Why does incontinence continue to lag behind many other key healthcare conditions, despite being a massive public health issue? There is a vast literature base that informs us that incontinence can affect men, women and children at any age, and that even slight incontinence can have a severe impact on quality of life for individuals and carers.

Without effective treatment and support, incontinence can be costly in terms of its impact on the health and emotions of sufferers, as well as impairing their ability to maintain important aspects of normal everyday life, such as employment, education, social and sporting activities, and personal relationships. However, much of this is unnecessary as many forms of incontinence are completely resolvable or can be improved or managed simply and effectively.

Back in 2007, a UK-wide continence care survey painted a bleak picture for clinical staff and patients alike across many NHS trusts (Absorbent Hygiene Product Manufacturers Association [AHPMA], 2008). Due to concerns expressed by clinicians, politicians, patients and industry, an All Party Parliamentary Group for Continence Care (APPG) was formed and chaired by Baroness Sally Greengross. The APPG has worked closely with leading clinicians, the Royal Colleges, key charities and other interested parties, all of which are working to support better continence care.

‘Continence problems affect one in 12 children and are associated with bullying, loss of self-esteem and stress’

As a result of the growing concerns around continence provision, the APPG commissioned a survey of continence care services in England in 2012. This survey collated 89 detailed responses to provide a snapshot of continence services across England. The summary of its findings and the survey results were published in May 2013 (APPG, 2013).

SCOPE OF THE PROBLEM

An estimated 14 million people in the UK have a bladder control problem, with a further 6.5 million having a bowel control problem, although a significant proportion of cases are resolvable or can be significantly improved. Incontinence is a significant factor in admissions to hospitals and residential care settings, and poorly managed continence care in older people and those with disabilities contributes to ill health, falls and fractures, severe infections, and pressure ulcers.

Continence problems, both bladder and bowel, affect approximately one in 12 children and are associated with bullying, loss of self-esteem and family stress, including domestic abuse. Incontinence is more prevalent than asthma, epilepsy or dementia.

Despite this, referrals are rising while budgets decrease and the costs for continence management products are going up all the time. Indeed, products are rationed in many areas and patients have to supplement supplies or self-fund, which disproportionately affects the most disadvantaged and vulnerable.

BENEFITS OF BETTER CARE

Improved continence care reduces admissions to nursing homes, secondary care, homes for disabled children and adults, and limits costly emergency admissions for urinary tract infections, pressure ulcers and catheter-related infections. Low-cost interventions such as physiotherapy and medication result in the reduced use of costly incontinence products, while improved continence care also contributes to independent living and better quality of life.

The challenges of cost-savings in the NHS are vividly exposed in the APPG survey, which reveals a deterioration in the provision of continence services since 2007. There is a danger that some areas will simply end up with ‘pad supply services’, and the skills to deliver complex treatment and management options will diminish.

If these trends continue against the backdrop of an ageing population in the UK, older people will be presenting for assessment to a reduced number of continence specialists with fewer resources at their disposal.

The impact on patients, for what is after all a basic human right, will be costly in terms of increased risk.
of health complications, as well as decline of dignity and quality of life.

SUMMARY OF SURVEY RESULTS

The survey demonstrated a range of results.

Staffing

One of the main findings was that there would be a reduction in continence staff numbers with senior posts diluted or disappeared. Other findings included:

- Staff morale is generally low across services and lower than the 2007 survey
- Over the last two years more than three-quarters of continence services have not experienced any increase in staffing levels
- The skill-mix within continence teams has changed, with a reduction in senior posts
- Education of the workforce in continence care is of a low priority, with poor attendance reported at arranged sessions
- Most education for clinicians is accessed via professional associations
- Three-quarters of respondents are not able to access full funding for ongoing education

Patient numbers

Almost half of services experienced an increase in the number of patients requiring products, with children seeming to be particularly poorly catered for. Data from 2006-2007 revealed that approximately 1.3 million people sought help for continence problems, whereas data from 2010-2011 shows this has escalated to 2.3 million people (Health & Social Care Information Centre [HSCIC], 2012).

Funding

Almost half of services that have experienced an increase in patient numbers report that budgets have not increased accordingly — indeed, the majority of services report that no funding was available to help promote their services to other professionals or the general public. Service promotion represents a double-edged sword for clinicians, anyway, as promotion will undoubtedly increase referrals to an already over-stretched service. Other findings were:

- The majority of respondents report that the level of pad supply is determined by local policy
- Products are supplied to a level determined by budget rather than based on clinical need
- Many services no longer supply products for ‘light’ incontinence
- Overall NHS costs have increased from £77 million in 2006/7 to £121 million in 2010/11 (Department of Health [DH], 2011)

‘One idea is to appoint an Ambassador for Continence Care, a leader who could organise services and motivate the workforce’

Waiting times

Waiting times for clinical assessment is an issue, with nearly three-quarters of services reporting a waiting list of between four and eight weeks on average. Following assessment, one-fifth of these services have a waiting list for product supply, which has doubled since the 2007 survey.

RECOMMENDATIONS FOR ACTION

The survey findings led to a number of recommendations for ongoing improvements to services. For example, in the future clinical commissioning groups (CCGs) should resource and organise continence services as per National Institute for Health and Care Excellence (NICE) and Department of Health (DH) guidance. NHS England and the DH should provide commissioning guidance and support to CCGs.

As well as this, NICE quality standards should include faecal incontinence and broader continence issues, including those affecting care home residents.

The national audit should be re-commissioned and undertaken annually in order to drive up standards in primary care, acute hospitals, care homes and mental health trusts, and service providers should monitor patient-reported measures.

Commissioners should resource promotion of continence services so that patients can easily access information about their local services. In addition, how to manage continence issues and the Care Quality Commission should specifically monitor continence care when assessing organisations, including care homes.

MOVING FORWARD

This survey has confirmed the fears that haunt many continence services across the country. Absorbing change and preparing services for the future will require tenacity, passion and determination, if they are not to be left behind in the turbulence of change and uncertainty. One idea is to appoint an Ambassador for Continence Care at the highest level — a leader who could organise services and motivate an overwhelmed workforce. Unfortunately, this is probably something for the future, and although it would help deliver high-quality, cost-effective continence care, right now it’s up to you and me to tackle the problem and share solutions.

Sharon Eustice is a co-author of the APPG survey report on continence care Services. To download the survey report or other APPG documents visit: www.appgcontinencecare.org.uk; email: admin@appgcontinencecare.org.uk; or telephone: 01483 418221

REFERENCES


