriately accredited stoma nurse to assess the patient's quality of life, their stoma products remain fit for purpose and any challenges or complications are identified to ensure continuing appropriateness of products and quantities.

6.4. Face-to-face clinics will be delivered from suitable and convenient locations within the area of the Participating Authority. Sufficient capacity must be maintained at each site to facilitate patient's preferred location within reasonable waiting times.

6.5. It may be sometimes be necessary to undertake annual reviews in a patient's home where they are unable to travel to their nearest clinic location.

6.6. Annual reviews will occur as soon as practical following one year from the patient's previous stoma nurse appointment unless otherwise agreed with the Participating Authority. Wherever possible the assessment should be with the patient's named lead stoma nurse.

6.7. Any patients who do not attend their appointments will be contacted and offered a further appointment or a telephone-based review.

6.8. Where the review is undertaken over the telephone, the patient will be referred to a face-to-face consultation with the stoma nurse where problems have been identified.

6.9. At each review the stoma nurse will:

6.9.1. Review the prescription to ensure the products prescribed are appropriate to their clinical needs and in line with agreed stoma formulary and recommended quantities.

6.9.2. Discuss approximate quantities of stoma products held by the patient and amend the prescription schedule where appropriate.

6.9.3. Sign-post to appropriate third-sector charities and support groups where a patient need is identified.

6.9.4. Remind patients of the procedure for ordering supplies and ensure they are not having any supply issues.

6.9.5. Provide the patient with counselling for any issues or concerns, including provision of dietary and lifestyle advice.

6.9.6. Reinforce to patients that they are able to self-refer to the stoma care team for stoma management problems or product review at any point.

6.9.7. Confirm that the patient has a nominated dispensing entity recorded and reinforce the message that they can change their prescription dispenser at any time.

6.10. The outcome of the review and all clinical interventions will be recorded on the patient management system.

6.11. Review clinic letters will be sent to the patient's GP within 24 hours and copied to the patient. Electronic clinical correspondence systems should be utilised where appropriate to ensure prompt GP access to clinic notes.

7. **Onward Referral**

7.1. Any onward referrals will be in line with the latest NICE guidelines.

7.2. Onward referrals should be made within 24 hours of that decision being taken.

7.3. As the service is intended to deliver a full range of stoma related care, the reasons for onward referral are restricted to the requirement for specialist skills, complex diagnostic assessment and/or treatment that can only be accessed from a tertiary service.

7.4. All patients onward referred from the service to tertiary care (or to community or primary care services) will have a full treatment plan that forms part of the referral also shared with the patient's GP, which includes patient's relevant medical history, findings on examination and reason for referral.

7.5. The Supplier is responsible for the production and distribution of treatment plans.

8. **Discharge from the Clinical Care and Prescribing Hub**

8.1. Discharge occurs when the service clinician reaches a decision that no further action needs to take place (i.e. following stoma reversal or patient moves out of the area covered in the contract). The patient will be discharged back to their GP or other referring healthcare professional.

8.2. The service will not discharge patients that do not attend appointments.

8.3. At the point of discharge, the Supplier will be required to produce a discharge document including a detailed relevant medical history. It should also outline the conditions for re-referral to the same or another service. The referring clinician or patient's GP (as appropriate) will receive this information within 24 hours of the patient being discharged.

8.4. Electronic clinical correspondence systems should be utilised where appropriate to ensure prompt GP access to clinic notes to reduce the administrative load.

8.5. A copy of the discharge documentation should be posted to the patient on the same day.

8.6. The discharge documents should conform to an agreed minimum data set.

8.7. The Supplier will be responsible for the production and distribution of all discharge documents.