

August 2014

This is the Hounslow and Richmond Community Trust (HRCH) response to the issues raised by Healthwatch Richmond relating to the HRCH Continence Service

### Issues Identified

**1. Staff.** There were generally positive comments about the staff delivering the service:

*1.1. The staff at Teddington are great*

*1.2. People on telephone helpful*

*1.3. Very professional and caring nurses at Teddington Continence Clinic*

*Staff providing the service should be commended however people did express frustration at staff acting as gatekeepers, effectively rationing the service:*

*1.4. It would be nice if you could listen to us without the word cost coming up*

*1.5. Not having to fight to get amount needed*

### HRCH Response

#### Discussions about costs

We will remind staff of the need to be sensitive about any discussions about cost. However it is not possible to avoid all conversations about costs.

The main issue around costs is the request for specific products over and above the clinically identified product. These requests tend to be for the following:

- Requests for Pull up pants
- Requests for Tena products
- Requests for Flex (belt) products

Pull up pants and belt products cost on average 2-3 times more than a standard shaped product (16p to 25p for a shaped product versus 35p to 60p for a pull up pant or belt product). We provide 4 products a day and where required 5 products a day. The cost difference is therefore significant. This is likely to be mentioned in conversations with patients requesting these products. If there is a clinical rationale for these then we will try to do what we can to meet the request.

However in order to meet patient choice in this area we would need commissioners to increase the funding of the service. We will give commissioners some idea of potential costs in this area, although they may have to be broad costs in the first instance.

In case commissioners are not able to fund these increases, then we need to look at alternative approaches. As you know managing the cost of products whilst addressing patient expectations is something that most continence services have to address and a range of approaches have been identified. These include:

- a. Offer more choice but apply a waiting list when the budget threshold for the month is achieved. This means that patients have more choice but new

patients in need are put on hold and have to buy products themselves until other patients come off the list of pads provision. There are a number of implications with applying this type of strategy particularly for vulnerable people and those under significant financial constraints.

- b. Other organisations offer a choice: 1 pull up or belt product instead of 3 shaped ones. This means that patients still have to significantly self-fund for products
- c. Offer a voucher scheme. This would involve giving patients an allocation of funding and allowing them to purchase the product of choice up to the value of the voucher. There are a number of risk with this, particularly for patients, if the voucher scheme is operated outside NHS bulk discount services so we would recommend a voucher scheme that provides patient choice but also NHS discounts for large bulk orders. There may be an opportunity to use the NHS Supply Chain to achieve this.

If commissioners cannot commit further funding in this area then we would favour the voucher scheme.

It should be noted that our Continence Specialist Nurse will be leaving the organisation for a year from September and given the specialist nature of the service we may have difficulty in replacing her and would therefore suggest any significant changes are planned for her return next September. If we do manage to cover the post ahead of this date then we may be able to progress more quickly

### **Issue Identified**

#### **2. Product. The Attends products received negative comments:**

*2.1. The new nappies and incontinence pads being used are very poor quality...which resulted in rashes in a child.*

*2.2. ...it does not hold urine for long and it falls apart*

*2.3. Less absorbent Tear easily*

*2.4. Service is good; they arrive on time, people on telephone helpful. My mother has to double-up when she wants to go out because quality is so poor they leak- very embarrassing.*

*2.5. Rip easily, stickers do not allow reopen and closing, do not absorb well*

*2.6. Don't know if it is the quality or a result of the condition but the NHS ones don't work*

*The products that some people used previously do not have an equivalent in the new range. Some people have questioned whether the cost saving is worth the loss of quality or whether there may be an economic argument for using fewer better quality pads verses more lower quality ones. There is little evidence of patient involvement in the commissioning or tendering process which is regrettable.*

### **HRCH Response**

#### **Poor patient involvement**

We have to agree that there was little involvement of patients in the commissioning and tender process for continence products. At the time of merging of the Hounslow and Richmond services we had to bring the products contracts together. In our haste to do this we did not involve patients and carers in the way we should have. We apologise that this

was the case and will ensure that patients are involved in any further tenders of the continence products.

### **Product Quality Attend v Tena**

In terms of quality Tena is one of the best products worldwide. As you are aware tender decisions are based on a number of factors but two of the most significant are quality and costs. This tender was no different and in terms of these two factors Attend scored highest. This was not the lowest cost option.

### **Tearing of products.**

Tearing is very likely to be related to inappropriate use of the fastening tabs. These do not tear if fastened and unfastened on the “white” tabs. We often explain this to patients and this resolves the problem. We are happy to review the information that we give to patients to ensure that we emphasis the correct use of fastening tabs to prevent tearing.

### **Difference in Products**

Products vary among manufacturers. Shapes are different, colour coding is different and there are variations in absorbency between products of different manufacturers as well as fitting, fastening and so on.

Every continence service has to face the challenges of “product match” at the time of manufacturer changes and “teething” problems are normal with on average 10-15% of patients requiring a product adjustment (into a smaller or larger or slightly different product). Of 2000 patients receiving products in 2012, just fewer than 300 contacted the service with a need to review the new product they were using. This was the expected percentage for this kind of product change.

It is worth noting that we had concerns raised about the Tena product by some patients, when these were the products used in Richmond.

### **Issues Identified**

#### **3. Supply issues.**

- 3.1. The inability to meet sudden changes in demand - such as when patients are acutely unwell - is a significant concern as it means that there are times when patients have an unmet need.*
- 3.2. Inflexibility of supply is also demonstrated by the delay people experience between assessment of need and receipt of continence products.*
- 3.3. The response from HRCH to this has been that patients should buy their own products on such occasions. We do not consider this to be an acceptable solution*

### **HRCH Response**

#### **Sudden Changes**

Our service does not include the provision of “ad hoc” products in case of sudden illness such as a urinary tract infection (UTI) or winter bugs (diarrhoea). In fact our long-standing guidelines have always clearly stated that products would not be provided for additional sudden and short-term illnesses.

This is not just about cost but about storage. To provide this service would require a number of storage areas with a full selection of sizes to meet all patients' shapes, weight and type/volume of incontinence. There is also an issue and cost associated with the delivery of these products as currently delivery is by the company providing the service.

The most rapid access to products and the most operationally feasible remains to purchase a packet of products at the local chemist or mobility shop.

We could however cost the provision of providing a refund to patients who have had to buy additional products for discussions with commissioners.

### **Inflexibility**

We will put in arrangements to monitor the delay between assessment of need and receipt of continence products from 1<sup>st</sup> assessment or reassessment so that we minimise the time patients have to wait for their products.

### **Issues Identified**

#### **4. Communication.**

- 4.1. Some people using the service have experienced inconsistency in the information that they are provided, receiving different information from different members of staff. This is particularly true where information comes from other teams involved in continence e.g. community nursing, NHS Supply Chain*
- 4.2. Service users are not always informed of the outcomes of their assessments, of whether or when they will receive continence products.*
- 4.3. People do not always have a service in place at discharge from inpatient settings which creates anxiety. It is felt that inpatient facilities can sometimes leave patients with unrealistic expectations of the service that they can expect on discharge.*
- 4.4. Both patients and staff have sited communication between LBRuT and HRCH as needing improvements.*

### **HRCH Response**

#### **Inconsistency re: provision of pads information**

We agree that this is a problem. We do a significant amount of work to address this issue. The provision of products spans many services: paediatric services (school nurses, health visitors and specialist paediatric services), adult services (continence team, district nurses, community matrons), TMH inpatient services (all their healthcare teams), acute services (inpatients, outpatient, discharge services, outpatient services), GP practices, social services, private and public health care assistants, residential and nursing homes and a number of other agencies.

We provide ongoing training to raise awareness about continence services provided in terms of active continence promotion and where indicated containment by means of products. We have an up to date website explaining our services, we visit GP practice regularly, we liaise with consultants regularly, we write articles, we publish guidelines and information material on our intranet, and we participate in health care fairs and carry out a number of other initiatives year on year. These are on-going strategies we adopt to raise awareness about continence services and what we provide in terms of continence promotion and management (pads provision) and these will continue.

As part of this work this year we will look at the information we provide to LBRuT and inpatient units.

**Issues Identified**

*There is confusion around the **disposal** of incontinence products.*

**HRCH Response**

This matter is outside the continence service; however we will ensure that all new patients are given very clear written instructions about the disposal of incontinence products.

Please do not hesitate to contact me regarding any areas that require clarification or for a discussion on next steps.

Yours Sincerely,

Anne Stratton  
Assistant Director of Acute Care Closer to Home  
Thames House  
Hounslow and Richmond Community Healthcare NHS Trust  
Tele: 020 89733185  
Fax :020 89733190