



UNPLANNED
ADMISSIONS
CONSENSUS
COMMITTEE

P W Y L L G O R
C O N S E N S U S
D E R B Y N I A D A U
H E B E U C Y N L L U N I O

REDUCING UNPLANNED ADMISSIONS TO HOSPITAL AS A RESULT OF URINARY INCONTINENCE

Guidance for Welsh Services

About the Unplanned Admissions Consensus Committee

The Unplanned Admissions Consensus Committee is a collaborative body set up to assess how continence care can be more efficient and patients can receive better treatment and improved outcomes.

The Committee is made up of nurses and healthcare professionals who came together to discuss issues around continence care and share best practice. The Committee felt that more could be done to promote best practice within Wales and across the UK and, hopefully, reduce unwarranted variation in service provision. The Committee believes that through information sharing and by highlighting areas for improvement, care for patients can be improved and the financial burden of unplanned admissions tackled.

This Guide has been developed with the input not only of the Committee, but with the input of many clinicians across Wales and throughout the UK. The first stage began in summer 2015 with a round table discussion in the Houses of Parliament where parliamentarians, nurses,

patients, and healthcare professionals came together to discuss the areas that needed change. The Committee then sent a 'call for evidence' to continence advisors and commissioners asking for input. A number of more detailed case studies were provided by services who could demonstrate a particular example of best practice, outlining how they have taken steps to improve outcomes. The responses received fed into the final Guide which was launched in autumn 2015. This updated version of the Guide has been developed specifically for continence services in Wales.

The vision of the Committee is clear; to be part of the solution in ensuring that health services in Wales can not only cope with rising demand as a result of unplanned admissions, but also to help reverse this trend. The Committee would like to thank all those who have contributed to the development of this Guide.

Further information on the Unplanned Admissions Consensus Committee and its work can be found at: www.unplannedadmissionscommittee.com.

Acknowledgements

With special thanks to:

Michelle Hunt, Berkshire Healthcare NHS Foundation Trust

Ann Yates, Cardiff and Vale UHB

Amy Cartwright, Nottingham University Hospitals NHS Trust

Sanjay Desai, NHS Berkshire West CCGs

Katrina Oakes, CSH Surrey

Melissa Ream, Guy's and St Thomas' NHS Foundation Trust

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FOREWORD



The health service is reaching a tipping point in its ability to provide quality patient care, with demand for services continuing to spiral. As more and more patients visit accident and emergency (A&E) units, the ability of the NHS to manage 'demand' stretches even further.

Reducing these pressures has been a long-term ambition for politicians and senior NHS officials within Wales, but much more needs to be done to reverse this trend. The NHS in Wales will not be able to cope with a continuing increase in demand unless it is successful in treating more people in the community.

One clear area of focus is around urinary tract infections (UTIs) and blocked urinary catheters. Across the whole of Wales it is estimated there are around 150,000 people suffering from continence

problems.¹ UTIs are the second-largest single group of healthcare-associated infections in the United Kingdom, accounting for 19.7% of all hospital acquired infections.¹ These conditions cause pain, avoidable prolonged stay in hospital and, in some cases, even death. As well as a cost issue, this is also a quality of life issue for so many patients and their families.

The Welsh NHS is striving to not only cope with the rising demand in its services, but to deliver its Prudent Healthcare agenda. We believe that a clear and obvious way to ensure Prudent Healthcare within Wales is to implement strategies which promote excellent continence care. The development of the Welsh Government's National Urology Implementation Plan demonstrates its commitment to deliver sustainable and high quality continence services across Wales.

I have been proud to serve as the Vice-Chair of the Unplanned Admissions Consensus Committee over the last year. In this time, I have worked with the Committee to develop and promote this Best Practice Guide, which aims to provide practical steps that can be taken to improve continence services across Wales and the UK.

Our vision is clear. We want to contribute to the search for efficiencies and savings. We want to be part of the solution which ensures that the NHS in Wales can cope with rising demand as a result of unplanned admissions. We want to share our experiences and to improve patient's lives. We feel passionately about promoting best practice as a method of reducing regional variation in patient experience and patient outcomes.

1 Response from the All Wales Continence Forum to the Health and Social Care Committee Inquiry into residential care for older people RC16

This Guide aims to provide a constructive platform for decision makers across government, the Welsh Assembly, NHS Wales and political parties to ensure these goals become a reality. I hope that this updated Guide will continue to inspire service leads to implement best practice and would like to thank all those who have contributed to the development and promotion of this Guide.



Ann Yates

SUMMARY OF BEST PRACTICE RECOMMENDATIONS

1	GPs should be comfortable at asking questions to patients presenting with symptoms of continence problems.
2	A national awareness campaign on continence problems should be initiated overall and there needs to be better signposting of information for patients.
3	Bladder ultrasound scanning can be used to help a healthcare professional make an informed decision about the clinical management of patients presenting with urinary bladder complications.
4	Intermittent catheterisation (IC) should be the method of choice to drain retained urine wherever feasible.
5	Health Boards should invest in appropriate staff training in catheterisation.
6	Every Health Board should have one named person responsible for continence. This continence lead should be responsible for education and training.
7	All Health Boards should promote the use of catheter passports. A template passport should be used by all Health Boards.
8	GPs should receive training on the different continence products available and/or refer to community continence teams where the specialist knowledge is based.
9	Patient management systems should be used to improve prescribing, patient care and quality of life whilst reducing cost.
10	NHS Wales should prioritise the development of commissioning guidance on bladder (and bowel) continence problems to improve the quality of local commissioning. There needs to be a focus on avoiding unnecessary hospitalisation and recommending a named continence commissioner/prescribing lead in each Health Board.
11	Individual Health Boards should record the incidence of Urinary Tract Infections. This information should be collated and made available by NHS Wales.

1. UNDERSTANDING THE PROBLEM: INCONTINENCE AND UNPLANNED ADMISSIONS

- 1.1 Incontinence and continence problems can affect anyone – of any age. It is a common and distressing problem, which can have a serious impact on the quality of life for patients, their families and carers. The Bladder and Bowel Foundation estimates that there are approximately 9 million people (other studies suggest between 3 and 6 million²) in the UK experiencing some form of incontinence.³ Stress incontinence, or leakage of urine from the bladder on exertion, for example when coughing or sneezing, is the most common form with nearly one third of women thought to suffer the condition with varying degrees.
- 1.2 Incontinence is a taboo area and embarrassment prevents many patients accessing NHS services that could help. Too many patients remain undiagnosed, and many healthcare professionals believe that GPs need greater awareness of how common the condition is and what might be done to help patients talk to a healthcare professional about the condition.
- 1.3 Incontinence is associated with a number of comorbidities such as arthritis, asthma, chronic anxiety, depression, diabetes, heart disease, neurological conditions, sleep disorders and dementia.⁴
- 1.4 Incontinence is a significant factor in admissions to hospitals and care homes. Around 43–56% of all UTIs are associated with the use of a urinary catheter⁵ and 15–25% of hospital inpatients⁶ and 10% of residents in care homes are using a long-term catheter.⁷ This increases considerably the likelihood of the patient developing a catheter associated urinary tract infection (CAUTI). Furthermore urine contamination (bacteriuria) occurs at the rate of 3 to 10% per day with 100% of patients developing asymptomatic bacterial contamination after 30 days of catheterisation.⁸ 24% of patients affected by asymptomatic bacteriuria will go onto symptoms of a CAUTI.⁹ In extreme cases these CAUTIs can lead to life threatening conditions and even death.
- 1.5 Catheterisation is a procedure leading to the insertion of a hollow tube into the bladder to help people who cannot control or have

2 <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/i/article/incontinence,urinary/>

3 Available at: <https://www.bladderandbowelfoundation.org/bladder/bladder-conditions-and-symptoms/stress-urinary-incontinence/>

4 Coyne KS et al, 'Risk factors and comorbid conditions associated with lower urinary tract symptoms: EpiLUTS', *BJU International*, 2009, 103(Suppl 3):24-32. Available online via: <http://www.ncbi.nlm.nih.gov/pubmed/19302499>

5 Available at: <content/uploads/2015/04/10-amr-lon-reducing-hcai.pdf>

6 Available here: http://www.cdc.gov/HAI/ca_uti/uti.htm

7 Available here: <http://www.pharmaceutical-journal.com/publications/20068794.cpdarticle>

8 Guideline for prevention of catheter-associated Urinary Tract Infections 2009, Healthcare Infection Control Practices Advisory Committee, 2009

9 Loveday HP, Wilson JA, Pratt RJ et al. Epic 3: National evidence based guidelines for preventing healthcare associated infections in NHS hospitals in England. *Journal of Hospital Infection* 2014;86(1):S1–70.

difficulties emptying their bladder, get on with their lives.

- 1.6 Another common complication of long-term catheter use is encrustation by mineral salts, leading to catheter blockage. Some bacteria contaminating the bladder and catheter surface cause the urine to become alkaline. Crystals form on the catheter surface and obstruct the flow of urine. The bladder keeps filling with urine and steadily swells. It can become over-distended and sometimes painful. In some cases urine will start leaking out from the bladder to the outside through the “natural” tube (urethra). Other times the urine cannot bypass the catheter blockage causing significant pain. Sometimes it can lead to serious kidney and bloodstream infections, pyelonephritis and sepsis. About half of all long-term catheter users experience catheter encrustation and a blockage at some point.¹⁰ Having a blockage can be frightening and, according to healthcare professionals, many patients said that the first one they had was particularly so because they did not know what was wrong.
- 1.7 The Medical Technology Group (MTG) has found that the NHS in England spent in 2013/14 **£434 million** on treating 184,000 emergency admissions caused by a urinary tract infection. This is a per patient cost of £2,361.¹¹ A problem with understanding the extent of the problem of CAUTIs in Wales is that currently they are not recorded by Health Boards. It is clear that accurate data capture of the incidence of UTIs, and CAUTIs in particular, is crucial in order to determine the extent of the problem, and the impact of implementing best practice measures within services.

The same research also showed that Clinical Commissioning Groups (CCGs) in England spend an average of £84,609 per year on patients who have been admitted to hospital for a blocked catheter.¹² This equates to 39% of all cases being treated in a hospital setting – unnecessarily **costing the NHS over £17 million a year** (this is if they do not subsequently present with a CAUTI). Continence services in Wales also have to tackle the challenge of blocked catheters. This is a procedure that should be performed safely, cheaply, and routinely in the community with no unnecessary cost to the acute sector.¹³

- 1.8 These emergency admission costs do not take into account costs associated with continence services in the community. This involves prescribing costs and the use of products such as catheters and pads. NHS Wales funding and resourcing for continence nurses and healthcare professionals is variable, as is training and practice. There are interventions in primary care and community care that could prevent costly emergency admissions to hospital and save money in primary care.
- 1.9 The reasons why so many unnecessary admissions from continence-related issues are occurring – resulting in poor experiences and outcomes for patients as well as unnecessary costs and uses of NHS Wales resources – are complex. This includes a lack of awareness of continence issues among GPs, healthcare professionals and patients themselves.

10 Kohler-Ockmore and Feneley, 1996; Getliffe, 1994

11 Admissions of failure: The truth about unplanned NHS admissions in England, The Medical Technology Group, November 2015, pg 4

12 Admissions of failure: The truth about unplanned NHS admissions in England, The Medical Technology Group, November 2015, pg 4

13 Admissions of failure: The truth about unplanned NHS admissions in England, The Medical Technology Group, November 2015

2. AWARENESS OF CONTINENCE ISSUES AND DIAGNOSIS

A number of factors impact on the overall levels of awareness of continence issues and diagnosis, including patient experience and embarrassment, a lack of data recorded regarding CAUTIS, GP awareness levels, and the lack of related public health campaigns.

“Living with a urinary continence problem involves a seemingly endless search for answers. Parts of life may be lost as adjustments are made in response to symptoms. It takes time, thought, and courage to keep sorting out and searching for ways to best manage the condition.”

- Bladder and Bowel Foundation

Patient Experience

2.1 One of the inhibitors to dealing with urinary incontinence is the reluctance to admit to having continence problems. Misunderstanding of symptoms, embarrassment and shame due to a perceived loss of control or dignity, means that many people delay seeking help for manageable conditions, or assume that

support is not available. Having said that, from 2006-2007 data revealed that approximately 1.3 million people sought help for continence problems. Data from 2010-2011 show this has escalated to 2.3 million people¹⁴, suggesting that this historic reluctance may be changing, or this data is the result of an ageing population.¹⁵

2.2 The Bladder and Bowel Foundation together with the Cystic and Overactive Bladder Foundation produced a report in July 2015, based on a qualitative workshop, where patients with bladder problems reported that they:

- Did not feel listened to or taken seriously when they first sought help from their doctor
- Were not treated with dignity or respect
- Lacked confidence that clinicians understood their symptoms or knew how to treat their condition
- Were not offered adequate information about their condition or their treatment options
- Did not feel involved in decisions about their treatment and care
- Did not have access to high quality interventions that are recommended by the National Institute for Health and Care Excellence (NICE)

¹⁴ Eustice S et al (2013) Reversing deterioration in continence services. Nursing Times; 109: 27, 18-19

¹⁵ National Schedule of Reference Costs 2010/11: NHS Trusts and PCTs Combined Community and Outreach Nursing Services: Specialist Nursing, November 2011

“Bladder and bowel problems lack the same ‘status’ as more recognised chronic conditions, even though the effect of moderate continence problems on quality of life is similar to that of conditions such as diabetes, high blood pressure or cancer.”

- The Bladder and Bowel Foundation and Cystic and Overactive Bladder Foundation report - July 15

- 2.3 Of the 33 cases where oral evidence was heard, 22 raised significant concerns relating to continence, bladder and bowel care.

GP Awareness

- 2.4 Many of the respondents to the call for evidence stated that GPs have a crucial role in helping patients feel comfortable talking about continence issues. GPs should not be worried about asking questions of their patients should they fit a certain patient profile. A poor understanding of continence issues within general practice can leave patients in the community feeling isolated and unsure of who to turn to for advice. There may be a perception that this issue is purely a nursing issue, rather than an issue for doctors also.

Public Health Campaigns

- 2.5 Within Wales, groups such as the All Wales Continence Forum and Shine Cymru's report Improving Continence services in

Wales: a call to action to the Welsh Government have done an excellent job in moving continence up the agenda within Wales, and have been important in helping to shape the National Urology Implementation Plan. The Bladder and Bowel Foundation has reached patients and healthcare professionals through publicity campaigns in public toilets, through the media, and by providing fact sheets for hospitals and GP surgeries. Wider publicity campaigns have proven to be very effective in educating the public, as highlighted by the acclaimed F.A.S.T campaign on stroke.

- 2.6 Keeping adequately hydrated by drinking plenty of water is thought to help maintain bladder health. It is also not uncommon for UTIs to affect the elderly, as many are put off drinking water to avoid frequent toilet visits. Some of the contributors spoke about the challenges of combating CAUTIs in care and residential homes. One of the Consensus Committee spoke about the success of hydration packs issued to residential homes and how they hoped that these packs would reduce the number of patients presenting with CAUTIs whilst also reducing the incidence of other conditions such as constipation.
- 2.7 There have been national campaigns relating to MRSA and clostridium difficile. In England, Public Health England are now looking at the benefits of a new public awareness campaign on the signs and symptoms of sepsis, aimed at those most at risk. These life threatening infections can often be caused by CAUTIs. In terms of prevalence and cost, the problems of CAUTIs are much bigger. The Welsh Government should look into the benefits of a Welsh awareness campaign on the

importance of hydration and encouraging patients to seek help from their GP and other healthcare professionals in order to prevent UTIs and related conditions.

- 2.8 Bladder ultrasound scanning can be used to help a healthcare professional make an informed decision about the clinical

management of patients presenting with urinary bladder complications. It can be used to measure pre and post-void residual urine, thus determining bladder volume and potential incomplete bladder emptying; this helps in the prevention of incontinence issues.¹⁶ It can also help clinicians with planning trials without a catheter (TWOCs).

RECOMMENDATIONS:

- ▶ **GPs should be comfortable asking questions to patients presenting with symptoms of incontinence.**
- ▶ **A national awareness campaign on incontinence and continence problems should be initiated overall and there needs to be better signposting of information for patients.**
- ▶ **Bladder ultrasound scanning can be used to help a healthcare professional make an informed decision about removing a catheter and the clinical management of patients presenting with urinary bladder complications.**
- ▶ **In order to understand the extent of the problem, individual Health Boards should record the incidence of Catheter Associated Urinary Tract Infections (CAUTIs). This information should be collated and made available by NHS Wales.**

¹⁶ Ultrasound scanning of the bladder: a guideline for best practice.

3. TRAINING, SELF-MANAGEMENT AND HEALTH BOARDS

- 3.1 Incontinence can be treated or managed through a number of ways which include lifestyle changes, exercises and pharmacological management. However, most of the issues that relate to unplanned hospital admissions include the use of products such as a catheter, a thin tube that is inserted into your bladder to drain urine.
- 3.2 There are two main types of catheterisation; indwelling and intermittent. An indwelling urinary catheter is a hollow tube that is inserted and anchored to the bladder and left in place for periods of time of between a few days to several weeks or months. Intermittent urinary catheters are semi-rigid tubes that are inserted between once to 8 times a day to drain the bladder, and removed immediately after the bladder has been emptied. Patients can be taught how to insert the catheter themselves; this is known as clean intermittent self-catheterisation (CISC). Sometimes a carer or relative helps with inserting the catheter and this is called intermittent catheterisation.
- 3.3 While an indwelling catheter avoids the inconvenience of removing and inserting catheters throughout the day, their use does mean a higher risk of UTIs, blockages and leaks than intermittent catheters.¹⁷ Encrustation of the catheter is a common occurrence causing recurrent blockage in 40-50% of long-term catheterised patients.¹⁸
- 3.4 In the past, district and specialist nurses were trained to care for catheterised patients after a problem had presented itself – rather than to prevent the problem actually occurring in the first place. If the blockage happened at night, the patient's only option was to be treated at the local A&E department. Over the last ten years, emphasis has focused on pro-activity and recognising potential problems. Planned catheter changes or use of catheter maintenance solutions based on individual patient patterns and the use of intermittent catheters is now the normal standard that nurses should adhere to. ISC has become more common and should be the method of choice for draining retained urine.
- Training Patients - clean intermittent self-catheterisation (CISC)**
- 3.5 It is estimated that 25% of hospital patients have an indwelling urinary catheter fitted, of which 5% develop a urinary tract infection (UTI).¹⁹
- 3.6 There is a lack of awareness of the benefits of intermittent catheterisation and the importance of training patients how to self-

17 <http://www.nhs.uk/Conditions/Urinary-catheterization/Pages/treatmentoptions.aspx>

18 Kunin et al., 1987; Getliffe, 1994; Getliffe 1990

19 Saint, S. et al - <http://www.ncbi.nlm.nih.gov/pubmed/9753027>

catheterise. This is crucial as many first catheterisations take place in a hospital setting – either in A&E or on the ward.

3.7 The number of continence healthcare professionals working within Health Boards varies and this will have a direct impact on the number of nurses trained in teaching patients how to self-catheterise. As patients leave hospital still needing to be catheterised, ensuring that they are fitted with the most appropriate product and are in a position to self-manage their condition is one of the biggest factors in avoiding readmission and costly visits to A&E with blocked catheters and CAUTIs.

3.8 A Freedom of Information (FOI) request was sent to continence leads across England asking how many specialist urology nurses/continence nurses are employed within each Trust. The 109 responses revealed that in 2010/11 there was an average of 3.59 specialist urology nurses/continence nurses per NHS Trust. Despite calls for greater investment in continence services in recent years, by 2014/15 this had only increased to 3.84 nurses per Trust. The issue of appropriate staffing levels is also prevalent in Wales, with some Health Boards relying on very few continence specialists.

3.9 The same FOI revealed that out of the 109 Trusts surveyed, 57 had a named continence lead – just 52% of Trusts. The Consensus Committee felt that having one named person responsible for continence would ensure that a lead individual would be present to implement effective training and good practice for this important area. This should be replicated within Health Boards.

3.10 The call for evidence demonstrated that many continence advisors felt that to see a significant reduction in unplanned hospital

admissions associated with blocked catheters, all health and social care workers involved in the direct care of such patients should have knowledge of how catheters work, what causes blockages and simple things they may be able to do to allow the catheter to drain again. The FOI revealed that each Trust spent an average of 535 hours of staff time on catheter and continence training in the last financial year.

Catheter Passports

3.11 The Consensus Committee and many of the responses from the call for evidence stated that it is essential that patient care is planned on an individual basis to obtain an accurate catheter history and in order to develop a device plan for the patient.

“All patients discharged from hospital with a catheter should be given information packs on how to care for their catheter, with useful contact numbers of healthcare professionals in the community so they know who to turn to if they have a problem.”

- Call for evidence – Continence lead

3.12 Many Health Boards have issued a ‘passport’ to all patients with a long term urinary catheter. Patients and their carers are thus encouraged to use the passport as an information source on where to go for help and what to do should there be issues with the catheter. The easy-to-use initiative involves the patient with their care from start to finish and encourages noting any issues that need to be addressed. Healthcare professionals should add to the passport detailing any ongoing health issues as well

as current or previous infections, thus ensuring total transparency and consistency of care.

3.13 The passport is modelled on other types of patients who take ownership of their condition and much like pregnant women (who are encouraged to keep a record of their pregnancy with them) the passport is kept with patients at all times. The urinary catheter passport has been so successful in improving patient and staff awareness in

many Health Boards, that it should be an initiative rolled out across the country.

3.14 There is no one set catheter passport in use throughout Wales. It is crucial that they are easy to fill out and maintain, and allow easy access to important information about a patient's condition and how they are managing it. There needs to be a model for Health Boards to use when developing a catheter passport to ensure they record the appropriate information.

CASE STUDY: Health Innovation Network (HIN) in South London: No Catheter NO CAUTI

- No Catheter No CAUTI is an exciting programme which seeks to reduce the number of catheter related infections, acquired in both hospitals and community healthcare settings, across South London.
- Patients who do not have a catheter in place by very definition cannot acquire a catheter associated urinary tract infection (CAUTI). No Catheter No CAUTI promotes alternatives to catheterisation (such as self-catheterisation), empowers nurses to remove catheters, and encourages rapid review when infection does occur.
- Ambitious in its reach, this project has been rolled out across; Guy's and St Thomas' Hospitals NHS Foundation Trust, King's College Hospitals NHS Foundation Trust, Kingston Hospital NHS Trust, Croydon Health Service NHS Trust, and St George's University Hospitals NHS Foundation Trust, together with Lambeth and Southwark community services.
- Around 113,000 inpatients are catheterised every year, with 8,600 urinary tract infections (UTIs) recorded annually across the acute trusts above. The number of catheters in the community and subsequent related infections are much harder to identify.
- In addition to the primary aim of improving patient outcomes, No Catheter No CAUTI seeks to reduce the financial burden of related infections. Unplanned admissions and additional bed days resulting from UTIs have an annual cost of £14.6m million to the acute Trusts in South London. If CAUTIs were reduced by 50% that would represent a £7 million saving.
- The programme seeks to spark a social movement around catheter care, for which engagement from a wide range of stakeholders has been crucial.
- No Catheter No CAUTI seeks to educate both patients and staff on catheter care management and infection avoidance. Central to achieving this aim has been involving patients, carers and service users in the co-design of information materials, which the project team has done in conjunction with

Age UK. The resulting patient information materials produced addresses common concerns, challenge misconceptions, and seek to reduce stigma around the topic of catheterisation.

- The project team has worked closely with a range of clinical staff to imbed the intervention in every day practice. Each acute trust was also asked to identify an executive sponsor

who could report progress at board level.

- No Catheter No CAUTI is a two year project led by the Health Innovation Network's Patient Safety Collaborative (PSC). This is one of a number of programmes that the PSC are promoting to increase patient safety across the locality. The Health Innovation Network is the Academic Health Science Network for South London.

RECOMMENDATIONS:

- ▶ **Intermittent catheterisation (IC) should be the method of choice to drain retained urine wherever appropriate.**
- ▶ **Health Boards should invest in appropriate staff training on catheterisation.**
- ▶ **Every Health Board should have one named person responsible for continence. This continence lead should be responsible for education and training.**
- ▶ **All Health Boards should promote the use of catheter passports. A template passport should be developed and used by all Health Boards.**

4. SAVINGS AND BETTER PATIENT OUTCOMES IN PRESCRIBING, PRIMARY AND COMMUNITY CARE

Prescribing Costs

4.1 The annual spend on continence devices prescribed in the community in 2014 is estimated to be around £155,000,000 (England data only).²⁰ This does not include the costs then associated with unplanned hospital admission for a blocked catheter or the development of a CAUTI. A considerable amount of this spend is in primary care and in the community.

“Some GPs openly acknowledged that their knowledge of the range of products was limited and that often the decision to prescribe aids was not clinically led.”

- Call for evidence – Berkshire Healthcare Foundation Trust

4.2 In community settings, catheters are prescribed by GPs. Many of the members of the consensus committee, and representations made within the call for evidence, highlighted that, in their experience, patients were not always able to access advice and support regarding continence aids and appliances, and that there was a great deal of unnecessary expense. One of

the issues related to the lack of GP awareness of continence issues is the lack of knowledge of the differences between products.

4.3 GP judgement should be based entirely on clinical need in order to reduce risk to the patient. Moreover, it is thought that routinely prescribing the same products without analysis of individual clinical needs results in waste and unnecessary additional costs – including the risk of costly unplanned admissions and complications. The cost of unplanned hospital admissions should be assessed alongside prescribing costs to demonstrate the value of changes in practice in one part of the system.

4.4 Patient management systems are computer-based software packages that provide centralised patient management for continence and stoma services in order to deliver the best patient care, whilst closely controlling budget. These systems can be used within the community to monitor and manage prescriptions for continence and stoma products. The system acts as a database and helps healthcare professionals review and optimise continence and stoma product usage within the community. This was considered an effective way of delivering the improved outcomes and savings as it instigated a system of improved prescribing.

²⁰ Prescription Cost Analysis (PCA) data for England, 2014.

Continence Nurses and Advisors

- 4.5 If continence services are to be given the priority that is required by Health Boards, it is important that they have in place the appropriate number of nurses trained in catheterisation and a named continence lead. NHS Wales should prioritise the development of commissioning guidance on bladder (and bowel) to improve the quality of local commissioning with a focus on avoiding unnecessary hospitalisation and recommending a named continence prescribing lead in each Health Board . The National Urology Implementation Plan should reflect this.
- 4.6 The call for evidence revealed that in some parts of the UK a nurse led service has been

established for the prescribing of continence appliances in parallel with investment and funding for community based continence nurses.

“Once the continence caseload was brought together and managed by healthcare professionals that understood the caseload and the products patients were using, improvements in patient care were quickly realised.”

*- Response from the
call for evidence
- Continence lead*

RECOMMENDATIONS:

- ▶ **GPs should receive training on the different continence products available and/or refer to community continence teams where the specialist knowledge is based.**
- ▶ **Patient management systems should be used to improve prescribing, patient care and quality of life whilst reducing cost.**
- ▶ **NHS Wales should prioritise the development of commissioning guidance on bladder (and bowel) incontinence to improve the quality of local commissioning. There needs to be a focus on avoiding unnecessary hospitalisation and recommending a named continence prescribing lead in each Health Board.**

CASE STUDY:

Cardiff and Vale University Health Board

Catheter Passports

Problem

- It had been identified by the C&V UHB continence service that there had been inconsistent use of documentation and/or electronic recording of catheter insertions and management systems throughout the UHB.
- There was also a lack of communication between services within the UHB and other agencies with regards to catheterisation and its management.

Aim

- Identify inconsistencies and standardise documentation and electronic records of catheter insertion and management in line with CAUTI bundle (1,000 lives + and High Impact Intervention No 6).
- Improve communication across the UHB and with outside agencies who may be involved with individuals with urinary catheters.

Programme

- Establish a catheter group comprising of acute/community nurses, urology, GP, senior management & continence service input to look at UHB documentation and standardise for all areas across the UHB to improve communication. This also included electronic recording systems used within the primary care setting.
- Improve communication throughout the UHB by the introduction of a Catheter Passport, Catheter Algorithms, discharge letters, and extend to other services including Ambulance Services.

Results

- To aid good communication throughout the Health Board we have introduced a standardised catheter discharge letter, catheter algorithms and the use of the Catheter Passport.
- Electronic data within Primary care have a dedicated catheter section which includes information on insertion, catheter care and use of maintenance solutions.
- The catheter passport has been introduced for all patients who have an indwelling catheter inserted throughout the UHB. This has now been accepted as good practice across Wales and is being updated for use as a template throughout Wales.
- The message is also promoted by the Ambulance Service who now identify patients who have a catheter insitu and look for the passport prior to transporting patient. This enhances patient care and continuity.

CASE STUDY:

Cwm Taf University Health Board

Patient Management System

Problem

- Costs of urinary catheters and accessories within CTUHB were the highest in Wales, 19% higher than the All Wales average.
- During 2013/14 Cwm Taf's costs increased to 17.6% higher than the Welsh average.
- CTUHB was identified as having the highest cost per patient unit in Wales, It was 14% higher than the All Wales average.
- Lack of regular specialist clinical review can lead to inappropriate catheter products being supplied, and a continuation of products that may be no longer clinically appropriate.
- These issues along with limited access to specialist services further compound the social isolation of living with incontinence and bladder problems, its stigma and the feeling of helplessness.

Aim

- The development and implementation of a Specialist Nurse led clinical assessment, advice and Appliance Prescription Service for catheter patients within Cwm Taf University Health Board (CTUHB).

Programme

- An Appliance Prescription Service for catheter patients was developed and rolled-out across CTUHB adopting a multi-disciplinary approach by the Continence Department in partnership with Medicines Management; Primary Care & Localities Senior Managers; GP's and Practice Managers; District Nursing Teams and the IT department.
- The target client group were patients over the age of 18 receiving continence products in CTUHB.
- A multi-disciplinary Task & Finish Group was set up with a clear action plan and a goal of the centralised prescribing of catheter products along with a co-ordinated clinical review of all catheter patients by the Continence Team.

Compliments from patients:

"...thank you! I have had no follow-up for the last 6 years"

"Thank you for your sound advice and support"

"Great service! I feel secure knowing there is someone to turn to"

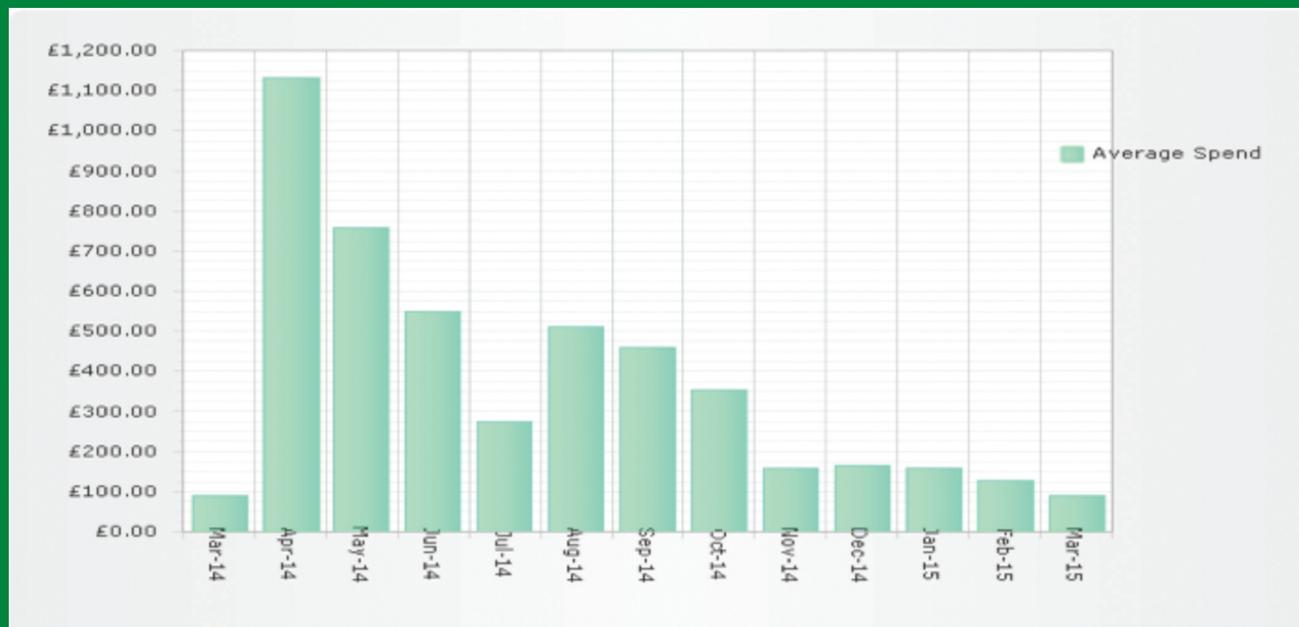
- Patient feedback

Continued >>

Results

- The project has had an impact on A & E attendances and emergency admissions as a result of catheter related problems. Data shows a reduction in A&E attendances in the last year i.e. 24 attendances in 13/14 and 10 attendances 14/15, a reduction of %41.
- Since the service was imbedding, costs of urinary catheters and accessories in 2014/15 at Cwm Taf are now 2.75% above the Welsh average, this is compared to 17.6% in 2013/14 .
- By the end of 2015/16, medicines management believe that they are on target to be 13.2% lower than the Welsh average despite an increase in patient numbers.GP practice time has now been freed up to provide other services.
- CTUHB Continence Service has pushed the boundaries through service development, multi-disciplinary working, communication & ease of access to specialist services.
- CTUHB have demonstrated that centralised Continence Nurse prescribing allows for timely clinical review and intervention, improves concordance, minimises harm and increases compliance for the patients with bladder/bowel dysfunction.

Average spend per patient ProACT March 2015:



CASE STUDY:

Cardiff and Vale University Health Board

Catheter Trays

Problem

- The Cardiff and Vale University Health Board (C&V UHB) has responsibility for an approximate population of 500,000; this includes nine hospitals (including two University Hospitals) and a large number of District Nurses.
- Catheterisation within patients' homes comprised a distinct proportion of the normal duties of District Nurses.
- Within the C&V UHB the incidence of equipment shortages leading to the inability to catheterise at the patients' home was estimated between one incident per week to one per month.

Aim

With the aim of minimising clinical incidents and improving clinical practice, the C&V UHB carried out a trial of a Foley catheter tray to be carried by District Nurses as emergency boot stock.

Programme

- This involved a collaborative approach to community catheter care led by the Director of Continence Services, the Head and Senior Nurse for District Nursing and the Urology Department.
- The group looked at what equipment was required to undertake catheterisation in line with all national guidelines and local policies and the BARD® met all specifications.
- A business plan was formulated to supply all District Nurses with a boot stock of this tray.
- Funding was agreed for 200 trays which were purchased of standard size 12Ch and 500mls medium tube drainage bag. A further 16 all silicone trays of the same specification were also purchased for patients with a latex allergy.
- All staff were trained on tray contents prior to distribution.

Results

- Reduction in catheterisation time of approx 10 – 15 mins per catheterisation, allowing professionals to be released for other aspects of care.
- Staff and patients found the trays very convenient, with all equipment in one place.
- It has a positive impact on the patient's perception of the nurse, with increased professionalism.
- Reduction in professional stress levels as equipment is all in one place so staff do not have to run about to look for items.
- Reduced clinical risk (as all equipment available) and embarrassment for patients as less time exposed.

CASE STUDY:

Betsi Cadwalder Health Board

Referral and Patient Management

Problem

- Too many patients were presenting at Emergency Departments (ED) with urinary catheter related problems, including blocked catheters. In 2015 there were 697 such cases across North Wales.
- Of these cases some patients were known to District Nurses but they still presented at ED during 'office hours' or patients were not known to District Nurses and therefore they would have no alternative but to present at ED.
- There are resource implications for Welsh Ambulance Service Trust (WAST) as some patients are being conveyed to ED via ambulances which may limit resources in the event of life-threatening circumstances.

Aim

- Reduce the number of patients attending ED with catheter related problems.
- Ensure patients with catheter related problems are managed proactively in the community, and in a timely manner in the event of a crisis.
- Ensure catheterised patients who require hospital intervention are fast tracked to the appropriate department as opposed to attending ED.
- Ensure all patients discharged from hospital with a urinary catheter are referred to District Nurses.
- Ensure all catheterised patients are discharged from hospital with sufficient products to reduce infection risks until on-going supplies are prescribed and dispensed.
- Ensure District Nurses are provided with the required information on discharge to safely manage catheterised patients in the community.
- Improve patient experience and outcomes by ensuring every patient is given an information leaflet detailing how to care for their catheter and are issued with emergency contact details.

Programme

- A process has been developed to ensure that all patients discharged from hospital with a urinary catheter are referred to District Nurses via Single Point of Access (SPoA) for on-going management and support and to ensure WAST are aware of who to contact in the event of a catheter related problem to avoid despatching an emergency ambulance and possible ED attendance.
- A monthly audit is conducted of existing catheter documentation to improve compliance.

Continued >>

Programme Continued

- An electronic register of all catheterised patients is being developed which will be accessible to various HCP's (hospital and community) including WAST staff. The register will contain information regarding reason for catheterisation and who should change the catheter. The register will also include an 'alert system' which will notify District Nurses if a patient attends ED or GPOOH with a catheter related problem.
- Myth busting sessions have been undertaken to dispel many catheter misconceptions such as 'we cannot do first catheterisations or first catheter changes' and 'male nurses cannot catheterise female patients'.
- Catheterisation training needs of staff have been considered with additional training planned.
- A 'home from hospital prescription request' has been developed and piloted to improve the process of obtaining on-going catheter related supplies in a timely manner, this also promotes formulary compliance.
- To improve the care of the catheterised patient and streamline documentation, a urinary catheter 'passport' is being developed.

Results

- Initial feedback indicates the initiative is succeeding with the latest attendance figures currently being collated and will be published when available.
- As a direct result of the initiative, a 'Trial Without Catheter at Home Service' is being introduced which will improve the patient's journey and increase capacity within the Urology Diagnostic Unit for more complex care.

CASE STUDY:

Nottingham University Hospitals

Problem

- Inconsistent practice in inserting urinary catheters across all staff.
- Inconsistent use of products when inserting urinary catheters.
- Initiative to decrease catheter associated urinary tract infections (CAUTIs).

Aim

Implementing an all-in-one catheterisation pack to standardise the products used across the trust and improve practice whilst driving down the rate of infection.

Programme

- The continence team lead for the Trust undertook a 4 week fellowship in America to assess the impact of education on this topic and the introduction of a catheter insertion pack.
- The BARD® Tray was the chosen product to be used across the Trust. The tray had many benefits, primarily that the products required to catheterise a patient were all contained within it. This made the process timelier for staff and eliminated the issues of staff forgetting certain pieces of equipment.
- Having all the products in one tray together means that staff would not forget to take equipment with them therefore no longer having to break off from the procedure to collect those items. This decreases the risk of contamination, preventing CAUTIs, and also makes the process more dignified for the patient.
- The catheter and urine drainage bag are pre-connected with a removable seal. Having this seal in place means that the drainage bag can stay in place for up to 14 days. This significantly reduces the risk of the catheter and drainage bag becoming accidentally disconnected, therefore reducing the risk of infection.

Results and outcomes in 2016

After product recognition training and staff engagement of over 600 members of staff, the BARD® catheterisation tray has been fully adopted at Nottingham University Hospitals and is a good example of a positive change in culture and practice for staff. Clinical members of staff continue to speak highly of the tray and are reaping the benefits of having everything they need all in one tray together. In 2015 NUH benefited from a **45% reduction in Catheter Associated Urinary Tract Infections (CAUTIs)** with the rate of catheterisation remaining the same. If the CAUTI rates for 2016 continue to fall as they are, there will be an **overall 70% reduction since the implementation of the tray.**

The cost avoidance in treating CAUTIs in 2015 was approximately £95,000 and with the further estimated reductions in 2016 we have approximated a £130,000 overall cost saving. There is an added cost saving of approximately £40,000 on a like for like product basis. The overall **estimated cost saving for Nottingham University Hospitals by the end of 2016 will be £170,000.**

This project is a great example of how collaborative working with clinicians, procurement and industry can influence and change practice for the benefit of the patient.

CASE STUDY:

Berkshire Healthcare NHS Foundation Trust

Problem

- Inappropriate issuing of supplies to patients on FP10 and therefore unnecessary expenditure and poor quality care.
- Patients were not fully supported in the use of continence aids and appliances on FP10 prior to our service coming into being.
- GP's openly acknowledged that their knowledge of the range of products was limited and that often the decision to prescribe aids were NOT clinically led.
- Patients were being admitted to hospital with UTIs linked to catheterisation or incomplete bladder emptying and these issues were not being identified and prevented.

Aim

- Ensure appropriate use of products, reduce the complications of using products, such as UTIs, which can cause hospital admissions.
- Ensure long term catheters are managed effectively to prevent emergency call outs, and therefore enhance the quality of patients' care by ensuring all care is planned.
- Ensure the service had a supportive role for other healthcare professionals. The district nursing service who currently manage patients in their own home with long term catheters, have greater access to specialist support and advice for those patients whose catheters or sheath systems are problematic.

Programme

- The service implemented a patient management system to optimise the use of continence products.
- All patients who require continence aids on FP10 are now fully assessed to ensure that they are prescribed the most appropriate product. The use of the products are fully explained to the patient.
- Patients are reviewed at every monthly re-order. Initially triage questions are asked by the administrator for the service, and if appropriate this will trigger a Specialist Continence Nurse assessment. This ensures that the patient receives the best possible care and most appropriate product. This also ensures that as the patients' needs change, their care is reviewed.

Savings

- Within the first 6 months £70,953.06 was saved on the purchase of continence products through appropriate stock levels.
- The cost per patient order per month was £106.11 in September 2014. In August 2016 the cost per patient order is even lower, at £101.58.
- This system identified 26 examples of patients using catheter maintenance solutions with no rationale for usage, which created unnecessary risk of infection.
- Numerous examples of patients overstocking products were uncovered, including a female patient with enough catheters to last for 2 years.
- 500 ISC catheters were returned; even if used 6 times per day this equates to a 3 month supply, which cannot be reused to other patients and equates to over £750 of wasted resources.

Improvements to Patient Care

An audit of service users was undertaken, there were 111 responses (50%)

- 96% rated the service as good /excellent
- 95% rated the clinical support they were given as good/ excellent

“As you can imagine we were very uneasy when we heard there was to be a new continence service and could imagine all sorts of problems. We have been very happy with the way your service works and have not had any problems at all! The people we speak to are polite and knowledgeable and delivery is accurate and prompt. We would like to pat you on the back for your wonderful work.”

- Patient testimonial

CASE STUDY: NHS Rotherham

Problem

- Costs were increasing faster than overall PCT (now CCG) prescribing inflation.
- The PCT (now CCG) had no idea about how many patients were using continence equipment or how many had a review during the last 12 months, and therefore could not assure compliance with Good Practice in Continence Services DH 2000 or NICE guidance (CG40).
- NHS Rotherham had no community continence service and no mechanism for funding this development.
- NHS Rotherham had no intelligence on how patient's lives were affected by inadequate continence equipment/advice.

Aim

- The NHS Rotherham Medicine Management team identified 5 areas of prescribing where the GPs acknowledged that they made little intervention and only prescribed what was requested. The aim was to redesign the service by transferring the prescribing and budgetary management of these products to the health professional best equipped to manage the service.

Programme

- The expenditure on continence equipment was transferred to the continence advisor and the continence service was set up with a PPD practice code.
- A band 6 community continence nurse and a band 3 project administrator were appointed.
- A technician from the Medicines Management Team visited all practices and collected the patient information from the GP systems. This was transferred to the new continence service. Two months later all prescription details for continence equipment were removed from GP systems.
- Patients now call the continence service to order their prescription. If the patient reports problems or the clinical template indicates problems they are referred to the continence nurse before the prescription is issued. Patients can also request a prescription by e-mail.
- Prescriptions are then forwarded to the patient, a community pharmacy nominated by the patient, or an appliance contractor nominated by the patient.
- All patients receive an annual review and a considerable amount of unmet need was initially discovered.

Results

- In the four years since the project started continence prescribing costs in England increased by 25.95% whereas in Rotherham **costs decreased by - 4.52%**.
- Rotherham's expenditure in 2013/14 = £588,760.
- If Rotherham's costs had increased in line with national growth expenditure in 2013/14 would have been £829,715 resulting in a potential saving of **£240,955 a cost reduction 29%**.

FOI RESPONSES

120 Trusts responded to the Freedom of Information Request.

1. How many specialist urology/continence nurses were there within your Trust in each of the last five financial years? Averages below:

2010/2011	2011/12	2012/13	2013/14	2014/15
3.58912281	3.716783	3.785862	3.789483	3.844522

2. How many hours of staff training were allocated in the last financial year, under the remit of continence care, to catheterisation?

Average: 535

3. Do you have a named continence lead within your Trust?

Yes: 57 (48%), NO: 52 (43%), Did not answer: 11 (9%)

4. Are catheter passports used at all within your Trust?

Yes: 41 (34%), No: 75 (63%), Did not answer: 4 (3%)

5. If a catheter passport is used within your Trust does it contain a urine colour chart?

Yes: 7 (6%), No: 41 (34%), Did not respond: 72 (60%)

6. Do you have a urine colour chart on every toilet door within each hospital?

Yes: 5 (4%), No: 110 (92%), Did not respond: 5 (4%)

CONCLUSION

The NHS in Wales is at a crucial point in its existence. High demand and an ever tightening budget mean it is now more important than ever that services are both efficient and successful in achieving high quality patient care.

The Welsh Government's National Urology Implementation Plan demonstrates its commitment to driving forward service change based on clinical value prioritisation, integrated care and best in class service provision. The Unplanned Admissions Consensus Committee is determined to support this vision to become a reality.

This Best Practice Guide provides several key recommendations that, when implemented by Health Boards and continence services, will help to drive a regionally consistent high quality of continence care and in the process will drive tangible savings. The aim is to be part of the solution in reducing demand on NHS and social care services.

As the case studies within this Guide demonstrate, there are parts Wales and the UK where innovative solutions and earlier interventions are being implemented, reducing costs and improving lives. These solutions are crucial to reversing current trends of increased A&E attendances, emergency admissions and delayed discharges.

The Guide hopes to provide Health Boards and healthcare professionals with examples of how the NHS in Wales can deliver value through service reform by the adoption of best practice and we hope that there will be a wide uptake of these recommendations.

The Committee will continue to promote these recommendations, and will provide support to those who are leading transformation and change within their Health Board. To receive further information, or to discuss how you can support the Committee's work, please contact the Committee's secretariat at: sara@pbpoliticalconsulting.com.



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P W Y L L G O R
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