334. | January 2024 | 2.0

PrescQIPP
Funded by the NHS for the NHS

Continence appliances

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.

Over-prescribing and over-ordering of continence products in primary care have frequently been identified as important causes of waste and unnecessary cost. In addition, it is important that the underlying cause(s) of incontinence are treated, where possible, and that continence appliances are prescribed appropriately to maintain skin integrity and prevent associated sores/pressure ulcers or catheter-associated urinary tract infections (CAUTIs).

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.

Please note: This bulletin does not include constipation or stoma-related products as these are the subjects of separate PrescQIPP bulletins.

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. (https://www.continenceproductadvisor.org/ may be useful).
- 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. The long-term use of continence appliances should only be considered after assessment and exclusion of other methods of management.
- 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 for further information.
- 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.
- Carry out reassessment of bladder health and product provision/choice annually as a minimum.
- Symptoms of faecal incontinence should be reviewed at least 6-monthly for patients who do not wish to continue with active treatment or who have intractable faecal incontinence.
- Develop a local formulary for continence appliances (see PrescQIPP guidance) that reflects local needs, reduces variation in prescribing and supports the selection of appropriate, cost-effective products. Ensure that Continence Nurse Specialists and local stakeholders are involved in any recommendations or prescribing decisions for continence care.

Recommendations

- Ensure patients using continence 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 over-the-counter as part of self-care) and they or their carer are provided with education around appropriate skin care.
- Ensure containment products are used to support toileting. Individuals should not be told to urinate or defecate in a pad unless patient safety would be compromised by not doing so.
- Avoid catheterisation for urinary incontinence where possible. 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 (see under National Guidance Summary section below). Use the visual data pack accompanying this resource to review the local use of indwelling catheters compared to intermittent 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 ensure appropriate consideration is given to a trial without a catheter (TWOC)/trial removal of a catheter (TROC), where applicable.
- 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.

Background

Continence is an important component in a person's health and wellbeing at any stage of life. Continence issues can have the following negative consequences:[1]

- Failure to acquire bladder and/or bowel control in childhood can affect schooling and the path to independent living.
- Adult incontinence produces a marked loss of self-esteem, depression, loss of independence, and can affect relationships and employment prospects.
- Bladder and bowel disorders in older people may be associated with physical problems such as skin breakdown, urinary tract infection and CAUTI, which can result in confusion, falls, head injury or femur fractures requiring an acute hospital admission.
- Incontinence or dependence on a urinary catheter in frail older people may delay discharge from hospital or initiate a move into a residential or nursing care setting.

Continence issues are comprised of bladder or bowel symptoms. These symptoms are not a disease or diagnosis and there are many possible causes. It is therefore important that an early clinical assessment takes place to identify opportunities for treating the underlying cause of the patient's symptoms.[2]

Bladder and bowel problems are common and, in most cases, treatable, but they are poorly understood and under-prioritised within health and care provision in England.[2] Estimates of the burden of bladder problems in England alone suggest that it affects up to 14 million people, and a further 6.5 million people are affected by bowel problems.[1]

The prescribing of appliances for incontinence along with incontinence-associated admissions to hospital and care homes represent a significant cost to the NHS and it is important that continence issues are managed appropriately in order to improve patient care and ensure the cost-effective use of NHS resources.

National guidance summary

The following NICE guidelines, quality standards and medical technologies guidance include the management of faecal and urinary incontinence in primary care:

- Clinical guideline 49. Faecal incontinence in adults: management. June 2007.
- Quality standard 54. Faecal incontinence in adults. February 2014.
- Guideline 123. Urinary incontinence and pelvic organ prolapse in women: management. April 2019, last updated June 2019.
- Quality standard 77. Urinary incontinence in women. January 2015, last updated December 2021.
- Quality standard 70. Bedwetting in children and young people. September 2014.
- Clinical guideline 97. Lower urinary tract symptoms in men: management. May 2010, last updated June 2015.
- Guideline 22. Older people with social care needs and multiple long-term conditions. November 2015.
- Guideline 210. Pelvic floor dysfunction: prevention and non-surgical management. December 2021.
- Medical technologies guidance 36. Peristeen Plus transanal irrigation system for managing bowel dysfunction. February 2018, last updated June 2022.
- Guideline 131. Prostate cancer: diagnosis and management. May 2019, last updated December 2021.
- Guideline 234. Spinal metastases and metastatic spinal cord compression. September 2023.
- Clinical guideline 148. Urinary incontinence in neurological disease: assessment and management. August 2012, last updated October 2023.
- Medical technologies guidance 69. UroShield for preventing catheter-associated urinary tract infections. March 2022.
- Clinical guideline 139. Healthcare-associated infections: prevention and control in primary and community care. March 2012, last updated February 2017.
- Quality standard 61. Infection prevention and control. April 2014.
- Medtech innovation briefing 237. QuickChange Incontinence Wrap for urinary incontinence in men. November 2020.

Faecal continence appliances

Adults with faecal incontinence and their carers should be offered practical support, advice and a choice of appropriate products for coping with symptoms during the period of assessment and for as long as they experience episodes of faecal incontinence.[3]

The NICE clinical guideline [CG49] about management of faecal incontinence in adults states that during assessment and initial management, healthcare professionals should offer people with faecal incontinence advice on coping strategies including the use of continence products and information about product choice, supply sources and use.[4]

Products include:[4]

- Disposable body-worn pads in a choice of styles and designs, in quantities sufficient for the individual's continence needs (it is inappropriate to limit the number of pads given).
- Disposable bed pads, if needed.
- Anal plugs (for people who can tolerate them).
- Disposable gloves.

NICE has specifically reviewed Peristeen Plus for transanal irrigation in people with bowel dysfunction.

If bowel continence cannot be achieved by medication, changes to diet and physiotherapy, long-term management strategies such as transanal irrigation should be considered. It was found that Peristeen Plus can reduce the severity of (constipation and) incontinence, improve quality of life and promote dignity and independence. Peristeen Plus is most effective when it is offered with specialist training for users, carers and NHS staff, and structured patient support. Consequently, it should be initiated by a specialist if clinically indicated but may be continued in primary care.[5]

Urinary incontinence: containment products

NICE states that containment products such as absorbent products, hand-held urinals and toileting aids can offer security and comfort for women with urinary incontinence. The products can help women to continue their normal daily activities and therefore improve quality of life. However, they are costly, can affect the woman's dignity and do not offer a long-term solution. Therefore, they should not be relied upon in the long term unless other treatments have failed.[6]

Absorbent containment products, hand-held urinals or toileting aids should not be offered to treat urinary incontinence. They should only be used as a coping strategy pending definitive treatment, as an adjunct to ongoing therapy or for long-term management of urinary incontinence only after treatment options have been explored.[7]

Only those appliances listed in the relevant Drug Tariff may be prescribed on the NHS. See 'Product Choice' section below.

NICE recommends temporary containment products (for example, pads or collecting devices) to achieve social continence until a diagnosis and management plan have been discussed for men with storage lower urinary tract symptoms (LUTS) (particularly urinary incontinence).[8]

NICE states that people with prostate cancer who have troublesome urinary symptoms after treatment should have access to specialist continence services for assessment, diagnosis and conservative treatment, including coping strategies.[9]

With respect to older people with social care needs and multiple long-term conditions, NICE states that incontinence should be recognised as a symptom and health and social care providers should ensure that people are able to meet with a specialist continence nurse. In addition, health and social care providers should make a range of continence products available.[10]

People with urinary incontinence due to neurological disease who are using a bladder management system (including appliances or pads) should receive training, support and review from healthcare professionals who are trained to provide support and are knowledgeable about the range of products available. They should also have access to a range of products that meet their needs and they should have their products reviewed, at a maximum of two yearly intervals. The use of continence appliances by this patient population will likely be long term.[11]

NICE concluded that UroShield shows potential but there is not enough evidence to be able to recommend that it is used in the NHS. NICE has recommended that more research is needed on UroShield for preventing catheter-associated urinary tract infections (UTIs).[12]

QuickChange incontinence wrap for men, an absorbent, disposable, cloth-like material designed to wrap around the penis to collect and absorb urine, was considered in a NICE Medtech innovation briefing. This technology has potential but further research including randomised controlled trials is needed to address the uncertainties in the evidence base.[13]

Urinary incontinence: intravaginal devices

For pelvic floor dysfunction, a trial of intravaginal devices should only be considered for women with urinary incontinence if other non-surgical options have been unsuccessful.[14]

Urinary incontinence: catheters

Catheterisation is often a consequence of poor continence care.[1] Therefore, catheterisation should only be used for urinary incontinence in line with NICE recommendations.

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.[15]

Intermittent catheterisation should be used in preference to an indwelling catheter if it is clinically appropriate and a practical option for the patient. Indwelling urinary catheters should be used only after alternative methods of management have been considered.[15] Reducing the use of indwelling catheters can help to reduce CAUTIs in combination with evaluation, education and training.[2]

The visual data pack accompanying this resource can be used to view the NHS organisation's (at the selected level) ratio of intermittent catheters compared to indwelling catheters. This value can be compared to national values or other organisations in the area to consider whether indwelling catheters are being used appropriately. In England, Wales and Isle of Man the indwelling catheter prescribing compared to intermittent catheter prescribing was 38.98% and in Scotland 38.59%.

Furthermore, the patient's clinical need for catheterisation should be reviewed regularly.[15] There should be a clear plan regarding the duration of catheter use (including on discharge from hospital).[15] Appropriate consideration should be given to a TROC/TWOC.[16-18] The urinary catheter should be removed as soon as it is no longer needed.[15]

Catheter insertion, changes and care should be documented.[15]

In England, Scotland, Wales and Northern Ireland, a patient urinary catheter passport has been introduced for all patients with an indwelling catheter, detailing how to look after it.[16–19]

Other national guidance documents

In 2018, NHS England published 'EXCELLENCE in Continence Care: Practical guidance for commissioners, and leaders in health and social care'.[1]

In 2019, the Association for Continence Advice Scotland published a consensus document entitled 'Guidance for the provision of absorbent pads for adult incontinence – Scotland'.[20]

In 2011, the All Party Parliamentary Group For Continence Care produced a report entitled 'Cost-effective Commissioning For Continence Care: A guide for commissioners written by continence care professionals'.[21]

In 2020, the Patient and Client Council published a document entitled 'Accessibility and Quality of Continence Services in Northern Ireland'.[22]

In 2021, the Association for Continence Advice along with the Royal College of Nursing published a document entitled 'Guidance for the provision of absorbent pads for adult incontinence: A consensus document'.[2]

Also in 2021, Bladder and Bowel UK published 'Guidance for the provision of continence containment products to children and young people: A consensus document'.[23]

In 2022, the All Wales Continence Forum published a consensus document entitled 'Guidance for the provision of continence containment products for adults in Wales'.[24]

Assessment and referral

People with continence needs should be seen at the most appropriate time by the most appropriate professional.[1]

Treatment of incontinence usually involves associated treatment of the underlying cause(s) of incontinence (this may include reviewing medication that may be contributing to incontinence).[25]

Staff undertaking continence assessments must be trained and accredited in basic assessment techniques including identification of red flag symptoms and reasons for early referral to specialist teams.[25]

Patients require specialist assessment to maximise conservative measures, and a multidisciplinary team benefits from the expertise of nurses, physiotherapists and occupational therapists.[1,20] Trained specialist continence nurses have an important role in initial assessment and treatment, supplementing doctor-led provision models.[1]

Community interventions/lifestyle advice to reduce the need for containment products

Low-cost community interventions, including lifestyle interventions, have been shown to cut pad usage by 50%.[2]

Suitable lifestyle advice to reduce the incidence of incontinence episodes should be provided, such as:

- Caffeine reduction, losing weight if BMI>30, pelvic floor muscle training and fluid intake modification for women with urinary incontinence.[6,7]
- Preventing or treating constipation and minimising heavy lifting, specifically for women with pelvic organ prolapse.[7]
- Diet modification for patients with faecal incontinence.[3,4]

The cost of pelvic floor interventions and bladder retraining has been found to be offset by a reduction in product usage.[4,21]

Product choice

The Drug Tariffs for England and Wales, Scotland, and Northern Ireland list appliances permitted to be prescribed on the NHS.[26-28] Items not included in the relevant Drug Tariff must be purchased over-the-counter.

It would seem appropriate for temporary containment products to be used by both men and women with either faecal or urinary incontinence, if required, to achieve social continence until a diagnosis and management plan have been discussed.[4,7,8] However, these would need to be purchased over-the-counter because absorbent pads for incontinence, in addition to incontinence garments, skin wipes and occlusive devices such as female vaginal devices and penile clamps, are not prescribable under the Drug Tariff provisions.[26,27] Continence appliances listed in the Northern Ireland Drug Tariff only include catheter systems.[28]

In Scotland, two incontinence pad products for the bed are available for prescribing on a GP10 prescription:[27]

- Robinson Disposable Bed Pad: Robinson Healthcare (also listed as Inco Plus Disposable Bed Pad), 40cm x 60cm.
- Bleached Cellulose Fluff Pulp, evenly spread, covered with a porous non-moisture retentive facing material and a waterproof backing (Tena: Molnlycke—no layers or plies), 40cm x 60cm and 60cm x 60cm.

In addition to absorbent pads, alternative collection devices should also be considered, for example, prescription urinals, urinary sheaths and body-worn urinals, bags and adaptive underwear (e.g. specialist briefs with adapted collection systems).[2] A mixture of devices and pads is preferred by users and reduces the number of pads used.[2]

The use of continence appliances is likely to be temporary for most patients, pending diagnosis, a management plan and associated treatment of the underlying cause(s) of incontinence. The long-

term use of containment products should only be considered after assessment and exclusion of other methods of management.

A local formulary should be developed for continence appliances that reflects local needs, reduces variation in prescribing and supports the selection of appropriate, cost-effective products. Continence Nurse Specialists, inpatient services and local stakeholders should be involved in any recommendations or prescribing decisions for continence care. Refer to https://www.prescqipp.info/our-resources/bulletins/bulletin-329-appliance-formulary-development-guidance/ for further information regarding appliance formulary development.

The evidence-based and independent Continence Product Advisor website may also be useful for assisting patients with over-the-counter product selection, which includes a validated patient decision aid (www.continenceproductadvisor.org).[29]

Containment products should be used to support toileting and individuals should not be told to urinate or defecate in a pad unless patient safety is compromised,[24] for example, in patients with Parkinson's disease living alone who are prone to falls when using the bathroom unaided.

In terms of catheter material, single-use hydrophilic-coated intermittent catheters (HCICs) are likely to represent a cost-effective alternative to uncoated intermittent catheters by reducing the number of CAUTIs.[30] Furthermore, compared with non-hydrophilic catheters, hydrophilic coated catheters have been shown to reduce the incidence of urethral microtrauma and urethral stricture.[31] However, larger studies are needed to support the general finding that HCICs are the preferred choice in most populations.[32]

Quantity

Individuals must be encouraged to self-fund absorbent pads until a clinical assessment has taken place. In terms of quantity required, the number of absorbent pads used per 24 hours would not normally exceed four, but more pads may be needed to ensure, for example, that the person maintains their independence. Furthermore, patients using absorbent pads should take a sufficient supply when spending time away from home, e.g. going on holiday.[2]

Please note: Absorbent pads are not available on an NHS prescription in England, Wales, Northern Ireland or Scotland. There are two types of bed pads available for prescribing in Scotland (see 'Product Choice' section).

Table 1 on page 8 provides details of typical monthly quantities for different types of continence appliances. The quantities listed here are intended for use as a guide only and may vary based on individual clinical need.

As part of the continence assessment process a validated scoring system should be in place to objectively measure "clinical need" in continence care.[2]

Table 1: Typical monthly quantities and prescribing guidance for continence appliances[33,34]

Appliance	Frequency of change	Typical monthly quantity	Additional information
Anaesthetic lubricating gel	One per indwelling catheter change	One	Pre-filled syringes 6ml and 11ml
Anal plugs	Usually replaced every 12 hours or after a bowel movement	60	Single use device
Catheter straps	One pack should last five months	One (not for repeat prescription)	Straps are washable and re-usable
Catheter valves	Every seven days	Five (one box)	No more than 5 (1 box) per month. For use with indwelling catheters
Indwelling catheters (Foley) long-term use catheter	Up to 4 or 12 weeks, depending on manufacturer's guidance If changing more frequently than every four weeks, consider referral to local continence service	One every four to twelve weeks depending on duration of use	Prescribe two to three initially (including one to two spare catheters) Require attachment to leg bags or catheter valves
Intermittent (Nelaton) catheters – single-use	Between once or twice a week up to six daily Some patients may use a selection of different types depending on lifestyle	From one to seven packs of 30 (packs cannot be split)	All patients to be managed by specialist continence team Frequency depends on reason for catheterisation
Leg bags (drainable)	Seven days	Five	One complete box of 10 will last two months. For collection of urine from indwelling catheters or penile sheaths
Leg bag sleeves	One pack should last 4-6 months	One (not for repeat prescription)	Sleeves are washable and re-usable. Used to support a leg bag as an alternative to leg bag straps
Night bags (drainable)	Seven days	Five	One complete box of ten will last two months If bedbound, attach directly to catheter
Night bags (non-drainable)	One every night	30 (3 boxes of 10)	Recommended for use in care homes to reduce the risk of cross-infection. Do not attach directly to catheter
Penile sheaths	One daily	30 (one box)	Over-ordering may be due to poor fit and require review

Review

Reassessment of bladder and bowel health, and product provision should be undertaken annually as a minimum.[2] This should be carried out by someone with the requisite knowledge.

Patients must be encouraged to co-operate with reassessment. Should they choose not to make themselves available or decline reassessment, then product provision via the NHS may be suspended or cease.[2]

For women who are using absorbent containment products for the long-term management of urinary incontinence, an annual review should cover:[7]

- Routine assessment of continence.
- Assessment of skin integrity.
- Changes to symptoms, comorbidities, lifestyle, mobility, medication, BMI, and social and environmental factors.
- The suitability of alternative treatment options.
- The efficacy of the absorbent containment product the woman is currently using and the quantities used.

This review should be carried out by a registered healthcare professional who is trained in assessing continence and making referrals to specialist services or a non-registered healthcare worker, under their supervision.[7]

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.[4]

Issues associated with containment products for incontinence

Containment with the use of pads or catheters may be the only realistic option for some people, but this management has associated problems.[1]

Poor continence care is a contributory factor to pressure ulcers.[2] Pressure ulcers and incontinence-associated dermatitis is a national priority and identifying, assessing and treating continence issues can significantly reduce skin problems.[2]

Changing soiled products regularly is essential, as is the use of an appropriate cleansing and skin barrier regimen, and assessing skin condition regularly.[35]

The prevention of incontinence-associated dermatitis is based upon: routine skin inspection, a cleansing regimen, skin protection, treatment and management of incontinence, and patient and carer education.[35]

It is important that patients with incontinence, where urine or faeces has prolonged contact with the skin, use a cleanser that preserves or enhances the skin's moisture content.[35] Products that contain humectants such as glycerine, esters, lanolin or, cetyl-stearyl alcohol, as well as mineral oils, are useful as they can prevent the loss of natural moisture from the skin.[35]

It is important that all patients have their skin moisturised with a moisture barrier cream. These include:[35]

- Generic skin protectors containing either zinc oxide or paraffin as their base. They repel irritants and prevent them from penetrating the skin. They can, however, have limitations, for example, clogging the pores of protective garments and making skin inspection difficult due to their thick consistency.
- Barriers that have been specifically designed for skin protection in incontinent patients that apply a transparent coating when applied, which prevents the active enzymes within urine and faeces from penetrating the skin.
- Antibacterial and anti-yeast products designed to protect the skin from incontinence.

Skin products for the prevention of incontinence-associated dermatitis or for the treatment of mild irritant dermatitis are available to purchase over-the-counter.

Mild irritant dermatitis is considered to be a minor condition that is suitable for self-care.[36]

Community pharmacists are able to provide advice on suitable OTC skin care for people with incontinence. The manufacturers of these products supply clear guidance on the amounts that should be used and the frequency of application, which depends on the degree of incontinence.

NICE Clinical Knowledge Summaries advises to consider prescribing a barrier preparation to prevent skin damage in people who are at high risk of developing a moisture lesion or incontinence-associated dermatitis (such as those with incontinence or oedema). If the skin is dry or inflamed, an emollient should be used.[37]

Patients with incontinence-associated dermatitis that has not responded to treatment within a week, or has deteriorated, should be referred for specialist input, for example, to a local tissue viability service.[38]

CAUTI is also a significant issue, with 43–56% of UTIs being associated with urethral catheters. CAUTIs have significant associated costs of additional bed days and treatment, and are estimated to cost the NHS up to £99m per annum.[1]

Furthermore, approximately 17% of secondary nosocomial bloodstream infections are caused by catheter use, with an associated mortality of 10%.[1]

Continence services working closely with infection teams and primary care prescribers is the most effective way to either avoid urinary catheterisation altogether or else to shorten the duration of insertion.[1]

As mentioned above, the need for a catheter should be regularly reviewed and catheters should be only used when they are clinically indicated, for the shortest possible time.

Costs and savings

The charts on the next page show spend and items for continence appliances between 2017/18 to 2022/23 in England, Wales and the Isle of Man.

Please note: These charts only include items that were prescribed on an FP10/WP10 and not items supplied via any other alternative route.

Figure 1. Total cost for continence products prescribed on the NHS

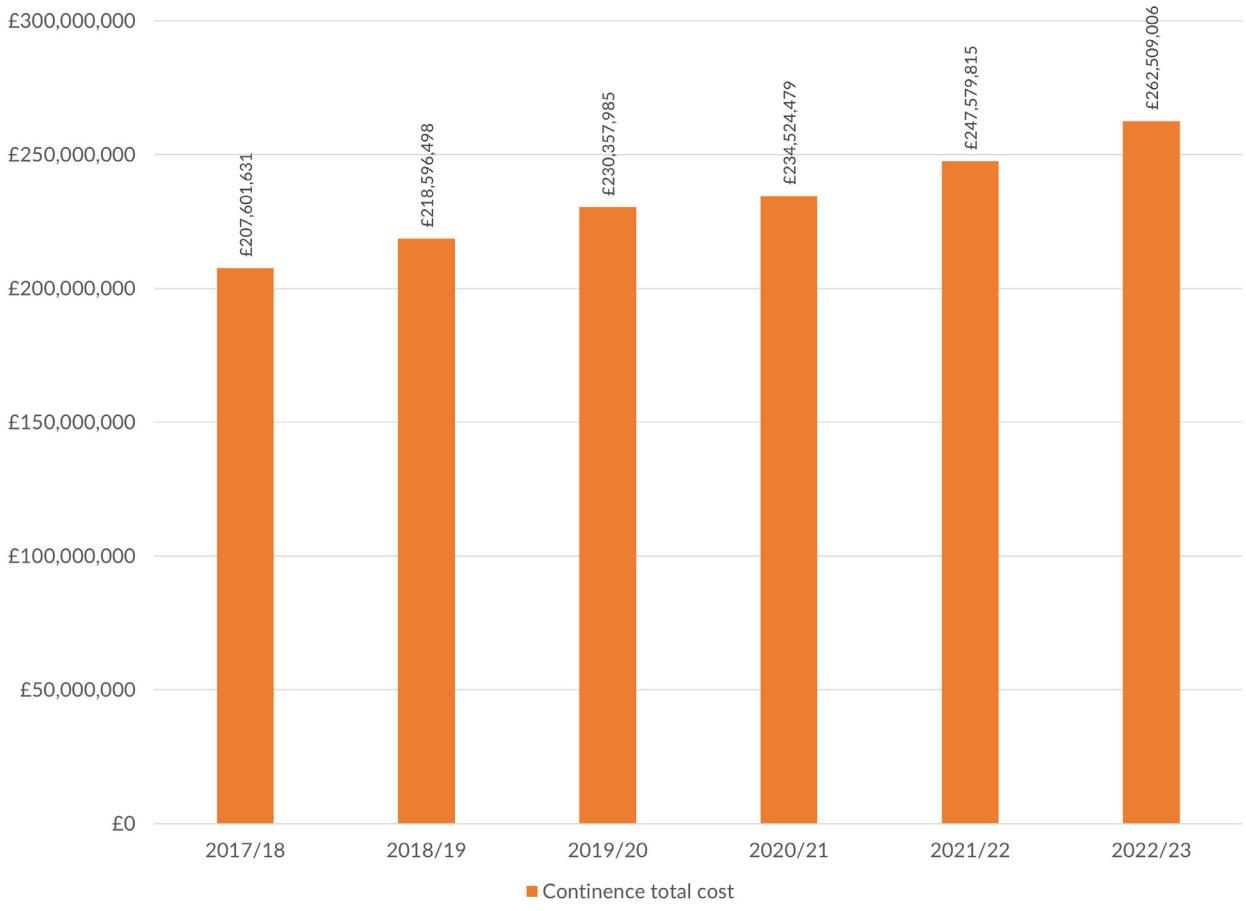
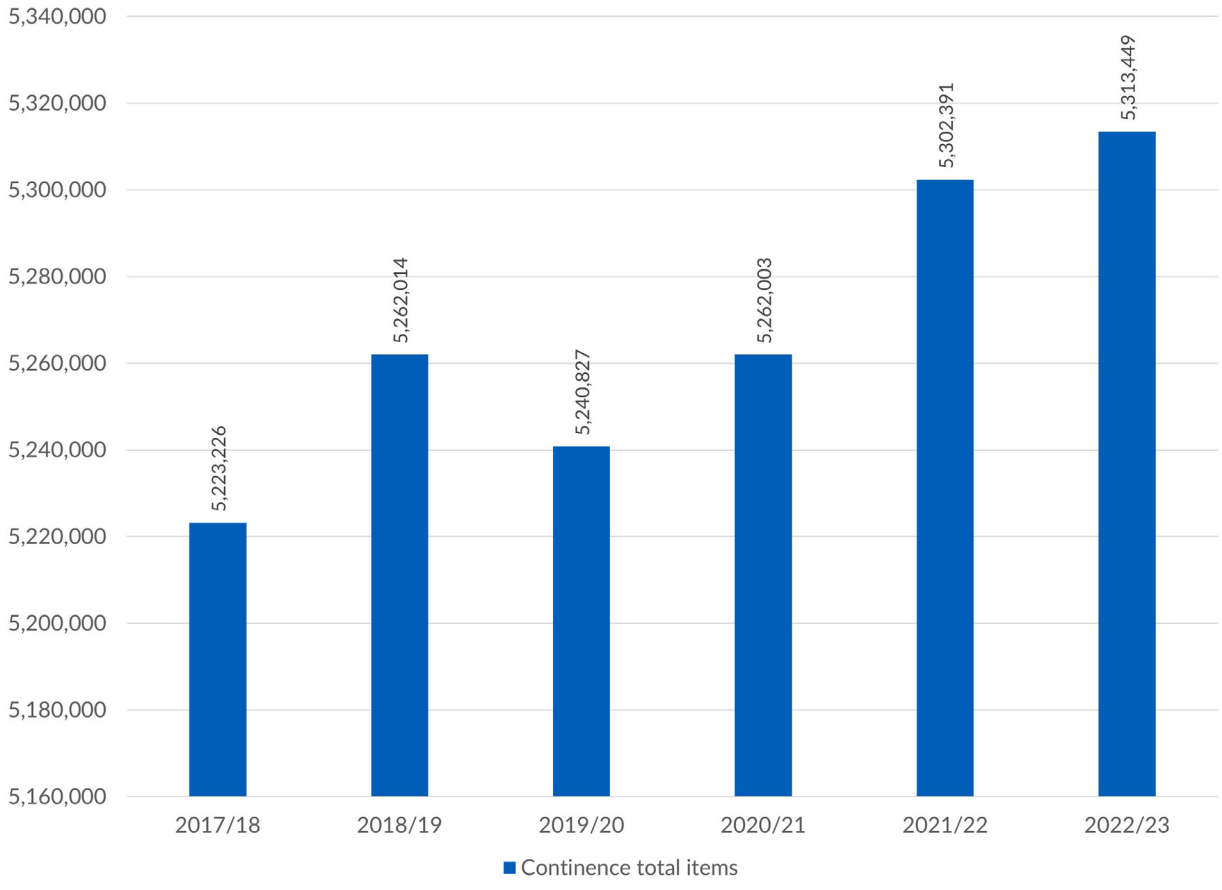


Figure 2. Total items for continence products prescribed on the NHS



In terms of the trends illustrated by these graphs, it can be seen that the total cost for continence appliances increased year-on-year from 2017–2023, despite the reduction in total items in 2019/20 and 2020/21.

PrescQIPP subscribers can find information about local and national spend in these areas in the PrescQIPP continence clinical snapshots.

Prescribing data England, Wales and Isle of Man NHSBSA (August to October 2023) and for Scotland Public Health Scotland (June to August 2023).

In terms of potential savings, **a 10% reduction in prescribed continence appliances, excluding catheters, 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 in England, Wales, Isle of Man and Scotland or £22,081 per 100,000 population.**

Switching to a more **cost-effective compact hydrophilic intermittent catheter costing less than £1.80 per catheter could save £6.2million annually across England, Wales, Isle of Man and Scotland or £8,666 per 100,000 population.**

Cost-effective catheter choices can be found in the catheter cost comparison charts in the bulletin data pack accompanying this resource.

These savings may result from the discontinuation of appliances that are no longer indicated, switching to more cost-effective alternative products in line with local formulary decisions and ensuring that prescribed quantities of continence appliances are appropriate to reduce unnecessary over-ordering.

Additional resources

PrescQIPP. Webkit: Continence and stoma. https://www.prescqipp.info/our-resources/webkits/continence-and-stoma/ Last accessed 25/10/2023.

PrescQIPP. Bulletin 329. Appliance formulary development guidance. June 2023. https://www.prescqipp.info/our-resources/bulletins/bulletin-329-appliance-formulary-development-guidance/

Summary

Bladder and bowel problems are common and, in most cases, treatable, but they are poorly understood and under-prioritised.[2] Estimates of the burden of bladder problems in England alone suggest that it affects up to 14 million people, and a further 6.5 million people are affected by bowel problems.[1] The prescribing of continence care appliances is associated with a significant cost to the NHS. Over-prescribing and over-ordering of continence products in primary care have been frequently identified as important causes of waste. Ensuring that treatment of the underlying cause is prioritised where possible, products are prescribed in quantities appropriate for the patient's needs, product choices are in line with local formulary choices, regular review is undertaken, and specialist input is sought when appropriate can help to improve prescribing in this area.

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Additional PrescQIPP resources

Briefing	https://www.prescqipp.info/our-resources/bulletins/bulletin-334-continence/
Implementation tools	
Data pack	https://data.prescqipp.info/#/views/B334_Continence/FrontPage?:iid=1

Information compiled by Gemma Dowell, PrescQIPP CIC, September 2023 and reviewed by Katie Smith, PrescQIPP CIC, November 2023. Non-subscriber publication December 2024.

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