

# WELSH HEALTH CIRCULAR



Llywodraeth Cymru  
Welsh Government

**Issue Date:** 11.12.2019

**STATUS: ACTION**

**CATEGORY: QUALITY & SAFETY**

**Title: Guidance for the provision of continence containment products for adults in Wales**

**Date of Expiry / Review:** 9.12.2025

**For Action by:**

LHB and Velindre NHS Trust Chairs  
LHB and Velindre NHS Trust Chief Executives  
LHB and Velindre NHS Trust Board Secretaries  
LHB and Velindre NHS Trust Medical Directors  
LHB and Velindre NHS Trust Directors of Nursing

**For Welsh Government Action (or information):**

DG/Chief Executive NHS Wales  
Deputy Chief Exec NHS Wales  
Professional & Policy Leads  
DHSS Operations Team  
DHSS Comms Team  
DHSS Digital Team  
DHSS Delivery & Finance Team  
NHS Wales Shared Services

**Action required by:** Date: 1.1.2020

**Sender:** Jean White – Chief Nursing Officer

**DHSS Welsh Government Contact(s) :**

Martin Semple: Nursing Directorate – OCNOMailbox@gov.wales - 03000 258918

1. This circular provides guidance for health boards and trusts in respect of the provision of continence containment products for adults.
2. Bladder and bowel problems are common and in most cases treatable, but they are poorly understood and often under-prioritised within health and care provision in Wales.
3. This aim of this guidance is to prevent variation and discrepancy in the provision of containment products across Wales.
4. The guidance assumes that clinical assessment and first-line treatment has taken place, and the patient has a clinical need for product provision. However, there are exceptions for individuals who have limited life expectancy or sudden onset of acute illness where containment pads may be immediately provided.
5. Individual patient assessment is a fundamental activity guiding best practice for the provision of containment products for adults in Wales. This is essential prior to identifying management options and consideration of the use of containment products.
6. Within Wales, there is no statutory requirement to provide containment products, resulting in each Health Board developing their own policy and guidelines. Consequently, the accompanying document aims to outline national guidance to prevent variation and discrepancy.
7. Bladder and bowel dysfunction can affect any person at any point in their life. Unmanaged dysfunction has potential physical and psychological consequences which may impact on the use of other health services e.g. falls, skin issues, mental health problems.
8. The accompanying document 'Guidance for the provision of continence containment products for adults in Wales Consensus document 2018' requires that all adults who suffer with urinary or faecal incontinence undergo a comprehensive assessment and have access to an equitable service.
9. Transition for the child/young person to adult continence care should be underpinned by the both the Child and Young Person consensus document (Bladder and Bowel UK, 2016) and this document.
10. The accompanying document 'Guidance for the provision of continence containment products for adults' was released in 2016 to NHS England organisations and has now been adopted for use in NHS Wales by the All Wales Continence Forum.



**ALL WALES CONTINENCE FORUM**  
**Guidance for the provision of continence  
containment products for adults in Wales**  
Consensus document 2018

<b>Document Purpose</b>	<b>Guidance/Policy</b>
Document name	Guidance for the provision of continence containment products for adults: a consensus document
Publication date	2018
Target Audience	HB Clinical Leads, Directors of Nursing, Local Authority CE's, Allied Health Professionals, GP's, Consultants, Directors of Nursing; Continence Service Leads, Care Homes and members of the public
Additional Circulation List	Continence Services
Description	Consensus document regarding the provision of continence containment products for adults, to ensure all adults who suffer with urinary or faecal incontinence, undergo a comprehensive assessment and have access to an equitable service
Cross reference	Excellence in Continence Care (NHS England 2018) Minimum Standards for Continence Care (2014) Guidance for the provision of continence containment products to children and young people: a consensus document (2016)
Superseded documents	N/A
Contact details for further information	
Review	At 12 months from the implementation of the document.

## **Guideline Development Group**

All Wales Continence Forum

### **Acknowledgements**

With thanks to:

Kate Steele, CEO, Shine / Director, Shine Cymru and Ann Yates Director of Continence Services Cardiff and Vale UHB for giving permission to draw from their 'Improving Continence Services in Wales' (2016) document.

The template for this document was kindly provided by the Guideline Development Group from their document, 'Guidance for the provision of continence containment products for adults in England' 2017.

## Table of Contents

Purpose	3
Accountability	3
Background	3
Current Issues	4
Use of containment products and interventions	4
Infection	5
General population and care home admission	5
Guidance for the provision of products	6
References	7

## **Purpose**

Clinical assessment in line with current Welsh guidance and personalised care planning is a fundamental activity guiding best practice for the provision of containment products for adults in Wales. This is essential prior to identifying management options and consideration of the use of containment products. Transition for the child/young person to adult continence care should be underpinned by the both the Child and Young Person consensus document (Bladder and Bowel UK, 2016) and this document.

Within Wales, there is no statutory requirement to provide containment products, resulting in each Health Board developing their own policy and guidelines. Consequently, this document aims to outline national guidance to prevent variation and discrepancy.

## **Accountability**

Accountability rests with the health care professional (HCP) to conduct a comprehensive assessment to determine the need for a containment product. If products are required, that HCP is accountable for ensuring that the product chosen is fit for purpose and that all aspects of containment product management are taught to the client, their family or carers.

The assessing HCP is accountable for ensuring they perform, or delegate to another suitable HCP, the task of re-assessment to ensure products continue to be required and remain fit for purpose.

## **Background**

The Francis Report (DOH, 2010) highlighted poor patient experience in bladder and bowel continence care, which gave the 'impression of continuous neglect'. Of 33 cases heard during the enquiry, there were significant concerns for 22 of the cases, relating to most notably:

- Poor response to patients requesting assistance
- Patients being left in soiled sheets
- Patients being left on commodes
- Uncaring and unsympathetic attitude of staff

Within Wales, 'The Andrews Report' (Andrews, 2014) reported similar failings amongst frail elderly. Lessons learnt were reported on a year later following the launch of a series of regular unannounced spot checks, across all Welsh Health

Boards to review continence management and toileting on wards, ensuring that quality care, delivered by skilled and trained staff improved patient experience and maintained dignity (WAG, 2015) This in turn, led to the development of The All Wales Continence Bundle (AWCF, 2014).

## **Current issues**

Bladder and bowel problems are common and in most cases treatable, but they are poorly understood and under-prioritised within health and care provision in Wales (RCP, 2010).

Bladder and bowel dysfunction can affect any person at any point in their life. Unmanaged dysfunction has potential physical and psychological consequences which may impact on the use of other health services e.g. falls, skin issues, mental health problems. Incontinence is a known factor of risk for admission to a care home and outside of health care, impacts on an individual's ability to work, study and socialise potentially creating an increased reliance on benefit support. (Eustice, 2014)

Incontinence is a symptom, not a disease, defined as 'the involuntary loss of urine or faeces, solid or liquid' (Abrams, 2017). Treatments are varied and it is therefore important to diagnose the cause(s) accurately. There is an increasing body of knowledge about clinically proven treatments (NICE 2007, 2008, 2010, 2012, 2013, 2015; SIGN 2012).

The All Wales Continence Forum (AWCF) believes continence care requires a higher priority than it currently receives. Improving comprehensive individualised assessment will ensure better patient outcomes, therefore improving quality of life and independence.

## **Use of containment products and interventions**

- An 'All Wales' procuring process is currently in place to standardise product formulary thus reducing variation and discrepancy through prudent health care (Public Health Wales, 2014).
- A comprehensive individualised continence assessment will lead to less reliance on containment pads as clinically suitable treatments will be effective.
- Low cost community interventions can cut containment product usage by 50% (Imamura M et al 2010)
- The cost of pelvic floor interventions and bladder retraining is off set reduction in product usage (Demaagd and Davenport 2012).

- Contenance care should be supported through a multidisciplinary approach to support individuals with toileting programmes and functional incontinence, reducing the need for containment products.

## **Infection**

- Moisture lesions and pressure ulcers are a national priority and the process of identifying, assessing and treating continence issues can significantly reduce problems with skin integrity.  
[http://www.welshwoundnetwork.org/files/9214/0248/2018/All\\_Wales-Moisture\\_Lesions\\_V5.pdf](http://www.welshwoundnetwork.org/files/9214/0248/2018/All_Wales-Moisture_Lesions_V5.pdf)
- Unidentified urinary tract infections can cause urinary incontinence to be inappropriately managed with containment products.
- Unidentified bowel dysfunction can also lead to unnecessary containment product use.

## **General Population and Care Home admission**

- Incontinence is a significant factor for admission to hospitals and care homes (Leung and Schnelle, 2008)
- 50% of care home (nursing) residents have faecal incontinence which is a treatable condition. (Royal College of Physicians, 2006)
- Three quarters (73%) of hospital admissions for constipation are emergency admissions (HES 2012)

However, it is important to remember that not all costs are financial. There is a large body of evidence concerning the effect of bladder and bowel dysfunction not only on the healthcare system, but on people's lives. There can be considerable psychological impact, affecting confidence, achievement and integration into society, personal relationships, body image and intimacy (NICE 2015).



## Guidance for the provision of products

**This guidance assumes that clinical assessment and first-line treatment has taken place, and the patient has a clinical need for product provision, as outlined in the purpose /accountability. However, there are exceptions for individuals who have limited life expectancy or sudden onset of acute illness where containment pads may be immediately provided.**

- All adults in Wales, including those in residential care homes, should be treated equally in relation to absorbencies and product choice.
- Reassessment of product need should be carried out annually or as needs/ circumstances change e.g. transition from child to adult, adults transferring into Wales already assessed for containment products.
- All adults may need to purchase products until assessment has taken place.
- Those health boards that provide tertiary services where containment products may be required should refer to the individual's local continence service on discharge for assessment and provision.
- If incontinence symptoms have not resolved prior to discharge the hospital must have a robust discharge process in place to ensure individuals are assessed for interim product provision and referred into the individuals' community continence service or District Nurse team for either assessment or reassessment.
- Inpatient services should adhere to a standard Health Board product formulary which aligns with community services. If clinical assessment identifies a need outside the formulary, advice must be sought in line with local health board policy.
- Adults in Nursing Homes can access community continence services for advice, support and education. However, the local Health Board will not provide containment products.
- Containment products are NOT provided for menstruation, rectal bleeding or wound dressing regimes.
- Containment products are used to support toileting regimes and individuals should not be told to urinate or defecate in a pad unless patient safety is compromised.
- Containment products should not be supplied for treatable bladder or bowel dysfunction or where alternative methods of management can be implemented e.g. urinals, urinary sheath, adapted underwear, and bowel management devices.
- The number of products issued should not normally need to exceed 4 in 24 hours. However the comprehensive, individualised assessment may require individual health boards to provide outside of this guidance in exceptional circumstances.

- NHS Wales provide containment pads with a working absorbency from 280mls.
- The use of a two-piece system should be promoted where possible. For individuals where this is not appropriate, the use of alternative styles may be necessary and advice must be sought in line with local health board policy. All-in-one products should NOT be issued for individuals who are able to be toileted or those with 24 hour care.
- Individuals who have regular bowel intervention may be supplied with procedure pads. These are NOT available for urinary or faecal incontinence.
- Visitors (e.g. on holiday) to a locality will not have products provided for them.
- Containment products MUST only be used by the individual for whom they have been assessed.
- Individuals requiring products outside of the formulary will be advised in line with local health board policy.
- When a Health Board provides funding for an individual who requires residential care outside of their boundary that Health Board will be responsible for the cost of any containment products that may be required in the patients best interest following cross border discussions.
- Audit information from Home Delivery data collection and reporting systems should facilitate comparisons and benchmarking at national level.
- Washable products are available. However refer to the local Health Board policy for frequency and quantity: usually up to a maximum of 6 washable pants per year and up to 3 protective bed sheets per year.

## **Conclusion**

In conclusion this document aims to outline national guidance to prevent variation and discrepancy in provision of containment products. It states that personalised care planning is a fundamental activity guiding best practice for the provision of containment products for adults in Wales. This is essential prior to identifying management options and consideration of the use of containment products. There is no statutory requirement to provide containment products if an individual does not fulfil the guidance for product provision.

## References

Abrams, P., Cardozo, L., Wagg, A and Wein, A (Editors) (2017) *Incontinence 6<sup>th</sup> Edition*. Volume 1, Chapter 1. ISC. Tokyo.

All Wales Continence Forum (2014) *All Wales Continence Bundle*.

Andrews, J (2014) *Trusted to Care: An Independent Review*.  
<http://gov.wales/docs/dhss/publications/140512trustedtocareen.pdf>

Bladder and Bowel UK (2016) *Guidance for provision of continence containment products to children and young people: a consensus document*.  
<https://www.bladderandbowel.co.uk/wp-content/uploads/2016/12/final-Guidance-Paed-product-provision-doc.pdf>

Demaagd GA & Davenport TC (2012) Management of urinary incontinence. *Pharmacy and Therapeutics*. June; 37(6): 345-361

Department of Health (2010) *the Mid Staffordshire NHS Foundation Trust Inquiry: Francis Report*. Department of Health.  
<http://webarchive.nationalarchives.gov.uk/20150407084003/http://www.midstaffspubliquiry.com/>

Eustice, S (2014) Are our continence services fit for purpose? *Journal of Community Nursing*. 28:1, 79-80

HES (2012) Hospital Episode Statistics; The Health and Social Care Information Centre <http://content.digital.nhs.uk/catalogue/PUB06335/hes-on-cons.pdf>

Leung FW and Schnelle JF (2008) Urinary and Faecal Incontinence in Nursing Home Residents. *Gastroenterology Clinical Journal North American*. Sep; 37(3): 697-707

National Institute for Health and Care Excellence (2007) *Faecal Incontinence in adults: management*. <https://www.nice.org.uk/guidance/cg49>

National Institute for Health and Care Excellence (2008) *Prostate cancer: diagnosis and management*. <https://www.nice.org.uk/guidance/cg175>

National Institute for Health and Care Excellence (2010) *Lower urinary symptoms in men: management*. <https://www.nice.org.uk/guidance/cg97>

National Institute for Health and Care Excellence (2012) *Urinary incontinence in neurological disease: assessment and management*.  
<https://www.nice.org.uk/guidance/cg148>

National Institute for Health and Care Excellence (2013) *Urinary incontinence in women: management*. <http://www.nice.org.uk/guidance/cg171>

National Institute for Health and Care Excellence (2015) *Urinary tract infections in adults*. <https://www.nice.uk/guidance/qs90>

NHS England (2018) Excellence in Continence Care – Practical guidance for commissioners, and leaders in health and social care.  
<https://www.england.nhs.uk/publication/excellence-in-continence-care/>

Public Health Wales (2014) *Prudent Healthcare*.  
[www.wales.nhs.uk/siteplus/documents/866/PHW%20Prudent%20Healthcare%20Booklet%20Final%20English.pdf](http://www.wales.nhs.uk/siteplus/documents/866/PHW%20Prudent%20Healthcare%20Booklet%20Final%20English.pdf)

RCP (2010) Royal College of Physicians/HQIP, National audit of continence care: combined organisational and clinical report, September 2010  
<https://www.rcplondon.ac.uk/sites/default/files/full-organisational-and-clinical-reportnacc-2010.pdf>

Scottish Intercollegiate Guidelines Network (2012) *SIGN 88. Management of suspected bacterial urinary tract infection in adults*. July 2012.  
<https://www.sign.ac.uk/assets/sign88.pdf>.

Welsh Assembly Government (2015) Learning from Trusted to Care: One Year on.  
<http://gov.wales/docs/dhss/publications/150923reporten.pdf>