SCHEDULE 2 - THE SERVICES
SERVICE SPECIFICATION
FINAL 21.11.13

Service	**Continence Advisory Service**
Commissioner Lead	**Dominic Blaydon, Head of Long Term Conditions and Urgent Care, Rotherham Clinical Commissioning Group**
Provider Lead	**Lorraine Watson, Service Director, The Rotherham NHS Foundation Trust**
Period	**1 April 2014 to 31 March 2017**
Date of Review	**October 2016 (or before if service redesign)**

1. Population Needs

1.1 National Context and Evidence Base

NSF Older People 2001

Standard 2: Person-centred care

NHS and social care services treat older people as individuals and enable them to make choices about their own care. This is achieved through the single assessment process, integrated commissioning arrangements and integrated provision of services, including community equipment and continence services.

National Audit of Continence Care for Older People: Management of Urinary Incontinence 2005

The results of this audit found that the requirement for integrated continence services has not yet been met as recommended in the NSF for Older People 2001. It found that assessment and care by professionals directly looking after the older person were often lacking and that there was an urgent need to re-establish the fundamentals of continence care into the practice of medical and nursing staff. It suggested that action needs to be taken with regard to the establishment of truly integrated, quality services in this neglected area of practice.

Department of Health Good practice in continence services 2000

Sets out a model of good practice to help health professionals achieve more responsive, equitable and effective continence services. It suggests that, locally, a strategic lead or director may be responsible for coordinating the development and implementation of common policies and procedures across relevant healthcare sectors and with local authorities.

NICE CG171 urinary incontinence: the management of urinary incontinence in women 2013

Urinary incontinence (UI) is a common symptom that can affect women of all ages, with a wide range of severity and nature. While rarely life-threatening, incontinence may seriously

influence the physical, psychological and social wellbeing of affected individuals. The impact on the families and carers of women with UI may be profound, and the resource implications for the health service considerable.

New recommendations for 2013 sit alongside the original recommendations from the 2006 guideline

NICE CG49 faecal incontinence: the management of faecal incontinence in adults 2007

Faecal incontinence (FI) is a stigmatising condition that is likely to affect over half a million men and women in the UK. Current epidemiological information shows that between 1% and 10% of adults are affected. It is likely that 0.5-1.0% of adults experience regular FI that affects their quality of life. FI is closely associated with age (prevalence is about 15% in adults aged 85 years living at home) and is even more common in residential and nursing homes (prevalence ranges from 10% to 60%).

Because of fear and embarrassment, FI remains a largely hidden problem, particularly for people where there are associated cultural/religious issues. People with FI often experience social exclusion, and frequently suffer from stress, anxiety and depression, which can cause them to delay seeking help. Faecal continence services should be provided as part of an integrated continence service and people with faecal incontinence should be offered care by healthcare professionals who have the relevant skills, training and experience. The specialised management of FI includes non-surgical interventions such as pelvic floor muscle training, bowel retraining, specialist dietary advice, biofeedback, electrical stimulation and rectal irrigation.

Nearly two thirds of people with FI are also expected to have urinary incontinence (known as double incontinence). Inadequate assessment of incontinence, with an emphasis on containment rather than cure, does not indicate high-quality care and it is expensive from a financial and a health perspective.

An update to CG49 is expected in February 2014.

2. Outcomes

2.1 NHS Outcomes Framework Domains and Indicators

Domain 2	Enhancing quality of life for people with long-term conditions
Domain 4	Ensuring people have a positive experience of care

2.2 Local defined outcomes

Rotherham Joint Health and Wellbeing Strategy 2012-2015

- Expectations and Aspirations - All Rotherham people will have high aspirations for their health and wellbeing and expect good quality services in their community, tailored to their personal circumstances.
- Long-term Conditions - Rotherham people will be able to manage long-term conditions so that they are able to enjoy the best quality of life.

3 Scope

3.1 Aims and objectives of service

Aims

- To provide a continence advisory service that includes health education and promotion of continence.
- To offer and facilitate specialist continence advice, assessment, treatment, and management.
- To promote and facilitate proactive identification, encouragement and referral of appropriate patients.
- To provide an integrated service for both urinary and bowel incontinence.
- To ensure provide a seamless service for patients across the advisory service and the continence prescribing service.
- To provide training and advice to patients, families and carers, care home staff and for health care professionals on continence promotion and management.
- To provide long-term management for people who do not wish to continue with active treatment or who have intractable incontinence.

Objectives

- To provide the best possible outcomes for patients and their carers through identification and intervention.
- Enabling individuals to self-manage their continence care to their full potential.
- Patients will have an improved perceived quality of life, preservation of dignity and, where possible, independence and mobility.
- A reduction in the risk of urinary tract infections, falls, social isolation and depression in older people suffering from incontinence.
- Patients to be appropriately assessed and managed to encourage a reduction in the reliance on disposable pads and other products for patients where this is appropriate.

- A reduction in inequalities with access to services that are culturally sensitive and meet the needs of people with physical, sensory, mental or learning disabilities.
- Patients will have good patient experience with more integrated care.
- Patients, families and care staff will have improved knowledge of continence care resulting in improved care outcomes.

3.2 Service description/care pathway

The Service will provide clinical advice, support and treatment to clients within the Rotherham area who experience problems with bladder and bowel dysfunction. The service provides education and training for health and social care staff around continence care. The service also manages the disposable pad home delivery service.

The service provides full clinical assessment (level 2), treatment and management of bladder and bowel dysfunction including:

- Pelvic floor re-education
- Catheter related advice and reviews
- Product advice
- Education and training

Identification and Assessment

Patients identified as suffering from bladder and bowel dysfunction, who have agreed that they would like support to management this, will be assessed in line with the *TRFT Policy for the management of adult patients with continence problems as a result of bladder and bowel dysfunction 2012*. Patients referred to the service will generally have undergone a level 1 continence assessment in line with the policy, however the service will accept referrals for all individuals with bladder and bowel dysfunction to assess and refer on to other services if appropriate. The service will review patients whose continence has not improved after completing the level 1 pathway, and will conduct a level 2 assessment where necessary.

Response times

Urgent referrals (includes terminal patients) – patients will be contacted within 2 working days from receipt of referral. Patients will be assessed within a timeframe in line with clinical need. A support worker can also provide an urgent response and undertake scans and urine tests within 1 working day; this information can then be used by the specialist nurses to help determine the urgency of a patient's care needs and the appropriate response.

Routine referrals – patients will be contacted within 1 week of receipt of referral. All routine referrals will be prioritised according to clinical need and will be seen within a maximum of 4 weeks of receipt of referral.

Management

Individual management plans will be developed for each patient and interventions and care will be undertaken in line with the latest NICE guidelines and the *TRFT Policy for the management of adult patients with continence problems as a result of bladder and bowel dysfunction 2012*. This includes active treatment to improve optimum bladder and bowel dysfunction where appropriate, and information, advice and provision of disposable pads.

The service will review patients according to clinical need. Patients requiring continence pads will telephone to request a new supply every 8 weeks and will be informally assessed as part of the ordering process.

Patient information will be recorded on SystmOne and shared with other services where applicable and where patient consent has been given.

Discharge from service

The service has 2 main caseloads:

- Patients undergoing active treatment (time limited intervention)
- Patients requiring continence pads (ongoing care).

The service also has a small number of patients who remain on the caseload who do not require incontinence pads but have ongoing bladder and/or bowel dysfunction. These patients will be reviewed by the service as clinically appropriate.

Patients undergoing active treatment will be discharged from the service once their optimum bladder and bowel function has been attained in line with their management plan. Discharge information will be provided to the patient's GP.

Patients requiring continence pads will remain on the service's caseload and are regularly reviewed.

Referrals

Referrals will be accepted from:

- Community Nursing services
- GPs
- Consultant Urologists
- Allied Health Professionals
- Any healthcare professional
- Care Home staff
- Social care staff
- Patients.

Referrals are accepted by fax, telephone or in writing and will have acknowledged patient permission. Telephone referrals will be asked to follow up in writing. The service will liaise with the patient's GP practice for any self-referrals to ensure that appropriate information is exchanged from both sides.

For housebound patients, the patient's District Nurse is responsible for undertaking initial assessments (level 1) for referrals for disposable product provision.

Education, training and advice for care staff

The service provides a rolling programme of training sessions for staff which includes staff from the Rotherham Foundation Trust, care home staff and social care staff.

The service also provides telephone advice to staff for any issues relating to bladder and bower dysfunction.

Hours of Operation

The service will available between 8.00am and 4.00pm Monday to Friday excluding bank holidays.

Location of service delivery

Clinics are delivered for patients at the Rotherham Community Health Centre:

- Monday am
- Monday pm
- Wednesday am
- Wednesday pm.

The service is also delivered in a patient's own home (including care homes) dependent upon need.

Workforce

Workforce modelling will reflect the skills, knowledge and expertise required to deliver the service.

The provider will:

- Ensure they have the right people with the right skills in the right numbers to deliver safe, patient centred and cost effective care.
- Ensure that their workforce development plans feed into education and training commissioning and are aligned with the commissioners understanding of future plans for local service delivery and the workforce implications of proposed new developments.
- Have in place and be able to evidence appropriate plans for leadership and management.
- Ensure that staff actively engage with commissioners with regard to commissioning activities.
- Ensure that staff have in place effective appraisal and continuing professional development arrangements and that they are able to demonstrate continuous improvement.
- Ensure that they meet nationally recognised standards for HR for recruitment, pre-employment screening, training and retention of the workforce.

Safeguarding

The service provider will promote and safeguard the welfare of clients by:

- Ensuring that the Rotherham Wide Safeguarding Policy is adhered to
- Ensuring all staff fully understand their roles and responsibilities regarding safeguarding and promoting the welfare of patients and receive appropriate training
- Providing support and guidance to staff who come into contact with vulnerable adults and their families, enabling them to manage the stresses involved in working with this client group.
- Ensuring staff working with vulnerable adults are subject to appropriate CRB checks prior to being employed and that regular appraisal/review is undertaken regarding their suitability to continue in practice.
- Ensuring all staff has an awareness and understanding of the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty safeguards.

Integrated Governance (IG)

Integrated Governance (IG) is a collation of systems, processes and behaviours. It enables healthcare organisations to lead, direct and control their functions in order to achieve organisational objectives, safety and quality of service. The provider will adopt a system of IG that incorporates key elements of Clinical Governance (CG) and organisational learning, to

ensure that there is safe delivery of services to patients.

The Provider will ensure that the IG arrangements incorporates the following key elements;

- A framework of IG that includes CG and leadership roles
- Assurances that CG will incorporate patient safety, management of clinical risk and lessons learned
- A system of clinical risk assessment and risk reduction
- A development programme for the integrated team centring around leadership development,

All healthcare professions delivering the service will be required to demonstrate their professional eligibility, competence and continuing professional development in or to remain up-to –date and deliver an effective service.

General Quality Standards

The provider will have place a quality framework which demonstrates compliance with the Essential Standards set out by the Care Quality Commission that are relevant to the service.

http://www.cqc.org.uk/organisations-we-regulate/registering-first-time/essential-standards

3.3 Population covered

Anyone registered with a Rotherham GP and/or living within RMBC boundary aged 18 and over. (Children will be on the caseload for incontinence pads).

3.4 Any acceptance and exclusion criteria and thresholds

The provider shall ensure that there is equity of access and that there is no discrimination between individuals on the grounds of age, sex, gender, race, sexual orientation, ethnicity, disability, religion or belief or any factor other than clinical need.

Acceptance

- All patients with bladder or bowel dysfunction.
- Patients who have undergone a Level 1 assessment and have shown no progress at review (as outlined within the TRFT Policy for the management of adult patients with continence problems as a result of bladder and bowel dysfunction 2012).

Exclusion

- Patients that are in an in-patient bed.
- Children

3.5 Interdependence with other services/providers

- Rotherham Continence Prescribing Service
- GPs
- Community nursing services
- Allied health professionals
- Hospital staff
- Social care staff
- Other healthcare professionals
- Care homes.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

NSF Older People 2001

NICE CG49 Faecal Incontinence: management of faecal incontinence in adults 2007

NICE CG171 Urinary Incontinence: management of urinary incontinence in women 2013

NICE CG148 Urinary incontinence in neurological disease: management of lower urinary tract dysfunction in neurological disease 2012

DH Good practice in continence services 2000

4.2 Applicable standards set out in Guidance and/or issued by a competent body(eg Royal Colleges)

RCN Improving continence care for patients: the role of the nurse 2002 (revised 2006).

4.3 Applicable local standards

TRFT Policy for the management of adult patients with continence problems as a result of bladder and bowel dysfunction 2012

5. Applicable quality requirements and CQUINN goals

5.1 Applicable quality requirements

Reporting to the CCG to start 1 April 2014

Quality Indicators	*Method of Measurement*	*Incentive/Sanction*
Activity Indicators	*Threshold*	*Method of Measurement*
Proportion of patients who report that they have a perceived improvement in their quality of life.	85%	Patient questionnaire (to be developed) Timeframe for reporting to

		be confirmed by 1 April 2014 in time for sign off.
Proportion of patients who rate the overall performance of products as good	95%	Annual patient survey of 100 patients.
Proportion of urgent referrals assessed within 1 week of receipt of referral	95%	SystmOne – to be reported monthly
Proportion of routine referrals assessed within 4 weeks of receipt of referral	95%	SystmOne – to be reported monthly

5.2 Applicable CQUINN goals

6. Location of Provider Premises

The Provider's Premises are located at:
Rotherham Community Health Centre
Greasbrough Road
Rotherham
S60 1RY

7. Agreement

7.1 Preliminary Agreement

Preliminary Agreement of the Service Specification by the Head of the Service at The Rotherham NHS Foundation Trust and Lead Commissioner at NHS Rotherham:

1. For and on behalf of **The Rotherham NHS Foundation Trust (Provider)** – Head of Service

   Title ...Service Director Adult Services.....

   Name.....Lorraine Watson.....

   Signed .....LWatson..... **Date** 27th November 2013

2. For and on behalf of **NHS Rotherham CCG (Commissioner)** – Lead Commissioner

   Title .....Head of Urgent Care & Long Term Conditions

   Name.....Dominic Blaydon

   Signed .....D. P. Blaydon..... **Date** 6.1.13

7.2 Final Agreement

Following the Preliminary Agreement (8.1), the Service Specification shall take effect on the date it is executed by, or on behalf of, the Provider and Co-ordinating Commissioner at the authorised executive level:

1. **For and on behalf of THE ROTHERHAM NHS FOUNDATION TRUST as PROVIDER – Chief of Hospital Services (i) and/or Chief of Community Services (ii) and Executive Director of Contracting (iii):**

   i. **Title** .....Service Director Adult Services.....

   Name.....Lorraine Watson.....

   Signed L Watson **Date** 27' November 2013

   ii. **Title** .....Chief Finance Officer.....

   Name.....John Somers.....

   Signed ..... **Date**.....

   iii. **Title** Head of Contracting & Service Improvement - RCCG.

   Name Sarah Lever

   Signed ..... **Date** 14/1/2014

2. **For and on behalf of NHS ROTHERHAM CCG as CO-ORDINATING COMMISSIONER for itself and on behalf of each of its Associates – Head of Contracts & Service Improvement (Acute & Community):**

   Title .....

   Name.....

   Signed ..... **Date**.....