Abstract Form

Abstract Title:

Developing an internationally-applicable service specification for continence care

Abstract Text:

Hypothesis / aims of study

Global demographic and clinical trends suggest that the incidence of both urinary and faecal incontinence is expected to rise sharply in the coming years, bringing significant health and economic implications for both patients and payers. However, there is limited organisational evidence to guide payers and providers about how continence care might best be configured to deliver efficient guideline-compliant, high-quality patient care. The aim of this study was to develop a service specification for continence services which was evidence informed, modular and internationally applicable

Study design, materials and methods

A multiprofessional Expert Panel (EP) was convened to define an 'optimal' service specification for faecal and urinary continence care for community-dwelling adults. Evidence was obtained from a systematic and grey literature review and 47 semi-structured interviews with clinicians, patients, patient-representatives and policy experts from four geographies (UK, Netherlands, US and India) broadly representative of different healthcare systems in existence. The NICE accredited guidelines on service specification design were followed; the method comprised three phases: evidence gathering; synthesis of evidence, and drafting of the service specification; and validation of the specification

Results

From the combined searches, 4752 studies were identified, of which 312 were selected following review of the abstract. Of these, 101 articles met the inclusion criteria. The results of the literature review and the interview findings are an integrated body of evidence. Discussions concentrated on considering all of the results together regardless of the original source.

A number of key themes related to the current and potential future organisation of continence care were identified from the data and discussed amongst the EP. A service specification with eight core components was created:

- case detection
- initial assessment and treatment
- case co-ordination
- caregiver support
- community-based support
- specialist assessment and treatment
- use of containment products
- use of technology.

Key recommendations were:

- Ensure ease of access by the establishment of robust referral pathways from detection of incontinence through to appropriate assessment and treatment;
- Shift the responsibility of basic continence care away from primary care physicians to continence nurse specialists in primary care, where available;
- Where continence nurse specialists are unavailable, train existing healthcare professionals such as primary care-based nurse practitioners, community nurses, physician's assistants, or, in developing countries, local community healthcare workers, to provide evidence-based continence care;
- Where possible, use a case co-ordinator to ensure collaborative working, especially to help delay or prevent admission of patients to permanent care settings. Given the general trend to more integrated clinical pathways, in particular concerning patients with multimorbidities, it is necessary to strike a balance between specialisation and holistic case management approaches;
- Promote use of self-management tools and techniques; provision of information on the use of containment products; use of enabling technologies; an emphasis on shared

decision-making between healthcare provider and patient/caregiver; and educational campaigns on the nature of the illness and treatment strategies;

- Specialists should be well integrated with other parts of the care pathway. They play a key role in quality governance, training and the dissemination of best practice;
- Use a comprehensive assessment of user, product, and usage-related factors to assess the needs of patients and caregivers with regards to containment products. This process should be standardised, valid and easily reproducible. The final decision regarding choice of product should remain with the end-user: the patient and/or their informal or professional caregiver;
- The use of technology should be integral to the delivery of continence care. Technology should enable self-care and connect patients, caregivers and enable providers to monitor progress and troubleshoot problems;
- *For payers*: in order to provide the highest quality continence care, ensure care standards are incentivised. This can be achieved through stipulating the achievement of targets on certain outcome and operational measures, careful use of quality-related financial incentives, emphasis on clinical governance and optimal pricing that is most strongly correlated to the true cost of providing a service;
- Establish accredited programmes of training for 1) nurses wanting to become continence nurse specialists, and 2) other health or social care professionals such as social workers wishing to improve their competence in delivering continence care.

Interpretation of results

This study has defined practice gaps in the provision of continence services and described eight core components of a service specification for incontinence that commissioners and payers of health and social care could consider using to provide high-quality continence care. A shift towards a community-delivered, nurse-led model appears to be associated with clinical and cost-effective care for people with bladder and bowel incontinence. A shift away from physician-provided care towards a community-delivered, nurse-led model appears to be associated with clinical and cost-effective care for people with bladder and bowel incontinence. Where nurse specialists are not available, other healthcare workers can be trained to identify cases and provide initial assessment and management. In resource-poor areas, self-management and innovative uses of technology to support this may prove to reduce the burden of care. Evidence suggests that services should be integrated across primary and secondary care wherever possible to ensure a seamless transition to more complex care, should this be needed. Quality outcomes should, where possible, be monitored and incentives to achieve these put in place by health services managers

Concluding message

This study, using robust methods, has 1) defined practice gaps in the provision of continence services and 2) described eight core components of a service specification for incontinence that commissioners and payers of health and social care could consider using to provide high-quality continence care.