



ALL WALES CONTINENCE FORUM
**Guidance for the provision of continence
containment products for adults in Wales**
Consensus document 2022

Document Purpose	Guidance/Policy
Document name	Guidance for the provision of continence containment products for adults: a consensus document
Publication date	2022
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 / Bladder and Bowel 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 (2021)
Superseded documents	Guidance for the provision of continence containment products for adults: a consensus document (2018)
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Review	At 24 months from the implementation of the document.

Guideline Development Group

All Wales Continence Forum

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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	9
Useful Links	11
Appendices	12
Appendix 1 Guidance on selection of pad products for in - patient care	12
Appendix 2 Criteria for issuance of Pull up Pants	14
Appendix 3 Criteria for Pull up Pants Flow Chart	16

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 both the Guidance for the Provision of Continence Products to Children & Young People (updated Bladder and Bowel UK, 2021) 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 Documentation (AWCF, 2014) and now more recently the development of WCCIS / NWIS electronic continence assessment records.

Current issues

Bladder and bowel problems are common and in most cases treatable (NHS England, 2018), but they are poorly understood and under-prioritised within health and care provision in Wales (RCP, 2010, AWCF, 2011).

Bladder and bowel dysfunction can affect any person at any point in their life and current estimates are 14 million people are affected by urinary incontinence and over 6.5 million adults suffering bowel control problems (NHS England, 2018, Yates, 2021). 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, Yates, 2021a)

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; Health Improvement Scotland, 2020).

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, Welsh Government, 2018).
- Currently there is one supplier of pad products identified for All Wales however variation does exist within the products supplied across Wales via the named supplier

- A comprehensive individualised continence assessment will lead to less reliance on containment pads as clinically suitable treatments will be effective (Yates,2021b).
- 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).
- Continence care should be supported through a multidisciplinary approach to support individuals with toileting programmes and functional incontinence, reducing the need for containment products.
- Identification of the use of Value based procurement can decrease expenditure in other areas linked directly to continence issues e.g. falls, UTI's which benefits individuals, professionals, carers and Health Boards (Welsh Government, 2018, Yates 2021a)

Infection

- Incontinence associated dermatitis (IAD) 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
- Unidentified urinary tract infections can cause urinary incontinence to be inappropriately managed with containment products (Public Health Wales, 2019, Unplanned Admissions Consensus Committee, 2016, 2019)
- 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, NHS England, 2018)
- 50% of care home (nursing) residents have faecal incontinence which is a treatable condition. (Royal College of Physicians, 2006, NHS England, 2018)
- Three quarters (73%) of hospital admissions for constipation are emergency admissions (HES 2012)
- Access to services, support and products to promote continence or manage incontinence in the community is generally governed by primary care which is

accessed more frequently by people living with dementia (PLWD), than acute hospital care (Mullins et al, 2016, Burholt et al, 2020)

- Variability in eligibility for continence products often means that PLWD and caregivers often fund these themselves (Burholt et al, 2020)

However, it is important to remember that not all costs are financial. This has been identified by the recent introduction of Value based procurement for continence pad product tenders. 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 incontinence after surgery e.g. prostate surgery 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.
- Products are only issued to newly assessed children from the age of five who have a mental or physical disability and who, on assessment, are deemed to have insufficient bladder/bowel control. However clinical judgement can override this if clinical symptoms and presentation require. This must be discussed with relevant continence, bladder / bowel service.
- Products WILL NOT be issued to children who have Enuresis or Encopresis as these are deemed treatable conditions.
- Those health boards that provide tertiary services where containment products may be required should refer to the individual's local continence, bladder / bowel 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, bladder / bowel 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 (see appendix 1).
- 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 starting from 250mls. However, if an individual requires 2 or less products in the lowest absorbency range they will be advised to self –purchase.
- 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 normal formulary will be advised in line with local health board policy and attached criteria for special contract products.(See appendices 2 and 3)
- When a Health Board provides funding for an individual who requires residential care outside of their boundary the Health Board where the individual is mainly based will be responsible for the cost of any containment products. The funding HB may be responsible for products provided during

i.e. school holidays but this agreement will be after cross border discussions that may be required in the patient's best interest. .

- 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. However these products are not suitable for faecal incontinence

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 pad containment products if an individual does not fulfil the guidance for product provision.

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Additional Resource links

http://www.bladderandboweluk.co.uk/wp-content/uploads/2017/07/Guidance_provision_of_product_adults_V8_May_2017_Final_ACA-2.pdf?fbclid=IwAR3hUcv2T948INEYGAqD4hM2MoEFyTbaRaR2faKgKTecZMauXKhaPSbgHzE

<https://www.supplychain.nhs.uk/product-information/contract-launch-brief/disposable-and-washable-continence-care-and-associated-products/>

Appendices

Appendix 1

Guidance on selection of pad products for in - patient care

<u>Recommended Usage</u>	<u>Description</u>	<u>Pictures</u>	<u>Droplet Scale</u>	<u>Working Absorbency</u>
		RECTANGULAR		
Faecal Smearing	Pad Rectangular 11 x36 +PE+Strip		NA	100-125mls
		SMALL SHAPED		
Light Urinary leakage, Cough,Sneezing	Pad Shaped textile back disposable			250 – 350 mls
		LARGE SHAPED		
Moderate	Pad shaped textile back disposable			500mls
Moderate/Heavy	Pad Shaped textile back disposable			500 – 625mls
Heavy	Pad Shaped textile back disposable			700 – 1,000mls
		NET PANTS	SIZE	
			Med	80-120cm
			Large	100-130cm
Use with Shaped pads			X large	120-150cm
			XX large	140 - 175cms

			XXX Large	160 -210cms
Procedures	Bed pad Fluff plup disposable 60 x 60			Use for only 15 – 20 mins

Please ensure correct fit by Folding and Shaping pad (according to manufacturer's



fitting guides)

Use wetness indicators as a guide to recommended changing of the product

Appendix 2

Criteria for issuance of Pull up Pants

Guidance Criteria for Supply of Pull-up products to Adults Pull-ups will be provided based on clinical need and only with authorised signatory agreement.

All staff are responsible for managing resources effectively, efficiently and economically.

Please consider the following questions

Question 1

1. Have pads/nets been trialled and deemed inappropriate? (Including small shaped pad (250 – 350mls) in client's own tight-fitting underwear.

- a. Does the client remove pads/underwear and dispose of inappropriately?
- b. Does the client have severe problems with manual dexterity?

Question 2.

Does the client have a low urinary output with frequent episodes of incontinence and for reasons given above, pad/nets has been unsuccessful?

Question3.

Does the client have faecal incontinence?

Question 4.

Is the client independent overnight, able to self-toilet, but unable to manage pad and nets? - (small shaped pad (250 – 350mls) in patients own tight fitting underwear already prepared can be an equivalent to disposable pants)

Question5.

Can the client be difficult or aggressive?

- A. does this include when assistance with toileting is being provided?

Question 6.

Does the client have severe tremor or limb weakness which makes the changing of pad and nets more challenging?

Question 7.

Does the client require more than 3 changes of product per day? (Not including overnight?)

If answer to questions 1, 4, 5a & or 6 is "YES", please contact the Bladder & Bowel Health Service to request samples of pull-ups.

If the answer to question 2 is "YES" please consider use of washables.

If the answer to question 3, 5a or 7 is "YES", the provision of pull-ups is not appropriate.

Please be aware that patients require to bend down and remove clothing to change disposable pants which may contribute to a fall.

Appendix 3 Criteria for Pull up Pants Flow Chart

Criteria for the Provision of Pull up Pants

