

Shropshire Community Health



NHS Trust

Policies, Procedures, Guidelines and Protocol

Document Details	
Title	Policy for Assessment and Provision of Continence Products
Trust Ref No	649-42268
Local Ref (optional)	
Main points the document covers	This guidance aim to ensure that all patients receive the optimal level of clinical care in line with best practice and research regarding assessment of bladder, bowel and continence issues and management on incontinence including the provision of containment products.
Who is the document aimed at?	Community Nurses and Doctors who are responsible for these pathways
Author	Andrea Davies – Continence Team leader
Approval process	
Approved by (Committee/Director)	Clinical Policies Group
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Full Equality Impact Assessment	Yes
Lead Director	Director of Nursing and Quality
Category	Clinical
Sub Category	Continence Pathway
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Who the policy will be distributed to	Community Nurses in Adults, Paediatrics, Health Visitors, School Nurses, specialist nurses for Physical and Learning Disabilities Community Hospitals, Infection Prevention and Control Nurses, Physiotherapists and commissioners
Method	Electronically via managers / Datix, available to all staff via Trust Website and Key clinicians , Continence Link Nurses
Document Links	
Required by CQC	
Required by NHLA	

Other	<p>Guidance on management of incontinence and Management on incontinence in women. NICE Clinical Guideline 40- October 2006</p> <p>The management of Lower Urinary Symptoms in men NICE Clinical Guideline 97-October 2006</p> <p>Paediatric Assessment of Toilet training Readiness and issuing of Products Royal College of Nursing – November 2006</p> <p>Excellence in Continence Care (2015) Practical Guidance for commissioners, providers, health and social care staff and information for the public, NHS England</p>	
Amendments History		
No	Date	
1	Approved 30.3.2011	Version 1.8 Draft Reviewed in line with Shropshire
2	V 2	To comply with revision of continence products and policy to reflect cost improvement savings and best practice. To reflect Shropshire Community Health Trust policy framework
3	V1.9 01-17	Reviewing document to comply with change in service provision
4	V 3 27 th march 18	Reviewing document to put safeguards in around vulnerable patient
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Appendix 1: CNT051 Procurement and Supply of Continence Products

1 Introduction

Incontinence is defined as the involuntary loss of urine or faeces which is considered a social and hygienic problem (NHS England Excellence in Continence Care 2015). The problems associated with incontinence affect both physical and emotional well-being, having a significant effect on the quality of life.

Incontinence is a treatable condition; it is not a disease but a symptom of an underlying condition which can be treated in many cases. When continence is not achievable, then people can expect the highest standards of continence care and incontinence management, to enable social continence and maintenance of the individual's dignity, (NHS England Excellence in Continence Care 2015).

Faecal and urinary incontinence is distressing, unpleasant and frequently socially disruptive which can affect skin integrity causing pressure ulcers and be indicative of other problems e.g. social and emotional problems. Failure to manage faecal and urinary incontinence can often lead to social exclusion and restrict employment, education and leisure opportunities.

The promotion of continence is a vital part of holistic care, whereby individuals should be given every opportunity to achieve continence. The quality of life for people with bladder and bowel dysfunction can be significantly improved by thorough assessment and the application of appropriate treatment and management (NHS England Excellence in Continence Care 2015).

2 Purpose

- 2.1.1** The purpose of this policy is to ensure that all patients presenting with continence issues are holistically assessed. It lists the eligibility criteria for product provision and details training and education which should be accessed in relation to carrying out a continence assessment. The Policy aims are:
- To promote continence and reduce the prevalence of incontinence
 - To improve the quality of life for individuals experiencing bladder and bowel dysfunction

Detailed information on assessment is contained in the Continence Care Pathways which supports this policy and can be obtained from the Trust website: [WWW.Shropshire Community Health Trust](http://WWW.ShropshireCommunityHealthTrust)

3 Definitions

Term / abbreviation	Explanation
AHP	Allied Healthcare Professional
CLDN	Community Learning Disability Nurses
DOL's	Deprivation of Liberty
ISC	Intermittent Self Catheterisation
LPA	Lasting Power of Attorney
MDA	Medical Devices Agency
NICE	National Institute of Clinical Excellence
NMC	Nursing Midwifery Council

HDS	Home Delivery Service
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4 Duties

4.1.1 Staff

All staff will have access to this policy which should be read in conjunction with other Shropshire Community NHS Trust including, Consent, Chaperone policies, Infection Prevention and Control policies, Indwelling Urinary Catheter and Enuresis Policy.

All Staff have a responsibility to inform their manager of any training requirement.

All staff involved with continence assessment and care must ensure that:

- Registered healthcare professionals and designated Health Care Assistants undertake training on the promotion of continence assessment treatment and management of incontinence provided by the Continence Nurse Specialists
- Bladder/bowel dysfunction assessment tool and treatment pathways – qualified nurses must attend training provided by the Continence Nurse Specialists and use this documentation.
- Observation and supervision of the assessment process will be undertaken by experienced clinicians in the clinical setting. e.g. Team leaders, Clinical Practice Teachers, Continence Link Nurses or staff deemed competent by the Team leader.
- All staff are responsible for maintaining professional competency and identifying further training requirements (NMC 2008)

4.2 Director of Quality and Nursing /Operations

Has overall responsibility for this clinical policy, ensuring that it is fully implemented across the Trust as best practice.

Director of Quality and nursing/operations Operations

Must ensure that:

- All staff have access to this evidence based policy document.
- To ensure that appropriate training and updates are provided to all relevant staff groups.
- Staff are to be made aware of any policy changes and new skills update followed by the appropriate training.
- All relevant staff have access to appropriate equipment that complies with safety and maintenance requirements according to Trust policies.

4.3 Divisional Managers and Service Leads

Managers and Service Leads need to ensure that staff are aware and have access to policy guidelines and that the appropriate education, supervision, and mechanisms are in place to ensure safe practice. This will include education for new and unqualified staff. Training needs must be highlighted and addressed. This can be

done through appraisal or supervision and a record of competencies kept for audit and standard purposes.

5 Procedures and Processes

5.1 Assessment

The recommendations from the Department of Health (2000) are before the issuing of any products the individuals should undergo a thorough continence assessment. This is important to ensure that any underlying problems are excluded and the individual's needs are fully identified.

There is a substantial evidence base for the effective treatment of incontinence; studies have identified that 70% of individuals can have incontinence cured or significantly alleviated (DOH 2000). Assessment is the key element to the promotion of continence.

Care Pathways provide structure for the assessment process which gathers information in a logical and sequential way to enable the clinician to identify the causes of bladder or bowel dysfunction. This underpins the identification of appropriate treatment and management pathways, thereby improving the quality of life for the individual

The National Institute for Clinical Excellence (NICE 2015) provides guidance on assessment and the range of treatment options available for bladder and bowel dysfunction. The care pathway documentation reflects the NICE recommendations ensuring the delivery of evidence based clinical practice.

The service should be local and assessment led ensuring that care is delivered to meet the individual's needs. Healthcare professionals should ask patients if they have continence problems, tailoring the assessment to the patient's individual communication and language needs.

5.2 Who should do the assessment?

A registered nurse or a Health Care Assistant that is deemed to have the skills and competencies required for Continence Assessment who has undertaken training in the assessment, treatment and management of incontinence carries out the first level assessment as follows:

5.3 Services for Children

- Persons under four years by the Health Visitors
- Persons over four years by School Nurses, Community Learning Disability Nurses (CLDN) and School Nurses (Special Needs)
- Community Paediatric Nurses

5.4 Services for Adults

- Adults by Community Nursing Services:
Community Nurses
- Physical and Learning Disabilities:
Community Nursing Service
School Nurse – special needs
Community Learning Disability Nurses

- Residential Care homes:
Community Nursing Service
- Nursing Care Homes:
Registered nurses identified as Contenance Link Nurses within the home assess residents following training provided by the Contenance Advisory Service
- Specialist Contenance Service clinic attendees are assessed by Contenance Specialist Nurses

6 Treatment and Support will be offered at two levels

6.1 Level 1 - Initial Contact

Individuals will be assessed by a registered health-care professional, using the recognised Contenance Care Pathway documentation via the Shropshire Community Health NHS website under staff zone, useful information click on continence service. You must ensure that you consider the views of the carer as part of the assessment.

6.2 Level 2 - Specialist Contenance Service

Referral to the Contenance Advisory Service is available for further advice on assessment and management options. Further investigations and interventions may include pelvic floor assessment, uroflowmetry, bladder scanning, treatment care pathways and teaching intermittent self-catheterisation (ISC).

Further assessment and treatment relating to pelvic floor muscle can be sought via the Physiotherapy Service. Consultation is made with Urologist, Gynaecologist, Gastroenterologists Colorectal Surgeons and Paediatricians, and specialist nurses in Acute services.

6.3 Management of Incontinence

6.3.1 Aids and Appliances

Before containment products are issued, the benefits of available aids and appliances must be considered to manage incontinence to ensure patient dignity.

For example;

- Commodes
- Male Urinals
- Female urinals
- Bed pans
- Drainage funnels
- Penile sheaths – male patients only

In addition to this consideration should also be given to:

- Environmental changes
- Clothing adaptation
- Carer input

Further information to support provision of the above is available via the urinary incontinence formulary and/or the specialist nursing team.

6.3.2 Containment products

Containment products can be an essential component for the management of incontinence. However it is important to remember they should only be issued after an initial assessment and when a management plan has been completed and agreed as offering pads prematurely can lead to psychological dependence upon them, and reluctance to attempt curative treatment. (NHS England Excellence in Continence Care 2015).

The use of products should be considered for:

- Long-term management of urinary incontinence only after treatment options have been explored. (NICE 2006)
- An adjunct to ongoing therapy (NICE 2010)

All continence products are classified as medical devices and are regulated by the Medical Devices Agency (MDA).

The MDA should be informed of minor faults and discrepancies between products as per Health and Safety guidelines. Anyone may report adverse incidents including patients, carers, or any healthcare professionals.

Patients who are issued with containment products **must** receive regular review. Patients in receipt of containment products should **not** be discharged from a service when their period of intervention is complete without referral to the appropriate service for follow up/on-going care. It is the responsibility of the initial assessing individual/team to ensure this is undertaken.

7 Eligibility Criteria – on the Supply of Continence Products

7.1 Washable products

Washable products are suitable and advisable as a first line consideration for adults and children with light to moderate urinary incontinence only. They are **not suitable** for people with faecal incontinence

Disposable products should not be worn at the same time as washable pants.

7.2 Disposable Products

7.2.1 Children

If continence problems are identified in children under four years of age health visitors must undertake a continence assessment to encourage pro-active interventions e.g. Correct fluid intake and toilet training

Children with disabilities are eligible to receive products from four years of age if identified as appropriate following a full assessment identifying pro-active interventions to promote and or achieve continence by a relevant

healthcare professional. The standard allowance is three products in 24 hours with a maximum of four products in 24 hours, following discussion with a Continence Advisor (RCN 2014). Products are not supplied for nocturnal enuresis; (all children must be referred to the Enuresis service for nocturnal enuresis)

7.2.2 Adults – Domiciliary

Continence products are supplied **following** assessment once pro-active care has been instigated in line with care pathways. The Standard allowance is three products in 24 hours with a maximum of four products in 24 hours, following discussion with a Continence Advisor, depending on individual needs. Patients who require less than three disposable pads in 24 hours do not meet the criteria for disposable product provision. However individual clinical needs must be evaluated and flexibility applied to support the care process.

7.2.3 Care Homes - Residential

Patients residing in these homes will be assessed by the Community Nursing Service. Continence products are supplied following assessment once pro-active care has been instigated in line with care pathways. The **standard allowance is three products in 24 hours** with a maximum of four products in 24 hours, following discussion with a Continence Advisor.

7.2.4 Care Homes with Nursing

The Continence Advisory Service provides education and training for registered nurses within the care home to carry out the assessment process. Continence products are supplied following assessment and once pro-active care has been instigated in line with care pathways. The **standard allowance is three products in 24 hours** with a maximum of four products in 24 hours, following discussion with a Continence Advisor.

7.2.5 End of Life Care

Nurses should use their clinical judgment in authorising products for patients in emergency situations. Orders received by midday will be placed for delivery for the next working day.

7.2.6 Patients with Cognitive Dysfunction

The provisional of disposable pants pull up are acceptable for patients with a cognitive disability, who remove shaped products but are still able to be toileted independently.

7.2.7 Community Hospitals

The Home Delivery Service (HDS) will provide a stock of products for each Community Hospital on a monthly basis in line with the Community Hospital Continence Products Formulary

7.2.8 Re-assessment

The initial reassessment is carried out at six months by a professional trained in continence care and ideally would be a face to face contact. Thereafter for adults a 12 monthly reassessment will be conducted by the Home Delivery Service (HDS) using telephone review, providing there is no change to that person's continence requirements. Any changes to the patient's requirement they will be advised to contact the relevant community team, where a continence reassessment will be offered. Changes in continence status, treatment

interventions and future reassessment dates must be documented. See appendix I for guidance

8 Consultation

The policy was developed by The Continence Team leader in association with the Infection Prevention and Control Nurses and the Microbiologist. It has been circulated widely by consultation with the following people:

- General Practitioner Trust Karen Stringer
- Infection Prevention Protection and Control Nurses Liz Watkins and Liz Jones
- Clinical leads and Managers via Andy Matthews, Yvonne Gough and Sam Townsend
- Community Nursing Clinical Lead Georgina English
- Consultant Nurses Cath Molineux, Narinder Kular
- Deputy Directors for nursing and quality Angela Cook, Andrew Thomas, Jo France
- Lead managers for children services Nikki Ballard, Sally Crighton

9 Monitoring and Compliance

Compliance will be monitored through auditing standards of continence assessment, treatment and management within the Trust and benchmarking against NICE guidelines.

Regular audit is integral to the process in place for continence care and shall be undertaken in line with recommendations from the Department of Health, or as deemed necessary by the Continence Advisory Service such as The Royal College of Physicians National Audit of Continence Care.

10 Associated Documents

This policy must be read in conjunction with following Shropshire Community Health NHS Trust policies:

- Shropshire Community Health NHS Trust Clinical Records Keeping Policy
- Shropshire Community Health NHS Trust Consent to Examination and Treatment Policy
- Shropshire Community Health NHS Trust Community Consent Policy
- Shropshire Community Health NHS Trust Hand Hygiene Policy
- Standard Precautions Policy

11 Dissemination and Implementation

This policy and guidelines will be disseminated to staff by the following methods:

- Deputy Director – cascading to Divisional Managers
- Disseminated to all relevant staff by Datix
- Inform article
- Published to Web Site
- Raising awareness through specialist groups e.g. Link Nurse Meetings

For advice and guidance on this policy please contact:

Name	Address	Contact Number
Andrea Davies Team Leader	Shropshire Rehabilitation Centre Lancaster Road Shrewsbury SY1 3NJ	T : 01743 444062 F: 01743 444067
Nicola Head Telford and Wrekin		
Jemma Brown North East Shropshire		
Fiona Glover Shrewsbury & Atcham and North East Shropshire		
Val Proctor South East and South West Shropshire		

The Continence Advisory Service acts as a resource and training facility for anyone involved in the care of individuals with continence problems. The Continence Advisory Service oversees and co-ordinates the development and implementation of policies, procedures and protocols to facilitate the use of research based practice in continence care.

12 Advice and Training

The Continence Advisory Service acts as a resource and training facility for anyone involved in the care of individuals with continence problems. The Services provides a rolling programme of training on

- Bladder and Bowel Dysfunction
- Catheter pathway Male urethral catheterisation, Supra-pubic re-catheterisation
- Acute Retention of Urine in Males and Trial without Catheter
- Continence promotion, management and re-assessment
- Continence promotion for Children in conjunction with school nurses, health visitors and community paediatric nurses.
- Digital rectal examination / digital removal of faeces
- Health Care Continence Training

13 References

- Department of Health (2000) Good practice in continence services. Department of Health, London
- Excellence in Continence Care (2015) Practical Guidance for commissioners, providers, health and social care staff and information for the public, NHS England

- National Institute for Clinical Excellence (NICE) 2006 Urinary Incontinence: The management of urinary incontinence in women London: NICE
- National Institute for Clinical Excellence (NICE) 2007 Faecal incontinence London: NICE
- National Institute for Clinical Excellence (NICE) 2008 Prostate Cancer London: NICE
- National Institute for Clinical Excellence (NICE) 2010. The management of lower urinary tract symptoms in men. London NICE
- RCN (2014) Specialist and Advanced Children and Young Peoples's Nursing Practice In Contemporary Healthcare Royal College of Nursing, London
- RCN (2006) Paediatric assessment of toilet training readiness and the issue of products. Royal College of Nursing, London
- Royal College of Physicians (RCOP) (2005) National Audit of Continence Care for Older People. Royal College of Physicians, London
- Royal College of Physicians (RCOP) (2010) National Audit of Continence Care (NACC) 2010 Royal College of Physicians.

14 Appendices

Appendix 1: CNT051 Procurement and Supply of Continence Products

The range of washable and disposable products are supplied via a contracted manufacturer and distributor following an NHS tender and procurement process

Assessment:

Disposable products are not the first line management for incontinence. If an assessment indicates that there is a requirement for products then the following process must be applied.

Supplies of incontinence products will be initiated ONLY after ASSESSMENT by an authorised professional who has undergone training in the assessment of the bladder and bowel dysfunction and management of incontinence. All the appropriate treatment options within the care pathways and alternative management options e.g. sheaths, urinals, equipment, etc. must be considered prior to making a product request.

Staff must not carry out assessment if they have not undertaken appropriate training.

Re-assessment:

The initial reassessment takes place at six months; thereafter 12 monthly reassessments are carried out on all individuals receiving continence products. This is essential to observe any change in continence status and to ensure that there is not a newer product available which is more suitable to meet the patient's/client's needs. Continuation of supplies is dependent upon the reassessment being satisfactory, which can be undertaken by the Home Delivery Service (HDS) staff, however should the reassessment identify that the products

are no longer suitable or there are anomalies then a face to face reassessment is recommended as best practice undertaken on the review date documented.

Continence products:

The continence products formulary can be found by accessing the Trust website this formulary contains a wide range of products which are provided by the recommend product company via NHS Supply.

Disposable Products

The standard allowance is three products in 24 hours with a maximum of four products in 24 hours, following discussion with a Continence Advisor. Patients who require less than 3 disposable products in 24 hours do not meet the criteria for product provision

Fixation pants are **not supplied**, as pads can be worn with suitably fitted underwear, however some patients may prefer to purchase their own fixation pants.

Disposable sheets are not supplied for bladder or bowel care. These sheets must not be used to manage or contain incontinence. Individuals currently in receipt of these products should be offered alternatives on reassessment.

Continence pads are available for urinary and faecal incontinence.

Small shaped and rectangular products are not supplied for light/medium incontinence of urine; washable products are available to contain this level of incontinence. A rectangular maxi pad and anatomical shaped pad are provided for containment of faecal incontinence.

Exceptions:

Patients who receive bowel care from a family member or care agency may be supplied with disposable sheets from the continence service.

Community Staff who require disposable bed sheets to carry out procedures will order them from NHS Logistics. They are not suitable for and must not be used as an inco sheet for bed/chair protection.

Pull – Ups

These products are not on the Continence formulary, however if an assessment indicates specific clinical needs for this type of product then provision can be requested and the continence management closely monitored to ensure the expected clinical outcomes are achieved. Pull-ups may be appropriate for short-term interventions e.g. toilet training a child with special needs or supporting someone with a cognitive dysfunction who is still able to be toileted independently.

Washable Products

Washable pants include adult and children's pants and bed protection.

Washable Pants – for light/medium incontinence (stress/urge):

A maximum of 5 pairs per client are supplied per annum. The reassessment process at 12 months will determine when further provision is necessary. Patients must be advised of the correct Laundry instructions. A Sample of one product will be issued for trial before the remaining 4 pairs are issued

Bed Protection:

A maximum of three washable bed sheets are supplied per annum. Clinical need should determine when/if further provision is necessary.

The client should meet one of the following criteria to be eligible for the supply of quilted washable bed-pads.

- The bed-pad is the only product used at night.
- A body-worn continence product does not work e.g. hyperactivity and or dementia
- The patient has to remain in bed for long periods without a change of pad.

The patient produces excessive amounts of urine.

Combination of Products

Individuals may require a combination of disposable and washable products but the quantity of each must be adjusted to meet the criteria for provision guidelines. Full details of the products available are found on the Shropshire Community Health Trust Website

Sample Service

Samples of disposable products can be requested for patients directly from the continence product company ontex.samples@nhs.net use of this service will ensure that the products provided are acceptable to the patient and reduce the expense of inappropriate orders and delivery charges.

The Home Delivery Service

The service is provided for the residents of Shropshire and to those people living outside Shropshire but registered with a Shropshire General Practitioner.

Patients Living at Home

- The Home Delivery Service for patients living in their own homes operates at NHS Community Health Service site; Halesfield, Telford.
- A continence database stores client's registration details, product histories, and delivery data.
- Clients will activate their delivery by ringing the HDS at Halesfield. Products are delivered on a 12 week cycle; therefore products cannot be activated before 10 weeks since the last date of delivery. If products are requested well before their expected delivery date the case load holder will be contacted and a reassessment will be requested. Alternative arrangements can be made for patients who are unable to contact HDS by using the telephone.
- Clients who have supplies suspended for more than 6 months will be discharged from the service. Should these clients then require further supplies they will need to be reassessed and will be treated as a new client.
- Clients must be advised on the correct method of disposal of used products by the healthcare professional. This is within their normal waste collection service; pads should be wrapped in a disposable bag and placed into their dustbin.
- The continence product must only be used by the client who was assessed for their usage. Additional supplies or a change of product will not be given before the intended delivery date unless there is a severe deterioration in the client's general condition, in which case the client must be reassessed.
- Urgent products can only be requested under **exceptional circumstances** (end of life care) by contacting the HDS. However, this should be supported by a completed product assessment form faxed to HDS as soon as possible.

Residential Homes

Assessments are carried out by primary health care teams. Copies of assessment and agreed product provision should be provided for each home. Product requests are received at Halesfield for scheduled 12 weekly deliveries to take place.

Nursing Homes

Continence assessments are carried out by a registered nurse within the home who has undertaken continence assessment training provided by the Continence Advisory Service. Product requests are received at Halesfield for scheduled 12 weekly deliveries to take place.

Community Hospitals

The HDS will provide a stock of products for each Community Hospital on a monthly basis in line with the Community Hospital Continence Products Formulary

Access to the HDS

1. You will need to complete a full continence assessment plus a bladder diary for all new patients being assessed for continence products or patients requiring additional products. The HDS will require **only** the continence ordering form to be submitted to Halesfield. Photocopies are acceptable. NB: If a telephone re-assessment was not appropriate, re-assessment forms are required in order to update the database and maintain on going product provision. Product amendments must be received promptly as delivery of inappropriate products ***carries a non-refundable cost to the Trust***
2. If you have safeguarding concerns about a patient, particularly around ensuring that products are being ordered in a timely way please contact the manager of the home delivery Service so that additional actions and alerts can be activated to help you monitor and review the patient's usage of continence supplies.
3. Complete all registration details legibly on the assessment /reassessment forms and include the NHS No: the clerical officer will input this information onto the database.

ANY FORM THAT IS INCOMPLETE WILL BE RETURNED FOR COMPLETION

4. Cancellations may be received by phone, fax or in written form.

Contact details:

Home Delivery Service (HDS)

Community Health Services

Halesfield 6

Halesfield

Telford

TF7 4BF

Tel: 01952 580400

Fax: 01952 580308

Email: continence.database@nhs.net

Special Product Requests

For those patients whose incontinence needs are not met by the products on the continence formulary please contact the continence advisory service for further advice.

Buffer Stock

Buffer stock is for palliative care and emergencies only.

All buffer stock orders will be sent to Halesfield for authorisation. A shaped product Euron-flex extra will be provided. Patients should be assessed as soon as possible and an order placed with the HDS.

A designated member of each base will maintain a record book providing patient details of those in receipt of buffer stock.

Buffer stock should not be used as samples or to supplement their current supply of continence products.