

Inaccuracies in dispensing compression garments: survey results

Anecdotally, clinicians have reported difficulties with obtaining the correct compression garments for patients, with dispensing inaccuracies and delays raising concerns of patient safety, clinical inefficiency, unwarranted variation in care and wasted resources. However, limited published evidence exists to support this. JCN therefore carried out two surveys in 2018/19 and 2021 to determine if these issues are experienced widely. Results confirmed these problems were encountered at both points in time and that improvements in dispensing could be made to benefit both health services and patients. The ongoing Coronavirus pandemic has led to a change in preference for product dispensing and delivery, with an emphasis placed on home and self care.

The number of people with venous and/or lymphatic disease that require long-term treatment with compression therapy is growing, as longevity and polymorbidity put more people at risk of developing wounds (Guest et al, 2020).

Unfortunately, these patients are largely managed in the community setting, where the workforce is in decline and under unprecedented pressure (Royal College of Nursing [RCN], 2013). In recognition of the need for change and to alleviate some of the burden placed on community staff, NHS England (2017) recommended improved efficiency, and the elimination of unwarranted variation in care and waste.

The recent Covid pandemic has placed further unprecedented pressure on community workforces, necessitating the need to take a different approach to usual practice, for example by promoting patient self care (Schofield, 2021).

As clinicians, it is reasonable to expect that prescribed compression garments will be dispensed correctly (Stephen-Haynes, 2018). However, with over 10,000 compression garments available via prescription, there is room for error (O'Neill, 2017). Anecdotally, clinicians have reported difficulties with obtaining the correct compression garments for their patients, or dispensing taking a long time, with both problems delaying the start of therapy, and raising concerns over patient safety, and generation of waste (Stephen-Haynes, 2018). However, limited published evidence exists to support these experiences (Stephen-Haynes, 2018).

The Lymphoedema Network Wales identified dispensing problems and carried out an evaluation among people with lymphoedema to determine the extent of difficulties in obtaining the correct compression garment in a timely manner. The results found that 50% of compression prescriptions were dispensed inaccurately, while the average wait time to obtain the garment was 42 days (O'Neill, 2017).

JCN therefore carried out two surveys to determine if these reported problems with inaccurate dispensing are experienced widely in the UK. The surveys were available for completion by registered users of the JCN and GPN websites in November to January 2018/19 (survey one) and JCN website in April 2021 (survey two). The surveys used the majority of the same questions with an additional question added to survey two (Table 1).

RESULTS

Prescribers

Survey one had 376 respondents while survey two had 165. In survey one, 70% (n=263/376) of respondents were prescribers of compression

hosiery, whereas in survey two, 31% (n=51/165) of respondents had prescribing power.

Main supply route

In both surveys, the most common route to obtaining compression garments was via pharmacy (survey one, 82% [n=307/376]; 67% [n=111/165]). In survey one, 'other route', mainly prescription via GP or specialist nurse, was the second most common route. In survey two, non-prescription ordering was the preferred second route (17.58%; n=29/165), while Dispensing Appliance Contract (DAC) was used in third place in both surveys (survey one, 10.6% [n=40/376]; survey two, 10.30% [n=17/165]).

Problems with inaccurate dispensing

In both surveys, respondents reported problems arising as a result of inaccurate dispensing of compression garments. In survey one, 70% (n=261/376) of respondents anticipated issues, while in survey two this was 61% of respondents (n=100/165 (Figure 1).

In survey one, 73% of respondents (n=91/262) stated that up to a quarter of all prescriptions were

Table 1: Survey questions

- ▶ Are you a prescriber of compression garments?
- ▶ Which is the main supply route for compression garments in your trust?
- ▶ Do you and/or your patient experience problems caused by incorrect dispensing of compression garments?
- ▶ If yes, what percentage of prescriptions would you estimate are dispensed inaccurately?
- ▶ Which inaccuracies do you experience the most?
- ▶ Do you and/or your patients anticipate delays in compression garment dispensing?
- ▶ If yes, how many working days on average does it take to get the prescribed compression garment?
- ▶ In the future, where would you prefer your patients' garments to be delivered?*

*Question asked in survey two only



Figure 1.
Percentage of respondents anticipating delays in compression garment dispensing.

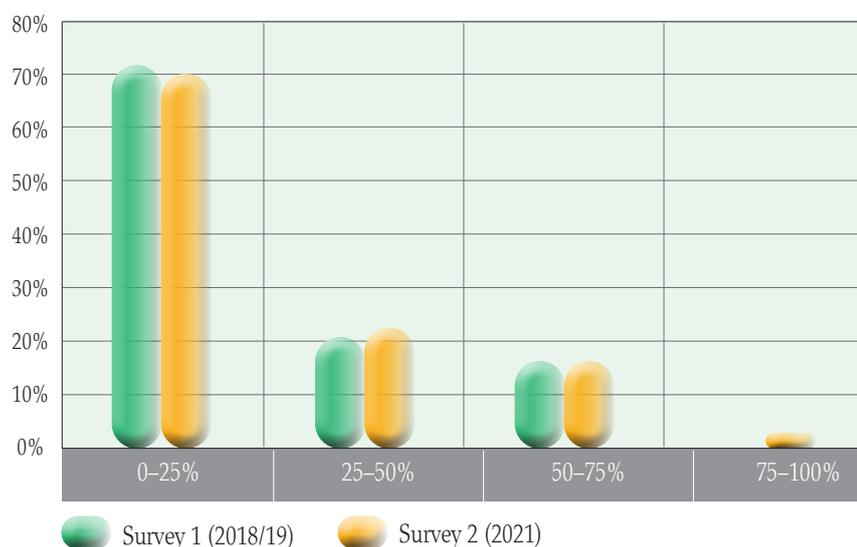


Figure 2.
Percentage of compression garments dispensed inaccurately.

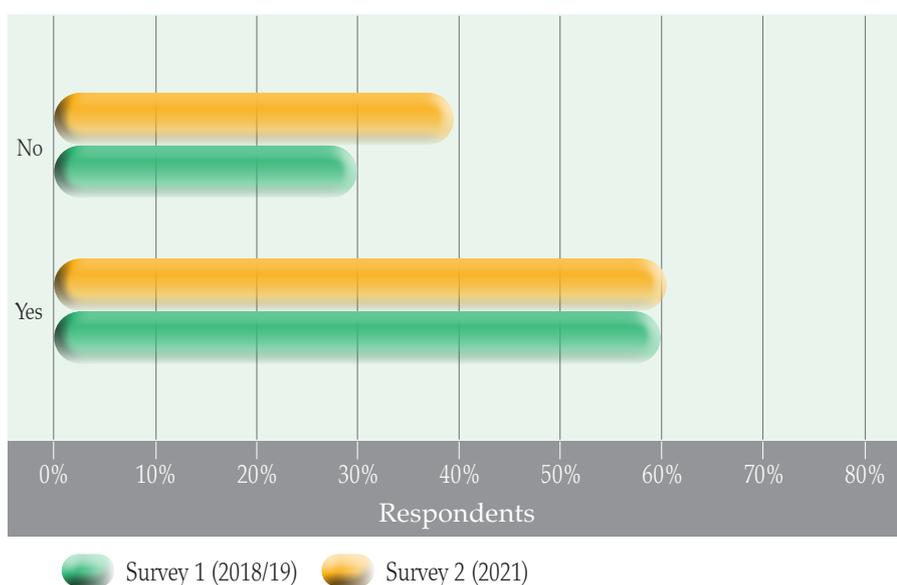


Figure 3.
Percentage of respondents who experience problems caused by incorrect dispensing.

inaccurately dispensed, with 22% (n=56/262) stating a quarter to half of all prescriptions were incorrect versus 69% (n= 86/124) and 24% (n=29/124) of respondents respectively in survey two (Figure 2).

Both surveys also revealed that respondents encountered the same inaccuracies. Survey one listed the wrong size as the most common problem (37%, n=140/376), followed by the wrong garment class (14%, n=53/376), the wrong type of garment (14%, n=53/376), followed by the wrong colour (9.3%, n=35/376). The remaining 26% of problems were classified as 'other'.

In survey two, the wrong size was also the most common issue (42%, n=69/165), followed by the wrong type (18%, n=29/165), change in brand (12%, n= 20/165), then wrong class and colour (7%, n=12/165). Other was also stated for 25% of answers in survey two (n=23/165).

Delays in dispensing

In terms of time delays experienced in dispensing of compression garments, 75% (n=279/376) of respondents in survey one stated they experienced delays (Figure 3). A third of respondents (34%, n=106/376) reported a wait of 5–10 days to receive the garment, while 31% (n=98/376) waited 10–14 days, and 20% (n=64/376) for more than 14 days. Of the respondents, 15% (n=47/376) reported receiving the product within 1–4 days (Figure 4).

In survey two, 77% (n=127) of clinicians also reported expected delays (Figure 3). Again, approximately one-third of respondents (34%; n=50) expected the garment to be dispensed within 10–14 days, 27% (n=40) within 5–10 days, and 24% (n=35) in 14 days or more. As in survey one, 14% reported receiving the product within 1–4 days (n=21) (Figure 4).

In the final question of survey two, 61% of clinicians (n=101/376) stated a preference for compression garments to be delivered direct to the patient's home or residence (e.g. hospice/ nursing home), while 38% (n=62/376) stated a preference for delivery to the care setting, e.g. surgery or hospital.

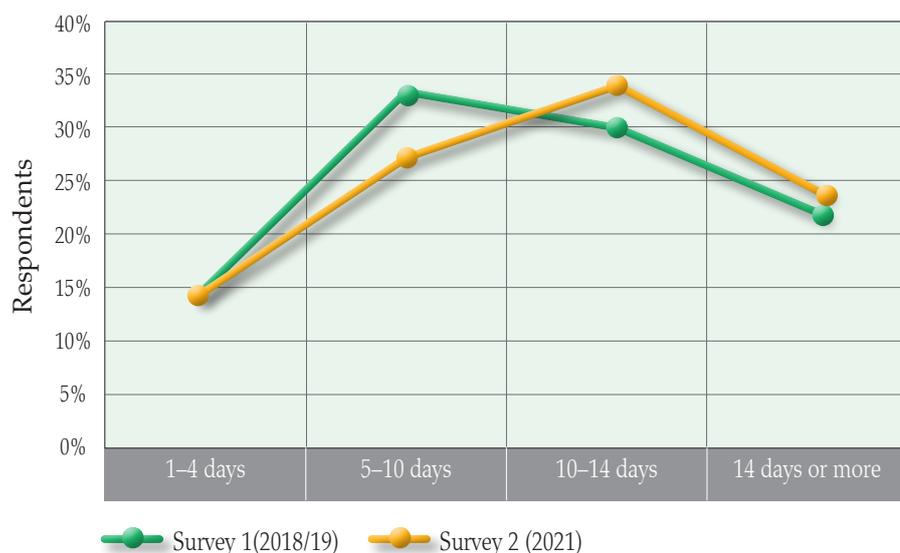


Figure 4.
Number of working days taken to obtain prescribed compression garment.

DISCUSSION

It is recognised that the surveys reported here are not robust studies and provide only topline information relating to dispensing of compression garments in the community. The results do, however, highlight the issues experienced by practitioners, with the themes of inaccuracy and delays in dispensing being common to both sets of respondents over time.

In survey 2, the number of respondents with prescribing power had decreased when compared with survey 1, perhaps reflecting the ongoing decline in the highly skilled community workforce.

In both surveys, approximately three-quarters of respondents stated that up to a quarter of all prescriptions were incorrectly dispensed, with a quarter of clinicians stating that between a quarter to half of all prescriptions were incorrect. This is in line with the findings of Thomas (2017) who reported a 50% inaccuracy in dispensing of compression garments for patients with lymphoedema.

In both surveys, the majority of clinicians expected a delay in dispensing, with the majority of respondents waiting between five to 14 days or more to receive the dispensed prescription. In 2021, more respondents reported a wait of 14 days or longer than in 2018/19. While this

is less than the 42 days reported by Thomas (2017), it is still a significant delay, and may be a consequence of the impact of the pandemic and/or Brexit on the NHS.

These problems with inaccuracies and delays in dispensing could obviously negatively impact upon the patient, with therapy beginning later than planned, unnecessarily wasting clinician time, and could result in both waste and expense for the health service (Stephen-Haynes, 2018).

Overcoming these problems is paramount so that patients can access the correct garments in a timely manner, without experiencing errors and delays (O'Neill, 2017).

DACs provide an alternative route to obtaining compression garments. The surveys revealed that while a minority of settings use DACs, the most common route to obtaining compression is via pharmacy.

However, the use of a DAC with expertise in compression dispensing can help to alleviate some of the issues experienced. For example, Daylong, a specialist compression garment dispenser has a 99.36% accuracy rate (ISO 9001 Audit, 2020) and dispenses in a maximum of five working days for most off-the-shelf and made-to-measure garments (dependent on product supply). Additionally, patients can have their prescription delivered for free to their

nominated address at no extra cost to the NHS. Survey two reported that the ability to have delivery direct to the patient's home or clinical setting was indeed preferred, and is perhaps reflective of the need for a new way of working, with the emphasis placed on self-care for patients due to the Covid-19 pandemic.

CONCLUSION

Community practitioners need to work efficiently to reduce the demands placed upon them. These surveys highlighted the issues that arise from inaccurate compression dispensing and that there is room for improvement that could benefit the patient, clinician and health service alike. The use of DAC with compression dispensing expertise and the added convenience of direct delivery could help to overcome these commonly experienced problems. **JCN**

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