The Continence Promotion Service is a specialist Nurse-led service. We offer conservative management and advice to adults, both men and women, who have bladder and or bowel problems. These problems may vary from issues that may be conservatively managed to post surgical continence care for both male and female patients. 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. We also offer uroflowmetry, we run catheterisation clinics and Trial without catheter clinics.

The service comprises of Continence Nurse Specialists, Nurse Advisors, Women’s health physiotherapists, Stoma Care Nurses, Urology Nurse Specialist, Consultant Physician with Special Interest and Specialist Physiotherapists. The Continence Promotion Service is based at St Charles Hospital and Finchley Memorial Hospital. The service is currently running 15 Continence clinics weekly at various locations across Kensington & Chelsea and Westminster, by both nurses and physiotherapists. In the Barnet locality 21 clinics run weekly.

We aim to ensure that we give the best possible service to our patients. We strive to improve/eradicate incontinence with conservative management and improve quality of life and patient satisfaction. Patients are actively encouraged to be involved in their own care /management plan which is evidence based and in line with NICE best practice guidelines, The Department of Health Document on Good practice in Continence services (2000) and the Essence of Care standards.

We see both adult male and female patients with bladder and/or bowel problems aged 18 years and above. Paediatric Services are not included within any of the CLCH Continence Services, but we work closely with school nurses and health visitors providing support and education in the clinical assessment and assistance with setting up Home Delivery Service for this client group.

We work very closely with the acute, community, voluntary and private sectors. We offer an open referral system which enables anyone with bladder and or bowel symptoms to refer themselves for a clinic appointment. Patients are seen within 21 days from date of referral and we endeavour to offer an appointment in a clinic that is closest to where the patient lives.
### 2. Patients at the “heart of everything we do”

We take every opportunity it can to improve the quality of continence care to patients. In order to further improve the service we actively encourage our patients to tell us how we are doing and to give us their ideas and suggestions on how we can improve our service to them. Below are some comments we have had from our patients using Patient Reported Experience Measures (PREMs):

- "Very welcoming, put my stressful mind at ease. Very good at explaining things to me, which was appreciated”. “was very respectful towards me which was very appreciated as I am embarrassed by my bladder problem”

- “This service was excellent and others could learn from UK. Every member of staff I dealt with had excellent communication skills, sometimes lost in other countries” (This comment was from a lady who travels quite extensively around the world)

- “Very happy with the service. Staff was very helpful and showed understanding of what I was feeling. Listening to me as if I was a real person”

- “I received friendly care from physiotherapist who understood and was sympathetic and genuinely interested in helping”

- “The nurse doesn’t rush me. She takes time to discuss my problem with me and explains things I am not sure about”

- “The admin around the appointments for continence clinics was extremely helpful”

- “ I was not hurried and felt that time was not limited and felt no pressure”

- “Caring and understandable clinicians and administrators for service as the health issues are of a highly personal nature to the patients maintaining privacy and dignity”

- “ Staff are extremely knowledgeable and expert in their area of care”

In order to adapt the service to the needs of our patients we have been more flexible with our appointment times. Some clinics now start earlier to accommodate those who want to attend clinic earlier. This has made the service more accessible to patients, especially those who want to attend clinic before going to work or in the afternoon for those who wish to be seen later.

### 3. Looking back what have we done to improve the quality of the service?

We have implemented various tools to measure our performance as a service. These include how our service users view the service we offer them and we take our users comments about the services we offer very seriously.

As a result of all our performance measures we now provide a service that is much more responsive to our patients needs with
particular emphasis on curing or improving the symptoms of incontinence and improving our patient’s quality of life.

- **Patient safety - ‘a culture of being open and safe’**

We aim to make our service as safe as possible at all times. The Continence Promotion Service has worked to improve safety with the service this year by receiving incident training and working to ensure all incidents are reported. The Continence Promotion Service also has worked to improve safety with CLCH by providing advice on safety alerts sent through the Central Alerting System regarding continence equipment and is an expert liaison service. The Continence Promotion Service regularly advises which services within the organisation are likely to use the faulty devices subject to a safety alert.

**Catheter Policy**

The CLCH Catheter Policy has been rolled out across the organisation and disseminated at our core catheter care training sessions. There has also been an on-going monitoring system of catheter-associated urinary tract infections implemented and a checklist that has been developed. The Continence Nurse Specialists team also work closely with the infection Prevention team to monitor catheter care and documentation across the bedded services. This will be rolled out to the Community nursing service in the New Year.

- **Clinical effectiveness - ‘no decision about me without me’**

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.

**Patient Reported Outcomes Measure**

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. As we now see more men in clinic with urinary problems we have introduced the International Prostate symptom Scoring tool (IPSS). We also use the International Consultation on Incontinence questionnaire ICIQ (short form 5)- questionnaire to assess urinary incontinence and its impact on quality of life (QoL). We take part in the National Audit of continence care.

Of the 46 patients who completed our patient experience measures in October, 100% rated the service as good to excellent. 96% said they were definitely involved as much as they wanted in the decision about their care, 100% thought they were treated with dignity and respect. 96% thought their treatment was explained to them in the way that they understood. We had a 91% satisfaction level, with 91% saying they would recommend the service to family and friends.

Of the 72 patients who completed the King Health quality of life questionnaire between April and December, 28% reported an improvement in their general health. 51% reported an improvement in the impact of urinary incontinence on their lives 79% reported an improvement in social interaction and sleep and 66% thought there was an improvement in the bothersome rating of urinary incontinence 3 months after commencement of conservative management.

**Guidelines**
We follow best practice guidelines such as *NICE Recommendations for the management of urinary in women (CG40)*, *Faecal incontinence in both men and women (CG49)*, *Urinary incontinence in Neurological Disease (CG148)*, *Lower urinary tract symptoms: the management of lower urinary tract symptoms in men (CG97)* as well as *The Department of Health Document on Good practice in Continence services (2000)* and the *Essence of Care standards*.

**Clinical Audits**

We carried out a snapshot audit of District Nurses Continence assessment, audit of the use of the catheterisation competency tool in the bedded areas. We worked in collaboration with the infection prevention team in auditing of catheterisation documentation in the bedded areas. We took part in the Trust wide record keeping audit. We are currently auditing our DNA for Barnet registered GPs. There is a process of ongoing monitoring of all care homes looking at patients registered products received to ensure service provision is inline with the Continence Promotion Service and CLCH policy.

**- Patient experience - ‘you said-we did’**

Giving the patient a positive experience when they access the service is of central importance to the service. We offer our patients a quality service delivered by expert practitioners and we offer flexibility in clinic timings and locations, as well as domiciliary visits and telephone reviews to suit patients’ needs, requests and requirements.

**Accessibility**

In the last year the service expanded its accessibility to patients who use catheters and those who need to have a trial without catheter by an increase of 2 whole day weekly clinics. This has benefited patients by providing care closer to home, avoidance of secondary care referrals and a reduced cost to the GP and freeing up community nursing time for more appropriate referrals and the patients are seen by an appropriate specialist with expert clinical assessment skills.

The continence clinics have also increased from 13 to 15 clinics. Patients are offered flexible appointment times and a choice of clinic sites being offered and both early start appointment times, lunch time appointments to offering greater patient choice.

The service is also increasing the number of non-face to face consultations and all new referrals attend a one hour face-to-face assessment.

We continue to utilise our interpreting service for those whom English is not their first language. We regularly engage in health promotion events targeting ethnic minority groups within our catchment areas.

**Patient Reported Experience Measure**

In order to monitor and improve the experience that patients have of the service we run a Patient Reported Experience Measure (PREM), which allows us gather feedback from patients and make changes based on the feedback. In 2012 we have had 129 PREM responses, of which 100% rated their care as good or excellent.

<table>
<thead>
<tr>
<th>‘You said’</th>
<th>‘We did’</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. You said you wanted more afternoon</td>
<td>1. We set up afternoon sessions in 5 of our</td>
</tr>
</tbody>
</table>
2. You said you wanted a catheter service in the community
2. We set up 2 catheter clinics at St Charles Hospital

3. You said you wanted a pessary clinic based in the community
3. We have arranged training for 2 nurses so a clinic can be set up later this year

4. You said that you couldn’t always get through to the service by telephone
4. We set up better telephone answering service which gives clearer information on when calls and queries will be answered

5. Some of you said that you didn’t like the continence pads we provide
5. We are looking at other pads that may be more suitable

4. What resources were utilised in the process of improving quality?

The Continence Promotion Service has invested a lot of time in ensuring that we provide a service that meets the needs of the community we serve. Some of the priorities where we have allocated resources to improve quality include:

- We have made sure that our clinicians are regularly updated in order to maintain and improve their clinical skills.
- We have purchased new equipment, negotiated and acquired premises in order to increase our clinic times and increase the number of clinics we run. All this we have achieved with our existing staff.
- Barnet locality now has a full complement of staff allowing full cover to clinics and domiciliary visits ensuring that patient waiting times are less than two weeks routinely and within twenty four hours urgently if this is suitable to the patients.
- Barnet locality has also relocated to the new Finchley Memorial Hospital site which has had a positive impact on patients’ experiences accessing the service.
- Departmental team meetings are held monthly and time is allocated to clinical case studies for open discussion and learning sets.

We have also developed connections with networks and other organisations such as:

- We are part of the North Thames Pelvic forum, which is multi-disciplinary, and we have had the privilege of hosting and inviting our peers from in and around London e.g. The Whittington Hospital, The Royal Free Hospital.
- We have been invited to talk to community groups about Healthy Lifestyles around Bladder & Bowels.

5. Top Tips

Things that worked well
• Going out to talk to our GPs and other community groups improved our working relationships with patients, commissioners and GPs.
• Extra clinics increased our capacity to deal with the overall increase in demand. Referrals to the service increased by 20%.
• We have strengthened our relationship with our colleagues in the secondary and private sectors in order to keep abreast of new developments and expertise in the field of continence care.
• Re Modelling and redesigning the service offered by the continence promotion service and the community urology service has facilitated integrated and seamless pathways of care for patients reducing duplication of referrals and reducing ratio of appointments attended.
• One to One Tuition on Home Delivery Service for community clinical colleagues.
• Developing joint working with Community staff to undertake joint home visits with different staff groups.
• Open telephone service for support and advice not only for patients but to community colleagues.

Things that didn’t work as well

• Patients offered more choice of clinic locations but we need to raise awareness of new clinics more to ensure more balanced utilisation.

Lessons learned

• Seamless working has given better patient outcomes and this was reflected in Capturing Patient Stories.

6. Key Improvement Areas

1. Communication: phone systems – Barnet Service currently take call back calls and activate patient deliveries for pads. To transfer this to NHS Supply Chain Home Delivery Service to ensure equality across the Trust. [This will have a cost associated]

2. Going out and talking to GP groups and Community forums: development with the increase in continence clinics and commencing 2 new catheter clinics. Also putting into place training for a new pessary clinic to be started in the near future.

3. Containment products: taking on board our patients and carers comments on pads and looking at other similar suitable products which may be more effective.

4. Setting up a focus group: A focus group has been set up in order for us to involve our service users in the choice of provider we have for our home delivery service. We also plan to set up a stakeholders day of which the other users/carers of users of continence pads across the wider will be involved in the tendering process.

5. Reduced waiting times and better accessibility for Stoma patients

6. Redesign of the data collection used for care homes which now insures that the customers have responsibility to provide accurate, timely information which has improved wastage and overspend
## 7. Action Plan

<table>
<thead>
<tr>
<th>Improvement area</th>
<th>Our target</th>
<th>How will we measure?</th>
<th>Who is responsible?</th>
<th>By when?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Communication</td>
<td>To ensure equality of communication and delivery system within localities</td>
<td>Barnet locality to transfer this to NHS Supply Chain Home Delivery Service</td>
<td>The service Lead with the involvement of the continence promotion team</td>
<td>April 2013</td>
</tr>
<tr>
<td>2. Service development</td>
<td>Work with our commissioners to establish a more robust Continence Promotion Service to avoid unnecessary out patient appointments</td>
<td>By setting up other continence management options for our patients who present with continence problems. These will be regularly monitored</td>
<td>The service Lead with the involvement of the continence promotion team</td>
<td>December 2013</td>
</tr>
<tr>
<td>3. Containment products</td>
<td>Pad contract will be going out to tender with companies being expected to tender for the pad contract. We hope to start the new contract at beginning of April 2013 and review the contract and pad performance again at end of September 2013</td>
<td>Comments from service users Regular monthly monitoring of price, usage, appropriateness and durability</td>
<td>All staff who are eligible to order and authorise pads for patients.</td>
<td>April 2013 1st stage September 2013 2nd stage</td>
</tr>
</tbody>
</table>
