

Position statement from the Urostomy Association in response to the consultation – ‘Medical Devices in Primary Care Proposals for Updating Part IX of the Drug Tariff’.

Contents

About the consultation 1

Problems with the current arrangements..... 2

The proposals..... 2

Response from the Urostomy Association 2

 Problems with the current listing system 2

 Keeping the proposed list up to date..... 3

 Bringing new products to market 3

Additional points of evidence 3

 Prescription waste..... 3

 Conflict of Interest 4

Looking forward 4

About the consultation

[This consultation](#) from the Department of Health and Social Care (DHSC) focuses on Part IX of the ‘Drug Tariff’ - the list of medical devices which are approved by NHS Prescription Services to be prescribed by authorised healthcare practitioners, such as GPs and stoma nurses.¹ Urostomy bags and associated equipment are contained within this list.

In recent years, the world of medical devices has evolved dramatically, and in February 2023 the Government set out its Medical Technology Strategy modernising Part IX of the Drug Tariff. The aim of the review is to ensure that patients are offered the right product, in the right place, at the right price.

On 6 October 2023, the DHSC issued a consultation around its modernisation proposals, engaging with patient, industry, and clinical stakeholders to seek feedback on each of the proposed changes. This paper outlines the response from the Urostomy Association. It was developed in collaboration with experienced stoma nurses, senior clinicians and patients themselves.

¹ The DHSC’s responsibilities in relation to Part IX of the Drug Tariff extend only to England. The National Assembly for Wales operates a common policy with the DHSC and therefore the Drug Tariff currently covers both England and Wales. Scotland maintains and publishes a separate Drug Tariff. Northern Ireland currently reflects the English Drug Tariff and a separate Northern Ireland consultation will be considered by the Department of Health (NI).

Problems with the current arrangements

Part IX of the Drug Tariff currently lists product specifications provided by manufacturers to demonstrate that they are fit for purpose, and includes critical defining information about each product. Part IX of the Drug Tariff only covers approximately 1.75% of listed products, however, and has not been subject to review or update.

The list is currently difficult to maintain, and it is difficult to compare products. This lack of comparability impacts on patient choice as they are reliant on their clinicians' advice, which can be limited to brands they are familiar with. Better comparability would help clinicians to broaden their scope of choice, offering patients more alternatives and better care as a result.

As the consultation document highlights, the lack of comparability impacts suppliers too. "Success in the 'competition for scripts' can be determined as much by sales and marketing capability as by product quality and price. The nature of the process encourages suppliers to over claim the benefits associated with their products and set out unreasonably high expectations of price."²

The proposals

The DHSC proposal is to update and increase the number of comparable categories within Part IX. The idea is to improve the groupings of products to make it easier to compare the characteristics and prices of similar products. There are plans to involve clinicians and patients in proposing minimum attributes for each category, and independent advisory panels are being suggested to ensure that these attributes remain current and up to date.

Response from the Urostomy Association

Problems with the current listing system

The current section of the Drug Tariff is very difficult to navigate and is not used by urostomy patients or nurse prescribers, according to our research. Stoma nurses tend to learn about different products from company representatives and from practical experience - not from the Drug Tariff itself.

As patients we need to know what is right for each individual as we are all different. If the layout of Part IX was improved along the lines proposed this would help patients, and those who support them, to navigate the list. From a patient perspective we require the correct appliance for our current need, and we are not sure that cost is the major factor in the decision-making process.

We are still not sure who will use this list in day-to-day prescribing. In our view, the workload on stoma nurses is such that they see a patient and prescribe a device to suit the need. If the Drug Tariff in its new form was to compare the same type of product from different manufacturers on quality and price, we are not sure this list would be consulted during the prescribing process.

The current format is set out in a spreadsheet which is very difficult, if not impossible, to navigate. If the listing was set out in an easily searchable database that listed the items applicable to the search, together with photographic detail that the prescriber could easily access, then the use of the listing may increase. The ability to compare the same type of appliance from different manufacturers would be a great advantage.

We foresee challenges in how products are grouped and listed, however. One example might be a potential problem with devices such as leg bags and night drainage bags. These are used by

² Medical Devices in Primary Care Proposals for updating Part IX of the Drug Tariff - Page 11

urostomy patients as well as patients using catheters. We believe that there are different types for each of these patients.

The items used by urostomy patients seem to be spread out across the listing and therefore the review process may become a bit disjointed. We suggest that it would be better to review all urostomy products together.

Keeping the proposed list up to date

Keeping the list current is important, but understandably time consuming. The evidence shows that 13% of items currently on the list have not been prescribed in the past two years, so it is important that the list is up to date.

We think, in respect of urostomy equipment, every four to five years seems a reasonable timeframe to review products. While suppliers will make their own viewpoint known, we are not confident that the proposed three month notice period within which they have to apply for renewal is long enough.

If a supplier does not respond to their renewal notice, the respective patient group should be notified. Representatives could explore why that particular supplier is not responding. This would apply if products were still being prescribed for anyone in that user group. It is important that Dispensing Appliance Contractors (DACs - distribution companies linked to manufacturers) continue to supply bags for disposal of used items and dry wipes to use when changing pouches.

If a product is to be removed from the listing, after an initial 12 month notice period, we suggest that a six month period be imposed to allow an alternative product to be prescribed.

Bringing new products to market

We are pleased to see that the proposals will allow new innovations to be introduced to the market and provide access for smaller companies, which may have good products but have not previously been allowed on the tariff, to enter the market.

Additional points of evidence

Prescription waste

Respondents to the consultation were also asked to explore the issue of waste in the dispensing of appliances in the community.

We suggest, from our experience, that waste may be caused by a number of reasons. In no particular order:

- patients who have experienced shortages in the past, may tend to over order to ensure continuity of supplies.
- patients may be unfamiliar with which products are available or they may be using them incorrectly. For example, it is recommended that reusable night bags are used for seven nights and then discarded. However, we know that some patients use these for one night and then throw them away, when it would have been more economical to change to a one-use disposable bag.
- delivery companies tend to ask patients “is your order a repeat of last month?” and this can encourage them to over order.
- where prescribing is done centrally, there should be a system to monitor the prescription against the standard Patient, Industry and Professionals’ forum (PIPs) guidance. If the

prescription being requested is much greater than the standard, this should alert the stoma nurse as the patient may be having difficulties that need attention.

- there can be an issue with box sizes. Some suppliers have 20 or 30 pouches to a box, whereas others have ten. This can lead to waste, so we recommend that the number of items in a box be standardised.

There can be issues too with GPs refusing to issue the prescriptions that patients request from their DAC. This is usually done in a bid to save money, or due a lack of understanding about what a urostomy, or stoma, patient needs. Examples include taking items off a prescription or prescribing incorrect items. Evidence suggests that specialist stoma nurses usually understand patients' prescription needs better; at times we have heard that GPs' incorrect prescriptions can cause patients' problems to worsen.

Conflict of Interest

Consultation respondents were also asked whether there are currently any difficulties in applying the NHS Managing Conflicts of Interest guidance in any areas linked to the supply of medical devices in the community.

There are a number of vertical DACs (where the prescription distribution agency is linked with a manufacturer), but we have not heard of any issues with them pushing products from their associated companies. One benefit of the larger DACs is that they usually have their own nurses who can be very helpful to patients.

Looking forward

The consultation has now closed. If the DHSC chooses to implement the proposals, it will begin by concentrating first on the top 25 product categories by prescription volume. These account for approximately 75% of activity. This is subject to change where, based on clinical and commercial views, it makes sense to prioritise other categories. A timetable is being developed to show which categories will be tackled when.

The DHSC has indicated that it will involve patient groups in the review process going forward, and the Urostomy Association is happy to represent urostomy patients and lend its experience as and where required to ensure that patients' needs are well served.

Urostomy Association

Web: www.urostomyassociation.org.uk

Socials: [Facebook](#), [X \(Twitter\)](#) and [LinkedIn](#)

Telephone: 01386 430140

4 January 2024