Name of Policy: Integrated Continence Service Policy

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Reviewed by: Carol Giffin, Continence Advisor

This policy supersedes all previous issues.
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1. **Introduction**

Urinary and faecal incontinence can restrict employment, educational and leisure opportunities and lead to social embarrassment and isolation, affecting both physical and mental health (ACA 2000). It is vital that people are given every opportunity to regain their continence. Before treatment and management options are offered, the Royal College of Physicians encourages the consideration of all aspects of a client’s continence problem, their lifestyle and care needs. Incontinence is a symptom not a disease, there are many underlying causes and the key to its successful management is accurate diagnosis (RCP 1995).


The Policy provides a framework for Integrated Continence Care provision which involves all healthcare providers across the geographical area of Gateshead. This service will be equally available to all people regardless of age, physical or mental ability and will link identification, assessment, and treatment of incontinence across primary, secondary, and specialist care. The range of multi-disciplinary professionals involved in continence care is diverse, and it is therefore essential that a continence service delivers integrated working practices across organisational and professional boundaries in order to provide effective care and efficient use of resource.

2. **Aims of the Policy**

- Evidence based pathways of care and guidelines with supporting information are used in the primary and secondary health care environment to provide assessment, treatment and management of those patients presenting with bladder and bowel symptoms.

- To improve access to continence services that values best practice in the assessment, treatment and management of urinary and bowel dysfunction.

- To provide clinical support and advice to all levels of staff.

- To provide training and education to staff within the trusts and act as a resource to staff within the trusts.

- To provide training and education to social services, voluntary agencies, the private sector, residential care homes, local schools and nursing homes. Members of the continence team also work with carers support groups, self groups and other local agencies.
3. **Scope of the Policy**

The Policy applies to all employees within Gateshead NHS Foundation Trust and Gateshead Primary Care Trust including locum, bank and agency staff that are involved in any aspect of patient continence care. This also includes any member of staff undergoing training for example Health and Social Care Trainees, Student Nurses.

The principles of this policy are considered to be best practice and it is recommended that they are adopted by Nursing and Residential Care Homes and independent providers of care within the borough of Gateshead in either residential or domestic settings.

4. **Staff Responsibilities**

All NHS Staff who are required to provide any aspect of continence care are responsible for ensuring that they comply with this policy, and that they update their knowledge and skills in line with local recommendations.

5. **Organisational Responsibilities**

All Staff who are required to have direct patient contact will be made aware of this policy through their line manager as appropriate.

6. **Best Practice Standards**

The following standards of Continence Care will be delivered to all patients across primary and secondary care :-

**Standard 1**  Patients/clients/carers have free access to evidence-based information about bladder and bowel care that has been adapted to meet individual client needs and/or those of their carer (leaflets, posters available for Gateshead Continence Service)

**Standard 2**  Patients/clients have direct access to professionals who can meet their continence needs, and their services are actively promoted.

**Standard 3**  Patients/clients are asked about bladder/bowel incontinence at all appropriate opportunities e.g. on admission to hospital, general health assessment. A positive response will always lead to an offer of full continence assessment.

**Standard 4**  The effectiveness of care is continuously evaluated, and leads to either needs being met, or modification of the care plan (i.e. referral on).

**Standard 5**  Patients are assessed, and have care planned by professionals who have received specific continence care
training, and are continually updated.

**Standard 6**  
All opportunities are taken to promote continence among patients and the wider community.

**Standard 7**  
Patients have access to appropriate ‘need specific’ supplies to assist in the management on their incontinence.

**Standard 8**  
Patients/clients are cared for by carers who have undertaken continence care training, which includes ongoing update.

**Standard 9**  
All bladder and bowel care is given in an environment conducive to continence patient/clients individual needs.

**Standard 10**  
Patients/clients/carers have the opportunity to access other patients/clients who can offer support, and this actively promoted.

Ref: Essence of Care (DOH 2003)

7. **Policy Monitoring and Audit**

Within Gateshead NHS Foundation Trust Audit will be carried out on a cyclical basis using Essence of Care Continence Standards (DOH 2003) as set out in Section 6 as a benchmark to measure best practice.

Gateshead Primary Care Trust will also have cyclical audit of Continence Care via an Integrated Audit Tool used across the NHS South of Tyne and Wear area.

Audit will include service user perspective in addition to staff feedback.

Patient satisfaction and improved continence status on discharge within the Continence Service will be audited annually.

8. **Incontinence**

8.1 **Definition** – Incontinence is a condition where there is an involuntary loss of urine or faeces, which presents a social or hygiene problem including enuresis (DOH 2000).

8.2 It has been suggested that currently only 52% of incontinent people seek professional help. The main reason for people not seeking help is that they believe that incontinence is an inevitable part of ageing and that nothing can be done to help them (DOH 2001).

8.3 The inability to control the function of the bladder or bowel can have a devastating effect upon the physical, social and physiological well-being of the person concerned. Incontinence should not be considered a disease but as a symptom, often as the result of multiple aetiology. In order to prove the best solution for the individual concerned it is essential that a focused and comprehensive continence assessment is carried out.
8.4 The assessment must result in an identified type of incontinence and culminate in a treatment plan, which promotes continence. With appropriate treatment, advice and support 70% of patients will regain or improve their continence status. Where incontinence is considered to be intractable, or treatment has been declined continence management options should then be considered.

9. **Types of Incontinence**

**Stress Urinary Incontinence**
The complaint of involuntary leakage of urine on effort or exertion, sneezing or coughing (NICE Guidelines 2006).

**Urge Urinary Incontinence**
The complaint of a sudden or compelling desire to pass urine which is difficult to defer (NICE Guidelines 2006).

**Mixed Incontinence**
Involuntary leakage associated with urgency, exertion, effort, sneezing or coughing (Getliffe, K, Dolman, M, 2003).

**Overflow Urinary Incontinence**
Failure of the bladder to empty completely, associated with voiding difficulties (Getliffe, K, Dolman, M, 2003).

**Functional Incontinence**
Impaired mobility or cognitive skills. An environment in which an individual has difficulty reaching the toilet or where there is a lack of privacy (Outslander, JG, Schelle, JG cited by Getliffe, K, Dolman, M, 2003).

**Faecal Incontinence**
The involuntary loss of solid or liquid stool (NICE Guidelines 2007).

**Faecal Loading**
The term used to describe the presence of a large amount of faeces in the rectum with stool of any consistency (NICE Guidelines 2007).

**Faecal Impaction**
The term used when there is a large amount of hard faeces in the rectum (NICE Guidelines 2007).

10. **Assessment, Treatment and Management**

There is guidance available to assist continence care providers in assessment treatment and management of incontinence including:

- Assessment Tools (Adults and Children)
- Diaries and Charts
- Continence Resource File
• Care Standards / Treatment Pathways

Once assessment has been completed the assessor should:

• Explain the outcome of the assessment to the patient/carer
• Explain the proposed treatment
• Ensure the patients preferences and choices are taken into consideration
• Contact details for follow up advice/support
• Provide appropriate written literature for example leaflet

Following base line assessment those presenting with more complex symptoms/intractable incontinence can be referred to the appropriate service within the Continence Multi-Disciplinary Team, these include:

General Practitioner
Continence Advisor
Physiotherapy Service
Urogynaecology Service
Urology Service
Colorectal Service

All Staff should consider the need for continence assessment by asking key questions about continence needs during any appointment or admission when appropriate.

A basic continence assessment can be carried out by any qualified health care professional that can demonstrate knowledge and skills relevant to this area of care and has evidence of skills update.

11. Use of Medication for Incontinence Management

Where possible prescribing guidance as set by the Gateshead Medicines Management Committee will be followed locally and use of NICE Guidance documentation.

Prescribing Guidance for the Treatment of Constipation in Adults (Gateshead Medicines Management Committee March 2007). Available on Trust Intranet site.

Drugs for Overactive Bladder (Gateshead Medicines Management Committee December 2006). Available on Trust Intranet site.


12. **Use of Aids and Equipment for Incontinence Management**

Within Primary Care a range of products for example sheath drainage systems, catheters, urinals, commodes are available to meet individual needs via Home Loans and Prescriptions.

Within Secondary Care aids and equipment are available via the Hospital Supplies Department.

13. **Disposable Incontinence Pads**

Containment products should only be used following completion of a full continence assessment ensuring that all appropriate methods to promote continence have been pursued and documented.

Products available are on a locally agreed formulary across both primary and secondary care offering choice and consistency to the patient.

The formulary is reviewed on a three yearly basis. Should an alternative product be required due to individual patient need this can be provided following advice from the Continence Advisor.

Within Primary Care a Home Delivery Service is in place managed by the Continence Service, where on receipt of a continence assessment delivery of products to a patient’s home including Residential and Nursing Home can be arranged.

Within the Hospital setting disposable products are delivered to the ward area via the Supplies Department using a ‘top up’ system to ensure adequate supply.

All products on formulary should be available to the patient to ensure appropriate and individual selection is possible.

**Provision for Children with Day or Night Wetting or Faecal Soiling**

The Department of Health Good Practice in Continence Services (2000) recommends that in most cases it will not be appropriate to provide pads via the NHS before the age of 4 years old. Flexibility however will be exercised following liaison with designated Paediatrician, Continence Advisor, and Named Nurse for those children with multiple disabilities.

14. **Educational and Training**

Continence Care Education and Training can be accessed via the following routes:

- Continence Service based at Whickham Health Centre
- Organisational Development and Training Department QEH
Courses are available to all staff providing healthcare and include this working within Residential and Nursing Home settings.

A continence link nurse/Essence of Care group meets quarterly to disseminate clinical information and service updates. Representatives from each primary and secondary care service area attend and cascade information to their relevant area of practice.

15. References


Online: http://intranet.sunderland.nhs.uk/courses