

**Report of the rapid scrutiny exercise:  
Continence Services**

**Purpose of report**

1. To present the findings and recommendations of the rapid scrutiny exercise and seek endorsement for them.

**Background**

2. In November 2012, the Wiltshire Carers' Action Group (WCAG) indicated its wish to bring a report to the Health Select Committee (HSC) on continence services, following changes introduced by the NHS. The HSC agreed to receive a report at its next meeting on 17 January 2013.
3. At the meeting of the HSC on 15 November Mr Brian Warwick also raised the issue of continence services, having received a letter from a carer concerned about changes to the service. The letter was forwarded to the relevant NHS officer via the HSC and a response was provided to Mr Warwick.
4. As a consequence of the issue being raised, the HSC agreed that it should conduct a rapid scrutiny exercise looking into continence services. The HSC passed the report from the WACG to the Rapid Scrutiny Group (RS) for consideration.
5. The membership of the RS comprised Cllrs Nigel Carter and Jane Burton. The RS met on 27 February 2013; unfortunately Cllr Burton was unable to attend.
6. The RS received evidence from:  
Tim Mason, carer,  
Margaret Greenman, carer,  
Sue Crisfield, Developments Projects Manager, Carer Support Wiltshire,  
Dawn Griffiths, Registered Nurse, Wiltshire Clinical Commissioning Group (CCG).

No representation from Wiltshire Council was available and, consequently, the manner in which the Council will address its relation with the CCG in respect of the delivery of continence services is not yet clear.

7. The RS considered the following documents:
  - Report on the issues raised by carers in Wiltshire regarding continence services,
  - Letter of complaint from a carer to Mr Brian Warwick, member of the HSC,
  - Response to the above from NHS Wiltshire,
  - Minutes of the Wiltshire Carers' Action Group meeting of 19 Sept 2012,
  - Briefing report on continence services from the Group Commissioner and Work Programme Lead, CCG.

## Summary of Discussions

8. It was established that the issues being raised were on behalf of carers looking after family members in a home setting and not those clients in care homes. The home-based clients represent about 30% of the community – about 2600 souls – for whom the service is provided.
9. The range of continence products available and the operation of the supporting service had varied across the county. NHS Wiltshire sought to bring these in line and in 2012 introduced a policy for the whole county. Medequip was contracted to undertake the continence product delivery service, using the Euron range of products. The Medequip contract is jointly funded by Wiltshire NHS and Wiltshire Council.
10. No consultation was undertaken with carers prior to this decision. The Euron range had been used in south Wiltshire and the Community Hospitals for a number of years and, consequently, the commissioners did not challenge the decision.
11. A new member of staff had been employed to deal with re-ordering and logistics. Funding had been agreed for a Paediatric Continence Nurse Specialist and a Continence Lead to review Wiltshire continence services.
12. The introduction of a delivery system was welcomed by carers. Each delivery to a client's home comprises an 8 week supply; the carer is required to contact Medequip to request each new supply. Supplies can be delivered to an alternative location, if required, for collection by the carer.
13. Wiltshire NHS has set the level of continence products at 4 items per 24 hours. This was based around national statistics and reference to neighbouring communities. The RS was able to view 2 samples, a 'nappy-style' Euron product and an alternative Tena 'pull-up' product. The pull-up cost approximately £1.10 per item (retail price). It was explained that the pull-ups had easy-tear side seams which made removal easy when soiled. The nappy-style product was harder to put on by carers and even more difficult for those self-managing. Euron pull-ups were available but were considered less absorbent than the previously supplied Tena product. There were considerably more choices available than those necessarily recommended. However, it was not clear as to the extent to which the Disability Living Allowance (DLA) was designated for use in purchasing options, additional supplies or replacement.

### Impact on clients and carers

14. Delivery is on a set day per area, which can be problematic for some carers. It was reported that supplies were delivered 8 weeks to the day, meaning a client could find their stocks completely run down. Medequip indicate that they combine deliveries of continence supplies and other equipment to a client, but this was not the case. Where equipment is provided, it is delivered by a technician, as installation/adjustments may be required. However, an occasion was noted where 2 deliveries were made to a carer on one day even though the equipment provided needed no adjustment.
15. There is no flexibility around the volume of product delivered. Some carers, particularly those with clients in sheltered accommodation, experience significant problems with storing the 8 week supply, which is very bulky.

16. Some day-care providers will only accept clients who wear pull-ups as their staff are not required to undertake personal care, meaning some clients are prevented from attending day care and their independence is reduced.
17. Assessments undertaken by continence nurses are based purely on clinical need, which does not always reflect the broader wellbeing needs of the client; menstruation was cited as an example of non clinical need. This can lead to a loss of dignity, with potential mental health issues, including depression.
18. The level of supply is not sufficient for all clients and does not allow for any variation in use or emergencies. Carers are informed that they can request a re-assessment but communications with the NHS are poor and many carers are currently **waiting up to 6 months** for a re-assessment. It is understood that there is a significant back log of requests for re-assessment.
19. The positioning of the adhesive tabs on the nappy-style products provided has to be aligned exactly or they will adhere to, and can irritate, the skin of the wearer. During re-positioning, the product can be damaged and, due to the limited number allowed, have to be repaired with parcel tape. This is more likely to occur with a visiting carer, as family members are aware of the problem.
20. The products available often do not match the clients' needs in terms of style or absorbency. Following the change in service, one client, who had been using pull-ups independently, was issued with a nappy-style product which she was not able to change herself. Although she has now been provided with pull-ups, she has been set back by the change and is now not able to cope with the pull-ups independently.
21. Carers note inconsistencies in decision-making in the service. For example, a weekly swimming session is important to the wellbeing of one client, but a request for an additional pull-up for that day was initially denied as swimming was considered a lifestyle choice. The carer spoke with a hospital nurse and it was agreed that an extra pull-up could be provided for that day. However, when the carer asked for an additional box as a buffer against unforeseen circumstances, she was told that she would need a re-assessment. The cost of the bureaucracy associated with the execution of a re-assessment far exceeds the marginal cost of an additional box (approximately £10).
22. It was reported that many of the problems experienced by the carers could be resolved by the provision of a buffer supply, without the need for a re-assessment. For equity, it was suggested that the buffer could be a small percentage of that client's allowance.
23. It was reported that, to justify the provision of additional supplies, some carers have been required to weigh soiled continence products, which was considered inappropriate.

## **Conclusions**

24. The RS was concerned that the changes to the continence service were implemented without any consultation with carers and that decisions on levels of supplies of products and delivery options were arbitrary and based on averages and what others were doing.

25. The requirement for a carer to request a re-assessment when they were not happy with their allocation, or required additional supplies, was considered unnecessarily bureaucratic and a waste of resources. It was felt that a form of 'triage' would be appropriate which could resolve minor requests without the need for a re-assessment. The provision of a buffer supply may be one solution.
26. The delays noted in completing re-assessments were not acceptable. The RS would hope to see maximum targets set for the completion of re-assessments of a number of days, rather than months, for reasons of dignity and comfort.
27. There was disparity between carers supporting family members at home and clients in care homes, with care homes having greater freedoms around the use of the continence products they hold. The RS was concerned about the control of allocation for those clients in a home setting.
28. There were concerns at the adequacy of Medequip in dealing with both administrative and logistical issues that arose from the new service.
29. The RS felt that there was a requirement on the part of the commissioners to understand clients better and is pleased to note that CCG staff and a continence specialist nurse has been in contact with carers groups within Wiltshire.

## **Recommendations**

### **The Rapid Scrutiny Group recommends that:**

- 1. The Health Select Committee, within the newly-elected Wiltshire Council, should establish a Task Group to consider the Continence Service and to undertake the recommendations below.**
- 2. The Task Group considers the assessment/re-assessment process, in particular the nature of it, the criteria involved and timescales around it.**
- 3. The Task Group investigates the logistics of the service, with reference to Medequip and the options offered, in relation to the requirement for greater flexibility and client choice, and considers the monitoring of performance issues.**
- 4. The Task Group looks at patient outcomes and requirements, including availability of appropriate continence products, frequency of supply, buffer stocks and flexibility.**
- 5. The Task Group reviews Council's role, responsibilities and authority in continence care under its Health and Wellbeing remit.**
- 6. The Task Group examines the terms and conditions of the Disability Living Allowance and its applications.**

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### **Cllr Nigel Carter (lead)**

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