Do you experience problems with the dispensing of compression garments?

The number of people with venous and/or lymphatic disorders who require long-term management of their condition with compression garments in a community setting is growing. Here, Professor Jackie Stephen-Haynes, professor and consultant nurse in Tissue Viability, Birmingham City University and Worcestershire Health and Care NHS Trust, outlines the problems that some patients and clinicians encounter as a result of delayed and/or inaccurate dispensing of garments, and asks if this is a problem that affects you in your practice.

Those of us who work in the community will agree that we are increasingly called upon to manage the consequences of dysfunctional venous and lymphatic systems; namely venous leg ulcers, chronic oedema and lymphoedema. You may also agree that obtaining the prescribed compression garments that are the mainstay of treatment for many of the patients with these conditions can be problematic, resulting in delays in starting treatment.

LYMPHOVENOUS DISORDER

Advances in medicine and technology mean that many people are surviving for longer with multiple comorbidities such as diabetes and lymphatic and venous disease, producing an increasingly large population of people with conditions of the lower limb that put them at risk of wounding and wound chronicity (NHSE, 2014). The majority of these patients are cared for in a community setting.

A study by Guest et al (2015) highlighted approximately 278,000 venous leg ulcers were treated in one year, mainly in the community, and that this number is set to increase.

The elderly population is predicted to grow over the next decade, meaning we can only expect to see a rise in the number of patients with these problems. In 10 years there will be two million more people aged over 75 years than there are currently (NHSE, 2017), potentially increasing the number of wounds further.

Unfortunately, the workforce of nurses delivering care in a community setting is in decline. In the UK, the number of district nurses decreased by 39% between 2002 and 2012. This is because of an increase in the number of nurses leaving practice and retiring, and reducing rates of newly qualified nurses (Royal College of Nursing, 2013). The increasing demands on nurse time will become unsustainable if the present trend continues, and we therefore need to work more efficiently to meet demand.

COMPRESSION THERAPY

Compression garments have long played a key role in the prevention of venous leg ulcers and the maintenance of limb volume reduction in patients with chronic oedema and lymphoedema.

The Venus IV trial (Ashby et al, 2014) demonstrated that compression hosiery is at least as effective as traditional four-layered bandaging for the healing of venous leg ulceration in suitable patients. In this patient group, the use of hosiery to heal venous leg ulcers has many benefits, including improving the wearer’s ability to self-care, concordance with treatment and reducing the nursing time spent applying bandages.

New technology and innovation means that there is now more choice than ever before when it comes to selecting a suitable compression hosiery garment. A vast array of products exist from individual hosiery garments, wraps and kits, all in different sizes, classes and standards and can be bought ready made, or can be made to measure. There are over 10,000 compression garments currently available on prescription with more produced each year (O’Neill, 2017).

PROBLEMS WITH DISPENSING

It seems obvious to state that compression garments should be ordered and dispensed exactly as prescribed, to ensure clinical efficacy and patient safety, and in a timely fashion so clinically effective care can be delivered in a timely manner.

However, much anecdotal evidence exists among clinicians about difficulties in obtaining the correct garments for patients, in a timely fashion. Little published evidence of this exists.

All Wales survey

One evaluation carried out in Wales highlighted that for patients with lymphoedema, difficulties in getting the right compression garment dispensed within a short time frame was a common issue, leading to lots of pharmacy trips, frustration and delays in the start of treatment.

All people with lymphoedema in Wales have access to a local lymphoedema service which offers assessment and treatment, as the Welsh Government funded a National Lymphoedema Service in 2011. Compression garments prescribed by a general practitioner or nurse prescriber as part of the service are usually taken by the patient to a pharmacist for dispensing.

Following complaints from patients that the wrong garments were being issued, Lymphoedema Network Wales undertook an audit which highlighted that 50% of compression garment prescriptions were dispensed incorrectly. Some of the garments issued could easily have resulted in harm to the patient. For example,
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* based on our 2016 ISO 9001 audit
a made-to-measure garment was prescribed because a patient’s limb was larger than standard size, but a ready-to-wear garment that was extremely small was dispensed. Some garments prescribed for leg lymphoedema were dispensed in the wrong style or shape that caused swelling into the thigh region. In addition, the patients had to wait a long time to receive their garment; the average wait was 42 days (Thomas, 2017).

This study helped to identify an issue which is relatable to by most of us working in the community. Delays in prescribing are largely due to the complexities and range of products available that prescribers and dispensers have to work with (O’Neill, 2017). Time spent chasing prescriptions and resolving inaccurate dispensing is all too common. This can result in wasted product (if made-to-measure garments are inaccurately dispensed, they cannot be used by someone else) and clinician time, but more importantly, can lead to long delays in patients receiving their garments, meaning they may deteriorate or have to stay in bandaging for a prolonged period with all the consequences that has on their quality of life (O’Neill, 2017). Ill-fitting garments as a result of inaccurate dispensing can actually result in serious patient harm.

To combat this problem in Wales, improved communication between pharmacy and clinicians on improved the situation, resulting in an improvement in dispensing.

DISPENSING APPLIANCE CONTRACTOR

A dispensing appliance contractor (DAC) is a business contracted to the NHS to dispense appliances that are listed on the drug tariff, prescribed by a GP or nurse prescriber. This means that clinicians can recommend this service to dispense compression garments instead of the local pharmacy. Patients can then nominate a DAC to dispense their compression prescription free of charge, directly to their door and at no extra cost to the NHS.

With rising demands placed on tighter healthcare budgets, DACs provide an alternative to pharmacy dispensing and have the potential to improve patient management, experience and outcomes.

For example, Daylong, a DAC specialising in compression hosiery, has been used to successfully dispense compression hosiery with a 99% accuracy rate (ISO 9001 Audit, 2016).

The potential advantages of using a DAC such as Daylong is reduced GP time and frustration, reduced clinician time in making and following up on requests, reduced errors and, most importantly, the patient will get the required items in a timely fashion without any delays to treatment (O’Neill, 2017). Sourcing solutions for this patient group is a must to overcome delays and inaccuracies in dispensing so that garments can be accessed by patients quickly, seamlessly and without any errors or switching of products (O’Neill, 2017).

To determine if this problem exists within my trust, and if so on what scale, an internal survey is being carried out.

In addition, the JCN will be carrying out an additional survey to establish if readers experience inaccurate dispensing problems, and the consequences of this for them and their patients.

We hope you will take five minutes to visit the website and help with this research, the findings of will be valuable to us all and which will be published in a future issue of JCN.

CONCLUSION

The number of people with venous and/or lymphatic disorders that are managed in a community setting is increasing, while the funding and staff available to deliver care is in decline. By identifying any problems that exist with dispensing that result in unnecessary delays for patients, increased workload for clinicians and waste and expense for the NHS, solutions can be implemented which will result in the accurate and timely dispensing of compression garments.

Please complete our compression garment dispensing survey on www.jcn.co.uk

REFERENCES


