

All Party Parliamentary Group for Continence Care

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

Inaugural Meeting and AGM

3.30-5.00pm, Wednesday 5 July 2017, House of Lords Committee Room 3.

DRAFT Minutes

Agenda Item 1: Welcome from Baroness Greengross, and Rosie Cooper MP - Co-Chairs

Baroness Greengross and Rosie Cooper MP jointly welcomed all to the meeting. In particular, the four representatives from the Nursing and Midwifery Council, the Clinical Evaluation Team and the Department of Health. Rosie pointed out that the APPG had written to Jackie Smith, the Chief Executive and Registrar of the NMC earlier in the year to urge action on the glaring hole in bowel and bladder education standards in their ongoing review of Standards.

The NMC published a consultation paper on revised standards on 12 June asking for responses by 12 September. Rosie said that the APPG will be reviewing the documents and urged others to do so.

Agenda Item 2: Inaugural Election of Officers:

The following were elected to the APPG:

Rosie Cooper MP (Lab) Co-Chair
Baroness Greengross: Co-Chair
Baroness Masham of Ilton: Officer
Baroness Finlay of Llandaff: Officer
Andrew Selous MP (Con): Officer

The quorum consisted of: Baroness Greengross, Rosie Cooper MP, Rory Stewart MP, Gerald Jones MP and Carolyn Harris MP.

Agenda Item 3: Update on the NHS England's revision of the Excellence in Continence Care Guidelines

Danielle Harari, Consultant Physician at Guy's and St Thomas' along with **Nick Madden**, Consultant Paediatric Surgeon at the Chelsea and Westminster Hospital summarised progress to date as follows:

- Get the key drivers right in the next review as well as make them more relevant and shorter
- Clarify that the guidelines are primarily aimed at CCGs
- Obtain case studies and nationally positive examples
- Prevention of e-coli septicaemia in hospitals was proposed as a driver since this could be linked to good continence care
- Review current new incentives which might encourage CCGs to take the guidelines up
- Costings could reveal what would happen if continence was not addressed i.e. £4638 average cost of treating a bed sore.
- It was pointed out that the CQC did not have continence in their remit and Sharon Eustice, nurse advisor to the APPG, has put together some criteria for the CQC.
- The Excellence in Continence Care Board will review the revised draft at a board meeting on 7 September with a view to publication before the end of the year.

Questions:

- Rosie Cooper MP asked if the CQC were open to this and Danielle suggested they were. Rosie Cooper offered to contact Sir David Behan, Chief Executive of the CQC who she knows personally. He is former DG at department of health for adult social care, local government and care partnerships.
- Baroness Greengross asked if anyone had approach the Vanguard Scheme and the Manchester Schemes. Danielle said that an example of the Vanguard scheme was on the website regarding care homes
- Prof Abrams congratulates the NMC on their consultation document and said there was now a need for the GMC to review standards.
- Prof Abrams suggested that a York consortium that he was involved with was looking at costs and a study was due to be published later this year – Dec?
- Tracy suggested that a health economist might be beneficial, although Danielle and Nick seemed confident that their cost modelling was quite comprehensive, Tracy also suggested that it would be helpful if there was coordination to ensure that the various projects used similar sets of numbers.
- June suggested that awareness of cost was important and that CCGs had to understand that they were already spending money on 'non-treatment' on continence care as dealing with childhood incontinence at a later stage was very costly i.e. £120,000 per ear. A better system would SAVE CCGs money.
- Jacq Emkes said that NICE guidelines did look at good economics.

Agenda Item 4: Update from Dr Satinder Kumar, GP at Hurley Clinic, Kennington

The Hurley Clinic, Kennington, part of the Hurley Group, is carrying out a pilot to implement the NHS Guidelines on Continence Care and provide an improved continence service. Dr Kumar was not able attend but reported as follows:

The Hurley Clinic is developing a more systematic approach to recording continence symptoms on the Clinical EMIS system. This will provide more realistic data on the scale of the problem amongst the 13,000 patients across the Hurley Group. So far, the Hurley Clinic has:

1. Held a patient meeting to raise continence awareness. This meeting heard a need for: information on pad ordering; request for leaflets on exercises, and a general leaflet on continence (one page) which could be made available at the surgery and the local pharmacy.
2. Refined the clinical recording of continence symptoms
3. Produced a clinical protocol for doctors and nurses to use to record symptoms so that the protocol then prompts the clinician to assess the severity of continence with guidance to appropriate referral as per the NHS England Guidelines
4. Added messages on the electronic screen in the waiting room alerting patients to symptoms and help available

Once the database has been established, and continually updated, the Hurley will progress to running a clinic specifically focussed on continence.

Dr Kumar is planning to propose to the RCGP that a special conference slot be allocated to continence care at an RCGP conference in 2018. A specific application must be made.

Agenda Item 5: Karen Hudson, Clinical Specialist Lead, Clinical Evaluation Team

In response to the Lord Carter review into NHS spending, the entire NHS procurement model is changing. Everyday medical supplies are undergoing evaluation which is being conducted by a Clinical Evaluation Team (CET). The CET will produce product reports which will be used by clinicians and procurement leads and will inform the product catalogue rationalisation process.

The APPG invited Karen Hudson (CET), and colleague, Liz Wright, Dept. of Health. It is important that they understand the priorities for doctors and nurses (e.g. ease of use and patient outcomes) and the priorities of patients (leakage, discretion, comfort) and that they have access to the relevant clinical experts.

Karen Hudson (a former theatre nurse) said the process was clinically driven and said that lots of products are being used with a higher specification that was actually needed. The goal was to provide an informed choice for busy staff. It is about highlighting the clinical qualities as well as about what the NHS needs and not what the supplier says is needed. The CET

would be looking at incontinence products in the near future i.e. fixation pants and pads are on the schedule. The Dept. of Health has funded 14 further staff places to assist.

Liz Wright (Dept. of Health): suggested that they were looking at wider issues too other than clinical performance including: packaging issues, openability; aseptic, wastage as well as market conformity.

Questions:

Rosie Cooper asked what the protection is that price isn't a factor? Karen Hudson said that they are not looking at price.

Liz Bonner asked about NHS suppliers and quality, she raised the point that the delivery charges are higher via the NHS than if you go direct to suppliers and with less flexibility which may well negate any cost savings. Liz Wright will investigate this and respond. (NB Liz Wright responded in writing to the APPG on 25 July. She stated that "the Home Delivery Service is part of the Future Operating Model (FOM), and the logistics service, both services will eventually be Top sliced where all product purchases will operate on a Buy=sell price model with no additional charges to delivery providing a transparent pricing model").

Rosie Cooper asked what the cost of the cost saving programme was? Rosie requested that Liz contact her separately to avoid her tabling a parliamentary question. (NB This was followed up. Philip Dunne, Health Minister, wrote to Rosie Cooper on 25 July. He emphasised that the Future Operating Model (FOM) was not yet fully delivered "as we are currently in the middle of a procurement process to source the new service providers" thus the overall cost remains a projection at present. "The total project cost of the programme is £36-45m which includes £7m-16m for the design and build of the Management Office". He points out that by year 23/24 on a per annum basis, the savings on Operation/Service will be £615m.)

Rebecca Bellars from the NMC asked about the provision for innovation. She pointed out that companies who had not had their products accepted may choose to reformulate them and what was envisaged for them? Tracy pointed out that she had raised this with the NHS BSA, and in addition wished to understand what provision there is for potential newcomers to the market. She is waiting for a response.

June pointed out the importance of education in how to use the products and Jacq added that patients needed to be education too.

Agenda Item 6: General Discussion

NMC draft standards

Rosie Cooper MP welcomed the NMC and the revised standards. She asked what the evaluation process was that the NMC is putting in place to ensure that educational establishments will be covering the core content as described in the Draft Standards on Proficiency Annex B page 29). As requested by APPG continence clinicians, she also asked if the NMC could use the words 'bladder and bowel health' rather than the word 'elimination'?

The NMC indicated they welcomed the input of the APPG and proposed that the GMC needed to be attending too.

They suggested that the new curriculum could be in place in 2018/19. Liz Bonner said she was delighted to learn that nurses with competence in continence care would be coming on the wards by 2022 and she could retire happy!

Rosie Cooper offered to write to the GMC.

Action Points:

CQC: Lobby CQC with Rosie Cooper MP to contact Sir David Behan regarding the importance of including continence care in inspections.

NMC: APPG to submit comments on the NMC consultation taking into account the views of the continence nurses.

GMC: APPG to write to the head of the GMC (Charlie Massey is Chief Executive and Registrar – responsible for education and training) regarding the need to improve continence care education and training.

14 August 2017

