CONTINENCE CARE FOR YOUNG ADULTS WITH COMPLEX NEEDS

A collaboration between professionals from the NHS and the private and voluntary sectors has resulted in an integrated service that promotes continence.

Despite formidable challenges, we have developed a truly integrated cross-sector interprofessional continence promotion service for young adults who attend Beaumont College, a specialist college catering for young adults with a broad range of physical and learning impairments. The service ensures they continue to receive appropriate support and interventions after leaving the college to live in the community. The continence team consists of professionals in the NHS and both the voluntary and independent sectors. These professionals undertake joint assessments and reviews that also involve the young adults themselves and their families and carers.

AIMS OF THE INITIATIVE
Recent evidence has highlighted gaps in healthcare provision for people with learning disabilities. Many young adults had little or no input regarding continence care. Where it had been provided in paediatric services, transition to adult services had at best been patchy and, in some cases, non-existent. Young people with high-risk continence conditions have at times fallen into ‘black holes’ between services, particularly when moving geographical areas.

Beaumont College aims to empower students to take responsibility for their own lives by maximising their independence and ability to direct others where necessary. This programme identifies those with high-risk continence conditions, monitors their progress and, when they leave the college, liaises with the continence service in the area where they choose to live.

Before the service was developed, many students leaving the college would be managed using continence pads for the rest of their lives due to the lack of coordination between services. However, having received specialist assessment, intervention and support in their new residences, many are now achieving improved continence and independence that would have been unlikely had the service not been developed.

THE PROJECT
The core team consists of an independent continence adviser, NHS continence adviser, continence lead nurse (from the college) and occupational therapist. The team has direct links to a GP, neuro-rehabilitation consultant, care support staff, education and behaviour support and other professionals.

The programme was initiated by the PCT but it soon became apparent that an integrated cross-sector model of care was required. Collaboration with the independent and voluntary sectors (the college) brought together professionals from a range of disciplines to meet needs holistically.

Students are reviewed every half-term by the team and care plans are revised to reflect changes in their continence needs. When they leave college, assessment and review notes and care plans are sent to the continence adviser in their home area.

The initiative has proved that cross-sector working is possible despite the challenges associated with such undertakings. It has successfully operated outside the college and is being considered by continence services in other areas of the country.

BENEFITS TO PATIENTS
• Improved continence has an ongoing benefit to both the young adults concerned and the community when they leave college. By increasing clients’ independence, their reliance on other services can be reduced in the long term. This also has the potential to reduce costs to the young people and their families by reducing or eliminating the need for continence aids. A number of young adults have achieved full social continence in recent years. In those for whom continence is not a realistic goal, substantial improvements have been made in the management of their continence.
• The cross-sector partnership has enabled the college lead nurse to set up continence awareness training for all college staff. This has resulted in a positive change in attitudes and staff are now proactive in addressing continence-related issues.
• All students are assessed when they first come to the college, and the team has found that many had been receiving polypharmacy or rectal intervention to manage their continence. Many medication regimens had not been reviewed for years. After assessment, many students commenced toilet regimens and exercise plans and were prescribed an osmotic laxative; some started to defecate at regular intervals. Once this was achieved, we were able to use the laxative as required, reducing polypharmacy and rectal intervention.

CONCLUSION
We presented a paper at the Association for Continence Advice conference in 2007 on our local approach to continence, and plan to hold training events for district nurses and HVs. Many parents ask why this approach had not been implemented when their children were younger so we plan to promote the approach to local schools.

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