

Cardiff and Vale UHB Continence Service Specification

Profile 2020

1. INTRODUCTION TO THE SERVICE

Cardiff and Vale University Health Board Continence Service is a nurse led clinical service headed by the Director of Continence whose role is strategic lead, with a clinical and educational development component of an integrated equitable service. The Continence Director is supported in this role by a Senior Continence Nurse who has operational overview of the continence clinical team, who, in turn are supported by admin staff. The service provides an integrated approach to assessment, investigations, treatments, care and management, mainly within the community setting but will cross the organisation. It offers care in a range of settings in both community, hospital and residential / nursing homes. The principle objective of the service is the promotion of continence, however, if that is not individually achievable the service assists in the management of incontinence. The Continence Service provides the following in line with all current national guidance:-

- A dedicated continence team to undertake all new continence assessments and reassessments, however there are some exclusions.

Exclusions are terminal / palliative phase patients which are undertaken by District Nurses and routine catheter management, bowel care and management (i.e. suppositories, manual evacuations) and routine appliance fitting (e.g. sheaths) again undertaken by District Nursing Service.

- All patients on the continence caseload are reviewed at least annually.
- Patients discharged from hospital with continence needs are seen within 5 working days of discharge home (appendix 1)
- Community Continence Clinics are located across the localities in order to facilitate patients being seen locally (appendix 2)

- Initial assessments, investigations, treatments, referral or management for all individuals with bladder / bowel continence issues in community as per NICE/ WG/ Local pathways (appendix 1)
- Home visits for house bound patients if required
- An advisory service for community and hospital nurses, midwives, health visitors, other health professionals, patients and carers.
- Access to urodynamic investigations in two acute hospital settings
- Specialist pelvic floor treatments and referral to physiotherapists
- Provides direct referral into acute care if required
- Structured educational programmes for nurses, pharmacists, medics and other health and social care professionals
- Supports and assists other specialist continence areas e.g. paediatrics, MS, urology, gynaecology and care of the elderly
- Management and supply of continence pads with a home delivery service for approx 4,000 community clients and management and supply to all wards within acute settings (appendix 3)
- Contributor and oversees clinical contracts for UHB pad and urology products
- Involvement in clinic audits on local / national basis
- Participates in clinical research
- Undertakes local / national speaking at conferences
- Participates in raising the profile of continence not just locally but nationally including contributing to national guidelines

2. CONTINENCE SERVICE STAFF

Designation	Numbers in post
<i>Director of Continence services</i>	<i>0,6 x WTE (UHB wide) Band8</i>
<i>Clinical Nurse Specialists</i>	<i>1 x 1.0 WTE Band 7 1 x 0.8 WTE Band 6</i>
<i>Generic Nurses</i>	<i>4 x 3.8 WTE Band 5's</i>
<i>Health Care Support Workers</i>	<i>2 x 2.8 WTE Band 3's</i>
<i>Other services including consultant led services and continence specialists not employed by continence team Specialise in specific treatments or further investigations or surgery in acute care. These have developed in relation to specific service requirements.</i>	<ul style="list-style-type: none"> • <i>Urology team</i> • <i>Gynaecology including x2 specialist nurse practitioners</i> • <i>Colorectal team</i> • <i>Care of the elderly / John Pathy day hospital</i> • <i>Women's Health Physiotherapists in Llandough / UHW</i> • <i>1 x p/t band 6 MS continence nurse</i> • <i>2 x community p/t band 6/7 paediatric nurses</i>

3. CLINICAL INTERVENTIONS

The current case load of the community continence service can be split into generic team and specialist team. The generic team have a current caseload of 4705 adults and the specialist team have a caseload of 779 adults in the service. All community patients are seen either at one of the community clinics (Appendix 2) or at home. They are offered a wide range of interventions from:-

- Basic bladder / bowel assessment
- Advanced bladder / bowel specialist assessment
- PROMS (patient reporting outcome measures)
- Bladder scanning, interpretation and action of results
- Pelvic floor assessment and rehabilitation for both male and female patients.
- Review of medication
- Advice on conservative therapies (fluid advice, dietary advice etc)
- Bladder retraining
- Teaching of ISC
- Teaching of anal irrigation
- Referral on to appropriate Health care professional i.e. Consultant, Physio
- Advice on management systems
- PREMS (patient reported experiences) for continual improvement of service

All Health Board staff can also refer patients to the clinics if more specialised interventions are necessary. The waiting list to be seen in one of the community clinics varies according to the clinic venue (see Appendix 2). Home visits also vary with hospital discharges seen within 5 working days of discharge and home visits within 12 weeks of referral (averaging 8-10 weeks unless extenuating circumstances)). All referrals to the service are via the District Nursing HUB

The initial basic Continence Assessment process is set out in Appendix 4 and is undertaken by the community continence service or children's' services e.g. specialist health visitors who follow the standards set by the Welsh Government with regards to assessment. Patient records are via Paris / WCCIS IT electronic patient system records. These can identify individual outcomes / attendance /discharges of all home visits/ clinics and contacts with patients.

Pad containment products

Approx 4,000 clients receive continence pad products via our home delivery service, Joint Equipment Stores (JES). We are the only Health Board in the UK that has merged with Equipment stores under local Council's to deliver continence products. This has a number of advantages:-

- TCES (previously Cequip) Data base of patient's details is held locally and we do not rely on company's to provide input of data or reports. This makes easier transit if supplying company changes due to tender process
- Deliveries are managed on a local level which aids both patients and service
- Better communication between delivery and continence services and patients
- Cost management as the UHB is not charged excessive delivery costs as have own local drivers
- Has allowed UHB to reclaim VAT on all continence pad products
- Provide employment for local people

The current supplier for pad products is Ontex, who provide a nurse trainer for continence product education. The UHB is required to tender for this contract at least every 3 years (with 12/24 months extension if required), but contract times will vary according to Welsh Shared Services as the contract is currently their responsibility and at present is an All Wales contract. The end / review of the current contact is 2020 (and has been agreed to be extended by Clinicians and Shared Services). The tender process is a robust process that has to meet all current lawful recommendations and is made up of both clinical and procurement staff. The objective criteria for awarding the contract includes:-

- A cost-effective service
- Quality products
- Full support from nurse advisers to provide education and training on products and their usage
- Good financial performance and cost containment
- Delivery commitment / contingency plans
- Impact of Brexit on supply

There are regular monitoring meetings with supplier (currently Ontex) in order to evaluate the contract.

4. REFERRALS

Referrals are received from the following sources:-

- GPs
- Consultants
- Nurses
- Other healthcare professionals
- Social Care
- Self referrals

Most referrals come via the District Nursing Hub and are allocated via duty desk onto the most appropriate part of the service i.e. split between Generic or Specialist (according to presentation / symptoms and into clinic or home visit (according to whether house bound / mobile). There are different waiting times for each section which are closely monitored.

5. EDUCATION AND TRAINING PROGRAMMES

The service aims to promote 'progressive practice in continence promotion and management' therefore extensive education and training programmes are organised which are offered to all health care professionals involved in continence care across the UHB and social care:-

- One day Catheterisation course (UHB) = 12 per year @25 people per session. This will be available via e learning in 2019.
- This will be phased out in 2020 as a new e learning package is now available for Wales with set All Wales competencies.

- One day Digital rectal study day (UHB) = 8 per year @20 people per session
- Currently this is also being looked at for an E leaning package to be developed with E Learning Wales

- Random sessions introducing the new electronic records via NWIS/ WCCIS

- Secondary care continence and pad product support 2 hour sessions x5 per year

- Implementation of UTI booklet training sessions (varies)

- Health Care support worker induction (UHB) = monthly @ varies between 14 – 24 people per session

Externally the service takes a role in the university and also lectures on the following courses:-

- BSC Nursing half days Pre Reg = x 3 yearly @ 70- 140 people per session

- Post Reg = 2 sessions per year @ 20 -100 people per session

- Pharmacy students = annually @50 - 70 people plus per session

- One day Nurse foundation catheterisation = 4 annually @ 25 + people per session
- 3rd Year Medical students – 6 sessions per year catheterisation skills and bladder scanning

The service also participates in attending relevant health care issues promotional days to promote good continence care i.e. Carer's awareness days, national UTI's prevention study day, IPS study days, Autonomic Dysreflexia Bowel study days

6. STAFF TRAINING AND DEVELOPMENT

The service and the UHB have a strong commitment to the personal and professional development of the staff. Continence service clinicians operate at the agreed level for specialist nurse's, generic nurses, and HCSWs (as outlined by National standards and Minimum standards for continence Care, 2014). Continence staff attend conferences and/or specialist courses relevant to the service and their professional development. This allows them to keep abreast of research and new developments within the continence field and facilitates reflective practice. Educational meetings are in place to enable staff to develop knowledge and keep up to date with evidenced based practice. Support is also offered to the extended continence professionals via a multi disciplinary team meeting. Personal appraisal development reviews are undertaken annually to identify any individual development needs. Membership to regional and national organisations e.g. International Continence Society, RCN continence Forum, Association for Continence Advice (ACA), All Wales Continence Forum (AWCF) and South Wales Incontinence Group (SWIG) is encouraged.

7. CLINICAL AUDIT and RESEARCH

The following audits have been undertaken:-

- Nurse led continence clinic outcomes (PROMS)
- Patients satisfaction surveys including hospital discharges new assessments and reassessments

- Community/Hospital urinary catheter audits
- Royal college of physicians continence care audits
- Use of continence pad products in acute setting
- Monthly reporting of performance of the continence service via Paris (i.e. including number of referrals , waiting list times, contact / travel times, DNA/CAN rates)

At present the service is participating in a joint venture with Swansea University looking at the impact of continence issues on individuals suffering with Dementia. The service is also undertaking review of patient reported outcomes (PROMS) in line with WG requests.

8. ANALYSIS OF THE SERVICE

Following the review of continence services in England the DOH made recommendations within a report 'Good practice in continence services' 2001, for an integrated service approach to continence services, primarily suggesting the appointment of a continence service director to manage this integrated service. The review body has suggested that it is the role of primary care to:

- Identify people with continence issues
- Provide a full assessment
- Agree a management / treatment plan
- Deliver first line treatments
- Facilitate access to specialist services

The guidance urges that primary care and community professionals should be trained to carry out these tasks, that care pathways should be agreed with the continence service director and that services should be audited. The main thrust of the DOH Guidelines is that continence services should:

- Be integrated into a comprehensive service using agreed evidence based policies, procedures and guidelines
- Must cover faecal as well as urinary incontinence
- Must cover children as well as adults
- Must include people in homes as well as in their own homes

Cardiff and Vale have embraced the above DOH recommendations and currently is working to provide one of the best services in Wales. The service has expanded and has now taken over all continence assessments/ reassessments (apart from exclusions highlighted on p2). This has led to an:-

- Increased identification of individuals suffering with continence issues (appendix 1)
- More robust and accurate assessment provided by a dedicated team of clinicians (appendix 4)
- Local access for individuals either to a community clinic or home visit (appendix 2)
- Access to treatments rather than management with products
- Ability for team to review / reassess at appropriate time but at least annually
- Patient feedback both positive and negative collected to improve the service
- Review discharges from hospital with 5 working days
- Maintain community continence service product budget (appendix 4)

Time has also been invested in collaborative working, formally meeting with the following list of key people to discuss continence issues.

- Consultants and medics from all relevant specialities
- Physiotherapists
- Occupational therapists
- Podiatry
- District and Hospital Nurses
- Child Health
- School Nurses and Health Visitors
- Other agencies including Social Services
- Learning Disabilities Staff
- Mental Health
- Charities
- Welsh Government

A comprehensive proactive clinically effective service is developing and embraced by the team.

9. INTEGRATION

As an integrated team delivering seamless care, from the patient's home through primary care to secondary hospital care, measures are in place to promote joined up working practices. This shapes the UHB wide guidance for continence and meet this integration agenda. The following processes illustrate robust working relationships.

- Links over numerous years have been forged with Gynaecology, Urology, Colorectal services, Care of the Elderly, Neurology, Paediatrics, acute and community nursing staff, Learning Disabilities, Mental Health, G.P's , Physiotherapist's and Occupational Therapists
- These links and working together have initiated the Female Urinary incontinence group who have identified a better journey for female patients who suffer with urinary continence issues in line with WG guidance. This group has now been dissolved and issues taken on by the Community Health Pathways Group .
- Dedicated team for assessment / reassessment in community has been developed
- Continence training with regards to removal of all in one products and NWIC electronic records in acute settings remains a target
- All Wales / UHB wide policies for continence care are being developed.
- Dynamic links with consultants in secondary care to facilitate access for investigation and secondary treatments for continence.
- Clinical input into urology tender for all acute urology products
- Clinical input into pad product for whole of UHB
- Integration with Social Services with regards to deliveries (JES)
- Set up of catheter algorithms, catheter passport and discharge letter to improve catheter care
- Public Health UTI task group representation for the reduction of UTI's and CAUTI's in Wales
- ANTT representation
- Catheter e learning representation with infection control, university and e learning Wales
- Representation on Unplanned Consensus committee (UACC) at national level
- Representation on Women's Health Implementation Group (WHIG) via Welsh Government
- Representation on RCN campaign for public toilets
- Chair of All Wales Continence Forum and All Wales Bowel Management Group

10. EFFECTIVENESS OF THE SERVICE

The service undertakes and continuously monitors numerous audits / performance management to realise effectiveness of the team; it evaluates all training days and feedback from clinical presentations. Caseload, clinical outcomes (via developed PROMS), clinic attendances and DNA/CNA, new patient referrals, waiting times are monitored and recorded by Paris. It reviews the service and how it can improve by reviewing patient's feedback (2 minutes of your time) and also undertaking Observations of Care within the acute setting. It has won and been shortlisted for national prestigious awards including staff attendance at Leading Improvement and Patient Safety (LIPS) programme. It is always identifying ways in which to improve the service.

11. CONCLUSION

The Continence Service provides strategic direction to all services in hospitals, community and primary care in relation to continence care. Collaborative working has been established to improve continence knowledge with specific attention to the use of appropriate continence products in the acute setting. The Director of the Continence Service is directly involved in the observations of care and consequential reporting. The service welcomes a flexible referral process to enable patients to access the Service at the most appropriate point and move freely across organisational boundaries.

12. CURRENT and ONGOING DEVELOPMENTS and TIMESCALES

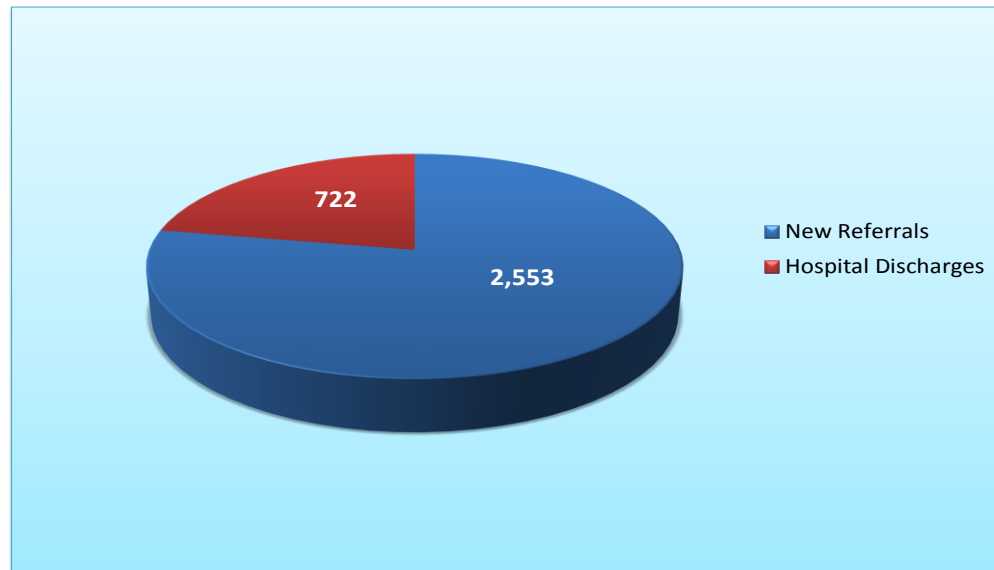
- Implement national guidelines relevant to continence care i.e. NICE, NSF, Cochrane reviews, RCN , Standards of Care, 1,000 plus, continence Bundle, EPIC 3, ANTT etc – **ongoing**

- Maintain high profile throughout UHB, locally and Nationally - **ongoing**
- Developing better links with patients and the public.- **ongoing**
- Rationalisation of criteria for pad issue to clients with a view (keeping in line with Wales / UK average) (AWCF Guidance 2018). Ensure that the supply of incontinence products is governed by clinical need only.- **ongoing**
- Provide clinical overview for relevant contracts i.e. pad contract, - **review 2020** urology contract – **review 2019**
- Implement revised new pad contract in line with All Wales / National guidance
- Continue implementation of continence electronic records / revised catheter bundle / catheter passport / UTI booklet to ensure the best utilisation of resources in primary and secondary care. - **2020**
- Extending and update the educational programmes across the UHB to meet all continence training needs.- **2020**
- Participate in catheter e learning programme and roll out **2020**
- Audit continence service to measure service patient satisfaction.- **2020**
- Participate in proposed research with regards to Dementia and continence **2020 continues**
- Assist in developing electronic records WCCIS / NWIS work **2020**
- Project to look at urology products prescribing **2020 - 21**
- Participate in the Public Health Improving UTI management expert group **2020**
- Participate in Welsh Government Womens Health Implementation group **2020 - ongoing**
- Continue work with National organisations i.e. UACC, RCN, AWCF, Public Health

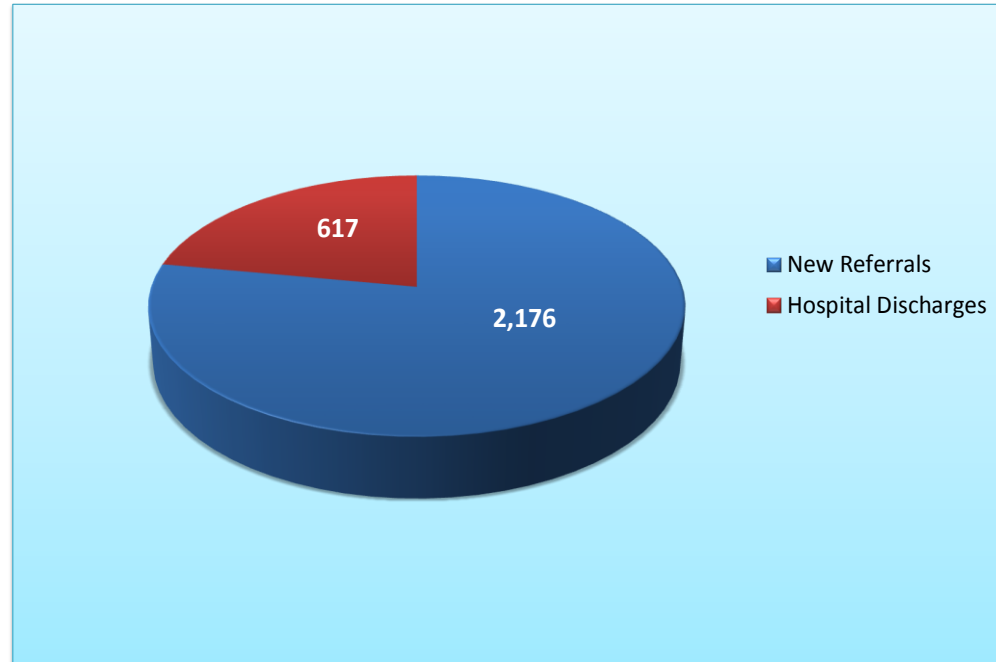
Appendix one

New Patient and Discharge from Hospital Referral Rates

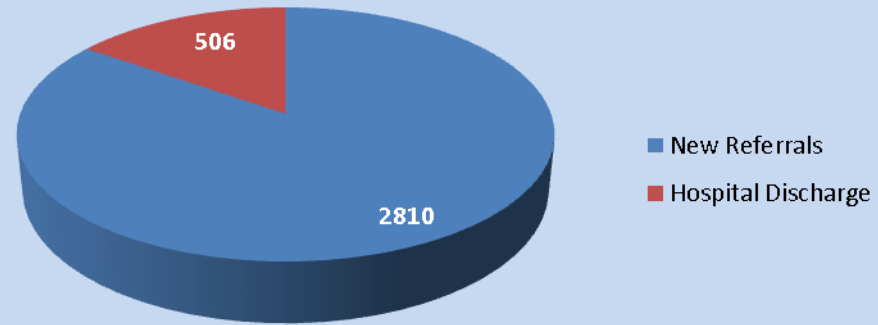
April 2015 – March 2016



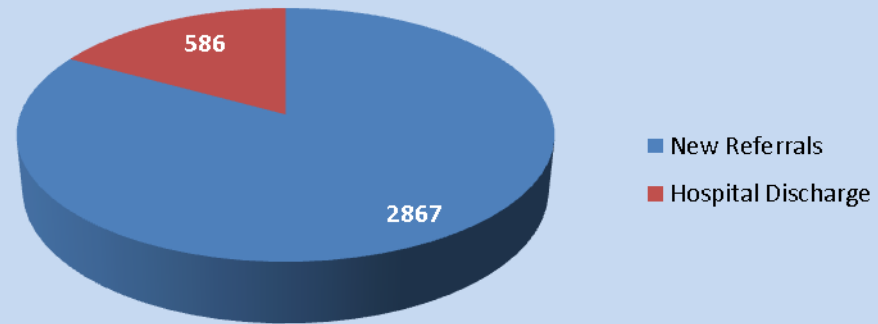
April 2016 – March 2017



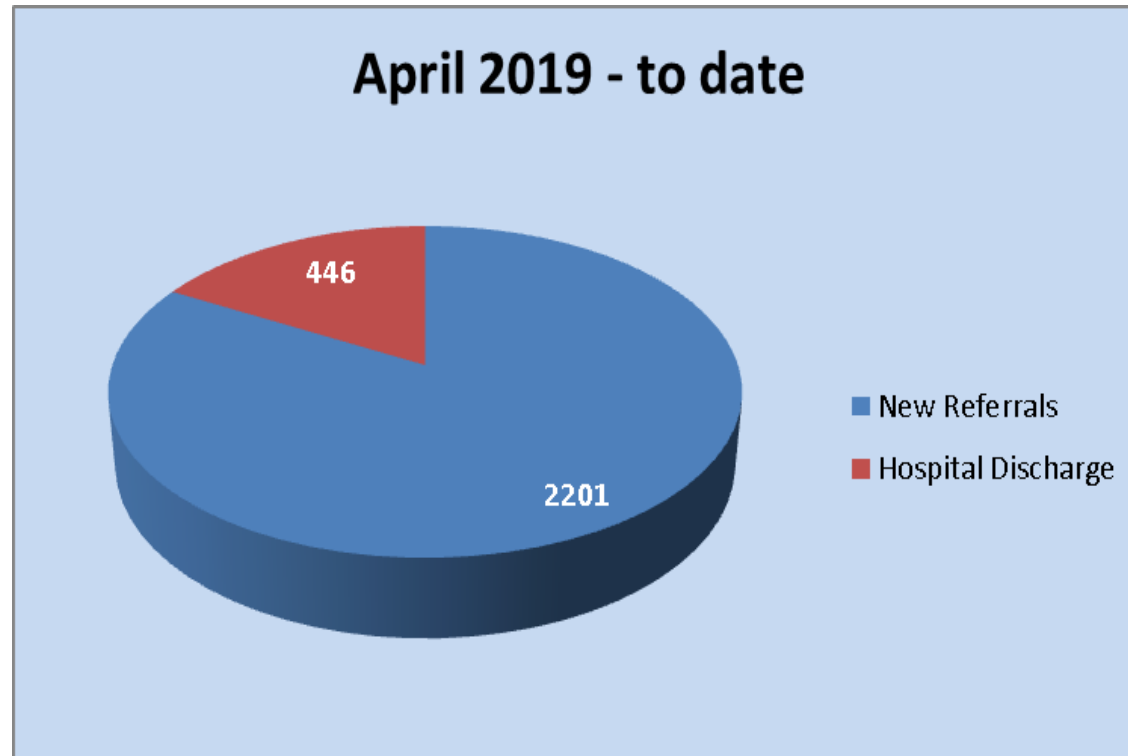
April 2017 - March 2018



April 2018 - March 2019



April 2019 – November 2019



APPENDIX TWO

Community clinics Plus waiting times (W/L)

SPECIALIST CLINICS

DAY	VENUE	SESSIONS	TIME	WAITING LIST TIME
MONDAY	BROAD STREET CLINIC	2	AM & PM	10 weeks
TUESDAY	BROAD STREET CLINIC	1	AM	10 weeks
WEDNESDAY	CRI	2	AM	10 weeks
	RUMNEY	1, ALT WEEKS	AM	15 weeks
THURSDAY	ST DAVIDS	2	AM & PM	12 weeks
FRIDAY	CRI	2	AM & PM	10 weeks
	LLANDOUGH	1, ALT WEEKS	PM	7 weeks

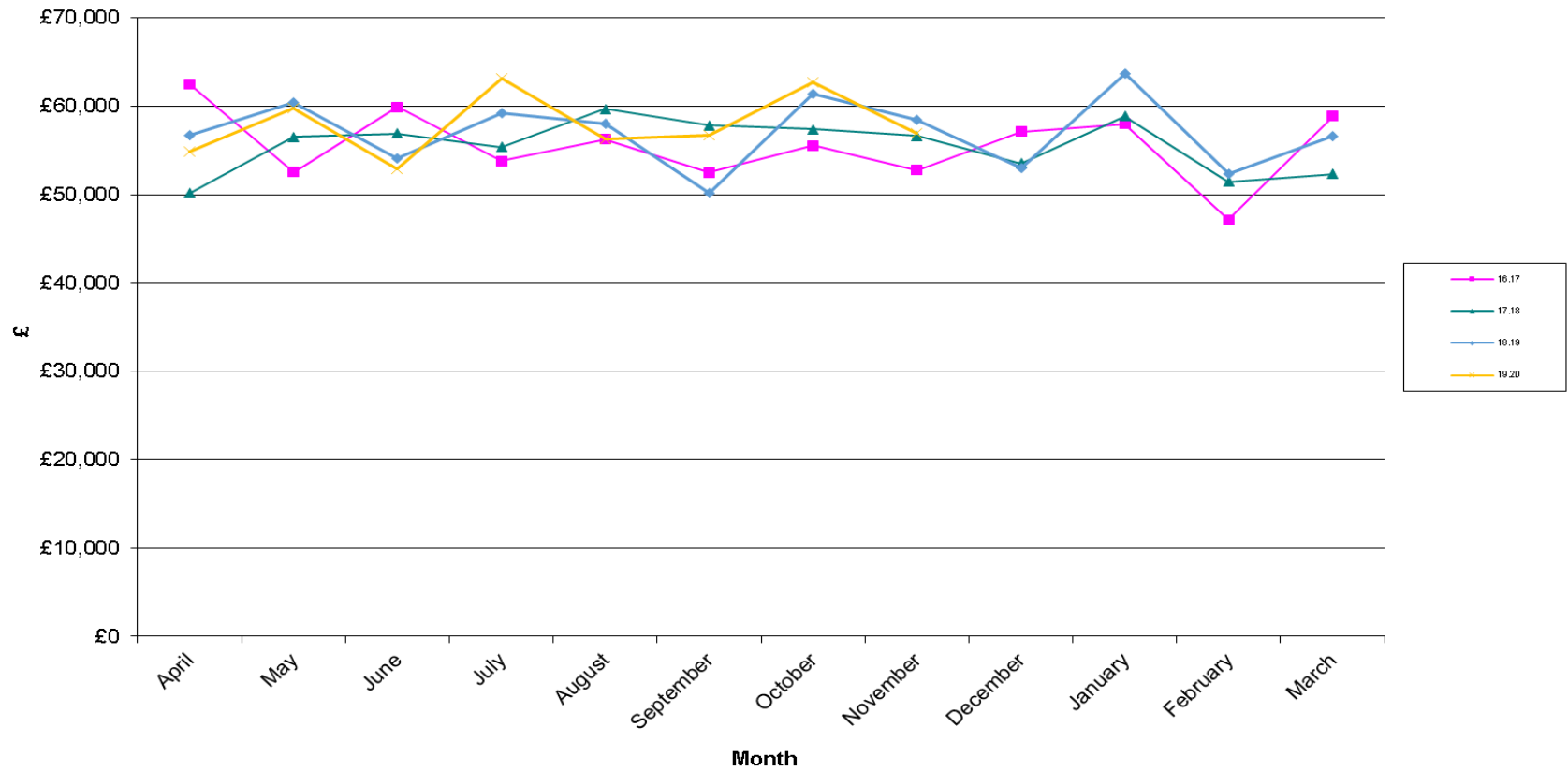
GENERIC CLINICS

DAY	VENUE	SESSIONS	TIME	WAITING LIST TIME
TUESDAY	ST DAVIDS	2 , ALT WEEKS	AM & PM	8 weeks
WEDNESDAY	BROAD STREET CLINIC	1	PM	6 weeks
	COWBRIDGE	1, MONTHLY	AM	2 weeks
THURSDAY	RUMNEY	2, ALT WEEKS	AM	5 weeks
FRIDAY	CRI	2	AM & PM	3 weeks

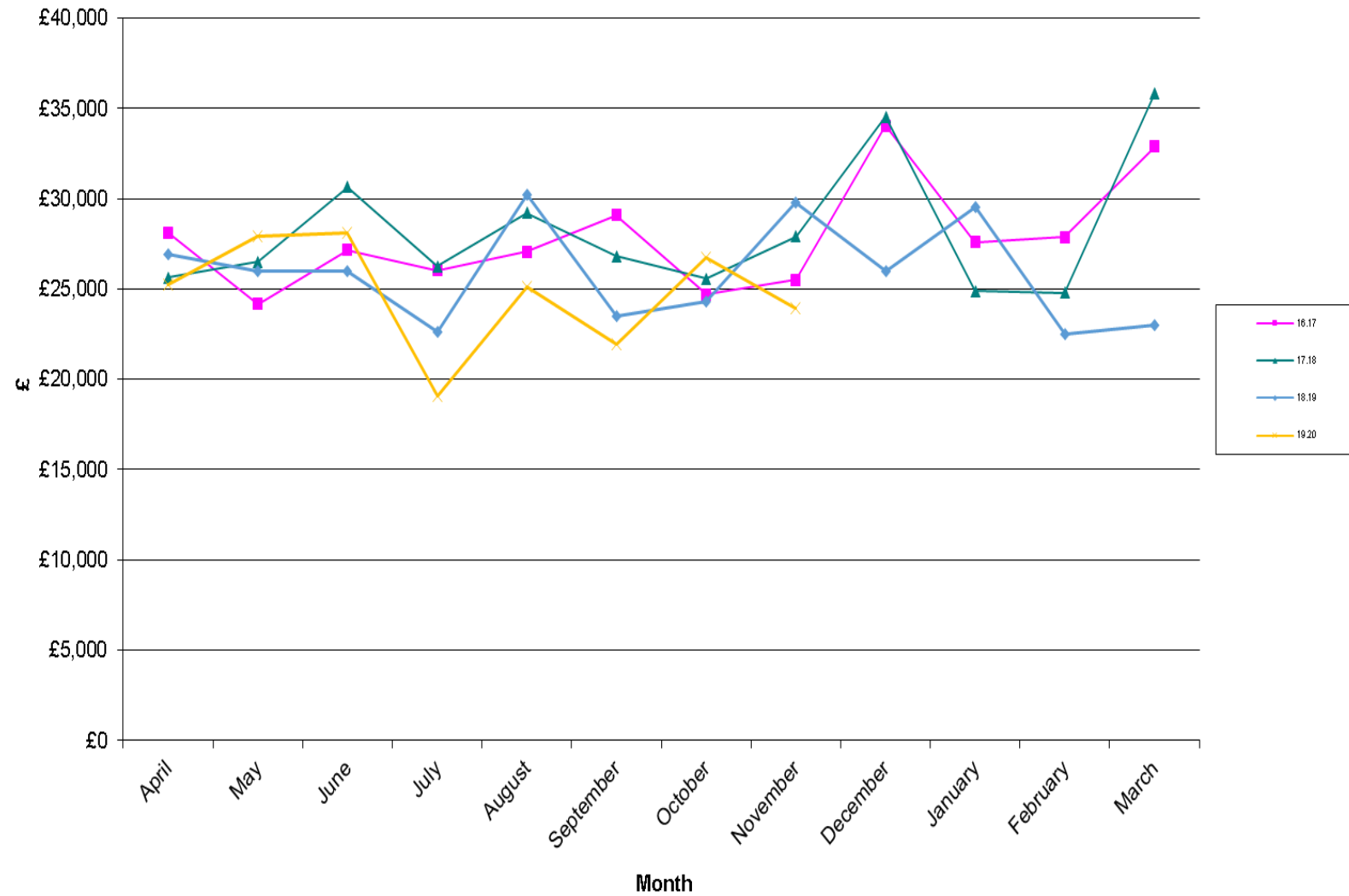
APPENDIX 3

CONTINENCE SPEND IN UHB

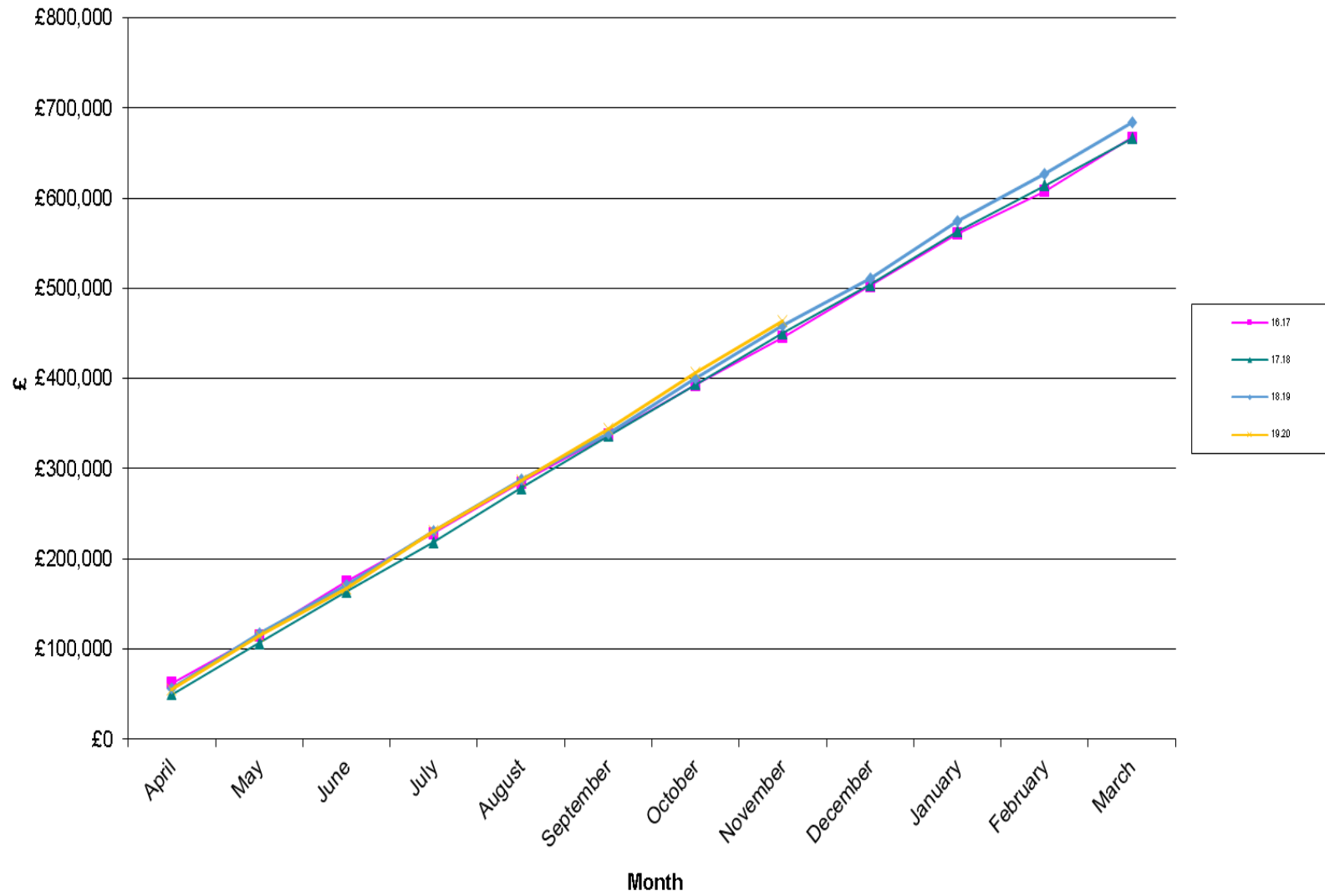
Continence expenditure against individual patients



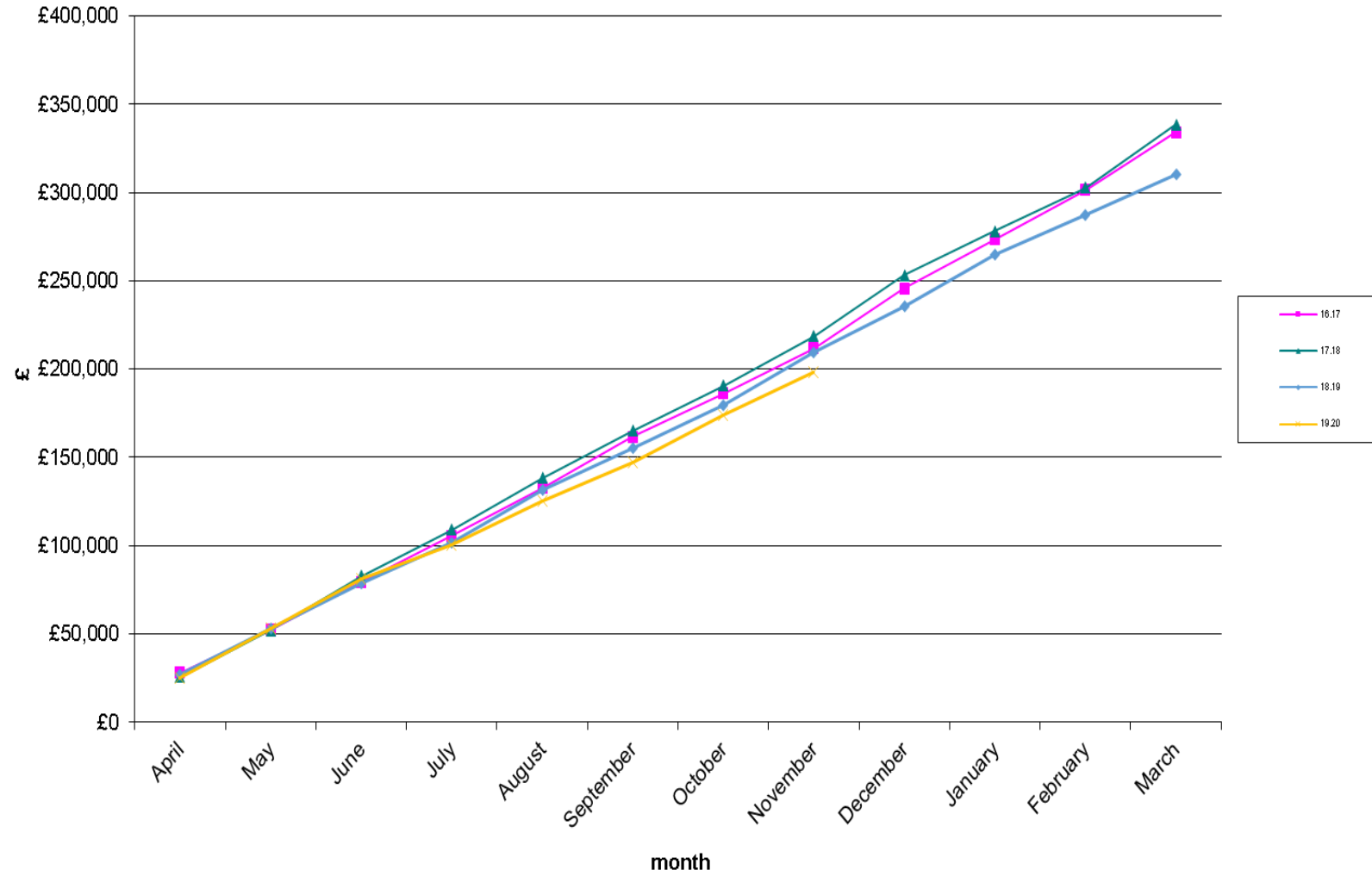
Continence expenditure for hospital wards

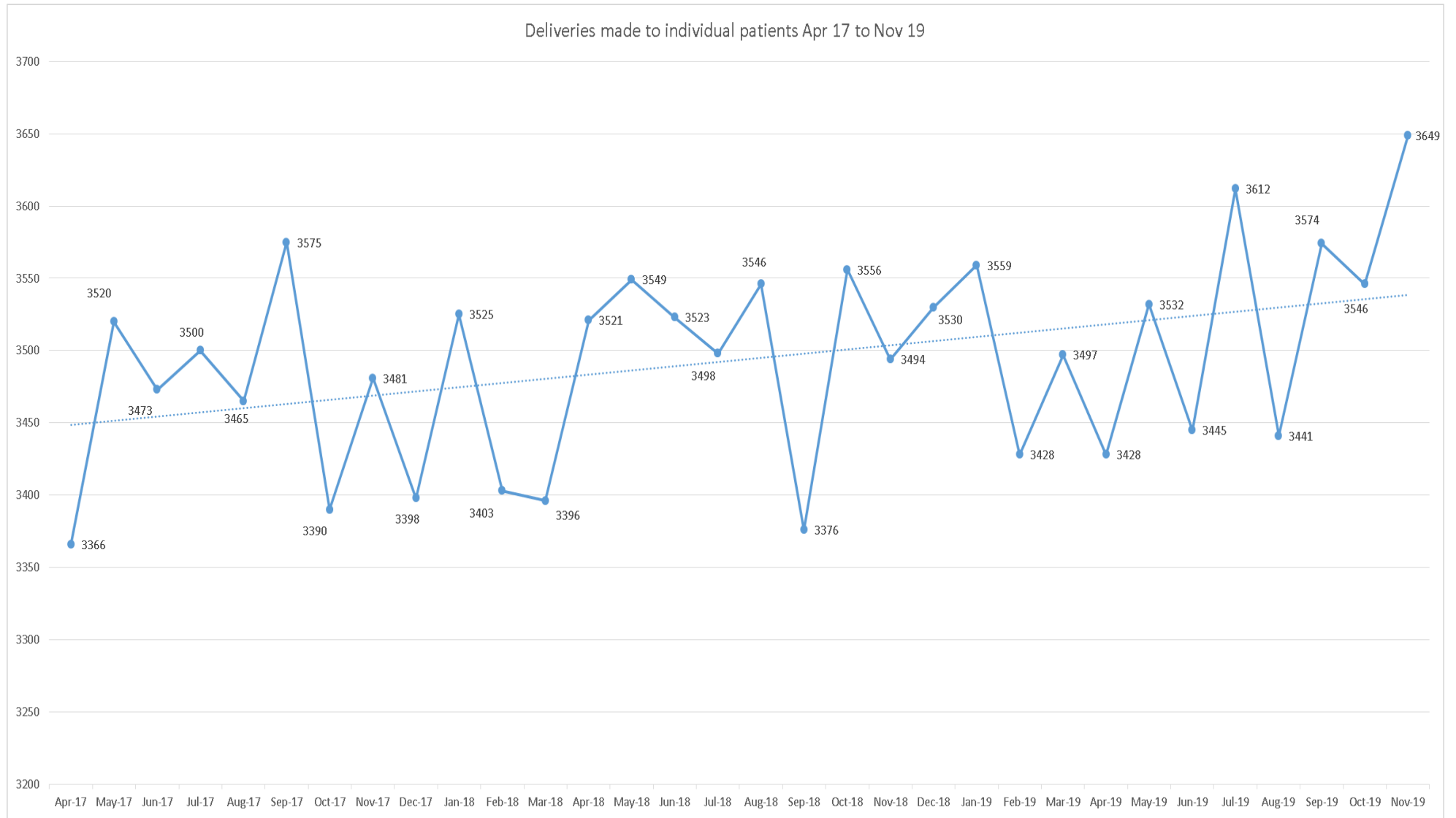


Continence expenditure against individual patients



Continence expenditure against hospital wards





Current expenditure compared over past 4 years

Hospital spend

Since introduction of restriction of all in one pad products July 2019 the UHB has saved £11,384 compared to spend in 2018

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2015 - 16	£23,948	£22,296	£17,790	£23,266	£21,133	£19,070	£23,879	£18,174	£25,923	21,161	£20,124	£24,845
2016 - 17	£23,439	£20,145	£22,631	£21,709	£22,550	£24,233	£20,572	£21,272	£28,358	22,993	£23,236	£27,422
2017 -18	£21,352	£22,101	£25,542	£21,889	£24,345	£22,340	£21,318	£23,245	£28,786	20,746	£20,649	£29,887
2018- 19	£22,438	£21,647	£21,642	£18,835	£25,204	£19,584	£20,256	£24,848	£21,674	24,643	£18,762	£19,160
2019 - 20	£21,040	£23,290	£23,433	£15,889	£20,946	£18,280	£22,258	£19,970				

Individual Community Spend

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March
2015 - 16	£58,030	£52,245	£60,830	£58,852	£52,590	£58,546	£53,599	£56,674	£48,149	59,120	£51,646	£50,620
2016 - 17	£62,541	£52,531	£59,878	£53,783	£56,232	£52,495	£55,555	£52,781	£57,138	58,000	£47,169	£58,894
2017 -18	£50,165	£56,542	£56,909	£55,355	£59,660	£57,809	£57,410	£56,653	£53,553	58,894	£51,464	£52,309
2018- 19	£56,752	£60,450	£54,049	£59,202	£58,039	£50,185	£61,383	£58,459	£52,983	63,654	£52,313	£56,645
2019 - 20	£54,843	£59,760	£52,950	£63,107	£56,285	£56,693	£62,693	£56,902				

Individual community spend

Totals including VAT

Year	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Annual total
2015 - 16	£86,768	£79,000	£82,178	£86,771	£77,950	£81,430	£82,254	£78,483	£79,257	£84,513	£75,795	£80,434	£974,833
2016 - 17	£90,668	£76,705	£87,035	£79,834	£83,292	£81,575	£80,241	£78,307	£91,168	£85,592	£75,052	£91,800	£1,001,269
2017 -18	£75,787	£83,063	£87,559	£81,622	£88,874	£84,617	£82,992	£84,547	£88,096	£83,789	£76,243	£88,173	£1,005,362
2018- 19	£83,678	£86,426	£80,019	£81,804	£88,284	£73,686	£85,690	£88,277	£78,992	£93,226	£74,827	£79,637	£994,546
2019 - 20	£80,091	£87,708	£81,070	£82,174	£81,420	£78,629	£89,403	£80,866					£661,361

Generic Continence Assessment Process (Appendix 4)

