Quality summary report:
The Continence Promotion Service

CLCH Quality Report Jan – Dec 2011

Service exact name: The Continence Promotion Service
Address line 1: Community Clinic 2
Address line 2: St Charles centre for Health and Wellbeing
Town/city: LONDON
County: London
Postcode: W10 6DZ
No. beds: N/A
Website: www.clch.nhs.uk
Main telephone: 0208 962 4546
Completed by: Lillian Ethapemi and Jane Day

Approval: Joanne Jones
Associate Director Adult Services 2
## CLCH Quality Report 2011

### Summary report for Continence Promotion Service

<table>
<thead>
<tr>
<th>Directorate</th>
<th>Adults 2</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service area</strong></td>
<td><strong>Continence Promotion Service</strong></td>
</tr>
</tbody>
</table>
| **Boroughs** | **Barnet ✗**  
Hammersmith & Fulham☐  
**Kensington & Chelsea ✗**  
**Hammersmith & Fulham**  
**Westminster ✗** |
| **CQC statement of purpose for this service** | The Continence Specialist Nurse led Continence Promotion Service is improving access to continence care by increasing awareness within the local population, working more closely with voluntary organisations and healthcare practitioners. 
The service offers a range of conservative management interventions in line with best practice such as the NICE guidelines recommendations for the management of urinary in women (CG40) and faecal incontinence in both men and women (CG49), The Department of Health Document on Good practice in Continence services (2000) and the Essence of Care standards.  
The clinical specialist nurses and physiotherapist offer treatment to people with stress urinary incontinence, overactive bladder syndrome, voiding dysfunction, constipation, faecal symptoms, prolapses, painful intercourse, urinary tract infections or to people who need catheterisation.  
The treatments include: pelvic floor muscle exercises, bladder retraining, electrical stimulation, rectal exercises biofeedback and many more  
Patients are asked to complete a quality of life questionnaire (The Kings Health Questionnaire) for those with urinary symptoms and the Manchester Quality of life Questionnaire for those with faecal symptoms at the start of their management and three months afterwards.  
A patient’s experience questionnaire is also completed at least once by every patient throughout their treatment.  
All patients have a face to face initial assessment lasting 60 minutes. Subsequent appointments last between 15 minutes to 30 minutes depending on the need. |
The Continence service operates an open referral system and is available to all adult patients who are registered with GPs within the London boroughs of Barnet, Kensington & Chelsea and Westminster.

The Kensington & Chelsea and Westminster service, based at St Charles Centre for Health and Wellbeing, run a total of 13 continence clinics a week, from several locations, up from 9 clinics a week last year. This enables the service to offer clinic appointment at a location nearest to the patient’s home.

The Barnet service is based at Finchley Memorial Hospital and runs a total of 8 clinics a week from several locations. The Barnet service is also involved in the New Community Urology care pathway and runs 1 clinic per week.

The Community Continence Service carries out joint home visits with Community Nurses when necessary and has a large Nursing Home population where work is underway to support the homes in providing improved continence management.

The Continence Service is open from Monday to Friday 9am-5pm excluding bank holidays.

<table>
<thead>
<tr>
<th>Overall summary of quality performance and next steps</th>
<th>Safety</th>
</tr>
</thead>
<tbody>
<tr>
<td>A major piece of work was carried out within the organisation around making catheterisations safer for patients, which the Continence Promotion Service played an integral part in. As part of the drive to make catheterisations safer the catheter guidelines were reviewed and launched as a policy, a catheter assessment form is being piloted and a system to monitor the numbers of catheter-associated urinary tract infections has been put in place. This work will be built upon next year with plans for a competency assessment that must be passed before staff are authorised to catheterise patients.</td>
<td></td>
</tr>
</tbody>
</table>

| Experience |
| The Continence Promotion Service is very pleased to have expanded its accessibility to patients with an increase of clinics per week from 9 to 13, as well as increased opening times with afternoon clinics and increased assessment times so that each new patient receives a one hour face-to-face assessment. |
## Effectiveness

The Continence Promotion Service is currently implementing the CG49 NICE faecal incontinence guidelines. So far the service has updated the bowel assessment form used by the Continence Nurse Specialist team and a bowel assessment form to be used by District Nurses is being developed. The Manchester Health Questionnaire is implementing to measure the quality of life of patients with faecal incontinence. The work to implement the guidelines will continue next year.

## Safety

### Overview

We aim to make our service as safe as possible at all times. This year there has been a big drive to make catheterisations safer for patients. This work has been carried out by the Continence Promotion Service in conjunction with the Infection Prevention Service. As part of the safety drive around making catheterisations safer the catheter guidelines have been reviewed and redrafted as a policy. There has also been an on-going monitoring system of catheter-associated urinary tract infections implemented and a checklist that has been developed. A catheter assessment tool is also currently being piloted.

The Continence Promotion Service has received incident training and has seen an increase on the incidents reported compared to last year. A local investigation was carried out on a near miss and actions were implemented to minimise the chance of reoccurrence.

The Continence Promotion Service also provides advice on safety alerts sent through the CentralAlerting System regarding continence equipment. An example was safety alert MDA/2011/093 issued on 19th August 2011 which regarded a peripheral IV catheter. The Continence Promotion Service regularly advises which services within the organisation are likely to use the faulty devices subject to a safety alert.

### Key

The following safety improvement action was identified in the 2010 Quality
Report. This section outlines the progress made:

1) The Continence service received training in reporting of incidents this year and as a result has seen the amount of incidents it reports rise from 0 in 2010 to 8 in 2011. The service also launched a local investigation into a near miss incident that identified some actions that will prevent similar incidents from reoccurring in the future.

In addition to the safety improvement action identified in last year’s report the service has also made progress on:

1) The Continence Promotion Service is currently implementing the CG49 Faecal Incontinence NICE guidelines and has developed a faecal incontinence assessment form that has been circulated for comments. The aim is to implement and then audit the assessment form next year. This will help identify patients who are at risk of serious conditions such as bowel cancer.

2) The Continence Promotion Service, in collaboration with the Infection Prevention Service, conducted a major piece of safety work into catheter-associated urinary tract infections. This work looked at making all aspects of catheterisation care safer for patients. A working group was setup which reviewed the catheter guidelines and then redrafted the guidelines into a policy. The working group also carried out a baseline prevalence audit to identify how many patients have catheters and catheter-associated urinary tract infections within the organisation. The work into making catheterisation safer for patients will continue into next year with plans to launch an assessment process whereby only those staff members assessed as competent will be allowed to catheterise patients.

<table>
<thead>
<tr>
<th>Key results</th>
<th>Total incidents Jan-Dec 2011 by category</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>There were a total of 8 reported incidents between January and December 2011.</td>
</tr>
</tbody>
</table>
In the Continence Promotion service, incidents are recorded in most cases but near misses are recorded only rarely. Although this is an improvement on last year the service will aim to improve the incident reporting again this year by encouraging staff to report more near misses.
**Themes arising**

The incidents reported by the Continence Promotion service are from a wide variety of categories and there are no reoccurring incidents. The service did launch a local investigation into the incident involving the category ‘problem with admission to the service’ and action was taken to minimise the likelihood of it reoccurring.

<table>
<thead>
<tr>
<th>Safety Improvement Actions for 2012</th>
<th>Actions</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Implement system whereby team leads of District nurses and bedded units assess and approve competency of staff before being allowed to catheterise</td>
<td>June 2012</td>
<td>Lillian Ethapemi</td>
</tr>
<tr>
<td></td>
<td>Implement catheter assessment tool</td>
<td>June 2012</td>
<td>Lillian Ethapemi</td>
</tr>
<tr>
<td></td>
<td>Audit catheter competency form</td>
<td>June 2012</td>
<td>Lillian Ethapemi</td>
</tr>
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</table>

**Effectiveness**

**Overview**

We aim to achieve the best possible outcomes for patients. To do this, we regularly check to see that we are delivering care and treatment according to best practice standards, and we increasingly look to measure and improve clinical and patient reported outcomes.

The Continence Promotion Service currently runs two Patient Reported Outcome Measures (PROMs). The Kings Health Questionnaire is used for
patients with urinary symptoms, which is a nationally validated Quality of Life Measurement tool. It is used to assess the impact of urinary incontinence on female patients at the initial assessment and at three months following conservative management. The service also runs the Manchester Quality of Life Questionnaire for those with faecal symptoms at the start of their management and three months afterwards, although this has only just been introduced and is currently being piloted.

Referral to the service in Westminster and Kensington & Chelsea has gradually increased to an average of 58 new patients per month. Referral rate across all age groups is increasing and General Practitioners are becoming increasingly aware of the services we provide through targeted and regular contacts with them during regular updating about their patients seen in clinic and from face to face meetings. In spite of the service having 290 new patients referred into the service between April and August 2011 we have kept our average waiting time at 11 days for the same period. DNA rate was 1.8%

The Nurse led Continence Promotion Service is also involved in the management of the home delivery pad service through NHS Supply chain. The delivery of the products was out sourced by NHS Supply chain to DHL. There was a survey of patients on the Home Delivery Service in October 2011 to find out from the service users what they taught of the delivery service we deliver.

- In Hammersmith and Fulham 91% reported the home delivery service as good or very good.
- In Westminster 93% thought the service was good or very good.
- In Kensington and Chelsea 91% thought the service rated the service as good or very good.

There was a change in the manufacturers of our Continence pads last year and we will be auditing the new product with a cross section of our users next year.

In Barnet the service has recruited a Urology Clinical Nurse Specialist for Integrated Urology care pathway as part of the service’s involvement in the New Community Urology Care Pathway.

### Key achievements this year

The following clinical effectiveness improvement actions were identified in the 2010 Quality Report. This section outlines the progress made on each of them:

1) The work on improvement in expertise in bowel management continues. The
specialist nurses have attended a number of workshops and trainings on bowel management. The Manchester Quality of Life tool for faecal incontinence is being piloted by the service.

2) Due to the targeted work at reaching those with constipation and faecal incontinence, and the encouragement of self-referral into the service, between April and August 2011 the number of patients referred into the service with bowel problems increased sevenfold.

3) Male patients referred into the service also increased by 31% during the same period.

4) There is on-going work on reaching the hard to reach groups through working with voluntary organisations and this work will continue further next year.

As well as working towards the clinical effectiveness improvement targets from last year the Continence Promotion Service in Westminster and Kensington & Chelsea has also improved the following aspects of clinical effectiveness:

1) Referral to the service has gradually increased to an average of 58 new patients per month. Referral rate across all age groups is increasing and General Practitioners are increasingly becoming aware of the services we provide through targeted and regular contacts with them through regular updating about their patients we see in clinic and from face to face meetings.

2) In spite of us having 290 new patients referred into the service between April and August 2011 we have kept our average waiting time at 11 days for the same period. DNA rate was 1.8%.

The Continence Promotion Service in Barnet has implemented the New Community Urology care pathway and as part of its implementation currently runs one clinic per week. The service has appointed a Urology Specialist Nurse and will expand and develop the urology care it provides to patients along the New Community Urology care pathway next year.

<table>
<thead>
<tr>
<th>Key results</th>
<th>Patient Reported Outcome Measures (PROMs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Kings Health Questionnaire which is a nationally validated Quality of Life</td>
<td></td>
</tr>
</tbody>
</table>
Measurement tool is used to assess the impact of urinary incontinence on female patients at the initial assessment and at three months following conservative management.

The following data was collated between April and August 2010:

- 90% of the patients reported improvement in social interaction and sleep (April-August 2010)
- 77% improvement in the effect of bladder dysfunction on their lives (April-August 2010)
- 70% improvement in the bothersome rating of their bladder symptoms (April-August 2010)

Between April and August 2011:

- 76% of our patients reported improvement in their social interaction and sleep
- 54.2% reported improvement in the effect of bladder dysfunction on their lives
- 73.8% reported improvement in the bothersome rating of their bladder symptoms

The service has just started to use the Manchester Health Questionnaire so no results are yet available but the questionnaire will be ran in 2012 and results will be provided in next year’s Continence Promotion Service report.

Clinical Audit

Participation in Trust-wide audits during 2011

The service contributed to the CLCH trust-wide health records audit. The service audited 10 records in K&C and 1 in Westminster. The service achieved a mean compliance rating of 70.99%.

Local audits during 2011

The service’s clinical audit plan had the following audits which were carried out:

- Audit of District Nurses Continence Assessment, which found that the District Nursing service had a continence assessment in place for approximately 50% of the sample. The recommendations of the audit are
that an audit be carried out of the teams that have attended continence training against the teams that carry out continence assessments. A re-audit will be carried out next year to measure whether practice has improved.

- Audit of the Home delivery service, which found that approximately 90% of deliveries arrived when expected. This audit will be carried out again next year.

In addition to the audits included on the service’s audit plan the Continence service has carried out one additional local audit, participated in the National Continence Audit and in the trust-wide records keeping audit:

- The additional local audit that has been carried out by the Continence service was on the prevalence of catheter-associated urinary tract infections, which was done in conjunction with the Infection Prevention Service, the District Nursing service and all the bedded wards within the organisation.

- The Continence service participated in the National Continence Audit and is participating again in this year’s pilot audit. The result will be released next year.

**NICE compliance**

The following NICE guidance is either fully or partially relevant to this service:

- CG97 Lower Urinary Tract Symptoms
- CG49 Faecal Incontinence
- CG40 The management of Urinary Incontinence in Women
- CG29 Pressure ulcer management
- CG2/4 Care of patients with long-term urinary and CG2/2 Hand hygiene

The service is currently in the process of implementing the faecal incontinence NICE guidelines and will carry out an audit of the guidelines once they are fully implemented.

<table>
<thead>
<tr>
<th>What the patients say</th>
<th>One of our service users wrote to describe the impact the continence clinic had on her. The Continence Specialist Nurse she met helped her by:</th>
</tr>
</thead>
</table>

about the outcomes of their care and treatment

- Providing a space in which she could talk freely about her continence problems.
- Scientific analysis were used to work out her specific incontinence issues.
- She was offered appropriate treatment to address the problem.
- She was directed towards other sources of information. Websites etc that she could use.
- May thanks to you, your clinic and the specific nurse (Name not mentioned for the purpose of this report).

Clinical Effectiveness improvement actions

<table>
<thead>
<tr>
<th>Actions</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>The service plans to implement a service user group</td>
<td>May 2012</td>
<td>Lillian Ethapemi</td>
</tr>
<tr>
<td>Audit new attends pads</td>
<td>April 2012</td>
<td>Lillian Ethapemi</td>
</tr>
<tr>
<td>Finish implementing NICE Faecal Incontinence Guidelines</td>
<td>Dec 2012</td>
<td>Lillian Ethapemi</td>
</tr>
</tbody>
</table>

Experience

Overview

Incontinence, both urinary and bowels, is a very embarrassing condition that is underreported therefore it is very difficult for patients to speak with anyone about it. The perception is that the condition is inevitably age related. It is therefore important that the clinicians are very empathetic and to involve patients in the clinical decisions taken regarding their care.

There have been big improvements in the last year to make the service more accessible to patients. The service now runs 13 clinics weekly across Kensington and Chelsea and Westminster. This has been increased from 9 clinics per week last year meaning that patients can now be given clinic
appointments closer to where they live in order to make travelling easier. There are also afternoon clinics so patients now have more choice in their appointment times. In addition to having more clinics open for longer we now provide every new patient with a one hour face-to-face assessment, up from 45 minutes last year. Every patient also receives a telephone call the day before their appointment to remind them.

There is seamless referral between the physiotherapist and the nurses for patients in Kensington and Chelsea PCT and Westminster according to clinical needs and with the full agreement of the patient. The service collaborates with the Urogynaecology nurse specialist, the urology nurse specialist at St Mary’s Hospital and the Women’s Health physiotherapists at the Imperial College. We also refer patients to the acute sector for further investigations and management of both bladder and bowel symptoms if the need arises.

The majority of our patients have reported that the service we offer is good and that they are treated with respect and dignity.

The service hands out the following information leaflets to patients:

<table>
<thead>
<tr>
<th>Key achievements this year</th>
<th>The following patient experience improvement actions were identified in the 2010 Quality Report. This section outlines the progress made on each of them:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td>This year the service aimed to encourage more patients to provide feedback through the PREMs– 94 patients responded to the PREM in 2011, this compares with 62 in 2010. This is an improvement of approximately 50%.</td>
</tr>
<tr>
<td>2)</td>
<td>A key improvement action from last year was to ensure that every patient on the home delivery service has a contact number for the NHS Supply Chain customer service on their delivery note. This has been implemented and in addition, patients who cannot operate the call back system that NHS Supply Chain uses have been given the option to join the automatic delivery system.</td>
</tr>
<tr>
<td>3)</td>
<td>The service has greatly increased the choice for patients accessing the service by increasing the amount of clinics it runs from, increasing the length of time each clinic is open and increased the amount of time each patients gets during their first assessment.</td>
</tr>
</tbody>
</table>

| Patient survey results | Patient surveys (known as Patient Reported Experience Measures – PREMs) |
Summary of results for core patient experience measures (Aug-Dec 2011)

<table>
<thead>
<tr>
<th>Question</th>
<th>Result for this service</th>
<th>Trust-wide average</th>
</tr>
</thead>
<tbody>
<tr>
<td>% patients/carers rating overall experience good or excellent</td>
<td>97%</td>
<td>93%</td>
</tr>
<tr>
<td>% patients saying they were definitely involved in planning their treatment</td>
<td>82%</td>
<td>56%</td>
</tr>
<tr>
<td>% patients saying they were always treated with dignity &amp; respect</td>
<td>97%</td>
<td>92%</td>
</tr>
<tr>
<td>% patients saying they definitely understood explanation</td>
<td>94%</td>
<td>88%</td>
</tr>
<tr>
<td>% patients satisfied with waiting time</td>
<td>95%</td>
<td>74%</td>
</tr>
</tbody>
</table>

Interpretation of PREM results

In 2011 97% of patients that answered a PREM reported that their rating for the overall experience of the services was good or excellent. In 2010 the percentage of PREMs that rated the overall experience as good or excellent was 80%.

The lowest rating in the 2011 PREM was received for patients reporting their level of involvement in planning their treatment, of which 82% reported that were definitely involved in the planning of their treatment. This compares with 72% of patients that reported good or excellent satisfaction with being involved with planning their treatment in 2010.

PREM methodology

The following table summarises the number of patients that responded to a PREM this year, and shows this as a percentage of all referrals during the survey period (August – December 2011). Our aim was to achieve a representative view of patient feedback, so we set out to survey all patients that were prepared to return a completed response form.

<table>
<thead>
<tr>
<th>PREM volume targets</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of patients who responded to a PREM</td>
<td>94</td>
</tr>
<tr>
<td>Total new referrals</td>
<td>285</td>
</tr>
<tr>
<td>% of new referrals who responded to a PREM</td>
<td>32.9%</td>
</tr>
<tr>
<td>Target % of respondents</td>
<td>30%</td>
</tr>
<tr>
<td>Target achieved?</td>
<td>Yes</td>
</tr>
</tbody>
</table>

**Compliments and Complaints**

- Number of compliments Jan 2011 – Dec 2011: 3
- Number of complaints Jan 2011 – Dec 2011: 1

**Patient user groups and focus groups**

The service is in the process of setting up a focus group for the patients who use the service, including those on the home delivery service.

**Other qualitative feedback**

We have received much positive feedback from our service users, both verbally and in writing. A service user wrote to say how much impact the Continence Promotion Service had on her. She went on to say the Continence advisor helped by providing her with a space where she could freely talk, used scientific analysis to work out what her specific problems were and appropriate treatments were offered. She was also glad that she was directed towards other sources of information.

**What the patients say**

This following feedback for patients was received from the PREM:

- “Stay as sweet as you are thank you!”
- “All perfect”

**Patient experience Improvement Actions**

<table>
<thead>
<tr>
<th>Action</th>
<th>Expected completion date</th>
<th>Named lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training on accessing PREM data</td>
<td>Feb 2012</td>
<td>Lillian Ethapemi</td>
</tr>
<tr>
<td>Service Description</td>
<td>Date</td>
<td>Responsible Person</td>
</tr>
<tr>
<td>--------------------------------------------------------</td>
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<td>--------------------</td>
</tr>
<tr>
<td>Setup a PTNS clinic to treat patients with overactive bladders and faecal incontinence.</td>
<td>Dec 2012</td>
<td>Lillian Ethapemi</td>
</tr>
<tr>
<td>The service plans to implement a service user group</td>
<td>Feb 2012</td>
<td>Lillian Ethapemi</td>
</tr>
</tbody>
</table>