

INVOLVING OLDER USERS OF CONTINENCE SERVICES IN DEVELOPING STANDARDS OF CARE: DIFFERENCES AND SIMILARITIES BETWEEN PROFESSIONAL AND USER'S VIEWS

Hypothesis / aims of study

The purpose of this study was to involve, identify and incorporate the views of older continence service users in the development of standards of care in continence services in line with the requirement of national guidelines in the UK and with a view to developing a national audit of continence care in the elderly^{1,2}

Setting standards to improve clinical performance and ensure equal access to services has been an important feature of the Modernisation Agenda and is being taken forward in many areas^{3,4}. Standard setting has largely been the province of experienced professionals and experts, however with the drive to involve service users in determining how services should run, the need to incorporate their views on quality service criteria is becoming paramount.

This project was done in two stages:

Stage 1: Develop a questionnaire of standard statements from professional and service user views

Stage 2: Undertake a survey of continence users in two contrasting areas to identify the importance attached to standards statements and compare these to those generated by the expert panel.

Study design, materials and methods

The first stage was undertaken in two phases. A set of standards around continence services based upon existing national guidelines was agreed with professionals and experts in the field across the UK, using consensus and Delphi method. The study was approved by the Ethics Committees of the participating institutions.

Phase 2 sought the independent views of service users in one urban and one rural service. Participants were current service users over 65 years of age. Users participated in focus groups using a semi-structured interview based on the standards generated by the expert panels. Responses and comments were grouped and themes arising from the groups were analysed and used to inform the final questionnaire on perceptions of good standards.

Users were also asked whether they felt that the professionals' standards of care were connected to their own views.

Results

The professionals developed a set of standards concerning access, treatment and care, environment, user involvement and participation in care. Standards within these groups were weighted towards treatment specific criteria to ensure consistency in clinical practice across the regions.

The user group standard statements shared similarities with the professional views in relation to specific issues such as having timely access to experts when needed, full assessments, discussion of treatments and understandable information. There was however a greater focus on communication, environmental and interpersonal issues.

Examples of standards generated by users included appropriate disabled facilities, properly fitting pads delivered to home, having regular contact or assessments, ensuring professionals involved in care communicate effectively, having disposal units for pads, and importantly, having friendly, reassuring staff.

Interpretation of results

It was of interest that perceptions largely matched those of the expert panel views, although the user contributions tended to furnish the original statements with more detail. This included greater description of the nature of the equipment required and the attributes of the professionals. The new statements generated by users appeared to be based on either negative or positive experiences.

While some participants had regular contact with the service, a further recurrent issue that cut across the statements was the feeling that some participants were left 'in limbo' with no apparent future care planning or provision for continuous assessment. The need for a standard in this area to avoid enduring unpleasant symptoms was evident.

Concluding message

This project has been useful in establishing the process of user involvement and demonstrates the value of qualitative methods in eliciting softer process information to enrich overall data. The standard statements generated have been developed into a questionnaire to test the standard statements further in order to gain the perceptions of a wider and more diverse consumer population group.

References

1. Department of Health. *Good practice in continence services*. 2000. HMSO London
2. Department of Health. *National Service Framework for Older People* 2001. HMSO London.
3. Department of Health (1997) *The New NHS: Modern, Dependable*. London: The Stationery Office.
4. Department of Health (2001) *Shifting the Balance of Power in the NHS*. London: The Stationery Office.