

# All Party Parliamentary Group for Continence Care

*“To break the taboo by raising awareness of continence issues for adults and children and to promote costs effective funding for continence services and product provision”*

## Meeting

**11.00-1.00pm, Tuesday, 1 November 2016, House of Commons**

**Committee Room 11**

**DRAFT Minutes**

### **Agenda Item 1: Welcome from Baroness Greengross, Co-Chair**

**Baroness Greengross** welcomed everyone and passed on the apologies of Rosie Cooper MP, Co-Chair who was unable to attend but was fully briefed.

**Baroness Greengross** reported back on follow-up action from the last meeting on 29 June 2016 in particular:

- **Education and Training:** The APPG was pursuing concerns over the lack of continence care training on the nursing curriculum.
- **Health Select Committee:** The APPG was renewing contacts with the Health Select Committee. The Chair, Dr Sarah Wollaston MP, was supportive of the need to improve continence care and praised the APPG’s pitch for an inquiry but the Committee had many priorities. The APPG will explore opportunities to raise continence issues during other inquiries.
- **NHS England:** The APPG is exploring new contacts with NHS England to take forward the work on the Excellence in Continence Care guidelines which the APPG would like to see mandated.
- **Hurley Clinic, Kennington:** The APPG has had further contacts with the Hurley Clinic where former Chair of the RCGP, Dr Clare Gerada is based.

### **Agenda Item 2: Clinical Commissioning Groups and Continence Care – Presentation from the Hurley Clinic**

Three GPs were present from the Hurley Clinic (Kennington):

- Dr Satinder Kumar, Lead GP:
- Dr James Taylor, GP
- Dr Clara McKosh, GP Registrar

The Hurley Clinic is one of 14 practices which form the Hurley Group in London. It serves a population of 70,000.

**Dr Satinder Kumar (GP Hurley Clinic):** He told the meeting that the Hurley Clinic had 12,748 patients of which only 405 were 'coded for continence problems'. He described this as a gross underestimate given the known prevalence. He proposed to carry out an audit over a 12-month period: The aim would be:

- Provide accurate data on continence
- Develop a clinical, context sensitive tool for use by the PHCT
- Increase the number of patients identified and managed
- Audit the outcomes with patient and practice indicators
- Estimate the economic cost

He said a set of codes could be developed linked to a template. There were also other opportunities to explore to obtain data including: child health screening; mother's checks; cervical screening and health checks after 40 years old.

**Dr James Taylor (GP Hurley Clinic):** He said they were looking to: Identify, diagnose, treat and monitor. There could also be links to current data collected on dementia and diabetes.

He referred to the template which could include a urine test; bowel and bladder examination and bladder scan, ideally using an in-house bladder scanner. A proper audit cycle could be developed with codes. A nurse could cover several practices amongst the 14 Hurley Clinics.

**Jacqueline Emkes (Patient Advocate):** Asked whether the Hurley had patient advocates.

**Dr Satinder Kumar:** Replied that the patient group at the Hurley Clinic was planning a continence event and was getting onboard.

**Tony Brooks (Chair RCN Continence Forum):** Referred to GPs he had worked with who used bladder scanners. emphasising that these had saved money in the long run. A scanner was estimated to cost between £7 and £9K.

**Liz Bonner (Continence Nurse):** Said that coding had proved difficult and wondered if it is possible to use HRG codes.

**Penny Dobson (Paediatric Continence Forum):** Emphasised that data did exist on prevalence for children in the form of a database known as CHIMAT. She mentioned that work was being undertaken at the University of Bristol on the impact of continence problems on 11-15 years olds and would be launched at a conference in January 2017.

**Mark Stott (Consultant urologist):** Advocated that bowel and bladder teams could work across practices with a view to providing support over a 9-12-month period to those with continence issues to avoid surgery.

**Nick Madden (PCF):** Called for early action with children and for codes for constipation in children.

**Paul Abrams (Prof of Urology, Head of Bristol Urological Institute, LUTS expert group chair):** Suggested that the service was fragmented and poor in secondary care. He asked if

the Hurley Clinic could look at admissions to hospital for continence issues which then resulted in delayed discharge from hospital. He also spoke about the link with loss of mobility and whether continence could be mapped onto immobility.

**Helen Northall (Primary Care Commissioning):** Emphasised the importance of getting it onto the Commissioning agenda.

**Penny Dobson:** Said that ERIC was developing an electronic pathway and were looking at the costings of a good patient journey.

**Nick Madden:** Spoke about continence care in care homes in Sutton – do we need more detail here?

**Jacqueline Emkes:** Spoke passionately about a 79-year-old lady who self-catheterised and who had been suffering with cancer. She called for more awareness of continence problems which were an ‘obstacle to joyful living’. Cancer was talked about but not continence.

**Serena Wyman (Urology Foundation):** Talked about a campaign with AGE UK to raise awareness and spoke of the necessity for more public awareness campaigns.

**Baroness Masham:** Expressed concern about the call for the community to do it all and given the hard-pressed NHS, the cost of bladder scanners.

**Helen Northall:** Said that data collection was crucial and asked whether coding could be devised to indicate severity and problems further upstream. She added that it was necessary to win the economic argument.

**Paul Abrams:** Said he had met with the CQC and asked that when care homes were inspected they should ask: 1. Who was the designated person for continence care 2. How many people were catheterised.

### **Agenda Item 3: Update on NHS England’s Excellence in Continence Care**

**Baroness Greengross** explained that Dr Danielle Harari was not able to attend the APPG and asked if anyone else could provide an update on the recent NHS England meeting. She added that the APPG was concerned at the lack of impetus behind the guidelines.

**Nick Madden:** Provided an update on the EICC board’s last meeting. The EICC were looking at product provision for children and adults. The EICC were looking to relaunch this document but to formally include new text could mean a three month consultation with the department. The next meeting was due in December 2016.

### **Agenda Item 4: Education and training**

**Prof Abrams:** Said education was a huge issue for all healthcare workers including physios. He called on the Government to request that the GMC improves its training.

**Helen Northall:** Said that raising awareness of the number of people who suffer from incontinence was very important. She implied that this could be done from CCGs/GP practices by newsletters.

**Prof Abrams:** Said that the LUTS group had provided MPs with information on prevalence across all their constituencies.

**Baroness Greengross:** Felt that advertising on the London Underground by industry had raised the profile of continence issues and she felt the APPG could request assistance on this from industry, but it was important for the APPG to retain its independence.

**Tracy Stewart (AHPMA):** Said she would feed this back to industry but that it was important that no one company could claim ownership via the APPG.

**Baroness Masham:** Indicated that the Chief Medical Officer had published a report a year ago, which raised continence issues and wondered whether there had been follow-up.

**Baroness Greengross:** Said the APPG would write to her.

#### **Action points**

1. The APPG to propose wording for written questions covering the issues raised via supportive Peers and MPs on the APPG.
2. The Hurley clinic will pursue their continence plan and report back to the APPG
3. The APPG will contact the Health Select Committee
4. The APPG will make contacts with key individuals in NHS England
5. The APPG will contact the Chief Medical Officer
6. The APPG will write to the NMC – Jill McCloud regard the training of nurses

Ends 1<sup>st</sup> November 2016