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Foreword

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Many care home residents are likely to experience some degree of incontinence. Continence issues are among the most common reasons for admission to residential care. Incontinence is linked to increased risk of falls, pressure ulcers, urinary tract infections and moisture-associated skin damage, and it can also have a psychosocial impact on a person's holistic wellbeing.

However, nurses and carers should not presume that incontinence is an inevitable part of aging. Some care home residents are physically continent but are unable to get to the toilet on their own, making their continence dependent on carer assistance. For others, incontinence is a symptom of underlying problems that can be identified and treated with simple but effective clinical assessment and management (Royal College of Nursing (RCN), 2023). Poorly managed incontinence may also result from blanket prescribing of generic products that do not meet the person's needs.

Despite the importance of assessing and managing incontinence, experience suggests it is often a relatively low priority for carers as they attempt to give the best care possible. This may be because carers feel toileting regimes are too time-intensive or that, by the time they get to the resident, it is too late to help. However, implementing a successful toileting plan can reduce the time needed for care. Restoring a person's continence can reduce their dependence on carers, as well as the risk of confusion, distress and physical harm.

A successful toileting plan requires a comprehensive assessment to understand the resident's physical needs (RCN, 2021). This must include details about the passage of urine or faeces, including toileting frequency, volume of urine passed, visual description of faeces (based on the Bristol Stool Chart) and leakages, with comparison to the person's normal routine. There should be a medical history of drugs, comorbidities and pregnancies, alongside holistic factors, such as:

- Diet and fluid intake
- Mobility (with physical or environmental factors)
- Independence (in feeding, dressing and washing)
- Mental capacity (such as recognition of toileting need)
- Lifestyle (including drugs, alcohol, smoking and weight)
- Possibility of physical abuse, including female genital mutilation

This assessment should facilitate personalised prescription of continence containment products for an individual's needs. An appropriate prescription is likely to be more clinically effective and, thus, can improve continence status and prevent avoidable complications, such as falls and skin breakdown. Likewise, it can be more cost-effective, avoiding unnecessary allocation of carer time or ineffective use of medications. In the UK, around £80 million is spent on incontinence pads each year (Bladder Interest Group, 2021), and this figure is likely to increase due to a growing aging population with more complex needs. This amount does not account for the time that carers need to assist the resident, and a widespread shortage of nurses and carers makes efficient and cost-effective patient care paramount.

People living in care homes are entitled to the same provision of continence products as those living at home. Care home managers, commissioners and continence specialist nurses need to work together to ensure each resident is assessed and provided with the correct products for their needs. It is important to educate staff in care homes about continence care. There are many resources available online, but these should be supported by in-person participatory education to ensure that all staff have the skills to meet the needs of all residents.

Declaration of interest: Fiona le Ber was paid an honorarium for writing this article

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A person-centred approach to urinary incontinence assessment and care

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Abstract

Urinary incontinence is prevalent in older people, especially those in residential and nursing home care. If ineffectively managed, it can have negative impacts on quality of life, including moisture-associated skin damage. A Delphi steering group was convened to test a consensus on continence assessment and care. This covered dignity, autonomy and quality of life of patients with incontinence; incontinence as a contributory risk factor for falls; improved skin health; improved education and self-management; reduced pressure on staff and carers; mental health, early-stage dementia and end-of life support; role of guidelines and individual needs-based continence pad selection. This resulted in recommendations on basic assessment, taking a person-centred approach and improving the provision of continence aids.

Residential and nursing home care for older people has grown rapidly in the UK. Many residents in these settings will most likely have urinary incontinence or dysfunction, but it should not be considered unavoidable. In the first instance, it may be avoidable with proper management. Incontinence is a symptom of underlying problems that can be identified and treated with simple assessment and investigation. Even when a cure is not possible, optimal incontinence management methods can produce 'social continence', thereby alleviating embarrassment and preserving patient dignity (British Geriatric Society, 2018).

This article aims to highlight the importance of continence assessment and person-centred care, as well as raise the awareness of the burden of ineffectively managed urinary incontinence in nursing and residential care homes.

Urinary incontinence in older people

Urinary incontinence is defined as the involuntary leakage of urine in an inappropriate location (NHS England, 2019). Incontinence is very prevalent in the UK: an estimated 14 million people of all ages struggle with bladder issues; 34% of women are thought to be living with urinary incontinence, while 61% of males in the general population experience lower urinary tract symptoms (NHS England, 2018). Despite this, urinary incontinence is not often discussed. Although it is not a normal part of ageing, urinary incontinence may get worse as people get older, due to functional and cognitive issues, limited mobility or life-limiting illnesses (Yates, 2019).

Physical impact

Urinary incontinence is associated with moisture associated skin damage (MASD). The potential causes of MASD are given in *Box 1*. The presence of urine and faeces on the skin leads to overhydration, which in turn causes swelling and damages the structure of the outer layer of the skin, the stratum corneum (Fletcher, 2020). This will lead to

visible changes, such as maceration and breakdown of the skin. Overhydrated skin allows irritants to penetrate the epidermis (Young, 2017). It is also susceptible to damage from superficial shearing and so is more likely to stick to clothes or bedding, making it more difficult for the patient to move. This greatly increases the risk of skin breakdown. One of the most recognised and studied types of MASD is incontinence-associated dermatitis (IAD). A form of contact dermatitis, it has the highest prevalence (varying from 6% to 50%) in patients who live in residential care settings (Beeckman et al, 2015).

MASD is associated with increased risk of pressure ulceration, due to increased local friction and shear forces, rather than being a direct cause (Fletcher, 2020). Other physical harms associated with urinary incontinence include an increased risk of falls, secondary skin infections and fungal infections. Good continence care is critical in preventing these issues from occurring. Maintaining residents' skin integrity and reducing the risk of these problems can be achieved through a thorough holistic continence assessment (Young, 2017; Incontinence UK, 2022).

- Urine and faeces convert urea to ammonia, which destroys the skin's protective acid mantle
- As the skin becomes more alkaline, this activates both proteolytic and lipolytic enzymes, causing irritation and tissue breakdown
- Meanwhile, presence of urine and/or the washing methods used cause the skin to become overhydrated
- This makes the skin more permeable to irritants, at greater risk of breakdown and more vulnerable to bacterial proliferation and fungal invasion
- When skin is exposed to urine and/or faeces, it is more likely to be subjected to mechanical forces, such as friction and shear, and so will break down faster

Source: Cooper (2011)

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Holistic impact

The symptoms of urinary incontinence can be extremely distressing and embarrassing for individuals and impose a high burden on their mental wellbeing, as well as their physical health (Hoedl et al, 2022). This can lead to disturbed sleep, social isolation and loss of independence and productivity. The negative effect on a patient's quality of life may be significant (National Institute for Health and Care (NICE), 2013). Yip et al (2013) reported that the impact of moderate symptoms of incontinence on quality of life is like that of diabetes or high blood pressure.

Financial impact

The Association for Continence Advice (ACA) (2021) concluded that urinary incontinence contributes to unnecessary costs to the NHS through avoidable complications, and it can increase the amount of time spent in high-cost hospital settings (NICE, 2013). Pressure ulcers and MASD affect nearly 700 000 people each year across all care settings, with pressure ulcers incurring an annual financial burden of between £1.4 and £2.1 billion (NHS England, 2018).

Urinary incontinence is also a major cause of early admission to residential care (Age UK, 2022). Care home staff can find it challenging to manage urinary incontinence in a care home setting (Del Pratol, 2022). The challenges include an increased need for moving and handling, which places a greater physical strain on staff and requires more time dealing with continence issues, which reduces the time that can be spent on other aspects of care. Harrison et al (2019) agreed that urinary and bowel care conditions are common in nursing and residential homes. They are challenging to manage with insufficient staffing resources, with complications of incontinence resulting in additional expenditure.

Improving provision of continence aids

In 2021, Essity UK convened a steering group of NHS continence specialist nurses, representing primary care and procurement services, from across the UK to undertake a study on the importance of improving the provision of continence products to meet patients' needs.

Due to the lack of evidence and literature on this area of care, the steering group chose to use the Delphi consensus method (Orme et al, 2022). This well-established approach to answering a research question involves identifying a consensus view through the analysis of feedback to open ended questions or statements from a panel of subject experts, including academics and clinicians (Hohmann et al, 2018).

Seven key topics were agreed by the steering group for consensus testing (*Box 2*), who then generated 50 consensus statements relating to these topics. An online survey was conducted, with respondents rating their agreements to these consensus statements as either 'strongly disagree', 'tend to disagree', 'tend to agree' or 'strongly agree'. The survey was sent to steering group members' colleagues working in continence care and distributed in an online education meeting run by Essity. The steering group defined a threshold of consensus of ≥66% as high and ≥90% as very high.

The survey results revealed that 39 out of 50 of the statements achieved a very high consensus agreement, with nine achieving high consensus. Two did not achieve the consensus threshold of 66%; however, their score was greater than 60%. The consensus findings and associated

panel recommendations for each of the seven topics are discussed below.

Dignity, autonomy and quality of life of patients with incontinence

Very high consensus was achieved for the statements relating to dignity, autonomy and quality of life of patients with incontinence. The steering group concluded that a continence assessment should be completed by fully trained healthcare professionals to eliminate any potential risk from comorbidities, such as dehydration, diabetes, prostate cancer or ovarian cancer, that less experienced colleagues might not be able to address.

Incontinence as a contributory risk factor for falls

There was a strong agreement about the consensus statements on incontinence as a contributory risk factor for falls. The steering group of NHS continence specialists agreed that the effect of a patient's gait on their continence outcomes should be assessed and the reason for a fall determined. The steering group acknowledged that a one size-fits-all approach to continence pads does not meet patient needs.

Improved skin health

Five statements on improved skin health reached consensus. The group agreed that a pH-balanced, no-rinse wash cream should form part of the management plan to help reduce the burden of IAD and other related skin damage, in line with recommendations from NICE (2014).

- Dignity, autonomy and quality of life of continence patients
- Incontinence as a contributory risk factor for falls
- Improved skin health
- Improved education and self-management
- Reduced pressure on staff and carers
- Mental health, early-stage dementia and end-of-life support
- The role of guidelines

Source: Orme et al (2022)

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Improved education and self-management

All statements on improved education and self management achieved high consensus, with seven topics achieving very high consensus. This result shows strong support for provision of training to all healthcare professionals on the physical and psychological factors associated with urinary incontinence to improve treatment, with a focus on the dignity of the individual. Respondents identified self-management as a key target for improvement. The steering group agreed with this, concluding that patients should be provided with education on the characteristics and use of continence pads.

Reduced pressure on staff and carers Strong consensus (either high or very high) was achieved for the statements on reduced pressure on staff and carers. The results suggest that improving the design of continence pads so that they can be applied by a single carer would not only reduce the financial burden on the NHS but also the risk of injuries to carers, such as back injuries, and patient comorbidities, such as arthritis.

Mental health, early-stage dementia and end-of-life support

There was a 100% consensus on the statements on mental health, early-stage dementia and end-of-life support. All respondents agreed that incontinence can affect the patient's mental health. The steering group concluded that this subject must be addressed at an early stage or at the initial assessment, and it was agreed that the provision and selection of continence pads must be based on individual patient need.

Role of guidelines

There was also strong agreement on the role of guidelines, with high consensus for all statements. The steering group agreed that awareness of incontinence guidelines and associated treatment plans should be improved to facilitate patient access to continence pathways at the earliest point to receive appropriate care for their needs.

Overall recommendations

The steering group concluded this exercise with a series of recommendations for improving service guidelines, which included the following (Orme et al, 2022):

- Provision of continence pads should be appropriate and based on a clinical and holistic assessment, with product selection determined by individual patient need rather than budget or pads per day—assessment should aim to achieve the right pad for the right patient at the right time
- Education for care home staff on continence issues needs to improve
- The effect of incontinence on a patient's mental health must be considered as part of a continence assessment.

Individual needs-based continence pad selection Assessment of continence problems should be undertaken by an experienced professional in line with recommended minimum standards (McClurg et al, 2013; United Kingdom Continence Society, 2017).

As advocated in the Delphi publication (Orme et al, 2022) and a plethora of other research, a comprehensive and

accurate continence assessment is needed to identify the type of incontinence present and generate a person centred care plan. The British Geriatric Society (2018) concluded that care home staff can make a valuable contribution to continence assessment by listening to patients' expressions of their needs, taking note of the severity of incontinence and its impact on the individual, as well as the patient's attitude to the problem, thereby providing valuable assistance to healthcare professionals undertaking continence assessments. The components of a basic continence assessment are given in *Box 3*.

There is evidence that continence pad selection is often not based on individual patient need. A study by Huion et al (2021) compared management of urinary continence in nursing home residents aged 65 years and older, based on their level of care dependency. It found that the most common intervention for those who were 'care independent' was the use of absorbing material alone, whereas for those who were 'care dependent' it was a combination of absorbing material with toilet visits at set times. A systematic review by Flanagan et al (2014)

Box 3. Basic continence assessment

- Type of continence symptoms experienced
- Onset, duration and presentation of symptoms, including whether they are related to a specific event
- Complete patient history, covering the following:
- Medication, including that available over the counter
- Obstetric and surgical history
- Comorbidities and allergies
- Mobility, dexterity and body mass index
- Mental health, neurological status and cognitive issues
- Social and environmental factors (such as bed or toilet height and access to toilets, carers or other facilities)
- Basic interventions, such as a completed bladder or bowel diary (usually 3 days for bladder and 7 days for bowels) or a residential or nursing home chart
- Fluid intake, including amount and type
- Dipstick urinalysis—used at initial assessment only for screening to rule out dehydration and other medical issues, rather than as a diagnostic test
- Any bladder scans and pelvic floor examinations performed by specialists trained in these procedures

Source: Yates (2021a)

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found a high prevalence of urinary incontinence among patients in residential settings aged 65 years and over, especially frail adults with significant cognitive impairment and extremely low activity levels, and that their continence management comprised the use of incontinence pads and toileting programmes. The review concluded that the management of incontinence in care homes is complex because it requires time and cost-efficient management procedures to contain the problem and deliver quality achievable care.

The ACA (2021) argued that, to ensure best practice for continence pad provision, clinical assessment and personalised care planning must be undertaken before a product is selected. The clinical assessment must include checking that any required first-line treatment has been provided and whether the individual has a clinical need for an absorbent pad. Successful management of incontinence is often referred to as contained incontinence (Yates, 2021b).

There is a vast range of products catering for different clinical continence needs. A list of key elements for the assessment of continence products compiled by the International Continence Society (2017) included:

- The nature of the continence problem
- Physical characteristics
- Sex
- Personal preferences
- Lifestyle and environment
- Mental acuity.

According to Durrant and Snape (2003), in nursing homes, absorbent pads and undergarments should be used as an adjunct to continence-promotion strategies, such as fluid management, regular assistance with accessing the toilet and pelvic floor exercises, rather than as an alternative to them. Likewise, when pads are worn, attention must be given to skin integrity; the frequency and severity of urinary incontinence; and the patient's preferences, size, mobility and activity.

Digital technology in continence care The Department of Health and Social Care (2022) published a policy paper outlining its plans for digital health and social care. The NHS App is at the centre of these plans. The raft of policy initiatives includes funding to support the use of electronic patient records in all NHS trusts and the promotion of digital tools that people can use at home to manage their long-term health conditions.

Several trusts benefitted from the use of e-learning, which was introduced during the COVID-19 pandemic, and have delivered a range of remote continence training in the past 2 years. This has allowed continence services to expand the reach of their training opportunities to a wide range of clinical settings, including care homes, which should improve the quality of continence care provided (Unplanned Admissions Consensus Committee, 2022).

Conclusion

Further research is needed on this subject. However,

incontinence is a varied and complex condition that, if not managed appropriately, can have a significant impact on the quality of life of care-home patients, as well as be a burden on both NHS and care home resources. Person centred care and correct product selection, based on an individual's needs, can improve patient outcomes and prevent comorbidities.

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Value-based procurement in practice: individualised holistic prescribing for incontinence containment pads

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Abstract

Background: Poorly managed incontinence has many negative impacts on the health and wellbeing of care home residents and their carers. This can result from generic continence product prescriptions that are not tailored to individual need.

Aims: A holistic product assessment tool was designed to embody the concept of value-based procurement, facilitate personalised prescriptions and overcome barriers created by the COVID-19 pandemic.

Method: In May and November 2021, residents with incontinence problems in six care homes underwent a holistic product assessment followed by personalised prescription of continence products. The impact was measured with a 5-month record audit and 5-day product trial before and after the intervention.

Findings: The 44 residents included were largely dependent on carers for toileting. The product trial showed more personalised and varied product use resulting in fewer leakages and reduced average time for product changes. It also identified improved average carer satisfaction scores related to product quality, ease of removal, ease of application and avoidance of unnecessary moving. The record audit identified reductions in falls, hospital admissions and urinary tract infections.

Conclusion: Providing holistic, individualised assessments to prescribe continence products directly benefitted residents and services across multiple clinical, financial and quality-of-life outcomes.

In 2020, the Lincolnshire Community Health Services (LCHS) launched an unplanned service-improvement project to provide incontinence assessments for patients living in the community. This could not be conducted face-to-face due to the COVID-19 pandemic. These personalised holistic assessments aimed to ensure that patients were prescribed the right urinary incontinence containment product for their needs. The project was led by a continence clinical nurse specialist (CNS) and involved community nursing teams and care home staff. This article presents the outcomes of this project in terms of effectiveness and impact.

Background

Impact of uncontrolled incontinence Incontinence that is not sufficiently managed results in leakages, which can have multiple major, and often underestimated, negative impacts on patients' health and wellbeing. This can include physical harms from increased risks of moisture associated skin damage (MASD), urinary tract infections (UTIs) and falls (Montero-Odasso et al, 2022; Orme et al, 2022). There is also the personal and social burden of having to change products and clothing, as well as the psychological strain of associated feelings of embarrassment, dependence and loss of dignity (Murphy and De Laine, 2019).

Many people living with incontinence are reliant on carers, and it is often cited as a significant reason for people to be admitted into care homes (King's Fund, 2014). Incontinence has been found to affect one in three people in residential care (British Geriatrics Society, 2010). Changing products, clothing and bedding after leakage, including the associated laundry burden, is time-consuming for carers, as well as being a financial burden. Moreover, it also tends to require carers to repeatedly bend in a way that places strain on their backs and, thus, can be deleterious for their physical health (Orme et al, 2022). This is particularly burdensome when patients require assisted moving and handling, especially if assisted moving causes discomfort or pain for the patient and should be avoided when possible.

Uncontrolled incontinence can also be assumed to have broader impacts on environmental, as well as financial, sustainability. Each leakage results in excess use of energy to wash clothes and bedding, as well as manufacture and distribute products, which are typically single-use and end up in landfill.

Continence products

The NHS spends around £80 million per year on continence products, representing approximately 10% of the total cost of care (NHS England, 2018). Patients with intractable incontinence should be provided with appropriate continence products through an NHS community healthcare service (NHS England, 2022). These tendered NHS services will have a contract with a product provider, which will keep a database of patients and their prescriptions. Although many continence products can be purchased over the counter in shops and pharmacies, present guidance on provision only applies to continence products that are available through NHS funding and

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classified as class I medical devices by the Medicines and Healthcare products Regulatory Agency (2014).

Not all continence products are the same, with different absorbency levels, components (one- and two-piece) and styles, such as shaped pads, briefs with tabs, belted briefs or pants. These differences are not always understood by lay people and generalist professionals. This may result in product selection being based on lowest cost per unit or greatest familiarity. Patients should be prescribed the most appropriate option individualised to their needs, based on factors including their anatomy, mobility, degree of incontinence and toileting ability (Orme et al, 2022). Product selection can be assisted with the Continence Product Advisor (2017) website.

The provision of continence care varies greatly across the UK and is dependent on commissioning arrangements and priorities of individual trusts and integrated care boards. There is only guidance and no legislation for standardisation (Royal College of Physicians, 2010; Association for Continence Advice (ACA), 2021). Variations include products, assessment and support services and can lead to confusion for patients. This longstanding issue was identified at the turn of the millennium, when the Department of Health (2000) found patients were receiving anywhere from two to six products per day. The Department of Health's (2000) publication of 'Good practice in continence services' led to the development of nurse led specialist continence services, but their application is not consistent. For example, continence assessments are conducted by specialist continence teams in some areas and by community nursing teams in others. Teams may have different restrictions on the number or types of products that can be provided to a patient per day (Royal College of Nursing (RCN), 2022).

Local background

Patients referred to the continence service at LCHS would undergo an initial continence assessment by the community nursing team. If the patient was found to require a containment product, the community nursing team would provide a product assessment and could prescribe up to four per day from a basic formulary, which should have been individualised to patient need. The community nursing team was supported by the continence CNS, who cared for patients with complex needs, provided active treatment and authorised the prescription of more frequent or higher absorbency products from a specialist formulary.

In the area covered by the author, the local Care Home Association had raised concerns through the Frailty Expert Reference Group that patients' continence-related needs were not being met. Among other challenges, this was suggested to be due to generalist product provision and long waiting times for NHS product provision assessments. Care homes staff described patients being brought from the communal lounge with wet clothing, resulting in embarrassment and loss of dignity. Staff also described the increased burden of moving and handling patients and laundry for clothing and bedding. According to the care homes association, residents needed more frequent changes due to wet bedding and clothes. It was found that patients, their relatives or care home staff were unaware that containment products could be funded by the NHS with approval from the CNS. Consequently, they were self funding any containment products beyond the four that could be prescribed by the community nursing teams, with a negative financial impact.

Meanwhile, the community nurse team leader and tissue viability nurse (TVN), who was responsible for allocating visits during COVID-19, observed that the area had a notably higher incidence of MASD than in other nearby patient populations. They found that this was resulting in increased nurse visits and GP contacts, and it appeared to be related to incontinence. The continence CNS and TVN had been working on a MASD pathway, but this was halted due to capacity limits exacerbated by the COVID-19 pandemic. This increased incidence of MASD was again noted by the continence CNS after returning from redeployment to a COVID-19 ward in a community hospital.

Aims

In response to the issues raised by the Care Home Association and TVN during the COVID-19 pandemic, the continence CNS worked in partnership with product provider Essity to create and implement a holistic product assessment tool to facilitate personalised prescriptions of the right product for the patient's needs, overcoming the barriers created by the pandemic. This intervention was designed to embody the concept of value-based tendering and procurement, as explained to the team by the procurement lead at the quarterly business review, where the project plan was discussed with the key stakeholders of the local product contract. An assessment was undertaken before and after the intervention to measure its impact on patients and services. The project would be an opportunity to test the concept for potential use in other care homes.

Method

Intervention

The project covered residents living with incontinence problems in six different residential care homes in Lincolnshire. It was conducted in two phases: the first covering two care homes in the same village and the second covering four other care homes in two different coastal towns.

The intervention comprised a product assessment tool that collected information on the patient's holistic needs, including the aspects given in *Box 1*. Up-to-date measurements and other data points were supported by patient's history retrieved from their resident profile form, clinical care record and previous full continence assessments. Records of full continence assessments would give access to results of any assessment score tools, as well as urinalyses and bladder scans undertaken as recommended by the National Institute for Health and Care Excellence (2007; 2015a; 2015b).

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- Ability to change products independently
- Bladder and bowel habit (3-day charting)
- Cognition
- Dexterity
- Fluid intake
- Frequency of product changes
- Incontinence type
- Measurements for sizing
- Medical history
- Medication
- Mobility
- Moving and handling requirements
- Requirement for other medical devices
- Skin condition
- Toileting ability

This information was used to prescribe the most appropriate daytime and night-time products for each individual patient's clinical need. These were drawn from the full range of five disposable products (*Box 2*) available on the service's NHS contract. If a patient's current product appeared to be effective and suitable for their needs, their prescription would not be changed.

Staff at the selected care homes attended online education sessions on how to use the assessment tool and correctly fit each of the available products. Care home staff had support from the community nursing team, who reviewed the completed assessment tools and were in turn supported by the CNS.

Audit

The impact of the intervention was audited as follows:

- Baseline record audit for 5 months, from 6 or 7 months before intervention
- Baseline product trial for 5 days, from 2 or 3 weeks

before intervention
- Intervention in May (phase 1) or November (phase 2) 2021, taking around 1 week from assessment to delivery of products
- Follow-up product trial for 5 days, from immediately after intervention
- Follow-up record audit for 5 months, from immediately after intervention.

The record audit collected data on nurse visits for continence, falls, hospital admissions and urinary tract infections (UTIs). The product trial collected qualitative data on the number of products provided by the NHS, which products were provided, time taken to change patients' products and number of leakages, as well as carer satisfaction scores and qualitative data on patient and carer feedback and on the experience of using the products.

- All-in-one briefs with tabs (TENA Slip)
- Belted briefs (TENA Flex)
- Light pads worn in underwear (TENA Comfort Mini or TENA Men)
- Pads used with fixation pants (TENA Comfort)
- Pull-on pants (TENA Pants)

Results

Baseline assessment

The intervention and baseline trial covered 44 patients. However, due to unforeseen circumstances, such as deaths, or inaccessibility of records, the record audit included only 40 of these at baseline and 26 at follow-up, and so these results are given per patient.

The 44 patients ranged in age from 69 to 99 years, and 84% were female. All patients were at least somewhat dependent on carers for toileting, and the great majority were mostly or totally dependent on carers (*Figure 1*).

All patients had undergone a continence assessment by the community nursing team, and a few had received input from the CNS, although two patients had not been assessed for several years.

At baseline, all patients were prescribed the maximum four products per day, and the great majority of patients used pads used with fixation pants in the day (86%) and at night (91%). At follow-up, there were no patients using pads with fixation pants, and there was a wider variety of other more specialist products. The average time taken to change a patient's daytime product decreased, with the greatest proportion of changes at baseline taking 11–15 minutes and at follow-up 6–10 minutes (*Table 1*). The proportion of

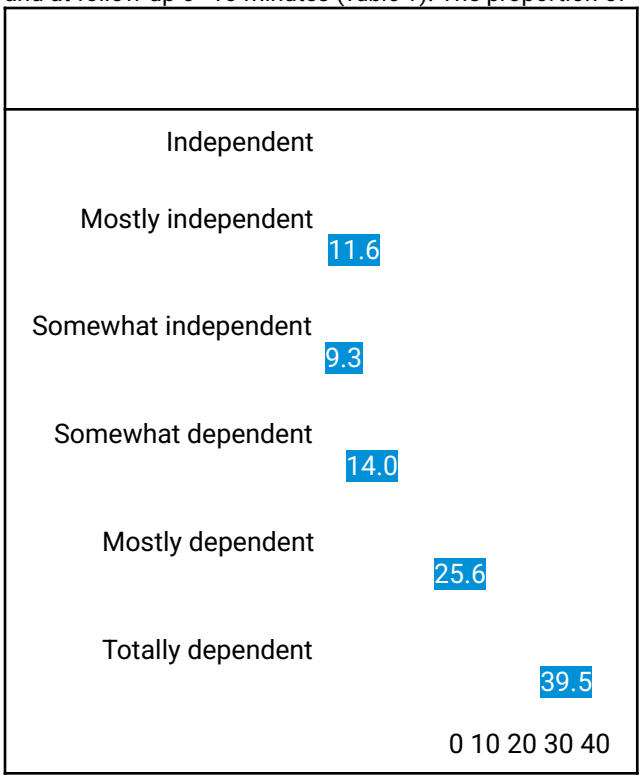

Table 1. Product trial data, % (n=44)

Question	Answer	BL	FU
Daytime continence product	All-in-one briefs with tabs	1	16
	Belted briefs	0	53
	Light pads worn in underwear	13	9
	Pads used with fixation pants	86	0
	Pull-on pants	0	21
Night-time continence product	All-in-one pants	2	19
	Belted briefs	0	60
	Light pads worn in underwear	7	2
	Pads used with fixation pants	91	0
	Pull-on pants	0	19
Average time to change daytime product	<5 minutes	11	21
	6–10 minutes	29	60
	11–15 minutes	40	19
	16–20 minutes	20	0

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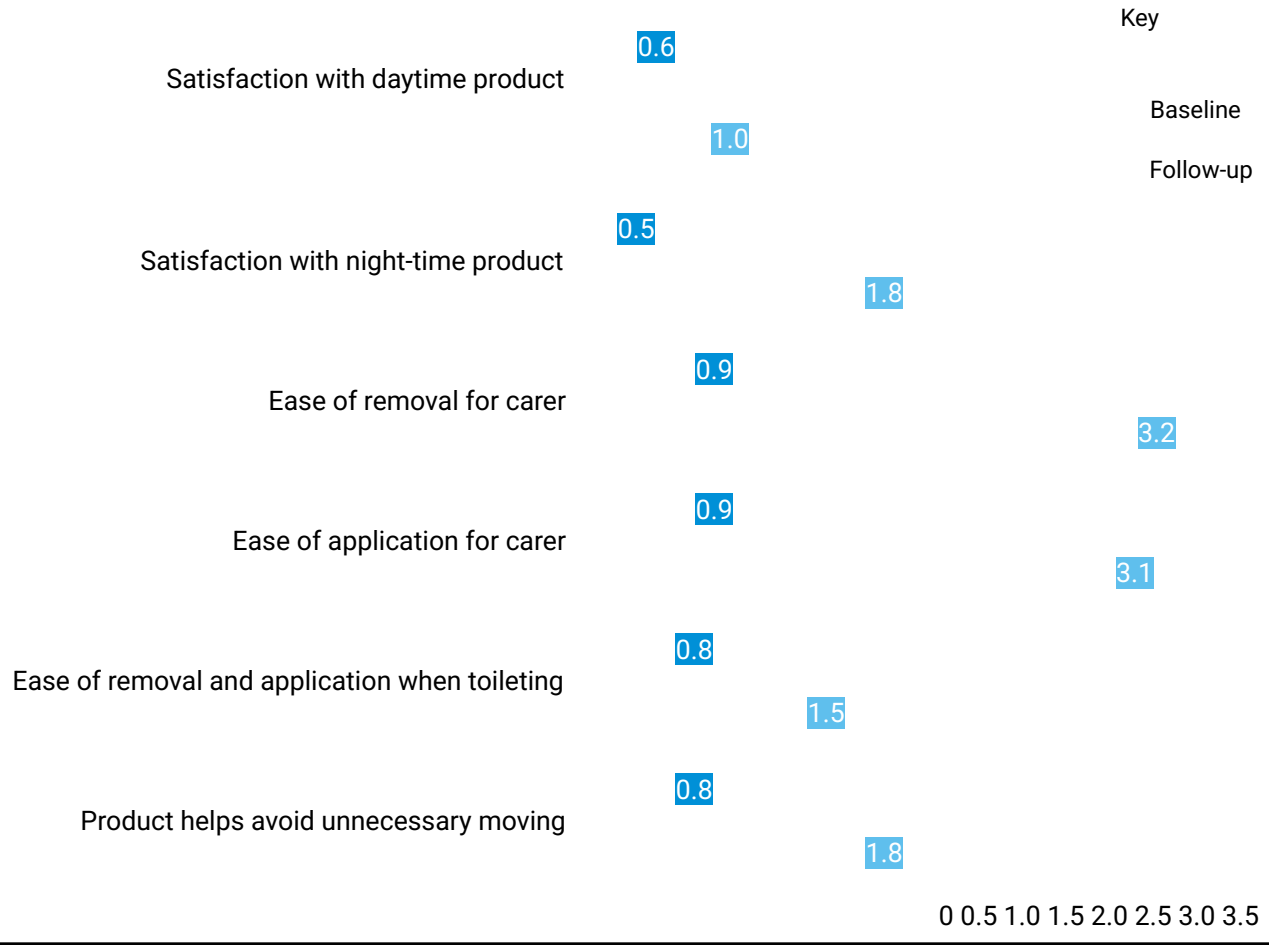
Ability to independently change product	9	21
Note: BL=baseline, FU=follow-up		

Question	Baseline	Follow-up
Products provided by the NHS	27.2	18.0
Leakages onto clothing	10.9	2.7

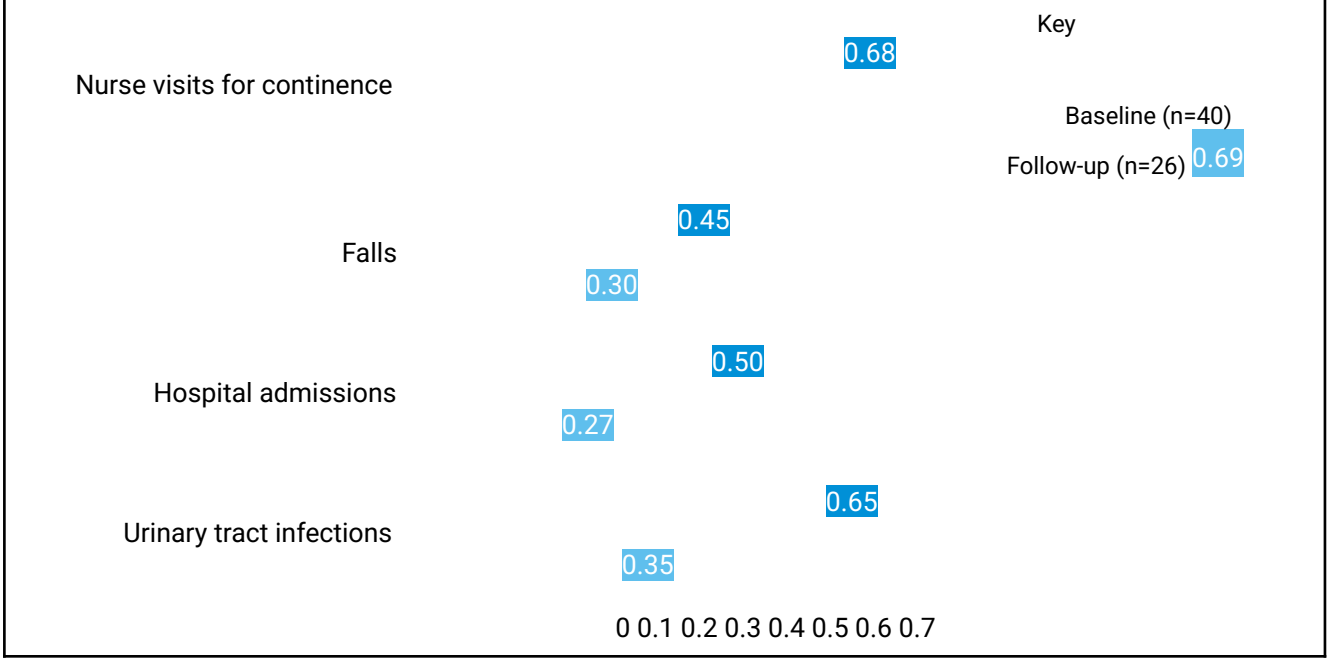
patients able to independently change product increased from 9% to 21%. The number of products provided by the NHS decreased from 27.2 to 18.0, and the number of leakages per patient fell from 10.9 to 2.7 (*Table 2*). There were mean increases from baseline to follow-up in all carer satisfaction scores (*Figure 2*), specifically in satisfaction with daytime product from 0.6 to 1 and night-time product from 0.5 to 1.8, as well as in ease of removal from 0.9 to 3.2, ease of application from 0.9 to 3.1 and ease of removal and application when toileting from 0.8 to 1.5. Agreement that the product helped avoid unnecessary moving also increased from 0.8 to 1.8. The record audit showed reductions from follow-up to baseline in the frequency per patient of the following outcomes (*Figure 3*): UTIs from 0.65 to 0.35, hospital admissions from 0.50 to 0.27 and falls from 0.65 to 0.35. There was no appreciable change in nurse visits for continence (0.68 to 0.69) per patient.

Figure 2. Mean carer satisfaction scores, 0–4 (n=43)



Note: Likert scale from 0 to 4, where 0=very dissatisfied, very difficult or strongly disagree and 4=very satisfied, very easy or strongly agree

Figure 3. Record audit outcomes, average per patient over 5-month period



Qualitative feedback

On the experience of using the products, a carer gave feedback that: 'Overall these new products were much better; there was less leaking, and they were easier to change each time'. Meanwhile, a resident commented that: 'I really like the new products; they are very comfortable, and I don't have the leaks anymore, and I don't have to worry'.

Discussion

The reduction in leakages and other positive outcomes of this audit are most likely the result of all six care homes replacing a generic approach to continence product prescriptions with personalised assessment.

It is possible that the recorded reductions in falls, UTIs and hospital admissions were linked to the reduction in product leakage, which may give the residential patients more confidence to hydrate. There is a well-reported link between falls and incontinence (Montero-Odasso et al, 2022), which can result from urinary urgency secondary to poor fluid intake (Voss, 2020). Poor fluid intake is also known to contribute to UTIs and dehydration (Voss, 2020), and these factors are more likely to result in hospital admissions in frail, older patients (NHS England, 2015; Wise, 2015; Hooper et al, 2016; Edmonds et al, 2021).

Fewer leakages are also likely to reduce the incidence of MASD, as an effective product should be able to wick urine away from the skin and lock it into the padding (RCN and ACA, 2020), reducing the risk of skin breakdown caused by exposure to urine.

The individual outcomes of this intervention likely had further indirect positive impacts. It can be assumed that reducing the burden of leakages would allow care home staff more time to provide more personalised care for patients. Meanwhile, more satisfied patients with a better quality of life would also likely improve the wellbeing of staff. Cost savings from excessive product use could be reinvested in patients and staff.

The variation in dependence on carers for toileting could have been linked to variations in the level and type of intractable incontinence, as well as in mobility and cognitive status. This would underline the importance of covering these factors as part of a holistic assessment.

Even when the perfect product is prescribed for a patient, it will only be effective if it is fitted and used correctly (RCN and ACA, 2020). Therefore, the educational aspects of this intervention were as essential to the outcomes achieved as the change in products. Continence care is everyone's business, and the relevant skills should be taught to all carers and generalist health professionals involved in the care of people with intractable incontinence (RCN, 2022).

Impact of COVID-19

The project was launched during the first wave of the COVID-19 pandemic. Consequently, assessments and reviews were conducted with minimal face-to-face contact to reduce the risk of COVID-19 infection. The availability of in-person visits was also limited by workload pressures from redeployment, and so the community nurses could not visit and review all 44 patients face-to-face. The 3-day fluid chart and assessment used for the care home patients did not contain sufficient information to prescribe products without a face-to-face assessment. An electronic resident profile form was developed to facilitate remote review. Staff education and support were also provided

remotely in the first phase and in-person in the second. This project was launched in response to the COVID-19 pandemic, but its positive outcomes have remained relevant since restrictions ended.

Limitations

This project was an evolving response to the emerging challenges of the pandemic. As such, it was not implemented and assessed with the rigour and consistency of a pre-planned intervention and deliberate data-collection exercise. This may limit how far the results can be generalised, but they are sufficient evidence for the success of the project in its context.

Conclusion

The intervention provided patients with holistic, individualised assessments to prescribe the right product for their needs from a full range of products. The results of the audit suggest that this directly benefitted patients and services across multiple clinical, financial and quality-of life outcomes.

The intervention successfully raised the profile of continence care within the wider organisation and health economy. As a result, the service has since provided further remote incontinence training to upskill care home staff and been offered the opportunity to run educational workshops on incontinence at the annual Care Home Association conference.

The results have also led to support in the organisation for a dedicated bladder and bowel service, including a designated specialist continence team for level 1 patients. Collaboration across the whole health economy is essential in the current health and social care climate, and this project demonstrated that all areas can benefit when working to a shared goal, especially in areas that impact long-term patient outcomes, such as management of incontinence.

Declaration of interest: Tracy Evans was paid an honorarium for writing this article, and she has previously serviced the Essity contract at Lincolnshire Community Health Services NHS Foundation Trust and been interviewed (unpaid or for a charitable donation) on an Essity-sponsored podcast, social media stream and online video

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ADVERTORIAL

Digital technologies and the future of continence care

Ashley Clydesdale, Senior Product Manager, Essity

Every day, medical innovations lengthen and improve lives across the globe. Our lives have been radically reshaped as a result, with technology continually opening new possibilities for diagnosis, prevention, care and treatment. The serious challenges faced by the NHS have increased the need to embrace medical technology (medtech) to provide efficiencies, improve quality of care and to free up clinical time.

Medical technologies in the NHS

A new UK medtech strategy was published in February 2023 (Department of Health and Social Care (DHSC), 2023). This set out the blueprint for boosting NHS medtech, focusing on accelerating access to innovative technologies. The strategy aims to deliver value for money, using the latest data on the effectiveness of new technology to ensure that prices are reasonable for the health system.

The Minister of State for Health, Will Quince, said 'The UK's innovative spirit delivered revolutionary technology during the pandemic, from COVID tests and ventilators, and we want to harness this in promoting cutting-edge medical advancements to improve patient care. The NHS spends around £10 billion a year on medical technology, and I am looking forward to working with industry to use this as we focus on reducing hospital stays, enhancing diagnosis, preventing illness and freeing up staff time. This new medtech strategy will help build a sustainable NHS with patients at the centre, so people can continue to access the right care at the right time' (DHSC, 2023)

The NHS Long Term Plan (2020) committed to accelerate the uptake of selected innovative medical devices, diagnostics and digital products. To achieve this, NHS England (2021) introduced a medtech funding mandate in April 2021. In its first year, the mandate supported four technologies, each of which saw major successes in this period:

- HeartFlow non-invasive personalised cardiac testing (HeartFlow, US) saw a 35% increase in monthly patient accesses, saving over £2.2 million for the NHS
- SecurAcath vascular access device securement (Interrad Medical, US) saw a 77% increase in the number of providers giving patients regular access, with associated cost savings increasing from £1.6 million to £2.5 million per year
- GammaCore non-invasive vagus nerve stimulation (electroCore, US) saw usage rise considerably and was fully adopted by a further 19 trusts
- Placental growth factor testing was offered to patients

at eight more trusts, despite the removal of national, ring-fenced funding.

Impact of incontinence

Although incontinence is often regarded as a taboo topic, with many people reluctant to seek professional help, it is very common. It is estimated that 14 million people are living with bladder problems, roughly the equivalent size of the over 60 population in the UK (Buckley and Lapitan, 2009). The problem can affect men, women, young people and children of all ages, but it becomes more prevalent with older age. It can seriously affect physical, psychological and social wellbeing, with a potentially profound impact on families and carers.

Inadequate management of incontinence can lead to escalating costs due to morbidity and unnecessary hospitalisation (NHS England, 2018). In 2012/13, unplanned admissions for urinary tract infections (UTIs) cost £432 million per year, averaging 2.1 million per Clinical Commissioning Group (CCG) (Medical Technology Group, 2015). Patients with incontinence are at an increased risk of hospital acquired UTI, which can extend length of stay by 6 days.

Poor continence care is a contributory factor to pressure ulcers. Nearly 700 000 people are affected by pressure ulcers each year, across all care settings. Each pressure ulcer costs an average of £4638 to treat, which creates a financial burden on the NHS of between £1.4 and £2.1 billion per year (Office for Health Improvement and Disparities, 2015).

It is estimated that the NHS spends around £80 million per year on containment products (NHS England, 2018). GP prescribing data revealed that 18.4 million laxative items were dispensed, at a cost of £92 million per year (NHS Digital, 2016).

Challenges of continence care

Early continence assessment by an appropriately trained professional enables the delivery of patient centred and cost-effective care, according to a guidance document by Buckley and Lapitan (2009). This aligns with the principles embodied in the Getting it Right First Time programme (NHS Providers, 2016), which recognises the importance of access to early assessment and diagnosis and the focus on improving the patient experience. Towards these aims, pathways of care should be commissioned to ensure early and accurate assessments.

The National Institute of Health and Care Excellence (2019) recommends that incontinence assessments should include, as a minimum, a 72-hour bladder diary. This should document the amount and type of fluids drunk; the frequency of voiding and voided volume; episodes of urgency; and episodes of incontinence, including activities that may have caused the leakage and any changes of containment products and/or clothing. It can be a challenge for patients to complete a bladder diary accurately, especially if they are unable to communicate this information or are passing all urine directly into a containment product. This can lead to inaccurate assessments, as well as requiring healthcare professionals to undertake the time-consuming process of completing the diary themselves.

Improving continence care

In 2023, the UK has seen the launch of two medtech innovations designed to respond to these challenges and improve continence care: TENA SmartCare Identifi and TENA SmartCare Change Indicator (Essity, UK).

TENA SmartCare Identifi discreetly monitors a patient's voiding habits over a continuous 72-hour period. As it does this, it generates a detailed voiding report unique to the patient. The information in the report is then used to create a person-centred care plan, which includes the following:

- The right toileting times
- The right incontinence product type, size and absorption level
- Appropriate skincare products
- Goals and activities that promote continence and support independence.

Person-centred care plans can also include the TENA SmartCare Change Indicator. This digital healthcare solution notifies caregivers when it is time to change absorbent products without the need for frequent manual checks.

A recent study was conducted to compare the use of the TENA SmartCare Identifi innovation in comparison to the conventional continence assessment method (Rajabali et al, 2023). The quasi-experimental study confirmed that the TENA SmartCare Identifi system has benefits for residents and staff in residential care homes, with statistically significant reductions in pad leakages, absorbency required at night and the total cost of night-time pads. Carers were able to spend less time in continence care, and a reduction in the cost of continence care was seen.

These results were broadly replicated in a pilot study in the Netherlands. This reported more efficient use of staff time; the patients and their relatives reported a higher level of satisfaction with the continence care delivered; and overall costs in incontinence products, skincare products and laundry were reduced (Kolmans and Koopmans, 2022).

Conclusion

New possibilities for diagnosis, prevention, care and treatment MedTech are being opened up by medtech innovations such as TENA SmartCare Identifi and TENA SmartCare Change Indicator. Essity is working with NHS trusts to introduce the SmartCare devices into routine practice.

For more information, visit www.tena.co.uk/professionals

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