



Transforming an NHS Containment Product Service #329

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Containment products are extensively used within healthcare, and cost the NHS an estimated £80 million per year (1). They have an enormous environmental impact, and could be used much less if good prevention, assessment and treatment strategies are put in place.

Containment products can have a negative impact on an individual's dignity and independence and should only be used when all suitable assessment, treatment and management strategies have been implemented (1).

Many NHS Trusts in the United Kingdom supply containment products to their patients, particularly older adults. These have a financial and environmental cost. It also risks encouraging product use as a primary intervention, and adding to the commonly held belief that incontinence is a normal part of ageing, and products are a first-line intervention.

The author took over leadership of a service that had a significant issue with the widespread use of containment products, and set out to change this.

METHOD

- This is a retrospective review of the author's work over the last four years. The author took over the management of the containment product budget, and service, for one NHS Trust in the United Kingdom. A plan was soon established for the running of the service, and the required changes, but once work started it became obvious that there were many issues that needed to be identified, analysed and managed.
- The resulting project was hindered and altered by an incredible variety of challenges (including the pandemic). Some challenges were anticipated but most were not. It became obvious that the service itself was not unusual, but the author was unable to find another service that had undertaken such an extensive, planned redesign.
- A brief narrative was kept throughout to monitor changes, problems and solutions. The project is now close to completion and this is an ideal opportunity to share a retrospective analysis of a service redesign.

RESULTS

- Over the financial year 2022/2023, the service has reduced spend on containment products by £100K from a previous annual budget of £650K.
- Over 5,000 people have been removed from the containment product list (but not all these were active patients).
- There have been seismic changes in the team structure, assessment and treatment processes and product service management.
- There is now one member of staff allocated to managing the product service day to day and it has been separated out from the rest of the service completely.
- There is a specialised service to care homes.
- The product service now follows all appropriate clinical and best practice guidelines and is accessed only by the bladder, bowel and pelvic health team.

Until now, the metrics have been difficult to rely upon as the various service changes have made comparing metrics difficult. It is improving but it is still likely that the confidence level in the metrics should be kept low. The service is now in a better position to start collecting meaningful metrics going forwards.

CONCLUSIONS

The last four years have required flexible and energetic leadership. The management of the containment product service has been changed dramatically with positive effects on the staff, patients, budget and environment. There is still much work to be done but this is an excellent opportunity to reflect and to share the work as widely as possible.

Containment products are an essential element of long-term bladder and bowel management for many people, but they must be used appropriately. There will be many services across the world that struggle with managing this aspect of continence care and the sharing of good practice, trials and tribulations is one way to make this part of our work easier.

It has been eye-opening to understand the strength of feeling around the provision of containment products. Many staff outside the service, carers, patients and relatives have been unhappy to have products evaluated, changed where appropriate, or removed where they are not needed. There has been significant resistance to treatment rather than containment in some areas. It has uncovered some of the unmet needs, stigma, shame and coping strategies that are widespread in the area of continence. It has also been influenced by the current challenging economic climate and the fear some people have about needing to self-fund.

The author is supporting other clinicians and services elsewhere in the UK who are interested in undertaking similar projects.

REFERENCES

1. Excellence in Continence Care, NHS England, 2018