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NATIONAL AUDIT OF CONTINENCE CARE FOR OLDER PEOPLE: ORGANISATION OF CARE FOR OLDER PEOPLE WITHIN ENGLAND, WALES AND N. IRELAND.

Hypothesis / aims of study

Urinary incontinence afflicts some 10% of older people and 30 – 60 % of people in long-term care settings. Faecal incontinence occurs in approximately 1 – 4% of community dwelling adults and up to 25% of people in institutional care. Both cause much individual distress, particularly to the sufferer but also to carers. The UK Department of Health report, *Good Practice in Continence Services (2000)* highlighted the need for proper assessment and management of the problem, identified a wide geographical variation in access to services and called for regular audit of services. In addition, the *National Service Framework for Older People (2001)* set the requirement that service providers should establish integrated continence services for older people by April 2004. However recent evidence suggests there has been only limited action toward this and that provision of services remains extremely variable. A pilot audit of continence care for older people (1) highlighted areas of concern in its assessment and management. This national audit set out to confirm these across the NHS for England and Wales.

Study design, materials and methods

The aims of the study were to:

1. Improve care for older people with continence problems as highlighted in the *Good Practice in Continence Services*.
2. Demonstrate variation in standards of care relating to the management of continence problems in older people across different healthcare settings.
3. Enable healthcare settings (in primary care, secondary care and care homes) to compare the quality of their continence care compared to evidence based criteria.
4. Monitor the NSF for Older People milestone for establishing integrated continence services.

A previously reported study (2) described the development of quality and audit standards, which were redesigned into an internet based tool for the collection of data. The audit aimed to collect data from primary (community) care, secondary (hospital) care and from care homes. All data submitted to the audit was anonymous and as no patient related intervention was required; no ethical committee approval was required. Each site returned data on the service received by its patients / residents.

Results

139 primary care, 195 secondary care and 27 care homes participated and returned data on the service to which their patients had access. The table shows key areas and standards in organisation of care

	Primary Care (n=138)		Secondary Care (n=195)		Care Homes (n=27)	
	%	**N**	**%**	**N**	**%**	**N**
Policy for the management of continence present	**59**	81	**32**	63	**93**	25
integrated continence service present	**58**	79/137	**48**	94	**74**	20
Lead clinician present	**67**	53/79	**53**	50/94	**50**	10/20
Policy dictates screening question	**75**	104	**90**	176	**100**	26/26
Protocol for assuring basic assessment for all that have problems	**64**	89	**44**	85	**88**	23/26
Areas for assessment AND treatment preserve the patient's privacy and dignity?	**95**	128	**87**	169	**100**	27
The facility routinely uses a clinically defined measure of severity of symptoms	**42**	58	**20**	39	**20**	5/25
User group as part of the service	**26**	30/114	**21**	30/146	**26**	5/19
Evidence-based information about bladder and bowel care available freely to patients and carers	**47**	64/137	**18**	34/192	**44**	12
Service is subject to regular audit	**61**	73/119	**35**	55/155	**64**	14/22
If present, audit addresses privacy and dignity.	**52**	34/65	**72**	36/50	**100**	14/14

Interpretation of results

Almost all care homes had a written policy for the management of incontinence, compared with around one third of hospitals and two thirds of primary care sites. An integrated continence service as defined by guideline was only present in around half of services. Whereas policy dictated that an older person be routinely asked about continence problems in the majority of cases – there was no guarantee of an assessment of the problem in 1/3 primary care and ½ hospital services. Most sites reported that privacy and dignity for older people were maintained in their service. There was however, little user involvement.

Concluding message

Access to integrated continence services, as defined by “Good Practice in Continence Services” across all 3 health care settings is inadequate despite the establishment of these being a key target of the NSF for Older People.

Overall, the *organisation* of care appears to be marginally better for primary care and care homes than for hospitals.

References

1. J Eval Clin Pract 2005 11(6):525-32
2. J Eval Clin Pract 2005; 11(6):533-43

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DISCLOSURES: NONE

HUMAN SUBJECTS: This study did not need ethical approval because this is a national audit and did not follow the Declaration of Helsinki - with approval by the ethics committee - in the sense that it is a national audit Informed consent was not obtained from the patients.