



Guidelines for Managing, Prescribing and Supply of Appliances via Dispensing Appliance Contractors

This guideline outlines the responsibility for managing the prescribing and supply of appliances between the specialist, GP, dispensing appliance contractor (DAC) and the patient. It is not intended to cover home delivery of repeat prescriptions by community pharmacies.

The healthcare professional (HCP) who prescribes the treatment legally assumes clinical responsibility for the treatment and the consequences of its use.

Specialist responsibilities

1. Select and initiate the most appropriate product for treatment/management and ensure patient stabilised
2. At transfer of prescribing, communicate promptly with the GP regarding
 - a. Product initiated (including product codes)
 - b. Expected monthly usage
 - c. Expected duration of treatment; or, if long term, date of next review
3. Monitor response to treatment, or advise GP of monitoring requirements
4. Following change to prescription, advise **both** GP and DAC (where appropriate) of any modifications
5. Ensure clear arrangements for back-up, advice, and support

Practice responsibilities – clinical

1. Initiate system for supply via the DAC **only** on the advice of a specialist or the patient, and thereafter continue prescribing
2. Adjust prescriptions for product(s) as advised by the specialist
3. Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment
4. Stop or adjust treatment/management on the advice of the specialist or immediately if an urgent need to stop treatment arises

Practice and Dispensing Appliance Contractor administrative responsibilities

All requests for prescriptions should be initiated by the patient. The preferred route is direct to the GP practice, to enable a robust audit trail.

1. Agree named person at surgery for managing requests for treatment
2. Agree named contact with DAC
3. Agree frequency of supply, and the turnaround time from request of prescription by dispensing contractor to dispatch of prescription from surgery (e.g. 48 hours)
4. Agree method of receipt of prescription by DAC e.g. fax, email or post
5. Ensure clear communication to patient with regards to process agreed between practice and dispensing contractor e.g. the interval prior to delivery when the regular prescription request should be submitted
6. Requests for emergency supplies will only be accepted from patient / carers

7. When a patient dies, any prescriptions (including repeat dispensing prescriptions) which have not yet been sent or dispensed must be retrieved and destroyed.
8. Copies of the AUR (Appliance Use Review) to be sent to and kept at the practice and reviewed by nominated person in the practice

Practice responsibilities – administrative

1. Check quantities requested against guidelines, (e.g. Arden Cluster Prescribing Guidelines for Stoma Appliances / Continence Appliances) and only issue items that are due. Practices should ensure that they are aware of the normal usage rate by the patient and that any irregularities are flagged to GP and reviewed with the patient/carer
2. Print prescription for patient/ carer (or send to the DAC) within the agreed turnaround time and by the agreed method of dispatch
3. Keep a record of prescriptions posted and if possible obtain a certificate of posting (to help with any queries regarding missing prescriptions)
4. Document any communication from dispensing contractor and specialist under the patient's clinical record
5. Requests for emergency supplies should only be accepted from the patient / carer

Dispensing Appliance Contractor responsibilities

1. Provide GP surgery with details of patient's authorisation for company to request & supply item/s on the patient's behalf (if not provided by specialist)
2. Keep records that demonstrate that the patient requested every item ordered before each supply
3. Duplicate prescriptions are not requested and, if received, are returned to the GP.
4. DAC must request and receive prescription PRIOR to delivery of items
5. Receive and process prescription
6. Arrange delivery as agreed with patient

Patient's / Carer's responsibility & role

1. Report to the specialist or GP if understanding of the treatment is not clear
2. Share any concerns and report any problems in relation to treatment to specialist or GP
3. Participate in the re-ordering process for each item on each occasion
4. Only order treatment that is due and necessary
5. Report any problems with supply of treatment to the specialist or GP
6. An emergency supply can only be requested by the patient\carer outside normal GP opening times

The DAC understands that

GP PRACTICES WILL NOT ISSUE PRESCRIPTIONS RETROSPECTIVELY

If the dispensing contractor delivers item/s prior to receiving a prescription, they risk not obtaining a prescription to cover that supply if the item/s is not considered to be necessary / appropriate

Arden Cluster Prescribing Guidelines for Stoma Appliances

APPLIANCE	USUAL MONTHLY QUANTITY	PRESCRIPTION DIRECTIONS	NOTES
Colostomy bags	30 –90 bags	Remove and discard after use.	Bags are not drainable/ reusable. Usual use: 1–3 bags per day. Flushable bags only to be used on advice of bowel / stoma nurse.
Ileostomy bags	15–30 bags	Drain as required throughout the day. Use a new bag every 1–3 days.	Bags are drainable
Urostomy bags	10–20 bags	Drain as required throughout the day. Generally replace bag every 2 days.	Bags are drainable
Night drainage bags for urostomy patients	4 bags (1 box of 10 bags every 2–3 months)	Use a new bag every 7 days.	Bags are drainable
Flange (base plate for two piece systems)	15 flanges	Change every 2–3 days	The flange is not usually changed at every bag change
Flange extenders (for one and two piece systems)	10–90 flange extenders	Change every time bag is changed	Often required for extra security if the patient has a hernia or skin creases and there is leakage around the stoma
Belts (for convex pouches)	3 per year	1 to wear, 1 in the wash, 1 for spare	Washable and re–usable.
Adhesive removers	1–3 cans (depending on frequency of bag changes)	Use each time stoma bag is changed	Sprays are more cost effective than wipes. ‘Non–sting’, silicone based products are recommended.
Deodorants	Not routinely required. Maximum 1	Use as needed when changing stoma bag	Should not be required. If correctly fitted, no odour should be apparent except when bag is emptied or changed. Household air freshener is sufficient in most cases.
Lubricating deodorant gels	2 bottles	Put one squirt in to stoma bag before use	Only recommended if patients have difficulty with ‘pancaking’. Bottles are more cost effective than sachets. A few drops of baby oil or olive oil can be used as an alternative.
Skin fillers	Follow directions of bowel / stoma nurse	Change each time bag is changed	Filler pastes/ washers are used to fill creases or dips in the skin to ensure a seal
Skin protectives (wipes, films, pastes and powders)	Follow directions of bowel / stoma nurse	Apply when bag is changed as directed	SHORT TERM USE ONLY (acute prescription): may be used on skin that is broken, sore or weepy to promote healing. If used for ≥ 3 months, refer patient to bowel / stoma nurse. Barrier creams are NOT recommended as they reduce adhesiveness of bags/flanges.

General Notes

- If quantities ordered exceed those listed without good reason (e.g. number of bags in times of diarrhoea), refer patient to specialist nurse.
- ‘Stoma underwear’ is not necessary and should not be prescribed, unless a patient develops a parastomal hernia and has been advised to wear ‘support underwear’ or a belt.

Bowel/ Stoma nurse contact numbers (Monday– Friday 8am–4pm)

Helen Taylor (UHCW): 02476 965616
helen.taylor@uhcw.nhs.uk

Denise Humphrey (Warwick): 01926 495321 Ext 4504
denise.humphrey@swft.nhs.uk

Annie Jowett (George Eliot): 02476 865110 (24hr answerphone)
annie.jowett@geh.nhs.uk

The information in this document is the best available from the resources at our disposal at the time of preparation.

APC Resource Document APC RD009 Nov 2011 Review Nov 2013

Arden Cluster Prescribing Guidelines for Continence Appliances

Where more than one brand of product exists consider guidance from local Preferred Prescribing List

Appliance	Duration	Usual Monthly Prescription Quantity	Prescription Directions	Notes
Indwelling Catheter Long term use catheter	Up to 12 weeks. If changing less than 4 weeks consider referring to Continence Service	ONE	Change every 8 to 12 weeks	For attachment to leg bags or catheter valves. Prescribe 2 or 3 catheters for the first prescription (1–2 spare) then only one should be prescribed at a time.
Nelaton single use catheter for intermittent use	From once or twice a week up to 5–6 daily	4 catheters up to 7 packs of 25/30 (Packs cannot be split)		Frequency of use depends on medical reason for catheterisation. Minimum quantity on prescription is 1 pack, maximum 7 packs.
Penile Sheaths	1 daily	THIRTY (= 1 box)	Change daily. Please order once a month	Over ordering may be due to poor fit
Catheter valves	1 weekly	FIVE (=1 box)	Change every 7 days. Please order once a month	For use with indwelling catheters
Leg bags (drainable)	7 days	FIVE (preferable to supply one complete box (10) on a prescription so a box should last 2 months)	Change every 7 days. Please order every 2 months	Drainable. For collection of urine from indwelling catheters or penile sheaths
Night bag (drainable)	7 nights	FIVE (preferable to supply one complete box (10) on a prescription so a box should last 2 months)	Change every 7 days. Please order every 2 months	Drainable. If bedbound attach directly to catheter.
Night bags (non– drainable)	1 every night	THIRTY (=3 boxes of 10)	Change every night. Please order once a month	Recommended for use in care homes to reduce the risk of cross-infection. Do not attach directly to catheter.
Instillagel	1 per indwelling catheter change	1		Do not order a box of 10. Use a 11ml size for males and a 6ml size for females and supra pubic catheters
Leg bag sleeves	Not for repeat prescription (1 pack should last 4–6 months)		Sleeves are washable and re-useable	Used to support a leg bag. Leg bag straps should not also be ordered
Catheter Straps	Not for repeat prescription (1 pack should last 5 months)		Straps are washable and re-useable	Used to support an indwelling catheter

The table above contains suggestions for the average quantities to prescribe for ONE month. Please note that the appliances which are listed in Part IXA or Part IXB of the Drug Tariff may be prescribed under the NHS. NOTE:– **Never** put an indwelling FEMALE urethral catheter into a male. A male catheter can be used in a female (if obese)

Continence Nurse contact numbers

Eilish O’Neill, (RLSRH – Rehab Hospital): 01926 600820

eilish.o’neill@swft.nhs.uk

Terri Holland (Orchard Centre): 01788 555105

terri.holland@swft.nhs.uk

Jo Woolf (Bramcote): 02476 353969

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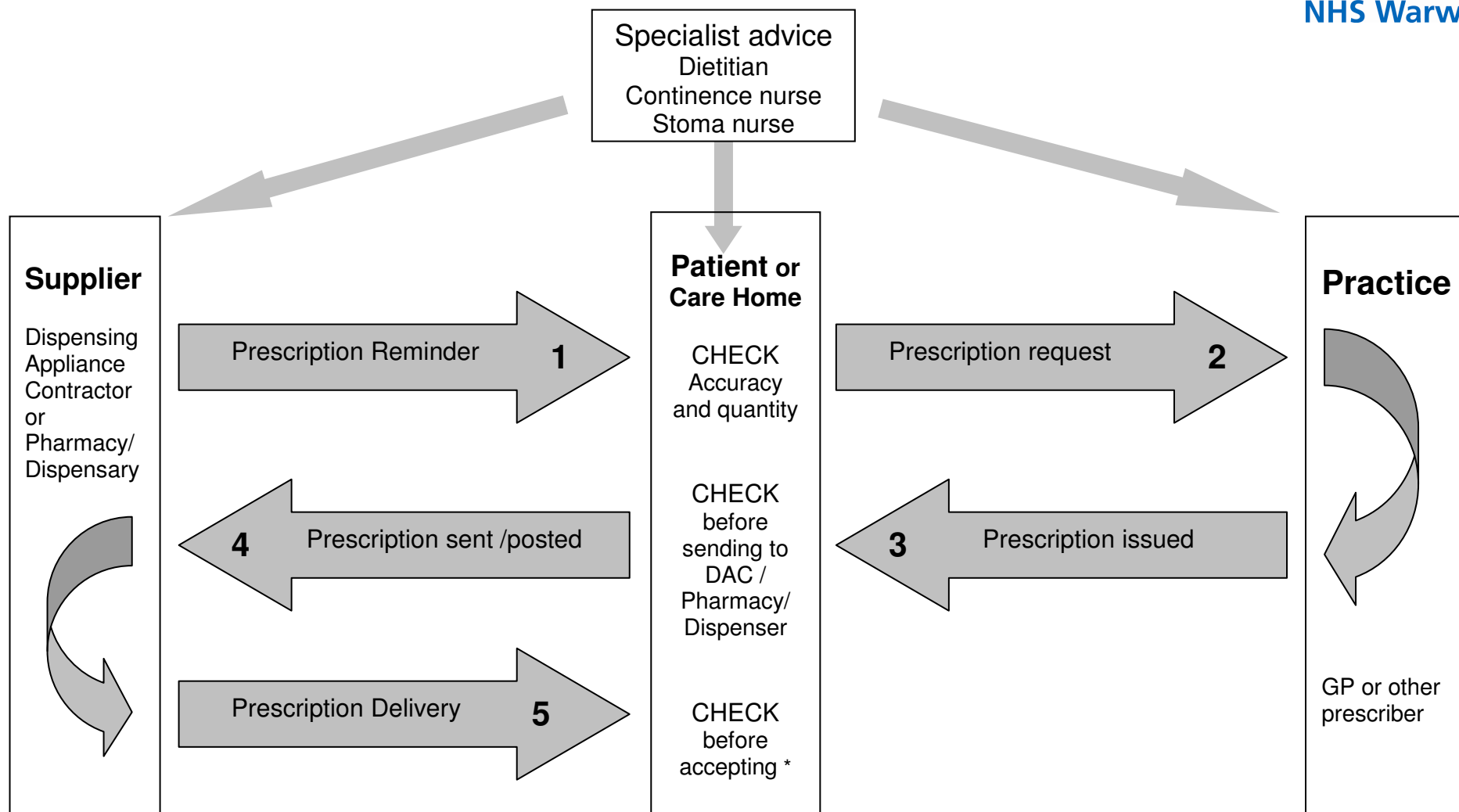
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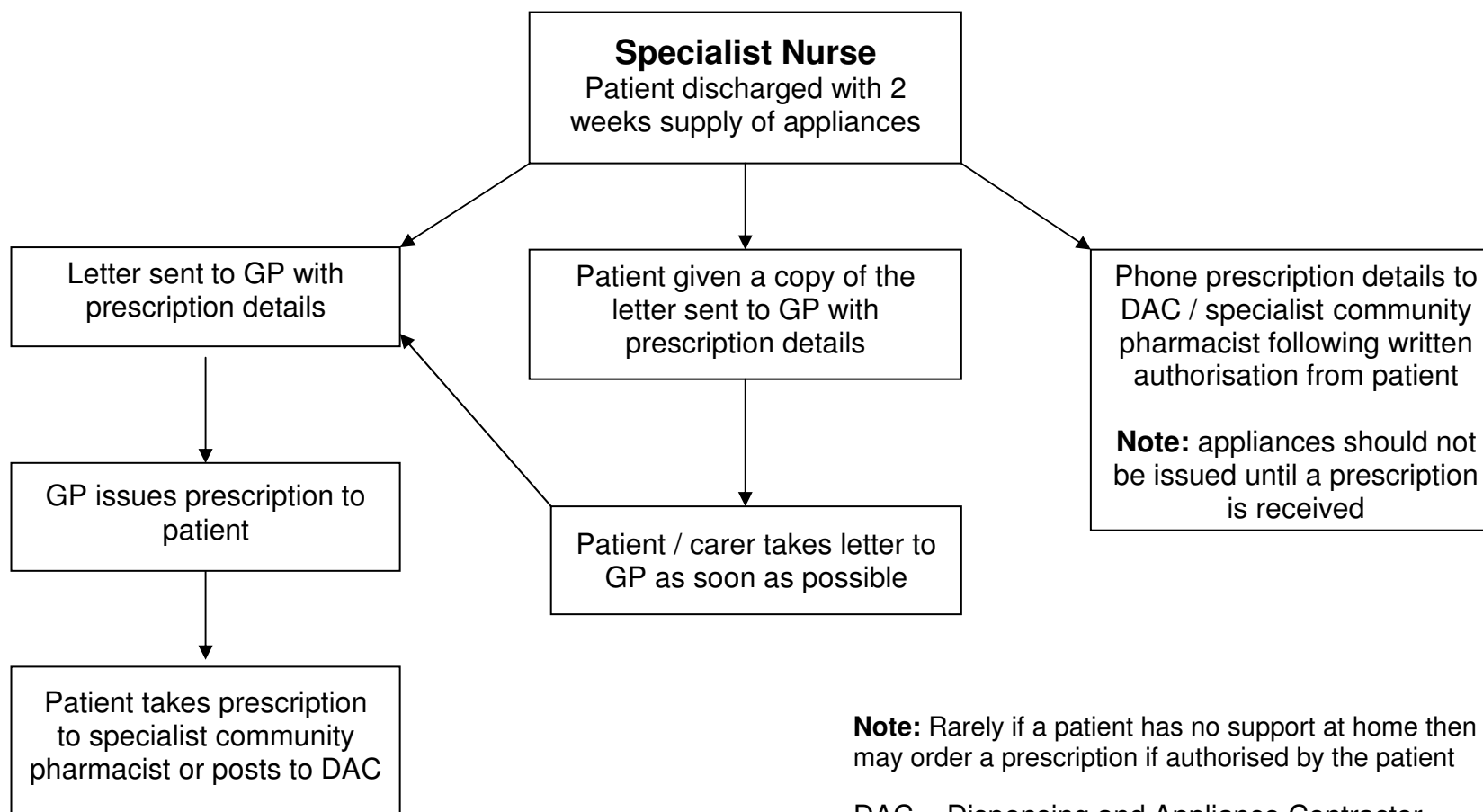
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PREFERRED PRESCRIPTION PATHWAY
Guidance for provision of NHS prescriptions including supply of specialist products:-
continence and stoma appliances, wound management products and nutritional support



* Please check the prescription with the driver before delivery is made. Once the prescription has crossed the threshold, if it is wrong for any reason, it will be wasted as it will not be re-used by the dispensing appliance contractor or the pharmacy. It can be returned but it will be destroyed.

PREFERRED PRESCRIPTION PATHWAY ON DISCHARGE FOR STOMA PATIENTS



Note: Rarely if a patient has no support at home then a DAC or specialist pharmacist may order a prescription if authorised by the patient

DAC = Dispensing and Appliance Contractor

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