

## Continence appliances

This bulletin provides recommendations for prescribing continence appliances and accessories in order to improve patient care and reduce waste associated with inappropriate prescribing and ordering. Also refer to PrescQIPP resources on [constipation](#) and [stoma](#).

### Key recommendations

- Only those appliances listed in the relevant Drug Tariff may be issued using an NHS prescription.
- Consider recommending over-the-counter continence appliances (for example, pads or collecting devices) to achieve social continence. These are not available on the NHS. See <https://www.continenceproductadvisor.org/>
- The use of appliances for incontinence should be temporary as the main aim for most patients is to treat the underlying cause(s) of the continence issue. Long term use should only be considered after exclusion of other methods.
- Prescriptions for appliances should only be issued at the request of the patient or their carer and they should not be routinely accepted from a dispensing appliance contractor. See [PrescQIPP guidance](#).
- Ensure staff undertaking continence assessments are trained and accredited in basic assessment techniques including identification of red flag symptoms and reasons for early referral to specialist teams.
- Patients should be referred to a specialist continence service for early assessment and individualised product advice, if eligible and available locally.
- Provide suitable lifestyle advice to all patients with incontinence in line with [NICE guidance](#) in order to reduce the incidence of incontinence episodes and reduce the need for continence appliance products.
- Symptoms of faecal incontinence should be reviewed at least six-monthly for patients who do not wish to continue with active treatment or who have intractable faecal incontinence.
- Carry out reassessment of bladder health and product provision/choice annually as a minimum.
- Develop a local formulary for continence appliances ([see PrescQIPP guidance](#)). Ensure that Continence Nurse Specialists and local stakeholders are involved in any recommendations or prescribing decisions for continence care.
- Ensure patients using incontinence products where urine or faeces are in prolonged contact with the skin have regular skin care checks, are advised to use topical cleanser and barrier products for the prevention or treatment of mild irritant dermatitis (available for self care) and they or their carer are provided with education around appropriate skin care.
- Where catheterisation is necessary, use intermittent urethral catheterisation over indwelling urethral or suprapubic catheterisation, where appropriate, as reducing the use of indwelling catheters can help to reduce catheter-associated urinary tract infections (CAUTIs). Where long-term indwelling catheterisation is necessary for urinary incontinence, this should be in line with relevant NICE guidance. Use the visual data pack accompanying this resource to review the local use of indwelling catheters.
- Review the need for ongoing catheterisation regularly, and ensure that the patient has a catheter passport. Ensure that there is a clear plan regarding the duration of catheter use (including on discharge from hospital) and consider a trial without a catheter (TWOC).
- Carry out regular audits to ensure that continence products are being prescribed in accordance with local appliance and formulary guidance to ensure appropriate quantities are prescribed and to minimise wastage.

## Costs and savings available

In England, Scotland, Wales and the Isle of Man, £283million is spent on continence appliances and related products annually (NHSBSA England, Wales, Isle of Man August to October 2023) and Public Health Scotland (June to August 2023). Of this, approximately £176million is spent on catheters.

**A 10% reduction in prescribed continence appliances resulting from patient review would result in £10.7million annual savings in England, Wales, Isle of Man and Scotland or £14,881 per 100,000 population.**

**Switching to a more cost-effective standard hydrophilic intermittent catheter costing less than £1.50 per catheter could save £15.9million annually or £22,081 per 100,000 population and switching to a more cost-effective compact hydrophilic intermittent catheter costing less than £1.80 per catheter could save £6.2million annually or £8,666 per 100,000 population.**

Intermittent catheterisation should be used in preference to an indwelling catheter if it is clinically appropriate and a practical option for the patient. In England, Wales and Isle of Man the indwelling catheter prescribing compared to intermittent catheter prescribing was 38.98% and in Scotland 38.59%.

## References

1. Association for Continence Advice (ACA). Guidance for the provision of absorbent pads for adult incontinence A consensus document. April 2021. <https://www.bbuk.org.uk/wp-content/uploads/2021/06/Guidance-for-the-provision-of-absorbent-pads-for-adult-incontinence-2021.pdf>
2. NHS England. Excellence in continence care. Practical guide for commissioners, and leaders in health and social care. June 2018. <https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf>

Additional resources available	Bulletin	<a href="https://www.prescqipp.info/our-resources/bulletins/bulletin-334-continence/">https://www.prescqipp.info/our-resources/bulletins/bulletin-334-continence/</a>
	Tools	
	Data pack	<a href="https://data.prescqipp.info/#/views/B334_Continence/FrontPage?iid=1">https://data.prescqipp.info/#/views/B334_Continence/FrontPage?iid=1</a>

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