PrescQIPP Community Interest Company

Continence

Nationally over £155 million is spent annually on continence appliances and related products (ePACT April 2014 to March 2015).

Over prescribing and over-ordering of continence products are frequently identified in primary care as an important cause of wasteful prescribing. Prescribers are also often unfamiliar with the differing needs of incontinence patients, the products available and the specific ordering requirements for continence appliances and accessories. Monitoring and review of prescribing of appliances for incontinence patients is also frequently lacking.

Over half of total spend on continence products is on catheters. It is important to ensure that the patient is using an appropriate catheter for their needs and that the frequency of catheter changing is appropriate to the product and the patient. It is also important that patients receive appropriate support to avoid errors and risk of infection and which may involve management by the specialist continence team.

It is also necessary to manage prescribing for this group of patients to avoid wastage. Any improvement to the quality of prescribing of these products would have significant outcomes in terms of cost savings.

QIPP projects in this area are aimed at reviewing the continued need for continence appliances and accessories, and at reducing wastage caused by inappropriate prescribing.

Purpose

The purpose of this bulletin is to provide guidance to support GPs and other prescribers in the prescription management process around appropriate, cost effective and rational prescribing of continence appliances in primary care.

It also offers guidance and support material for organisations considering reviewing continence appliance prescribing as a QIPP project.

Scope

The guidance is relevant to the following groups:

- GP Practices
- Practice Nurses
- District Nurses
- Incontinence Nurse Specialists
- Pharmacy Contractors
- Dispensing Appliance Contractors (DACs)
- Patients, patient's carers/relatives
- Medicines Management Team.

NB: The Drug Tariff Part IXB – Incontinence Appliances, lists both urinary incontinence appliances and faecal incontinence appliances. The main focus of this bulletin is on the management of and prescribing in urinary incontinence which constitutes the bulk of continence appliance prescribing. The bulletin also covers prescribing of appliances for, rather than the management of, faecal incontinence. The principles

and guidance on the prescribing and review of continence appliances in general practice described in this bulletin therefore apply to both urinary continence and faecal incontinence products.

Recommendations

- Many factors may need to be considered when selecting continence products including specific patient needs. Therefore, it is important that the Continence Nurse Specialists are involved in any recommendations or prescribing decisions around continence care.
- Implement a practical and cost-effective formulary as a useful tool to reducing waste and inappropriate prescribing. Monitor the adherence levels to the formulary to determine whether further work has to be done to raise awareness of its existence to prescribers.
- A suitable formulary should be developed/revised in collaboration with local stakeholders.
- Examples of local formularies may be found for subscribers on the PrescQIPP continence and stoma webkit (coming soon).
- Ensure that continence products are being prescribed in accordance with local appliance and formulary guidance and recommendations to minimise wastage.
- Refer to guidance on the quantities which are expected to be used by patients (as summarised in table 1, page 12). Also available on the PrescQIPP web page: http://www.prescqipp.info/resources/viewcategory/381-continence
- Ensure regular review of prescribing for all patients with incontinence and assess appliance and accessory use in line with patient needs and prescribing recommendations. Where there is no need for products, discontinue prescribing and remove from repeat. Overuse should prompt referral to specialist nurse for a review of patient appliance use.
- Advice should be sought from the specialist continence team if there are concerns about a patient using or requiring continence products.
- Prescriptions for appliances should only be issued at the request of the patient/patient's carer.
- Repeat requests should not be accepted from an appliance contractor- significant problems are related to appliance contractors ordering prescriptions on behalf of patients and which can lead to considerable wastage.
- No continence appliances should be supplied to a patient without a signed prescription.
- Retrospective prescriptions should not be issued by the prescriber.
- Emergency supplies should not be made without prior agreement with the prescriber.
- Patient/carer requests for continence appliances and accessories should only be considered if recommended by the specialist continence team.

National guidance

NICE has produced several guidelines which refer to incontinence. The guidelines outline criteria where catheterisation is recommended as a treatment option. In such cases, NICE recommends that support from specialists in the management of incontinence should be available to patients as part of the multidisciplinary team. Relevant guidelines and notable information is listed below.

NICE guidelines CG171 (September 2013)[1] - *Urinary incontinence: The management of urinary incontinence in women*

http://publications.nice.org.uk/urinary-incontinence-cg40

Bladder catheterisation is recommended for women in whom persistent urinary retention is causing incontinence, symptomatic infections or renal dysfunction and in whom this otherwise cannot be corrected.

Catheters

Intermittent urethral catheters

- Offer intermittent urethral catheterisation to women with urinary retention who can be taught to self catheterise or who have a carer who can perform the technique.
- Give careful consideration to the impact of long-term indwelling urethral catheterisation. Discuss the practicalities, benefits and risks with the patient or, if appropriate, her carer.
- Indications for the use of long-term indwelling urethral catheters for women with urinary incontinence (UI) include:
  - Chronic urinary retention in women who are unable to manage intermittent self-catheterisation.
  - Skin wounds, pressure ulcers or irritations that are being contaminated by urine.
  - Distress or disruption caused by bed and clothing changes.
  - Where a woman expresses a preference for this form of management.

Indwelling suprapubic catheters

Indwelling suprapubic catheters should be considered as an alternative to long term urethral catheters. Be aware and explain to women that they may be associated with lower rates of symptomatic UTI, 'bypassing', and urethral complications than indwelling urethral catheters.

NICE guidance on Infection Control (CG139) outlines measures that prevent and control infection associated with catheterisation. Relevant guidance and notable information is listed below.

NICE guidelines CG139 (March 2012)[2] - *Infection: Prevention and control of healthcare-associated infections in primary and community care*

http://publications.nice.org.uk/infection-cg139

Some important points from this guidance include:

Education of patients, their carers and healthcare workers

- Patients and carers should be educated about and trained in techniques of hand decontamination, insertion of intermittent catheters where applicable, and catheter management before discharge from hospital.
- Community and primary healthcare workers must be trained in catheter insertion, including suprapubic catheter replacement and catheter maintenance.
- Follow-up training and ongoing support of patients and carers should be available for the duration of long-term catheterisation.

Assessing the need for catheterisation

- Indwelling urinary catheters should be used only after alternative methods of management have been considered.
- The patient's clinical need for catheterisation should be reviewed regularly and the urinary catheter removed as soon as possible.
- Catheter insertion, changes and care should be documented.

Catheter drainage options

- Following assessment, the best approach to catheterisation that takes account of clinical need, anticipated duration of catheterisation, patient preference and risk of infection should be selected.
- Intermittent catheterisation should be used in preference to an indwelling catheter if it is clinically appropriate and a practical option for the patient.
- Offer a choice of either single-use hydrophilic or gel reservoir catheters for intermittent self-catheterisation.

- Select the type and gauge of an indwelling urinary catheter based on an assessment of the patient's individual characteristics, including:
  - Age
  - Any allergy or sensitivity to catheter materials
  - Gender – it is important to ensure that female catheters are not prescribed for male patients
  - History of symptomatic urinary tract infection
  - Patient preference and comfort
  - Previous catheter history
  - Reason for catheterisation.
- In patients for whom it is appropriate, a catheter valve may be used as an alternative to a drainage bag.

Catheter insertion

- All catheterisations carried out by healthcare workers should be aseptic procedures. After training, healthcare workers should be assessed for their competence to carry out these types of procedures.
- Intermittent self-catheterisation is a clean procedure. A lubricant for single-patient use is required for non-lubricated catheters.
- An appropriate lubricant from a single-use container should be used during catheter insertion to minimise urethral trauma and infection.

Catheter maintenance

- Indwelling catheters should be connected to a sterile closed urinary drainage system or catheter valve.
- Patients managing their own catheters, and their carers, must be educated about the need for hand decontamination before and after manipulation of the catheter.
- Catheters should be changed only when clinically necessary or according to the manufacturer's current recommendations.
- Urine samples must be obtained from a sampling port using an aseptic technique.
- Urinary drainage bags should be positioned below the level of the bladder, and should not be in contact with the floor.
- A link system should be used to facilitate overnight drainage, to keep the original system intact.
- The urinary drainage bag should be emptied frequently enough to maintain urine flow and prevent reflux, and should be changed when clinically indicated.
- To minimise the risk of blockages, encrustations and catheter-associated infections for patients with a long-term indwelling urinary catheter:
  - Develop a patient-specific care regimen
  - Consider approaches such as reviewing the frequency of planned catheter changes and increasing fluid intake
  - Document catheter blockages.
- When changing catheters in patients with a long-term indwelling urinary catheter:
  - Do not offer antibiotic prophylaxis routinely.
- Consider antibiotic prophylaxis for patients who:
  - Have a history of symptomatic urinary tract infection after catheter change or
  - Experience trauma during catheterisation.

NB: Antibiotic prescribing, if appropriate, should be in line with local protocol/guidance because of varying resistance patterns.

NICE guidelines CG49 (June 2007)[3] - *Faecal incontinence: The management of faecal incontinence in adults*

http://publications.nice.org.uk/faecal-incontinence-cg49

Consider a stoma for people with faecal incontinence that severely restricts lifestyle only once all appropriate non-surgical and surgical options, including those at specialist centres, have been considered. Individuals assessed as possible candidates for a stoma should be referred to a stoma care service.

Clinical effectiveness /Useful information

Urinary catheters

All catheters, catheter accessories, catheterisation packs and catheter maintenance solutions are listed in the Drug Tariff in Part IXA - Appliances.[4]

Patient assessment, monitoring and ongoing support is essential to prevent urinary tract infections and improve quality of life for those patients who have a urinary catheter. A key aim is to remove the catheter as soon as possible following insertion. The smallest size that provides adequate drainage should be used, to avoid problems such as bypassing.

The nature and type of catheter chosen will be determined by patient assessment and diagnosis, clinical need, patient preference and local product guidelines and formulary recommendations.

There are two main types of catheter.

Indwelling catheter – where the catheter remains in place for up to several weeks and is held in position by a water-filled balloon (Foley catheter).

- Indwelling catheters need to be changed regularly and should not be left in place for more than three months.
- Indwelling catheters are available for long term use (up to twelve weeks) or for short to medium term use (up to four weeks).
- Indwelling catheters are packaged in single units. Two should be prescribed initially, otherwise only one should be prescribed at a time.
- Catheters are licensed for both urethral/suprapubic use.
- A suprapubic catheter is a type of indwelling catheter inserted into the bladder through a hole in the abdomen rather than via the urethra.

Intermittent catheter – where the catheter is temporarily inserted into the bladder and removed once the bladder is empty.

- Intermittent catheters are for single use only.
- Suitable for patients with incomplete bladder emptying, e.g. neurogenic bladder disorders, particularly patients with multiple sclerosis, spina bifida, diabetes and spinal cord injury.
- May be inserted by the patient themselves using clean intermittent self-catheterisation (CISC), which avoids the need for an indwelling catheter.
- Help to reduce catheter-associated urinary tract infections (CAUTI).
- Patient needs good dexterity and cognitive ability.
- How many a patient uses a day depends on their medical reason for intermittent catheter, ranging from 1 to 5 times daily.
- All patients to be managed by the specialist continence team.

If persistent problems occur (e.g. frequent re-catheterisations, bypassing, blocking) the local specialist continence service should be contacted for advice and support.

If long term catheter life is less than four weeks, i.e. requiring recurrent re-catherisation, consider a medium term catheter and refer to the local continence service for advice.

Indwelling catheters impregnated with silver are for short term use only, following discussion with the specialist continence team. They are changed every 28 days for up to a maximum of three months.

All other continence appliances (including faecal incontinence appliances) are listed in the Drug Tariff in Part IXB – Incontinence Appliances, as indicated below:[4]

List of components and accessories

- Anal plugs
- Catheter valves
- Drainable dribbling appliances
- Faecal collectors
- Incontinence belts
- Incontinence sheaths
- Incontinence sheath fixing strips and adhesives
- Insert for female stress incontinence
- Leg bags
- Night drainage bags
- Suspensory systems
- Tubing and accessories
- Urinal systems

Catheter valves

Catheter valves are indicated for use with indwelling catheters only. They provide a discrete alternative to drainage bags. Their use helps to imitate normal bladder function by allowing the bladder to fill and empty, maintaining normal capacity and tone. They may be used for 2-3 weeks prior to a trial without a catheter to regain bladder function and tone.

Catheter valves should not be used without assessment of bladder function by an appropriate medical professional.

Catheter valves are contraindicated for use in patients with:

- Reduced bladder capacity.
- No bladder sensation.
- Cognitive impairment.
- Insufficient manual dexterity to operate the catheter valve.
- Renal impairment.
- Post radical prostatectomy.

It is recommended that catheter valves are changed every 5-7 days.

All products in this category must be dispensed with a supply of wipes and disposal bags.

Catheter drainage bags

Leg bags

Leg bags listed are suitable for collection of urine from indwelling catheters or incontinence sheaths. They are intended for daytime use although the larger bags may have adequate capacity for overnight

use by some patients. The bags may be worn in different positions on the leg and the intended position (e.g. thigh, knee or calf) will determine the length of the inlet tube. The bags are attached to the leg by means of straps (included with each pack) which are generally either latex or foam with velcro fasteners.

Maintaining a closed drainage system (i.e. not removing the leg bag when attaching a night bag) reduces the risk of infection. The leg bag must remain connected to the catheter and be linked to the night bag if additional drainage capacity is required overnight.

Leg bags should be changed every 5-7 days (manufacturers recommendation).

No more than one box of ten should be issued on alternate months (6 x 10 per year).

All products in this category must be dispensed with a supply of wipes and disposal bags.

Night drainage bags

Non-drainable night bags (single use)

- Non-drainable night bags are preferred option as single use reduces the risk of infection.
- These bags require changing every night.
- Night bags should be directly connected to the leg bag to maintain a closed system.
- The position of the bag should be below bladder level to enhance drainage.
- A night stand should be used to support the night bag (not available on FP10).
- Nursing/residential homes should always use a single use non-drainable night bag attached to a leg bag.

No more than three boxes of ten should be issued monthly.

All products in this category must be dispensed with a supply of wipes and disposal bags.

Sterile drainable night bags

- The position of the bag should be below bladder level to enhance drainage.
- Night bags should be directly connected to the leg bag to maintain a closed system.
- Night bags should be placed on a stand/bag hanger so that the tap is clear of the floor (not available on FP10). Supply arrangements for bag hangers vary but they can be supplied through the community nursing service.
- Not recommended for nursing/residential home patient due to risk of cross infection.
- For community bed bound patients it may be appropriate for a sterile drainable 2 litre bag to be connected directly to the catheter.

Drainable night bags should be changed every 5-7 days (manufacturer's recommendation).

No more than one box of ten should be issued alternate months (6 x 10 boxes per year).

All products in this category must be dispensed with a supply of wipes and disposal bags.

Catheter accessories

It is extremely important that both the catheter and leg bag is well supported to reduce traction and trauma to the bladder neck/urethra.

- The catheter retaining strap secures the tubing or catheter firmly and comfortably against the leg acting as a shock absorber for all indwelling catheters.
- Leg bag sleeves can be used as an alternative or alongside leg straps, particularly if there is frail skin, or problems with straps digging into or rubbing the leg as it distributes the weight of the urine more uniformly.
- Retainer straps and sleeves are washable and reusable.

- A pack of 5 catheter retaining straps should last four to six months.
- A pack of 4 leg bag sleeves should last for six months.

Catheter maintenance solutions

There should be a clinical rationale for use of catheter maintenance solutions.

- Should only be considered for short term use, to treat indwelling catheters for prevention of encrustation, or to dissolve crystal formation prior to removal of catheter to prevent urethral trauma.
- Monitoring pH will help identify the need for, and the type of solution required.
- Citric acid should only be used for those patients who have a consistently high pH of 6.8 and above.
- It is good practice to cut open catheters on removal, from those patients where blocking is a problem to see if the lumen is blocked by sediment deposit.
- Two sequential instillations of a small volume are more effective than a single administration.[5]

Incontinence sheaths

These can offer a valuable alternative method of urinary incontinence management for men.

- Except where indicated in the Drug Tariff, they are of the soft, flexible, latex type.
- Sheaths are available with and without fixing devices which may be applied externally or internally.
- It is important to accurately assess for type and size of sheath using manufacturers measuring device.
- It is recommended that sheaths are changed on a daily basis.
- One box of thirty should be sufficient per month.
- Over ordering more than one box of thirty per month may indicate poor fit. If so, refer to continence team for advice.
- Adhesive removers and barrier products are not normally recommended with sheaths. Adhesive residue can be washed away with warm soapy water and barrier creams may interfere with adhesion. If a patient is experiencing related problems, advice may be obtained from the continence specialist team.

Incontinence sheath fixing strips and adhesives

Fixing devices and other adhesion products are available separately from sheaths.

Urinal systems

Urinal systems may be used for patients who have functional incontinence. These should be used as part of their treatment or management plan.

The devices listed are specialist appliances which comprise several components and need to be correctly fitted by someone competent to do so. In general, the individual components can be prescribed separately for replacement purposes. With proper care and cleansing, each appliance should last for six months. Generally patients should have two appliances, one to wear and one to wash.

Products marked in the Drug Tariff must be dispensed with a supply of wipes and disposal bags.

Drainable dribbling devices

The available appliances may be re-used, on average, for at least a month.

Products marked in the Drug Tariff must be dispensed with a supply of wipes and disposal bags.

Incontinence belts

Average use per appliance - six months.

Insert for female stress incontinence

All products in this category must be dispensed with a supply of wipes and disposal bags.

Suspensory systems

These appliances should not be confused with leg bag garments which are not prescribable. Each system comprises a drainage bag with its means of support.

The bags may be used for 5-7 days, sometimes longer, but the support systems will have a much longer life.

Products marked in the Drug Tariff must be dispensed with a supply of wipes and disposal bags.

Tubing and accessories

Available as appropriate for appliances.

Catheterisation pack

A catheterisation pack facilitates aseptic non-touch technique (ANTT) to reduce risk of catheter associated urinary tract infections (CAUTI). It promotes and standardises best practice using a two layer system, layer 1 catheter removal kit, layer 2 catheter insertion kit.

A catherisation pack as supplied in one packet helps reduce nursing time and FP10 costs.

Catheter packs are not routinely recommended for the following reasons:

- Packs will be wasted if opened and the wrong catheter is included.
- Catheter packs should not be opened to access individual components as this causes wastage and potential infection risk if remaining components are used elsewhere.

Anaesthetic lubricant

Anaesthetic lubricant may be used to reduce risk of possible damage to the urethra when changing and inserting an indwelling catheter. It can facilitate pain free insertion and help reduce the risk of associated infection. To be used at each catheter change.

(Lubricant gels are listed in Part IXA of the Drug Tariff).

Skin barrier film/cream

Skin barrier film/cream may be used for protection from body fluids including wound exudate and protection from tapes and dressings.

- Apply film to clean, dry skin.
- Apply cream very sparingly after every third episode of incontinence.
- Film will aid adhesion of tapes and adhesive dressings, creams will not prevent dressings from sticking.

There are a wide range of products available on FP10. For further advice and support contact your local continence service.

Continence: Key messages

A comprehensive continence assessment is required before considering any continence appliance; the emphasis should be on appropriate treatment.

Product selection should be made to meet patient needs on an individual basis as not all products are suitable for everyone.

Catheterisation should be used as a last resort and only when at least one of the following have been met:

1. Pre/post operative surgery.
2. Monitoring renal function hourly during critical illness.
3. Chronic urinary retention, only if symptomatic and/or renal compromise.
4. Acute urinary retention.
5. Allowing bladder irrigation/lavage (not routinely recommended, only on expert advice).

6. Bypassing an obstruction.
7. For investigative purposes such as urodynamics.
8. Instillation of medication, e.g. chemotherapy.
9. Where it is viewed as "better" for the patient to use a catheter, such as end of life care, disability, unfit for surgery.

It should be noted that the risks associated with catheter usage are of a serious nature that increasingly may become more difficult to justify.[6]

Patient assessment, monitoring and ongoing support is essential to prevent urinary tract infections and improve quality of life.

Choice of product depends upon:

1. Patient assessment and diagnosis.
2. Patient preference.
3. Local appliance guidelines and formulary recommendations.

Several general references are available which provide summary information and advice on continence care and management.[7,8,9]

General advice when prescribing continence products

- Make information about prescribing appliances easily accessible in the surgery.
- Highlight prescribable appliance products in the Drug Tariff.
- It is recommended that a complete version of the local continence appliance formulary is kept in location in the surgery that prescribers are aware of or make sure that each prescriber can access it electronically. Also keep a quick reference formulary handy for easy access.
- Formulary choices should be added to prescribing systems so they appear at the top of selection lists.
- Be satisfied that there is a real need for the appliance request by the patient.
- Check if a specialist assessment has been done on the patient and if any specific products were advised.
- Check that all requests are needed and appropriate – see information above.
- The frequency and quantities on a prescription should be guided by any local specialist advice.
- Repeat orders should be for no more than a one month supply to avoid wastage (except where the pack contains quantities which last for longer than one month - refer to table 1 on page 11 for details).
- Ensure that appliance/accessory supplies that last for longer than one month are not supplied on each repeat request.
- Perform a review of previous requests and ensure that previously ordered stock is used before replacement stocks are supplied.
- Ensure that any product changes are recorded on the surgery system.
- Ensure that prescriptions which are no longer required are removed from the repeat.
- Do not issue retrospective prescriptions for continence products except in emergency after direct communication with the continence team.
- Patient requests for new products should not be accepted without checking with the continence specialist team. Be aware that companies may supply patients with samples of new, expensive and potentially unnecessary products. Patients may also obtain information regarding available products via the internet and from their fellow patients.
- Contact the continence specialist team if expert advice is required.

Local formulary

Development and implementation of a practical and cost-effective local formulary is a useful tool to reducing waste and inappropriate prescribing. Prescribing should be in line with local formulary recommendations. It is important to monitor the adherence levels to the formulary to determine whether more work has to be done to make prescribers aware of its existence.

Producing prescriptions for continence products

- Include full details of product required including the correct size, type, quantity and gender (for catheters). Ensure that female catheters are not prescribed for male patients.
- State the brand and manufacturer to ensure continuity of supply.
- DO NOT prescribe generically because of the differences between individual products.
- State the quantity prescribed. Do not use the term 'original pack' (OP) because pack sizes differ between products and patients may receive inappropriate amounts.

Prescribing quantities – continence products

Table 1 below advises on appropriate quantities to be prescribed for the different continece products.

Some appliance wholesalers may offer night bag stands and other products, e.g. mattress protective covers on request free of charge, although others may charge the patient. These items are not prescribable.

Table 1: Prescribing guidance including recommended monthly quantities for continence appliances

Prescribing guidelines for continence appliances			
Appliance	**Frequency of change**	**Recommended monthly quantity**	**Additional information**
Indwelling catheters (Foley)	Up to 12 weeks (long term)	One (plus one spare) every three months	Ensure one spare
	Up to 4 weeks (medium term)	One (plus one spare) every month	Ensure one spare
Intermittent (single use) catheters (PVC or self-lubricating)	Between 1 – 5 times daily	Average use - 125	All patients to be managed by the specialist continence team
Catheter valves*	Every 5 – 7 days	Five	No more than 5 (one packet)/month
Sheaths	Usually one per day	Thirty	May be left in situ for 1-3 days
Leg bags*	Usually one bag every 5 – 7 days	Five	One box of 10 should last 2 months
Night bags* (Drainable)	Usually one bag every 5 – 7 days	Five	One box of 10 should last 2 months
Night bags* (Non-drainable)	One bag per day	Thirty	Use one each night

Prescribing guidelines for continence appliances			
Appliance	**Frequency of change**	**Recommended monthly quantity**	**Additional information**
Miscellaneous			
Catheter retaining straps		One	Pack of 5 4 - 6 months
Catheter bag sleeves		One	Pack of 4 6 months
Drainable dribbling devices **		One	
Incontinence belts	Twice yearly (every 6 months)		Patients require 2 - 1 to wear, 1 to wash
Urinal systems **	Twice yearly (every 6 months)		Patients require 2 - 1 to wear, 1 to wash
Anal plugs	Usually replaced every 12 hours	60	

* All products in this category must be dispensed with a supply of wipes and disposal bags.

** Products marked in the Drug Tariff must be dispensed with a supply of wipes and disposal bags.

Best practice - Guidance on prescribing continence appliances in general practice

This section provides advice to GP practices on the issue of prescriptions for items that are supplied to continence patients, to help reduce over-ordering, wastage, poor communication, and inappropriate use.

- The guidance outlines the responsibilities of the continence specialist, GP practice, dispensing contractor (dispensing appliance contractor (DAC), community pharmacy or dispensing doctor) and the patient/carers or relatives.
- This guidance is designed to be used by all prescribers (medical and non-medical), GP practices, and specialist nurses.
- The guidance provides advice on monitoring and review of continence appliance and accessory use to ensure best practice and to reduce wastage.
- The healthcare professional (HCP) who prescribes the treatment legally assumes clinical responsibility for the treatment and the consequences of its use.

General

- A list of all continence appliances available on FP10 can be found in the Drug Tariff.[4]
- This can be accessed online at http://www.ppa.org.uk/ppa/edt_intro.htm
- Continence appliances should always be prescribed by brand and not generically; this generally takes the format of the manufacturer's name, a description of the product and the manufacturer's code
- If the manufacturers' code for the item description is entered, the prescribing system should select the specific product which saves scrolling through a long list.
- Quantities should always be specified. Use of the term 'OP' (original pack) should be avoided. If the patient is trialling a new product, a small quantity should be prescribed to avoid waste although original packs cannot be split.

Responsibilities of the dispensing appliance or pharmacy contractor

- Patients requiring incontinence or stoma appliances can have these dispensed either by a DAC, a pharmacy contractor or a dispensing doctor.
- The dispensing appliance contractor or pharmacy contractor is required to ensure that appropriate advice is given to patients about any appliance provided to them in order to enable them to utilise, store and dispose of appliances appropriately.[10]
- The dispensing appliance contractor/pharmacist must also provide appropriate advice to patients on the importance of only requesting on repeat those items which they actually need to ensure that unnecessary supplies are not made.[10]
- Dispensing contractors must also supply a reasonable supply of wipes and disposal bags with certain continence products free of charge which do not need to be added to the prescription. NB: A marker has been placed in the Drug Tariff next to those categories to indicate with which items wipes and disposal bags must be supplied.[10]
- Appliances should not be supplied to a patient without a signed prescription.
- Emergency supplies must not be made unless a request is specifically initiated by the prescriber and as long as a prescription is provided within 72 hours.[10]

Responsibilities of the continence specialists

- Select and initiate the most appropriate product for treatment/management without pressure from sponsoring company ensuring that patients have complete freedom of choice.
- Continence appliance prescribing choices should be made based on individual patient needs and taking into consideration local formulary recommendations.
- Prescribing quantities should be based on individual patient need and taking into consideration recommended quantities for prescribing (Refer to table 1, page 12).
- Only continence products listed in Part IXA and Part IXB of the Drug Tariff should be initiated.
- Ensure that patient has an established treatment plan that they fully understand.
- Communicate promptly with the GP regarding:
  - Product initiation (including product codes).
  - Expected monthly usage.
  - Expected duration of treatment; or, if long term, date of next review.
  - Specialist nurse name and contact details in case there are any queries regarding the appliance use by the patient.
- Monitor response to treatment, or advise GP of monitoring requirements.
- If changes are made to the patient's prescription, advise both GP and dispensing contractor (where appropriate) of any modifications and document in the notes.
- Ensure clear arrangements for back-up, advice, and support.

Responsibilities of the practice

All requests for prescriptions should be initiated by the patient. The preferred route is direct to the GP practice, to enable a robust audit trail. Refer to local guidance on repeat prescribing procedures.

- Prescriptions should only be issued at the request of the patient/patient's carer or relevant healthcare professional.
- Requests for prescriptions should only be accepted from a continence specialist nurse, hospital ward staff or district nurse if a prior agreement has been made with the GP.
- Initiate system for supply, and then continue prescribing, adjusting prescriptions for product(s) as advised by the specialist.

- Check quantities requested against information in table 1, page 12 – 'Prescribing guidelines for Continence Appliances'.
  - This provides suggested prescribing quantities and prescription directions and notes to assist the prescriber. Be aware of the normal usage rate by the patient and that any irregularities are flagged to the GP and reviewed with the patient/carer.
- Issue prescriptions for continence appliances on a separate form from other patient medication to avoid problems if a patient uses a DAC rather than a pharmacy contractor.
- Record DAC or pharmacy contractor details in the patient's medical records.
- GP practices should not issue retrospective prescriptions if requested by the DAC.
  - The dispensing contractor must receive the prescription PRIOR to the delivery of items.
  - If the dispensing contractor delivers item(s) prior to receiving a prescription, it risks not obtaining a prescription to cover the supply. In such cases, the GP is entitled to refuse to supply a prescription.
  - The only exception to this might be the first prescription following discharge to ensure the patient has a supply of products at home. In these circumstances supply is initiated by the acute trust specialist team.
- Print the prescription for the patient/carer (or send to contractor) within the agreed turnaround time and by the agreed method of dispatch.
- Document any communication from the dispensing contractor and specialist in the patient's clinical record.
- Report to and seek advice from the specialist on any aspect of patient care that is of concern and may affect treatment.
- Stop or adjust treatment/management on the advice of the specialist or immediately if an urgent need to stop treatment arises.
- Copies of AURs (Appliance Use Review) should be reviewed by an appropriate person in the practice and stored in the patient's medical records.
- Ensure clear communication with patient regarding the ordering process agreed between the practice and the contractor, e.g. regarding the interval prior to delivery when the regular prescription request should be submitted.
  - Typically, patients with continence appliances request monthly prescriptions. If requests are more frequent, advice should be sought from the specialist nurse.
- It is strongly recommended that the practice has its own agreed protocol for how it deals with dispensing contractors.

Points for consideration

- Where possible, a named person should be nominated within the GP practice to managing requests relating to continence (and stoma) management.
- If possible, a named contact at the dispensing contractor should be agreed. All prescription requests should come from the patient/carer, but the contractor may need to be contacted to clarify the delivery schedule, product availability etc.
- Consider frequency of supply, and turnaround time from request of prescription by dispensing contractor to dispatch of prescription from surgery (e.g. 48 hours).
- Consider method of receipt prescription to contractor e.g. fax, email, post. It is recommended that if prescriptions are posted to contractors, a record is kept and if possible a certificate of posting obtained (to help with any queries regarding missing prescriptions).
- It is recommended that requests for emergency prescription should only be accepted from the patient/carer.

- The practice should ensure that the patient/carer:
  - Understands the treatment.
  - Is aware of how to raise any concerns and report any problems in relation to the treatment.
  - Understands the ordering process and reports any problems with supply to the specialist or GP.

Monitoring and review of continence patients in primary care

The aim of this section is to provide information to allow for monitoring and review of continence appliances and accessories prescribed for your patients in primary care, to ensure best practice and to reduce wastage.

Refer to table 1 for a summary of available continence appliances and accessories and recommendations (including quantities) for prescribing.

What should prescribers do in practice?

Continence appliances

- Review prescribing of basic continence appliance products in line with recommendations above.
- Prescribe appropriate quantities on repeat (Refer to table 1, page 12).
- Ensure that patients do not over-order continence appliances. NB: Occasionally some patients may require more frequent or larger quantities than those recommended.
- Refer patient back to the continence specialist team for review if over-ordering.

Continence accessories

- Review prescribing of continence patient accessories in line with the recommendations above.
- Prescribe appropriate quantities on repeat (Refer to table 1, page 12)
- Ensure that only necessary accessories are on repeat.
- Ensure that patients do not over-order accessories.
- Refer back to the continence specialist team for review if over-ordering.

If requests for prescriptions are repeatedly received from suppliers and manufacturers, the practice should investigate why this is happening and report it if necessary.

The prescribing data received from the Prescription Pricing Authority should be used to monitor the level of prescribing of home delivered items. Any large increases in the level of prescribing should be investigated.

Appliance use reviews (AURs)

- Appliance use reviews (AURs) form part of the advanced services that can be carried out by community pharmacists or specialist nurses and is an effective way of assessing and correcting any problems with appliances. They are similar in concept to Medicines Use Reviews (MURs) but directed at use of appliances.[10,11]
- AURs are intended to improve the patient's knowledge and use of the appliance they are prescribed. A record of each AUR must be completed and forwarded to the appliances supplier, the patient's GP and any other healthcare professional, including any NHS nurse providing care for that patient. Each record must document any advice given to the patient or any intervention made.

Audit and review of practice continence appliance prescribing

Continence appliance and accessory prescription requests from patients should be reviewed on request and supplies adjusted accordingly. Where necessary, patients should be referred for specialist assessment.

It is also recommended that audit of continence appliance and accessory provision is conducted routinely

within practices in order to assess compliance with prescribing recommendations and to identify and address inappropriate use and supply of continence products.

Several tools have been developed in conjunction with this bulletin to support audit of continence prescribing in practices and which are available on the PrescQIPP website: http://www.prescqipp.info/resources/viewcategory/381-continence

Potential savings

Because of the ordering and supply process relating to continence appliances and the patient specific nature of prescriptions for continence patients, switching products to realise savings is not recommended. Instead, QIPP objectives in this area are aimed at reviewing the continued need for continence appliances and accessories, and at reducing wastage caused by inappropriate prescribing.

Prescribing data relating to continence appliance prescribing for individual CCGs is available to subscribers via on the PresQIPP website the following link: http://www.prescqipp.info/datasnapshots

The variation in total cost per 1000 standard PUs for continence appliances ranges from £527 to £3,330 across CCGs in England (ePACT April 2014 – March 2015)

Table 2: Total spend in England for all continence sub-categories (ePACT April 2014 – March 2015)

Sub-category	Sum of items	Sum of cost
Catheters	1,009,663	£93,903,842
Leg bags	607,293	£19,454,478
Incontinence sheaths	180,755	£10,914,668
Night drainage bags	851,842	£10,889,356
Anal irrigation system	66,421	£9,538,901
Catheter maintenance solutions	177,059	£5,565,099
Tubing and accessories	193,239	£2,257,408
Catheter valves	95,848	£1,561,048
Urinal systems	15,433	£658,779
Anal plugs	4,654	£341,959
Suspensory systems	7,454	£333,937
Incontinence sheath fixing strips and adhesives	18,975	£329,177
Faecal collectors	1,280	£66,910
Insert for female stress incontinence	1,157	£59,940
Drainable dribbling appliances	35	£1,314
Incontinence belts	11	£217
GRAND TOTAL	**3,234,119**	**£155,877,033**

Annual spend on continence appliances is over £155 million. **A 20% reduction in overall spend could release annual savings of £31 million** if measures were taken to adopt better practice in the ordering and supply of continence care products and by implementing recommended formulary choices and prescribing quantities.

Summary

- Prescribing of continence care appliances remains a significant cost expenditure on NHS resources. Over-prescribing and over-ordering of continence products are frequently identified in primary care as an important cause of wasteful prescribing and there are significant cost savings to be made by rationalising prescribing.
- Any improvement to the quality of prescribing of these products would have significant outcomes and reducing inappropriate prescribing of continence care products will release significant savings.
- Careful consideration should be given before prescribing continence products. Quality of prescribing may be improved by ensuring that products are prescribed in line with local formularies and local guidance and particularly according to recommendations on prescribing quantities.

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Additional PrescQIPP resources

 Briefing  Data pack  Audit, patient information leaflet, example patient letter, letter to DAC

Available here: http://www.prescqipp.info/resources/viewcategory/381-continence

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Contact help@prescqipp.info **with any queries or comments related to the content of this document.**

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