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Block S[1], Horner A[1], Kastner C[1], Thiruchelvam N[1], Kearney R[1], Brooks M[2], Caley K[3]
1. *Cambridge University Hospitals NHS Trust,* ***2.*** *Cambridgeshire PCT,* ***3.*** *Cambridgeshire Community Services*

TRIALS AND TRIBULATIONS OF REDESIGNING AND IMPLEMENTING A COMMUNITY CONTINENCE SERVICE.

Hypothesis / aims of study

The continence service within our region was largely acute-based. A community-based continence service, provided by a standalone community provider organisation existed but the pathways for its use were unclear, and it covered a smaller proportion of the total patient load than it could have done.

Our task, as part of a broader intersectoral redesign of urology services, was to develop and implement the necessary pathways, infrastructures and environments for a true, full-scale community continence service to develop.

Study design, materials and methods

We convened a large group of those involved in the provision of continence care in primary and secondary care settings, and those involved in commissioning it. We included anyone for whom continence care was a principle focus of their job.

We used a large group initially, then regularly but infrequently met with a smaller task group doing much of the work and reporting to the larger group. This allowed the most interested, driven and able people to drive the project.

Results

Initial reactions ranged from enthusiastic support to outright hostility. We thanked those expressing the former and allowed those experiencing the latter to speak. We found it particularly important to ensure we always brought something to each group – a piece of work that we had done which moved the project on – as much to demonstrate progress and break down inertia as to promote discussion of the particular piece of work in question.

It is a commonplace that starting small is 'safer' and 'easier'. Our experience disagrees. While historic attempts to simply implement the existing female continence pathway had floundered, our attempt was to holistically redesign the service, creating pathways for female and male urological symptoms. This may be because participants felt they were part of something more fundamental, or because more people were involved in the work, creating more of a climate of service improvement; or it may be that it simply gave people greater ownership over and, feelings of investment in, this work.

At the same time, we were not only working on continence. The existence of the broader urology projects (community LUTS workup, PSA follow-up and a one-stop outpatients clinic) made our 'Urology Improvement' package more significant, making it easier to gain institutional support. This support (to Chief Executive level) was vital to creating the partnership arrangements necessary with commissioners for the programme to work, and in motivating participants.

The group recognised the importance of ensuring GPs understand and use any new pathways that are introduced, and so with this in mind, the group decided to steer away from the traditional written guidelines or basic flow charts, which can be hard to follow and time consuming to read, and from adversarial 'enforcement' approaches to guidelines. Instead, the group developed an interactive guideline, displaying the pathway in a clear logical order, using colour coding to define who is responsible for delivering each element of the pathway before referral is indicated.

The pathway also contains links to external websites and documents including: PCT formulary, NICE guidelines, patient information leaflets, referral proforma etc. This provides easy, rapid access to supporting information and related documents, contributing to the education and up-skilling of GPs.

Although the group's initial aim was to shift activity from secondary to primary care, many unanticipated benefits arose from the group's work, one example being the predicted savings in drug prescriptions. Historically, female urinary continence patients were prescribed an antimuscarinic as the first line of their treatment. Through introducing comprehensive leaflets on lifestyle advice and developing the community continence service to provide capacity to deliver bladder training and pelvic floor exercises to all patients before treatment with an antimuscarinic, it is anticipated that up to 700 courses of drug treatments will be saved, this represents 75% of the total savings of the project. Overall, the project is expected to save the local healthcare economy over £110,000 per year, incorporating a £66,000 investment in community continence staff. These saving are accrued through moving treatment from secondary to primary care, removing unnecessary drug prescriptions in primary care and ensuring appropriate treatment takes place in primary care (in the right order). This is anticipated to save 400 new outpatient attendances, 480 follow up appointments, 650 physiotherapy appointments and the aforementioned drug prescriptions.

Interpretation of results

Only through working closely with the community continence service was it discovered that the healthcare professionals in the community were operating in isolation without specialist oversight. To overcome this, the group opted for the latter and developed a governance structure based on the equal partners network, recommended by a King's Fund report.

Key performance indicators were agreed for both clinical and operational measures and are to be are presented at six weekly continence partnership meetings, attended by representatives from all organisations responsible for delivering continence care in the county, including the newly established GP consortia.

The development of the collaborative group into a continence partnership with formal terms of reference provided more structure and purpose to the group. One of the key outcomes of the project was that it helped break down the traditional organisational boundaries, enabling collaborative work centred on providing best care for patients. Relationships built will enable the group to develop further service improvement projects in the future as well as helping to monitor the pathway usage going forward. An ongoing audit will monitor the use of the pathway and identify specific individual/practice need for targeted education.

Additional gains include realignment of specialist physiotherapists with the continence nurses to create an intermediate tier of service to see patients and also promotion of data sharing across organisations.

Concluding message

Our task, as part of a broader intersectoral redesign of urology services, was to develop and implement the necessary pathways, infrastructures and environments for a true, full-scale community continence service to develop. Redirection of referrals from secondary care is a culture change that also required new systems and goodwill in secondary care.

This has been successful. The pathway has recently been activated and promises to make care significantly easier and more pleasant to access. It is also expected to save the local healthcare economy over £110,000 per year.

Specify source of funding or grant	**No funding**
Is this a clinical trial?	**No**
What were the subjects in the study?	**NONE**