

**27 JAN 2022 7.30**

**ALISON BARKER**

LOWER LIMB SPECIALIST NURSE TEAM LEADER

DEMYSTIFYING PRESCRIPTION  
ORDERS FOR

# COMPRESSION GARMENTS



# ***LEARNING OBJECTIVES***

- Demystifying the prescription ordering process for compression:
  - What are the pitfalls and how can we avoid them?
  - What are the different dispensing options?
  - Can digital solutions help reduce inaccuracies?
- How to help ensure the patient gets the right product promptly

# ***WHY DOES PRESCRIBING MATTER?***



“

**Management of the swelling is dependent upon the correct compression garment and can be compromised to the point that the garment may no longer fit when it finally arrives if garments are delayed <sup>1</sup>**

”



# ***WHAT DO WE NEED TO KNOW?***

Make sure that the patient gets the right garment as quickly as possible to help manage their condition.

To do this, we need to:

- Understand the process of creating a prescription order accurately
- Know the different ways to order, and to place repeat orders
- Know how to include the patient in supported self-care, including their choice of how to receive the garment





# ***IMPORTANCE OF ACCURATE COMPRESSION DISPENSING***

77% expected delays in garment dispensing <sup>3</sup>

Most waiting 5-14 days or more to receive prescription <sup>3</sup>

50% of compression garments were dispensed inaccurately <sup>4</sup>

61% anticipated issues arising from inaccurate dispensing <sup>3</sup>



# IMPORTANCE OF ACCURATE COMPRESSION DISPENSING



61% of clinicians prefer the garment to be delivered to the patient's home<sup>3</sup>



Most common route for prescription is through a pharmacy<sup>3</sup>



Dispensing Appliance Contractors (DACs) provide an alternative route with expertise in compression<sup>3</sup>





# ***BACKGROUND INFORMATION ON PRESCRIBING***



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# GLOSSARY – PRESCRIBING TERMS

- **Prescription** is a legal document provided by a prescribing NHS healthcare professional and authorises the patient to be provided with a compression garment by the NHS. Prescription fees are applicable (England only) unless exempt.
- **Drug Tariff** is produced by the NHS Business Service Authority (NHSBSA) and is a list of items that are available for reimbursement on an NHS prescription. Lymphoedema compression garments are listed under Part IXA (Appliances).
- **Drug Tariff code** is an NHS dispensing code that must be listed on the NHS prescription form to allow the lymphoedema compression garment to be dispensed.
- **Electronic Prescription Service (EPS)** enables prescriptions to be sent electronically from the GP practice to the pharmacy or DAC removing the need for the patient to collect the printed copy from their GP.
- **Nomination** is when a patient chooses who they would like to dispense their compression garment. The EPS is sent to their dispenser of choice, either a pharmacy or a DAC. The patient can change or cancel their dispenser of choice at any time.
- A **Pharmacy** is mainly located in the high-street and offers many services including dispensing of an NHS prescription for a compression garment. Patient usually collects from the pharmacy, although they may provide delivery options.
- A **Dispensing Appliance Contractor (DAC)** is a business contracted to the NHS to provide a dispensing service by post. They specialise in compression prescriptions, which helps ensure accurate and fast dispensing to any UK address.
- **Prescription request letter** is helpful for the healthcare profession in creating the compression garment prescription as it details the Drug Tariff codes and description of the compression garment for the patient.



# ***DIFFERENT TYPES OF COMPRESSION GARMENTS***

**There are different types of compression products, and you can find them in different places in the Drug Tariff.**

**You therefore need to know the type of compression you are prescribing.**

For example:

- Elastic hosiery
- Lymphoedema garments
- Venous Ulcer Compression System



# *LYMPHOEDEMA GARMENT CATEGORY*

**We're going to focus on the treatment of patients with chronic oedema, lymphoedema and associated conditions.**

**Compression within this category tends to fall into three groups:**



*CUSTOM-FIT*



*READY-TO-WEAR*



*WRAP COMPRESSION SYSTEM*

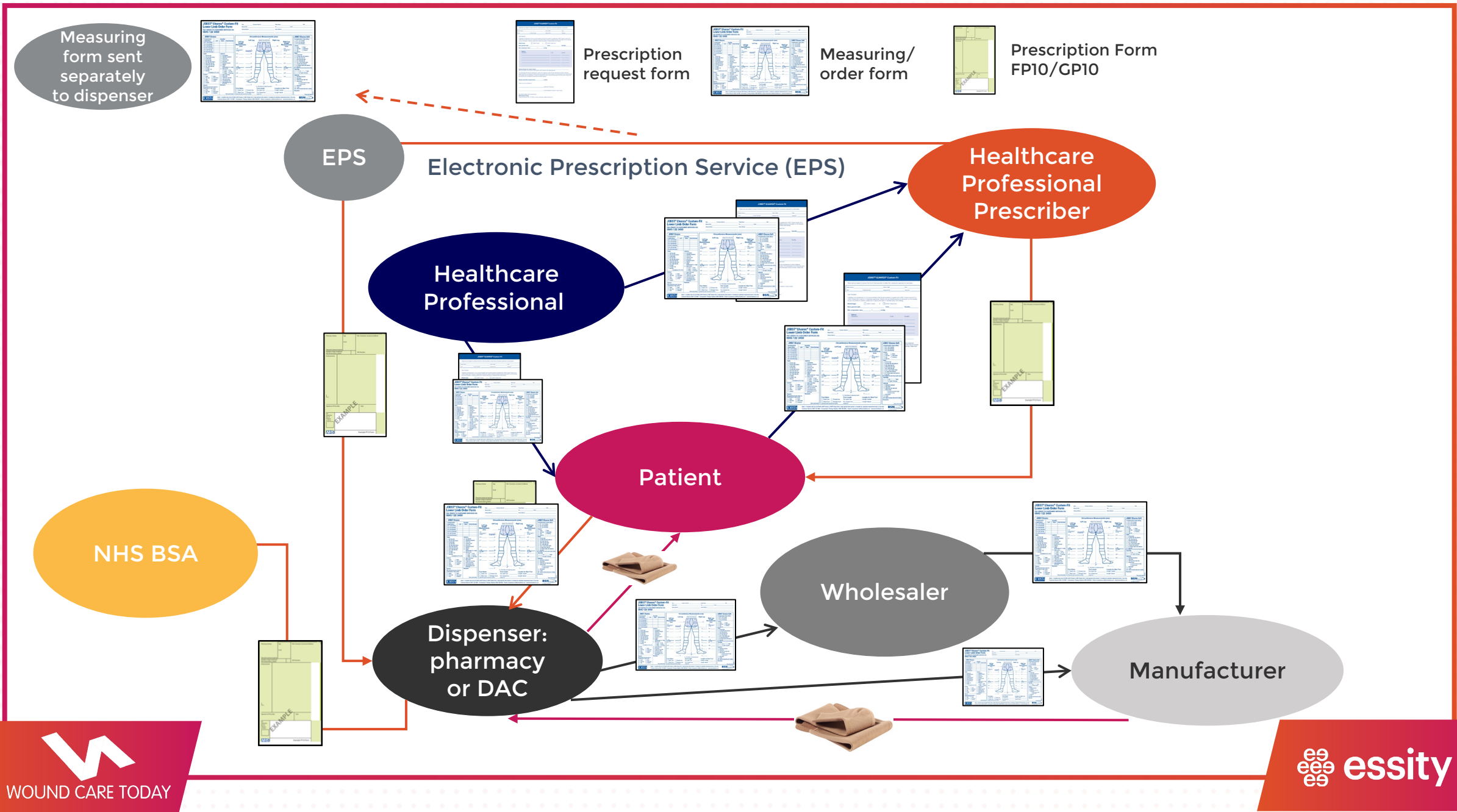


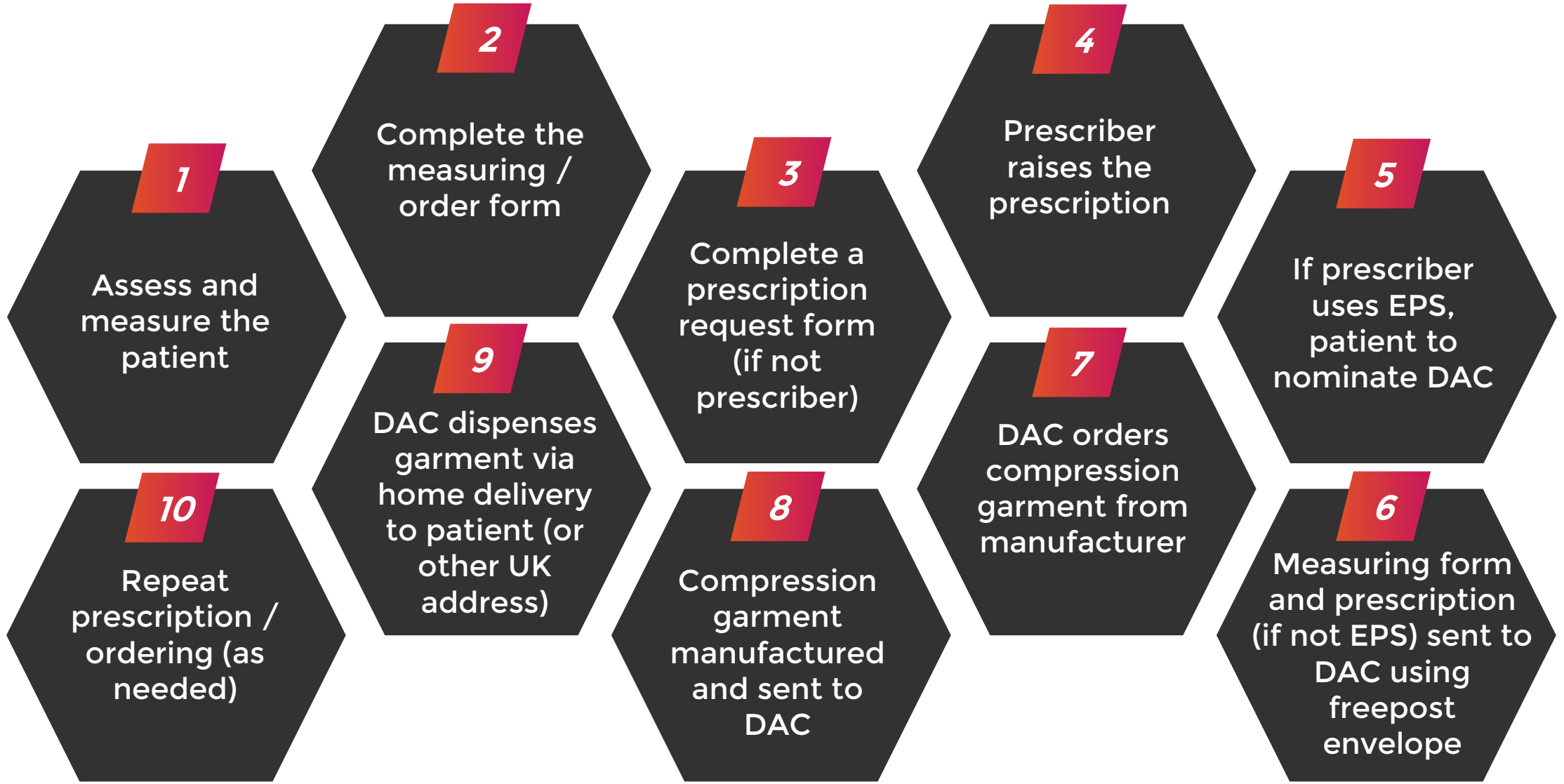
# ***WHY DO WE NEED TO DEMYSTIFY THE PROCESS?***



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# *LEARNING ABOUT PRESCRIBING THROUGH A PATIENT SCENARIO*



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# CASE STUDY



80-year-old lady  
Discharged from hospital  
Post episode of cellulitis, chronic oedema in right leg  
Referred to District Nursing team

- Assessment & oedema reduction
- Measured for garment
- Prescription raised by GP
- Husband takes to pharmacy
- Pharmacy orders from manufacturer via wholesaler
- 4 weeks for garment
- Garment does not fit
- Nurse prescriber remeasures
- Husband takes to pharmacy
- No garment arrives
- 9 weeks with no compression
- Husband frustrated
- Develops signs of cellulitis
- GP visits & prescribes antibiotics
- Husband files complaint





How could this have  
been managed  
differently?

What difference  
would it have made  
to the patient  
outcome?

# ***STEP 1: ASSESS AND MEASURE***



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# STEP 1: ASSESS

Considering clinical needs and patient requirements



**CUSTOM-FIT**

- Range of products, styles, compression classes and options
- Manufactured to patient's individual measurements



**READY-TO-WEAR**

- Range of products, styles, compression classes and sizes
- Patient measured to determine size



**WRAP COMPRESSION SYSTEM**

- Range of products styles, compression classes and sizes
- Patient measured to determine size



# STEP 1: ASSESS

Which compression garment does Mrs Walker need?



Product + style + compression class (CCL) + Drug Tariff code  
JOBST Elvarex, Knee High, RAL CCL 2 (23-32mmHg), L2-02-04



Option + Drug Tariff code  
Closed toe  
L-A001



Option + Drug Tariff code  
T-Heel  
L-A010

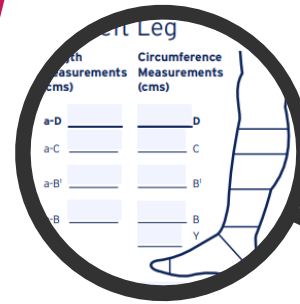


# STEP 1: MEASURE



## Custom-Fit

Depending on garment style there are different measuring points



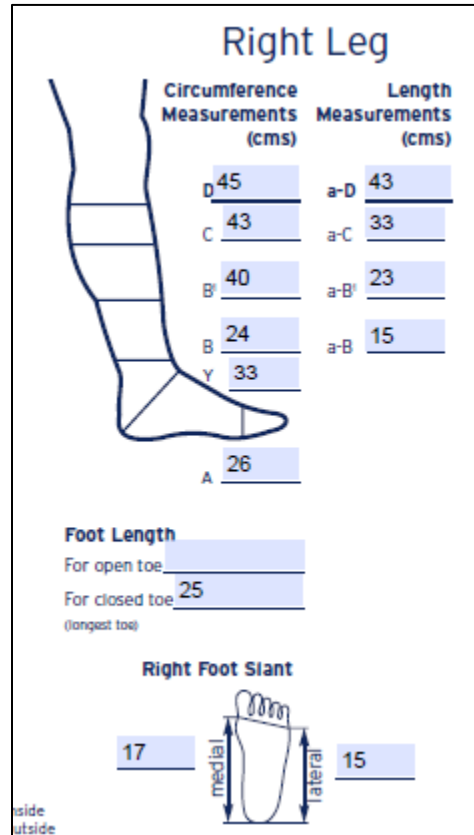
## Ready-to-Wear

Measure at the measuring points for that style and use guide to determine size

Measurement Point	Size Range 1	Size Range 2
a-D	28-34	31-37
a-C	30-36	32-40
a-B'	23.5-27.5	26-30
a-B	18-20	20-22
Y	26-31	28-33
Length	17-22	18-23

# STEP 1: MEASURE

Let's measure Mrs Walker for her garment



Requires a below-knee, custom-fit, flat-knit, compression garment to manage her chronic oedema

Measure from the foot up to the knee

- circumference up to the knee
- leg length up to the knee
- foot measurements

***STEP 2:  
COMPLETE THE MEASURING/  
ORDER FORM***



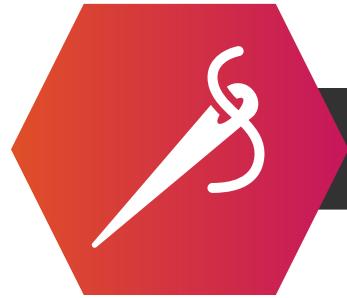
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# STEP 2

Filling out the form is different depending on whether you need custom-fit or ready-to-wear



*CUSTOM-FIT*



**Complete measuring form**



*READY-TO-WEAR*



**Determine size**



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# STEP 2

## What does Mrs Walker's measurement form look like?

<b>JOBST® Elvarex®</b> Below Knee Custom-Fit Order Form Fax order to customer services on: 0345 122 3450 Email order to customer services on: <a href="mailto:compression.uk@jobst.com">compression.uk@jobst.com</a>		Date: <u>13/1/2022</u> Purchase Order No.: Measured By: <u>Alison Barker</u> Delivery Address: <u>Ledbury Community Hospital</u> <u>Market Street, Ledbury, HR8 2AQ</u>	Patient Name: <u>Hilary Walker</u> DoB: <u>25/11/1949</u> Tel: <u>1234 567-890</u> Email: <u>alison.barker@xxxx.com</u> Invoice Address:
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<b>JOBST® Elvarex®</b>	
Compression Class (RAL)	Quantity
CCL 1 (18-21mmHg)	
CCL 2 (23-32mmHg)	1
CCL 3 (34-46mmHg)	
CCL 3F (34-46mmHg)	
CCL 4 (49-70mmHg)	
CCL 4S (60-90mmHg)	

<b>Style</b> <input checked="" type="checkbox"/> AD knee high	<b>Options</b> <input type="checkbox"/> SoftFit (CCL 1-3 only) <input type="checkbox"/> Silicone band <input type="checkbox"/> 2.5cm <input type="checkbox"/> Inside <input type="checkbox"/> Places <input type="checkbox"/> Zipper! <input type="checkbox"/> Silk pocket! <input checked="" type="checkbox"/> T-Heel (CCL 2-3F only) <input type="checkbox"/> Ankle pad (profile)
<b>Colour</b> <input checked="" type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Gray <input type="checkbox"/> Cranberry <input type="checkbox"/> Henna <input type="checkbox"/> Denim <input type="checkbox"/> Graphite <input type="checkbox"/> Stone <input type="checkbox"/> Aubergine	<input type="checkbox"/> 5cm <input type="checkbox"/> On top <input type="checkbox"/> 3/4 band
<b>Coloured Seam</b> Mix garment and seam colour (no code / charge for seam colour) <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Gray <input type="checkbox"/> Cranberry	

<b>Left Leg</b>	<b>Right Leg</b>	
Length Measurements (cms) a-D a-C a-B' a-B	Circumference Measurements (cms) D 45 C 43 B' 40 B 24 Y 33 A 26	Length Measurements (cms) a-D 43 a-C 33 a-B' 23 a-B 15

<b>Foot Styles</b> <input type="checkbox"/> Open toe <input checked="" type="checkbox"/> Closed toe <input checked="" type="checkbox"/> Slant foot <input type="checkbox"/> Straight foot (applicable length measurements required)	<b>Foot Length</b> For open toe For closed toe <u>25</u> (longest toe)
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<b>Left Foot Slant</b>	<b>Right Foot Slant</b>
 17	 15

<b>JOBST® Elvarex® Soft</b>
<b>Compression Class (RAL)</b> <input checked="" type="checkbox"/> CCL 1 (18-21mmHg) <input checked="" type="checkbox"/> CCL 2 (23-32mmHg) <input checked="" type="checkbox"/> CCL 3 (34-46mmHg)
<b>Colour</b> <input type="checkbox"/> Beige <input type="checkbox"/> Black <input type="checkbox"/> Dark blue <input type="checkbox"/> Dark brown <input type="checkbox"/> Gray <input type="checkbox"/> Cranberry <input type="checkbox"/> Ruby red <input type="checkbox"/> Pine Green <input type="checkbox"/> Sunflower Yellow
<b>Style</b> <input checked="" type="checkbox"/> AD Knee High
<b>Quantity</b> Left Right
<b>Options</b> <input type="checkbox"/> SoftFit (CCL 1-3 only) <input type="checkbox"/> Silicone band <input type="checkbox"/> 2.5cm on top <input type="checkbox"/> 5cm on top <input type="checkbox"/> Silk pocket! <input type="checkbox"/> T-Heel
<b>Remarks</b>

Customer Service: 0345 122 3600 Email: [compression.uk@jobst.com](mailto:compression.uk@jobst.com) Website: [www.jobst.co.uk](http://www.jobst.co.uk)  
By completing this order form, you are confirming that you are aware of your obligation to obtain consent from the patient on the processing of their data for the production of their JOBST® compression garment in accordance with the General Data Protection Regulation. For more information and our Privacy Policy, visit [www.jobst.co.uk](http://www.jobst.co.uk)

- ✓ Quantity, style, colour and compression class
- ✓ Measurements for below-knee (AD) garment
- ✓ Options closed-toe and T-heel ticked
- ✓ Slant, closed-toe measurements
- ✓ Healthcare professional contact details
- ✓ Patient's name, DOB
- ✓ Delivery address

***STEP 3:  
COMPLETE THE PRESCRIPTION  
REQUEST FORM  
(IF A NON-PRESCRIBER)***



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# STEP 3

## Complete a prescription request form

### JOBST® Elvarex® Custom-Fit

Please ask your patient to present this form to their prescriber to obtain their compression garments on prescription.

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_  
Clinic: \_\_\_\_\_ Contact Number: \_\_\_\_\_ Measured By: \_\_\_\_\_ Signature: \_\_\_\_\_

Dear Prescriber

Following a full assessment, it is my recommendation that the above patient is supplied with JOBST® Elvarex® Custom-Fit or JOBST® Elvarex® Soft Custom-Fit compression garment(s). Please could you therefore provide a prescription for the following as soon as possible. In addition, please add to repeat prescription to facilitate patient self-ordering.

AD Below Knee							
JOBST® Elvarex®				JOBST® Elvarex® Soft			
Style	Compression Class	Drug Tariff Code	Qty	Style	Compression Class	Drug Tariff Code	Qty
AD Below Knee	CCL 1 (18-21mmHg)	L1-01-04		AD Below Knee	CCL 1 (18-21mmHg)	L1-10-04	
AD Below Knee	CCL 2 (23-32mmHg)	L2-02-04		AD Below Knee	CCL 2 (23-32mmHg)	L2-08-04	
AD Below Knee	CCL 3 (34-46mmHg)	L3-03-04		AD Below Knee	CCL 3 (34-46mmHg)	L3-09-04	
AD Below Knee	CCL 3F (34-46mmHg)	L3-04-04					
AD Below Knee	CCL 4 (49-70mmHg)	L4-05-04					
AD Below Knee	CCL 4S (60-90mmHg)	L5-06-04					
Style	Options	Drug Tariff Code		Style	Options	Drug Tariff Code	
AD Below Knee	Closed Toe	L:A001		AD Below Knee	Closed Toe	L:A001S	
AD Below Knee	2 Ankle pad (profile)	L:A002		AD Below Knee	Silicone band	L:A004S	
AD Below Knee	Zipper	L:A003		AD Below Knee	Non-standard colour	L:A008S	
AD Below Knee	Silicone band	L:A004		AD Below Knee	T-Heel	L:A010S	
AD Below Knee	Non-standard colour	L:A008		AD Below Knee	Softfit	L:A016S	
AD Below Knee	T-Heel (CCL 2-3F only)	L:A010					
AD Below Knee	Softfit (CCL 1-3 only)	L:A016					

Please state quantity in appropriate boxes for compression class and option(s) so that ALL necessary codes can be included on the prescription.

Schema Number (for repeat orders): \_\_\_\_\_

Note: this number can be found on the Reorder Letter included in the original garment.

The pharmacist will need the measurement / order form to place the order with the manufacturer and this is attached (please note this is not required for repeat orders when quoting the schema number). The measurement form should be given to the patient, with the prescription, to take to the pharmacist / post to the postal prescription service provider. Please scan this document into the patient's records as this is patient specific.

Repeat prescription required every \_\_\_\_\_ months.

Thank you for your assistance.

\_\_\_\_\_  
Healthcare Professional

\_\_\_\_\_  
Contact telephone number, in case of query

Any queries, please call the manufacturer:

Essity, T/A BSN medical Limited

Customer Services: 0845 122 3600 or email: compression.uk@jobst.com

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## The prescriber needs to know the details for the prescription

- A prescription request form helps ensure the prescription is raised accurately
- It should list all Drug Tariff codes and descriptions for the compression garment
- It must match the measuring form
- Prescriber can use this information to create the prescription

# STEP 3

## Mrs Walker's prescription request form

Prescription request form used by prescriber to create prescription

**JOBST® Elvarex®**  
Below Knee  
Custom-Fit Order Form

Date: 13/1/2022 Purchase Order No.: Patient Name: Hilary Walker Date: 25/11/1949  
Measured by: Alison Barker Telephone: 1234 567 890 Email: alison.barker@xxxx.com  
Delivery Address: Ledbury Community Hospital Invoice Address:  
Market Street, Ledbury, HR8 2AQ

**JOBST® Elvarex®**  
Compression Class (CCL) Left Right  
CCL 1 (8-21mmHg) 1  
CCL 2 (23-32mmHg)  
CCL 3 (34-46mmHg)  
CCL 3F (34-46mmHg)  
CCL 4 (49-70mmHg)  
CCL 4S (60-90mmHg)

Style:  45 knee high  
Colour:  beige  black  dark blue  dark brown  grey  navy  olive  purple  red  silver  tan  white  yellow

Options:  23mm top  23mm heel  34 band  23mm top  23mm heel  34 band  T heel (CCL 2-3F only)  knee pad (profile)

Foot Styles:  Open toe  Closed toe  Slant foot  Straight foot

Left Leg: Length Measurements (cms) a-D: 43, a-C: 33, a-B: 40, a-B: 23, a-B: 15, a-B: 15. Circumference Measurements (cms) C: 43, C: 33, B: 40, B: 23, B: 15, B: 15. Right Leg: Length Measurements (cms) a-D: 43, a-C: 33, a-B: 40, a-B: 23, a-B: 15, a-B: 15. Circumference Measurements (cms) C: 43, C: 33, B: 40, B: 23, B: 15, B: 15.

Left Foot Slant: 17. Right Foot Slant: 15.

Compression Class (RAL)  CCL 1 (8-21mmHg)  CCL 2 (23-32mmHg)  CCL 3 (34-46mmHg)

Colour:  beige  black  dark blue  dark brown  grey  navy  olive  purple  red  silver  tan  white  yellow

Style:  45 knee high

Options:  23mm top  23mm heel  34 band  23mm top  23mm heel  34 band  T heel (CCL 2-3F only)  knee pad (profile)

Remarks:

Customer Service: 0345 122 3600 Email: compression.uk@jobst.com Website: www.jobst.co.uk



**JOBST® Elvarex® Custom-Fit**  
Please ask your patient to present this form to their prescriber to obtain their compression garments on prescription.

Patient Name: Hilary Walker Date of Birth: 25/11/1949 Date: 13/1/2022  
Clinic: Ledbury Community Contact Number: 1234 567 890 Measured By: Alison Barker Signature: [Signature]

Dear Prescriber

Following a full assessment, it is my recommendation that the above patient is supplied with JOBST® Elvarex® Custom-Fit or JOBST® Elvarex® Soft Custom-Fit compression garment(s). Please could you therefore provide a prescription for the following as soon as possible. In addition, please add to repeat prescription to facilitate patient self-ordering.

JOBST® Elvarex®				JOBST® Elvarex® Soft			
Style	Compression Class	Drug Tariff Code	Qty	Style	Compression Class	Drug Tariff Code	Qty
AD Below Knee	CCL 1 (8-21mmHg)	L1-01-04		AD Below Knee	CCL 1 (8-21mmHg)	L1-01-04	
AD Below Knee	CCL 2 (23-32mmHg)	L2-02-04	1	AD Below Knee	CCL 2 (23-32mmHg)	L2-02-04	
AD Below Knee	CCL 3 (34-46mmHg)	L3-03-04		AD Below Knee	CCL 3 (34-46mmHg)	L3-03-04	
AD Below Knee	CCL 3F (34-46mmHg)	L3-04-04					
AD Below Knee	CCL 4 (49-70mmHg)	L4-05-04					
AD Below Knee	CCL 4S (60-90mmHg)	L5-06-04					

Style	Options	Drug Tariff Code	Qty	Style	Options	Drug Tariff Code	Qty
AD Below Knee	Closed Toe	L-A001	1	AD Below Knee	Closed Toe	L-A001S	
AD Below Knee	2 Ankle pad (profile)	L-A002		AD Below Knee	Silicone band	L-A004S	
AD Below Knee	Zipper	L-A003		AD Below Knee	Non-standard colour	L-A005S	
AD Below Knee	Silicone band	L-A004		AD Below Knee	T-heel	L-A010S	
AD Below Knee	Non-standard colour	L-A008		AD Below Knee	SoftFit	L-A016S	
AD Below Knee	T-heel (CCL 2-3F only)	L-A010	1				

Please state quantity in appropriate boxes for compression class and option(s) so that ALL necessary codes can be included on the prescription.

Schema Number (for repeat orders): [Blank]  
Note: this number can be found on the Reorder Letter included in the original garment.

The pharmacist will need the measurement / order form to place the order with the manufacturer and this is attached (please note this is not required for repeat orders when quoting the schema number). The measurement form should be given to the patient, with the prescription, to take to the pharmacist / post to the postal prescription centre. Please ensure you document into the patient's records as this is patient specific.

Repeat prescription required every 6 months.

Thank you for your assistance.

Alison Barker Healthcare Professional  
1234 567 890 Contact telephone number, in case of query

Any queries, please call the manufacturer:  
Esstty, T/A BSN medical Limited  
Customer Services: 0345 122 3600 or email: compression.uk@jobst.com

Base garment: product, style and compression class, Drug Tariff code

Options: closed-toe, T-heel with Drug Tariff codes

Repeat prescription request

# ***STEP 4: RAISE A PRESCRIPTION***

# STEP 4: RAISE A PRESCRIPTION

Pharmacy Stamp	Age	Title, Forename, Surname & Address
<b>EXAMPLE</b>		
Please don't stamp over age box		
Number of days' treatment N.B. Ensure dose is stated	NHS Number	
Endorsements	Product name, style and compression class (basic garment code) L2-02-04	
	<b>Additional option codes</b>	
	Closed Toe	L-A001
	T-Heel	L-A010
Signature of Prescriber	Date	
For dispenser No. of Prescs. on form		
<input type="checkbox"/>		

## The prescriber needs to create the prescription

- Prescriber uses a prescribing system to create the prescription
- All Drug Tariff codes from the prescription request form must be on the prescription
- A mismatch between prescription and measuring form can delay the ordering process
- If patient is exempt from prescription charges, the box on the reverse of the prescription needs to be ticked (England only)

# STEP 4:

## What does Mrs Walker's prescription look like?

**JOBST® Elvarex® Custom-Fit**  
Please ask your patient to present this form to their prescriber to obtain their compression garments on prescription.

Patient Name: Hilary Walker Date of Birth: 25/11/1949 Date: 13/1/2022  
Clinic: Ledbury Community Contact Number: 1234 567-890 Measured By: Alison Barker Signature:

Dear Prescriber

Following a full assessment, it is my recommendation that the above patient is supplied with JOBST® Elvarex® Custom-Fit or JOBST® Elvarex® Soft Custom-Fit compression garment(s). Please could you therefore provide a prescription for the following as soon as possible. In addition, please add to repeat prescription to facilitate patient self-order.

AD Below Knee						
JOBST® Elvarex®			JOBST® Elvarex® Soft			
Style	Compression Class	Drug Tariff Code	Qty	Style	Compression Class	Drug Tariff Code
AD Below Knee	CCL 1 (18-22mmHg)	L1-01-04		AD Below Knee	CCL 1 (18-22mmHg)	L1-01-04
AD Below Knee	CCL 2 (23-32mmHg)	L2-02-04	1	AD Below Knee	CCL 2 (23-32mmHg)	L2-02-04
AD Below Knee	CCL 3 (34-46mmHg)	L3-03-04		AD Below Knee	CCL 3 (34-46mmHg)	L3-03-04
AD Below Knee	CCL 3F (34-46mmHg)	L3-04-04				
AD Below Knee	CCL 4 (47-70mmHg)	L4-05-04				
AD Below Knee	CCL 4S (60-90mmHg)	L5-06-04				
Style	Options	Drug Tariff Code	Qty	Style	Options	Drug Tariff Code
AD Below Knee	Closed Toe	L-A001	1	AD Below Knee	Closed Toe	L-A001
AD Below Knee	2 Ankle pad (profile)	L-A002		AD Below Knee	Silicone band	L-A003
AD Below Knee	Zipper	L-A003		AD Below Knee	Non-standard colour	L-A004
AD Below Knee	Silicone band	L-A004		AD Below Knee	T-Heel	L-A010
AD Below Knee	Non-standard colour	L-A005		AD Below Knee	Softfit	L-A006
AD Below Knee	T-Heel (CCL 2-3F only)	L-A010	1			
AD Below Knee	Softfit (CCL 1-3 only)	L-A006				

Please state quantity in appropriate boxes for compression class and option(s) so that ALL necessary codes included on the prescription.

**Schema Number (for repeat orders):** \_\_\_\_\_  
Note: this number can be found on the Reorder Letter included in the original garment.

The pharmacist will need the measurement / order form to place the order with the manufacturer and this is attached (please note this is not required for repeat orders when quoting the schema number). The measurement form should be given to the patient, with the prescription, to take to the pharmacist / post to the postal prescriber. Please scan this document into the patient's records as this is patient specific.

Repeat prescription required every 6 months.

Thank you for your assistance.

Alison Barker Healthcare Professional  
1234 567-890 Contact telephone number, in case of query

Any queries, please call the manufacturer:  
**Essity, TIA BSN medical Limited**  
Customer Services: 0345 122 3600 or email: [compression.uk@jobst.com](mailto:compression.uk@jobst.com)

**EXAMPLE**

Pharmacy Stamp: \_\_\_\_\_  
Age: \_\_\_\_\_ Title, Forename, Surname & Address: \_\_\_\_\_  
Please don't stamp over age box  
Number of days' treatment: \_\_\_\_\_ N.B. Ensure dose is stated  
NHS Number: \_\_\_\_\_

Endorsements:  
JOBST Elvarex, L2-02-04  
Knee High  
Class 2 (23-32mmHg)  
**Additional option codes**  
Closed Toe L-A001  
T-Heel L-A010

Signature of Prescriber: \_\_\_\_\_ Date: \_\_\_\_\_

For dispenser No. of Prescs. on form: \_\_\_\_\_

- 3 items on the one prescription
- Mrs Walker is exempt from prescription charges so reverse of form is ticked
- What if Mrs Walker needed two compression garments?
  - quantity to state 2
  - closed toe L-A001 x 2



***STEP 5:  
CHOOSE WHETHER TO USE EPS***



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# STEP 5: WHAT IS EPS AND NOMINATION?

Pharmacy Stamp	Age	Title, Forename, Surname & Address
<b>EXAMPLE</b>		
Please don't stamp over age box		
Number of days' treatment N.B. Ensure dose is stated		NHS Number
Endorsements	Product name, style and compression class (basic garment code) L2-02-04	
	<b>Additional option codes</b>	
	Closed Toe	L-A001
	T-Heel	L-A010
Signature of Prescriber	Date	
For dispenser No. of Prescs. on form		
<input type="checkbox"/>		

## Electronic Prescription Service

- Does not need to collect the paper prescription from their GP Surgery
- Needs to 'nominate' a pharmacy or DAC to dispense their compression prescriptions
- Prescription digitally signed and sent electronically from the GP Surgery to the pharmacy or DAC

***STEP 6:  
SEND PRESCRIPTION AND  
MEASURING FORM TO DISPENSER***



WOUND CARE TODAY



# STEP 6: SEND PRESCRIPTION AND MEASURING FORM TO DISPENSER

Pharmacy Stamp

Age

Title, Forename, Surname & Address

**EXAMPLE**

Please don't stamp over age box

Number of days' treatment  
N.B. Ensure dose is stated

NHS Number

Endorsements

Product name, style and compression class L2-02-04  
(basic garment code)

Additional option codes

Closed Toe L A001

**JOBST® Elvarex®**  
Below Knee  
Custom Fit Order Form  
Fax order to customer services on 0345 122 3450  
Email order to customer services on: [compression@jobst.com](mailto:compression@jobst.com)

Date: 13/1/2022 Purchase Order No.: 25/11/1949 Patient Name: Hilary Walker  
Measured by: Alison Barker Telephone: 1234 567 890 Email: [alison.barker@xxxx.com](mailto:alison.barker@xxxx.com)  
Delivery Address: Ledbury Community Hospital Invoice Address:  
Market Street, Ledbury, HR8 2AQ

**JOBST®**

Compression Class (RAL)	Quantity	Left	Right
CCL 1 (00-20mmHg)			
CCL 2 (23-32mmHg)	1		
CCL 3 (34-45mmHg)			
CCL 3R (34-45mmHg)			
CCL 4 (47-70mmHg)			
CCL 4S (47-70mmHg)			

Options

Color

Foot Styles

Foot Length

Left Foot Slant

Right Foot Slant

Left Leg

Right Leg

Compression Class (RAL)

Color

Style

Quantity

Options

Remarks

Customer Service 0345 122 3450 Email: [compression@jobst.com](mailto:compression@jobst.com) Website: [www.jobst.co.uk](http://www.jobst.co.uk)



## Pharmacy

- Patient takes measuring form and prescription to pharmacy

## OR

- Patient takes measuring form **only** to pharmacy as prescription sent via EPS

## Dispensing Appliance Contractor (DAC)

- Patient posts measuring form and prescription to DAC using freepost envelope

## OR

- Patient posts measuring form **only** to DAC in freepost envelope as prescription sent via EPS

# STEP 6: WHAT IS A DISPENSING APPLIANCE CONTRACTOR (DAC)?

## Home delivery dispensing option for the patient



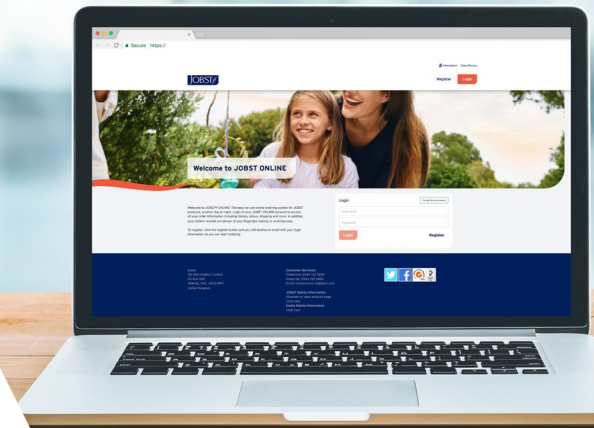
- Business contracted to the NHS to provide a dispensing service
- Specialise in dispensing of compression prescriptions
- Expertise helps ensure fast and accurate dispensing
- Home delivery or other convenient location
- Free delivery to any UK address
- Prescription can be received by post or EPS
- Measuring form usually received by post
- Fast delivery



# ***STEP 6: USING A DAC WITH ONLINE ORDERING***

## **Digital solution: JOBST Delivered & JOBST Online**

- Guides you through creation of a compression garment
- Instantly see if the garment is available on prescription
- Alerts highlight if measurement not within expected range
- Intuitive system only allows complete orders to be sent
- JOBST Delivered selected as dispenser
- Prescription request form generated for each order
- Prescription sent to JOBST Delivered via post or EPS
- JOBST Delivered dispense garment to patient
- Patient order history for easy online reordering



# STEP 6: WHERE DID MRS WALKER SEND HER PRESCRIPTION AND MEASURING FORM?

**EPS to DAC**

EXAMPLE

Pharmacy Stamp \_\_\_\_\_ Address \_\_\_\_\_

Please don't stamp over age box

Number of days' treatment \_\_\_\_\_ NHS Number \_\_\_\_\_  
 N.B. Ensure dose is stated

Endorsements

JOBST Elvarex, Knee High Class 2 (23-32mmHg)	L2-02-04
<b>Additional option codes</b>	
Closed Toe	L-A001
T-Heel	L-A010

Signature of Prescriber \_\_\_\_\_ Date \_\_\_\_\_

For dispenser No. of Prescriber on form



**POST to DAC**

**JOBST® Elvarex** Below Knee  
 Custom Fit Order Form  
 Delivery Address: **Leobury Community Hospital**  
 Market Street, Leobury, W19 2AG

Measured By: **Alison Barker** Tel: **1234 567 890** Email: **alison.barker@xxxx.com**

For order to customer services call: 0345 02 3450  
 Email order to customer services on: [compression.uk@jobst.com](mailto:compression.uk@jobst.com)

EMKA Address: \_\_\_\_\_

**JOBST®**

Compression Class (RAL)	Length Measurements (cm)	Circumference Measurements (cm)	Length Measurements (cm)
<input type="checkbox"/> CCL 1 (18-23mmHg)			
<input type="checkbox"/> CCL 2 (23-32mmHg)			
<input type="checkbox"/> CCL 3 (34-46mmHg)			
<input type="checkbox"/> CCL 3P (34-46mmHg)			
<input type="checkbox"/> CCL 4 (46-50mmHg)			
<input type="checkbox"/> CCL 4S (40-50mmHg)			

**Left Leg**

Length Measurements (cm)	Circumference Measurements (cm)
#D	D
#C	C
#B	B
#A	A

**Right Leg**

Length Measurements (cm)	Circumference Measurements (cm)
#D	D
#C	C
#B	B
#A	A

**Left Foot Slant**

Foot Length	Foot Width
17	11

**Right Foot Slant**

Foot Length	Foot Width
15	10

**JOBST® Elvarex® soft**

Compression Class (RAL)

Color

Style

Quantity

Options

Remarks

- Nominated DAC through GP
- GP raised prescription using prescription request form
- Prescription sent via EPS
- Measuring form sent in freepost envelope
- Delivery address to clinic
- Clinician wanted to check fit

***STEP 7:  
DISPENSER ORDERS THE  
COMPRESSION GARMENT***



WOUND CARE TODAY





# STEP 7: DAC ORDERS MRS WALKER'S COMPRESSION GARMENT

**EPS**

EXAMPLE

Pharmacy Stamp \_\_\_\_\_ Address \_\_\_\_\_

Please don't stamp over age box

Number of days' treatment \_\_\_\_\_ NHS Number \_\_\_\_\_  
 N.B. Ensure dose is stated

Endorsements

JOBST Elvarex, L2-02-04  
 Knee High  
 Class 2 (23-32mmHg)

**Additional option codes**

Closed Toe L-A001  
 T-Heel L-A010

Signature of Prescriber \_\_\_\_\_ Date \_\_\_\_\_

For dispenser No. of Prescriber on form



**POST**

JOBST® Elvarex® Hilary Walker Dub: 2511/1949  
 Below Knee Custom Fit Order Form Tel: 0145 122 3400 Email: hilton.barker@xxxx.com  
 Delivery Address: Ledbury Community Hospital Invoice Address: \_\_\_\_\_  
 Market Street, Ledbury, HR8 2AQ

**JOBST**

JOBST® Elvarex®

Compression Class (PaL)	Quantity	Left	Right
CCL 1 (18-22mmHg)			
CCL 2 (23-32mmHg)	1		
CCL 3 (34-46mmHg)			
CCL 3F (34-46mmHg)			
CCL 4 (48-70mmHg)			
CCL 4S (48-70mmHg)			

Options

Colour:  White  Black  Navy  Grey  Olive  Khaki  Tan  Silver  Gold  Bronze  Copper  Purple  Pink  Blue  Green  Yellow  Orange  Red  Brown  Tan  Grey  Black  White

Foot Styles:  Open toe  Closed toe  Slit foot  Padded foot  Padded foot (separate length measurements required)

Left Leg: Length Measurements (cm) a-D, b-D, c-D, e-D, f-D, g-D, h-D, i-D, j-D, k-D, l-D, m-D, n-D, o-D, p-D, q-D, r-D, s-D, t-D, u-D, v-D, w-D, x-D, y-D, z-D, A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z, AA, AB, AC, AD, AE, AF, AG, AH, AI, AJ, AK, AL, AM, AN, AO, AP, AQ, AR, AS, AT, AU, AV, AW, AX, AY, AZ, BA, BB, BC, BD, BE, BF, BG, BH, BI, BJ, BK, BL, BM, BN, BO, BP, BQ, BR, BS, BT, BU, BV, BW, BX, BY, BZ, CA, CB, CC, CD, CE, CF, CG, CH, CI, CJ, CK, CL, CM, CN, CO, CP, CQ, CR, CS, CT, CU, CV, CW, CX, CY, CZ, DA, DB, DC, DD, DE, DF, DG, DH, DI, DJ, DK, DL, DM, DN, DO, DP, DQ, DR, DS, DT, DU, DV, DW, DX, DY, DZ, EA, EB, EC, ED, EE, EF, EG, EH, EI, EJ, EK, EL, EM, EN, EO, EP, EQ, ER, ES, ET, EU, EV, EW, EX, EY, EZ, FA, FB, FC, FD, FE, FF, FG, FH, FI, FJ, FK, FL, FM, FN, FO, FP, FQ, FR, FS, FT, FU, FV, FW, FX, FY, FZ, GA, GB, GC, GD, GE, GF, GG, GH, GI, GJ, GK, GL, GM, GN, GO, GP, GQ, GR, GS, GT, GU, GV, GW, GX, GY, GZ, HA, HB, HC, HD, HE, HF, HG, HH, HI, HJ, HK, HL, HM, HN, HO, HP, HQ, HR, HS, HT, HU, HV, HW, HX, HY, HZ, IA, IB, IC, ID, IE, IF, IG, IH, II, IJ, IK, IL, IM, IN, IO, IP, IQ, IR, IS, IT, IU, IV, IW, IX, IY, IZ, JA, JB, JC, JD, JE, JF, JG, JH, JI, JJ, JK, JL, JM, JN, JO, JP, JQ, JR, JS, JT, JU, JV, JW, JX, JY, JZ, KA, KB, KC, KD, KE, KF, KG, KH, KI, KJ, KK, KL, KM, KN, KO, KP, KQ, KR, KS, KT, KU, KV, KW, KX, KY, KZ, LA, LB, LC, LD, LE, LF, LG, LH, LI, LJ, LK, LL, LM, LN, LO, LP, LQ, LR, LS, LT, LU, LV, LW, LX, LY, LZ, MA, MB, MC, MD, ME, MF, MG, MH, MI, MJ, MK, ML, MM, MN, MO, MP, MQ, MR, MS, MT, MU, MV, MW, MX, MY, MZ, NA, NB, NC, ND, NE, NF, NG, NH, NI, NJ, NK, NL, NM, NN, NO, NP, NQ, NR, NS, NT, NU, NV, NW, NX, NY, NZ, OA, OB, OC, OD, OE, OF, OG, OH, OI, OJ, OK, OL, OM, ON, OO, OP, OQ, OR, OS, OT, OU, OV, OW, OX, OY, OZ, PA, PB, PC, PD, PE, PF, PG, PH, PI, PJ, PK, PL, PM, PN, PO, PP, PQ, PR, PS, PT, PU, PV, PW, PX, PY, PZ, QA, QB, QC, QD, QE, QF, QG, QH, QI, QJ, QK, QL, QM, QN, QO, QP, QQ, QR, QS, QT, QU, QV, QW, QX, QY, QZ, RA, RB, RC, RD, RE, RF, RG, RH, RI, RJ, RK, RL, RM, RN, RO, RP, RQ, RR, RS, RT, RU, RV, RW, RX, RY, RZ, SA, SB, SC, SD, SE, SF, SG, SH, SI, SJ, SK, SL, SM, SN, SO, SP, SQ, SR, SS, ST, SU, SV, SW, SX, SY, SZ, TA, TB, TC, TD, TE, TF, TG, TH, TI, TJ, TK, TL, TM, TN, TO, TP, TQ, TR, TS, TT, TU, TV, TW, TX, TY, TZ, UA, UB, UC, UD, UE, UF, UG, UH, UI, UJ, UK, UL, UM, UN, UO, UP, UQ, UR, US, UT, UY, UZ, VA, VB, VC, VD, VE, VF, VG, VH, VI, VJ, VK, VL, VM, VN, VO, VP, VQ, VR, VS, VT, VU, VV, VW, VX, VY, VZ, WA, WB, WC, WD, WE, WF, WG, WH, WI, WJ, WK, WL, WM, WN, WO, WP, WQ, WR, WS, WT, WU, WV, WW, WX, WY, WZ, XA, XB, XC, XD, XE, XF, XG, XH, XI, XJ, XK, XL, XM, XN, XO, XP, XQ, XR, XS, XT, XU, XV, XW, XX, XY, XZ, YA, YB, YC, YD, YE, YF, YG, YH, YI, YJ, YK, YL, YM, YN, YO, YP, YQ, YR, YS, YT, YU, YV, YW, YX, YY, YZ, ZA, ZB, ZC, ZD, ZE, ZF, ZG, ZH, ZI, ZJ, ZK, ZL, ZM, ZN, ZO, ZP, ZQ, ZR, ZS, ZT, ZU, ZV, ZW, ZX, ZY, ZZ

Left Foot Slant: 17, Right Foot Slant: 15

Foot Length: 25

Customer Service: 0145 122 3600 Email: sales@jobst.co.uk Website: www.jobst.co.uk

- DAC checks order
- Prescription matches measuring form
- Measuring form complete
- Mrs Walker is exempt from prescription fees and form ticked
- DAC happy with order and sends to manufacturer

***STEP 8:  
MANUFACTURER PRODUCES THE  
COMPRESSION GARMENT***



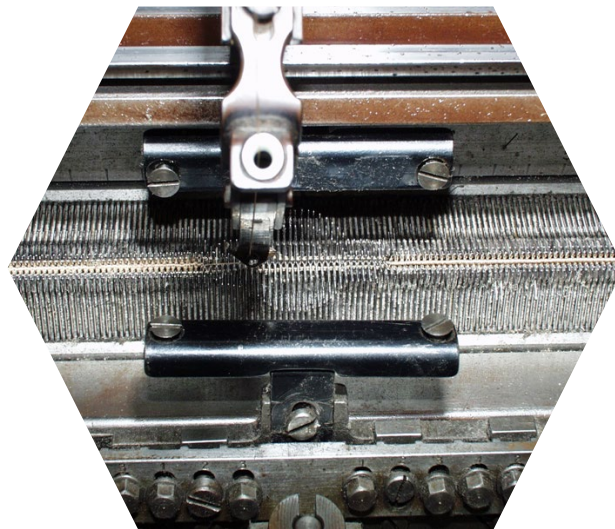
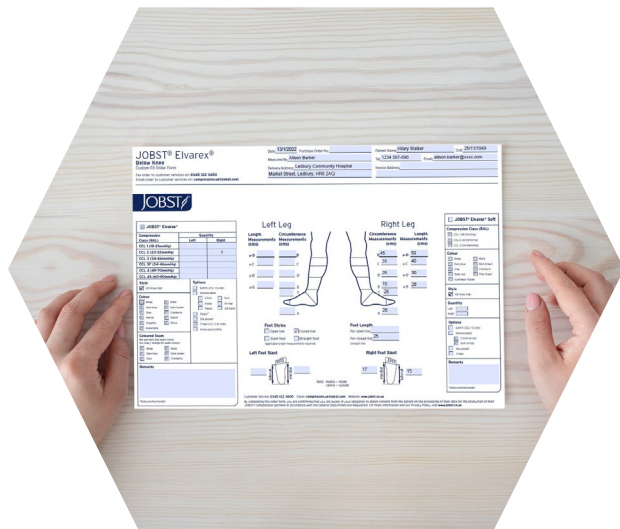
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# STEP 8: MRS WALKER'S GARMENT IS PRODUCED

## According to the measuring form

All information on the order form  
No delays



***STEP 9:  
GARMENT DISPENSED***



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# *STEP 9: GARMENT DISPENSED*



*PHARMACY*

Patient collects from  
pharmacy



*DAC*

DAC sends by post to  
delivery address on  
measuring form



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# ***STEP 9: MRS WALKER RECEIVES HER GARMENT***



- DAC posts garment to the clinic
- Delivered in 7 working days from receipt of order
- Clinician fits the garment
- Donning and care instructions provided
- An exact repeat of this compression garment is needed so Mrs Walker has one to wash and one to wear
- Re-order letter inside the garment has Drug Tariff codes and garment description
- Mrs Walker to obtain a repeat prescription from her GP and quote the reorder number from the letter

# ***STEP 10: REPEAT ORDERING***



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# ***STEP 10: REPEAT ORDERING***

- Garments usually need replacing every 6 months
- A repeat prescription must contain all Drug Tariff codes and garment description
- Measuring form does not need to be sent to the dispenser but instead the manufacturer uses the reorder code to produce a repeat of the custom-fit compression garment
- Re-assessment of patient's limb and re-measuring may be required at 6 monthly review





# ***STEP 10: WHAT HAPPENED TO MRS WALKER***



- The GP set up a repeat prescription every six months
- Mrs Walker continued to use a DAC, but requested home delivery
- She was compliant with treatment and wore her compression garment regularly
- Mrs Walker knew who to contact if she had any concerns but did not need to see her clinician every six months for a reassessment
- She followed the advice about caring for her skin and checked her leg regularly
- Mrs Walker was able to enjoying her usual activities

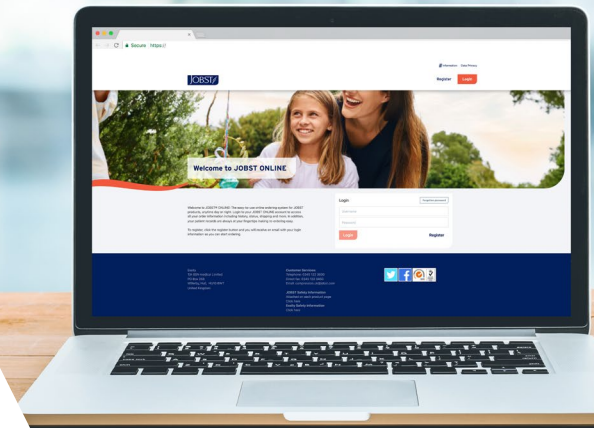
# WANT TO LEARN MORE?

**Request the prescribing support pack when you download your certificate**



## **Other support:**

- Register for JOBST Online [www.jobstonline.co.uk](http://www.jobstonline.co.uk)
- Email Essity for support [concierge.service@essity.com](mailto:concierge.service@essity.com)



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# REFERENCES

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2. Stephen-Hayes J (2018) Do you experience problems with the dispensing of compression garments? *J Community Nurs* **32(2)**: 62-4
3. Journal of Community Nursing (2021) Inaccuracies in dispensing compression garments: survey results. *J Community Nurs* **35(5)**: 64-6
4. O'Neill C (2017) Difficulties with getting the right compression garment quickly? *In this Together*, Summer, Credenhill Ltd, Derbyshire: 22-4. Available online: [www.daylong.co.uk/media/itt/daylong-in-this-together-issue-1.pdf](http://www.daylong.co.uk/media/itt/daylong-in-this-together-issue-1.pdf)



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