

## **East Ayrshire CHP Forum**

**27 October 2010**

**Subject** **Continence Service Arrangements**

**Purpose** **To report on the impact of the Continence service arrangements which were implemented across Ayrshire and Arran from April 2010**

**Recommendation** **CHP Forum is asked to note the current position and support the ongoing development of this service.**

### **1. Introduction**

This paper reports on the impact of the continence service arrangements which were implemented across Ayrshire and Arran from April 2010, when the contract for the supply and delivery of the continence products was awarded to Abena UK Ltd. Previously continence products were supplied by Tena, and delivery to care homes and patients' home was made by NHS staff. This report focuses on operational issues and patient feedback. There are separate arrangements to monitor and review the financial contract, with a formal review taking place after 6 months.

### **2. Background**

Prior to the new contact, continence care across NHS Ayrshire and Arran was reported to be inconsistent, leading to variations in assessment, product delivery and management. Assessment often focused on 'pad delivery' rather than clinical assessment of individual need.

The costs of continence products were rising and NHS Ayrshire and Arran was reported to be the only Health Board using 'Tena' products.

Ongoing risks to the organisation and to the safety of staff had also been identified in aspects of the in-house systems for bulk storage, handling and delivery. Further concerns had been noted in relation to out-of-date stock management systems and

there was no formal structure for monitoring the volume or type of products being delivered to care homes.

### **3. Service Review**

A Group was convened to review the combined Community Equipment and Continence Service provision and make recommendations for future developments. Central to the review of the Continence Service was a firm focus on maintaining and improving care for patients with Continence Support needs. The review of continence products was informed by expert clinical opinion provided by 2 senior Continence Nurse Advisors, Julie Scobie and Suzanne McPhee.

The review focused on the following areas:

- Patient Assessment
- Quality of product suited to individual need
- Efficient product delivery to patients

At the conclusion of the review Abena was selected as the preferred supplier of Continence Products with effect from April 2010.

- **Patient Assessment**

Sensitive, holistic and consistent standards of care are fundamental to meeting the needs of this patient group. A large number of patients are at home, in residential or nursing homes and therefore are the responsibility of community staff.

A primary objective is to improve patient assessment and care delivery and thereby improve care and reduce the unnecessary referrals to secondary care services through the consistent adherence to the Continence Care Pathway. Abena provided funding to support education and training plans for community staff and the wider change in service delivery.

- **Continence Products**

The local review group reviewed samples from a number of companies to compare range, styles, and absorbency. All products were assessed and scored before Abena was selected.

All continence products are monitored by the International Standards Organisation and pads are tested using the Rothwell Scale. NHS Scotland Procurement convenes every 2 years to evaluate the suitability of continence product companies in fulfilling their contractual obligations. The national review is supported by Continence Advisors and managers of such services. Integral to this review is a scoring system to ensure that standards are met and maintained. Abena, as the preferred supplier, are already subject to this review process as they currently supply over 30% of continence products across Scotland.

- **Product Delivery**

Continence products are now delivered by Abena directly to the patient’s address. The system includes a ‘ringback’ delivery service whereby the patient / carer activates the delivery of their products through a 24-hour telephone system. This prevents stock piling of products, which was a regular feature of the previous arrangement. In addition, the security of product delivery has been enhanced whereby products are only delivered to the named contact.

#### 4. Quality Assurance and Review Process

The change in product and delivery arrangements have been closely monitored to ensure that the service provided is sensitive to and responsive to individual issues. Quarterly review meetings are held between local managers, continence advisors, procurement and Abena representatives. The Abena software system provides a wide range of very detailed reports on usage which facilitates monitoring.

#### 5. Patient Complaints

Patient and carer feedback is vital to the monitoring processes. The table below illustrates the formal and informal complaints received to end August 2010. In addition, there have been a number of enquires from MSPs.

**Continence Service Formal Complaints  
April 2010 - August 2010**

Apr	5
May	3
Jun	2
Jul	3
Aug	3
<b>Total:</b>	<b>16</b>

**Continence Service Informal Complaints  
April 2010 - August 2010**

Apr	13
May	9
Jun	2
Jul	4
<b>Total:</b>	<b>28</b>

The key themes emerging from the above are as follows:

- Dissatisfaction with product: concerns regarding fitting and absorbency
- Problems with ‘ringback’ system and deliveries
- Quantity of products being delivered

Complaint responses have been positive and supportive, reflecting the commitment to improve standards of care through competent assessments supported by collaborative working and education sessions involving Continence Nurses, Health Visitors, and District Nurses.

The input of the Continence Nurse Advisor has been particularly helpful in supporting community staff, patients and carers to resolve concerns locally, restore confidence, and thereby retain local ownership. This has often been achieved by offering advice on correct fitting of the product.

In some cases the complaint has been fully / partially upheld, acknowledging difficulties associated with the transition to the new product, particularly during the early months following the change. The contract with Abena allows the company to delivery products from other suppliers, if this is deemed to be clinically required and alternative products, including Tena products, have been supplied to a small number of home based patients. Community nursing staff have required training in the fitting of the new products, which are quite different from the previous ones.

## **6. Impact on Inpatient Services**

Susanne McPhee, Continence Specialist Nurse Advisor has reported that, 'initially some wards -mostly long term or stroke wards - had problems with products leaking and not being as absorbent. Even though there had been several training days organised, not all staff attended. Abena products need to sized and fitted properly and, once further training was carried out, this did resolve most of the problems. Staff were ordering inappropriate products due to being unfamiliar with the system. There are still some issues regarding selection and fitting, and a link nurse meeting was held on 8<sup>th</sup> September 10 to discuss and resolve these problems'.

## **7. Care Homes**

A formal Service Level Agreement now exists with Care Homes, providing a clear structure for support and systems for monitoring and reviewing the service. A continence nurse visits the homes every 3 months and meetings have been organised on 15<sup>th</sup> of September and 24<sup>th</sup> of September to go over the SLA and plan education sessions for the year ahead. It was agreed that continence staff would deliver product training twice a year to each care home and the plan is to delivery these sessions in each locality in care home premises as suggested by the Care Home Managers.

Visits were made to each home prior to the change and, since then, each home has been visited twice. Initial problems were reported around fitting and these seem to have been resolved. Clients on an Abri-wing product are gradually being changed to a breathable Abriform product which was not available from Tena and is a more cost effective product.

## **8. Positive feedback**

Continence Nurse Advisor Julie Scobie has advised that NHS Ayrshire and Arran has 4052 community clients, 1622 Nursing Home clients and 246 Residential Home clients on the data base. She has received many positive comments including the following examples:

- A disabled client found the Abena products more comfortable, softer and a better fit than her previous Tena product which she cancelled. This client was reassessed due to changes in her neurological condition and samples of Abena were given initially which she was delighted with.
- A care home client stopped Catherine to say that his Abena product was a more comfortable fit, less bulky and more discreet.
- Another client was delighted that they could wear clothes a size smaller due to the reduced thickness of the product.
- On Visiting the Girvan community hospital I spoke to senior staff who have noticed no differences in the quality or efficiency of the products
- Care Home and Community staff have commented on the improved quality of Abrinet pants-they are softer and do not snag as much
- Clients that have been changed from an Abriform product to Abriform airplus find this product more comfortable with less clumping.

## **9. Conclusion**

The transition to the new product, and the associated training and delivery arrangements have provided challenging in a number of areas, requiring significant additional input from the continence nurse advisors. Their enthusiasm and determination to deliver a continence service based on regular assessment of need and support to clients, has satisfactorily resolved most operational issues. We are aware that there are still some concerns and these will be addressed on a case by case basis and in presentations to CHP Forums. Ongoing training and active engagement of district nursing, health visiting and hospital nursing staff is essential to ensuring the aims of the new service are met.

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**10<sup>th</sup> September 2010**  
**(Updated by CHP Facilitator October 2010)**