Children’s and adults’ continence services

What is patient choice of Any Qualified Provider?
We are committed to extending patients' choice of Any Qualified Provider. This means that when patients are referred for a particular service, they can choose, where appropriate, from a range of providers that are qualified to provide safe, high quality care and treatment – and select the one that best meets their needs. Initially we have agreed to focus on a small number of the services where patients say they want more choice; this includes children’s and adults continence services.

Why do we think that extending choice of provider for continence services will benefit patients?
Incontinence is highly prevalent in the general population but under-diagnosed and under-treated. Incontinence affects all ages, old and young, people who reside in their own homes, care homes or hospitals. It can also affect people in vulnerable situations, for example through homelessness, therefore services must be available and responsive.

The condition is largely treatable or preventable however, in some cases poor continence care can lead to unnecessary catheterisation, associated urinary tract infections, and pressure ulcers which alone caused 51,000 hospital admissions in 2008-09 and are estimated to cost the NHS £1.4 - £2.1bn each year. In comparison, continence services costs the NHS £112m in 2009/10 – a relatively small amount. Small improvements in the service could potentially result in great savings across the wider health economy, and beyond - incontinence is a major cause of care home admission.

Normal child development involves the acquisition of both urinary and faecal continence, although children become continent at different ages. Incontinence in children can be caused by physical, emotional or developmental problems. Issues range from bedwetting to bladder and bowel management for children with disabilities. Constipation may also be a problem for children and young people of any age. Despite the importance of effecting continence services for children, and the far-reaching implications on educational and social development, service provision is often inadequate and variable.

Dr Clare Gerada, Chair of Royal College of General Practitioners, has said that incontinence has an impact on all aspects of a patient’s life and, if it is not proactively identified, diagnosed and treated, can be costly to the NHS.

Continence services is an area where patient choice of provider would improve access and quality. Clinical outcomes and quality of care need drastic improvement in most areas as highlighted in the September 2010 Royal College of Physicians audit. The audit reported a lack of response to patients’ views and needs, a lack of expertise in commissioning and a lack of integrated care. Commissioning a good quality integrated continence service will help to improve service quality, patient dignity, experience and safety, and lead to reduced health and social care costs.

Debbie Yarde, Chair of the Association for Continence Advice said:

"It is essential that people suffering with bladder or bowel problems have the same access to care and services regardless of where they are living. Anything that makes this process easier must be a good thing, especially if it means people have more
choice regarding equipment and aids that are often expensive and require specialist assessment."

Therefore, choice and control in continence services are clearly important factors for many people.

**How might this work in practice?**

By offering people choice in health and care services such as continence services, in the years ahead we expect to see more services being offered by a much wider range of NHS, private and voluntary providers.

For example, PromoCon, a third sector provider, have worked with Liverpool Community Health NHS Trust to improve continence services for children in Liverpool, as described below.
Children’s continence service in Liverpool

- PromoCon is a third sector provider, working as part of Disabled Living, Manchester to improve the quality of life for people with bladder or bowel problems. They employ a multidisciplinary team of people who work with other services and organisations to develop improvements for people who have continence difficulties.
- PromoCon worked with Liverpool Community Health NHS Trust between 2005 - 2010 to provide a comprehensive paediatric continence service.
- Working together, the two organisations established a model for the service based on available guidelines and best practice to improve care for children and young people with continence problems. The service focused on ensuring appropriate continence assessment for children and young people, which was supported by a training programme for all staff.
- The service also worked closely with families of service users to encourage self-management of continence problems, which has encouraged higher levels of compliance with treatment and a reduction in DNA rates.
- As a result of training, health visitors and school nurses are better able to assess and begin first line treatment for children and young people with continence problems. They only refer the child or young person to the paediatric continence service when necessary.
- Between 2005 and 2010 the number of children and young people receiving free nappies dropped from 700 to less than 300 per year. This has helped to reduce the budget for products by over half as well as ensuring all children reach their potential for toilet training.
- Referrals of children and young people with idiopathic constipation to secondary care services have been almost eliminated - a saving of over £250,000 per year.
- Satisfaction with the service has improved, and service users are now generally treated and discharged within six months.
- The service has won a number of awards, including the Nursing Times’ Continence award in 2007 and June Rogers, Director of PromoCon, won a Nursing Standard Child Health award in 2011 for her involvement in this work.

Next steps: how are we taking this forward?

We have asked the NHS to help us test a small number of services that patients have told us might benefit from extended choice of provider from April 2012, and continence services is one of these areas.