Better training is needed to improve continence care

Claire Read reports on a roundtable event discussing continence care

A dverts for incontinence products are now a common feature on television so it may seem that the awareness of bladder and bowel control issues has increased. But when Nursing Times brought together a group of panelists to discuss continence care, it became clear that funding constraints, lack of staff resources and training, and a growth in demand are all obstacles to providing effective care.

Veronica Haggar remembers hearing a colleague talk of the first-ever television advert for an incontinence product. The campaign wasn’t exactly what you would call a high profile or direct. “It was for Kangaroo pants,” she reports, “and it could only go out after midnight and it basically just had a kangaroo hopping across the screen.”

Today, promotion for products that help with urinary incontinence are a common feature of ad breaks across all channels at all times of day. It’s a big change, and suggests a greater willingness to acknowledge the important issues of bladder and bowel control. But, according to panelists at this roundtable discussion, there is a question over just how far that willingness extends. Are commissioners sufficiently focused on the issue? The panel that gathered for the debate – held in partnership with Essity – welcomed exactly such a challenge to how these issues are handled.

June Rogers, paediatric continence specialist at Royal Brierley and Bladder UK UK, was keen to stress that a consideration of the challenges shouldn’t obscure the progress that has been made. She said the products available had improved vastly, but that funding pressures sometimes limit the ability of nurses to provide appropriate options.

“The problem is that we’ve been working with clinical commissioning groups, with NHS England and the National Institute for Health and Care Excellence to support implementation of NICE guidelines and service development,” she reported. “And all the time we’re hearing ‘we’ve got to cut the pay budget, we’ve got to reduce, we’ve got to reduce that’. But it was a false economy, she argued: ‘They’re not looking at the bigger picture … if you do a proper assessment and not just have free nappy services, you could actually save money.’

But are there enough nurses with the time and training to offer that assessment? Our panel members suggested not. "For the ward nurses, they sometimes think it’s easier to put pads on patients instead of doing continence assessments,” suggested Juliana Tinhuma, clinical nurse specialist – continence at Barts Health Trust.

She also feared sometimes there wasn’t enough education on how to use these products on offer, giving the example of nurses unsure of the appropriate dilution rates for osmotic laxative Movicol.

There were concerns too about a lack of expert continence nurses able to provide advice and input on such issues. Said Jane Young, bladder and bowel lead specialist nurse at Central and North West London FT: “We’ve had two RCP [Royal College of Physicians] audits on continence care, both recommending that all trusts should have a continence nurse, and how many are there? I think you can count on one hand the number of acute trusts that have an incontinence specialist nurse.”

Ms Rogers said staffing was a problem in other settings as well. “In the community, a lot of the experienced continence advisers have gone – some have voted with their feet and gone to work with companies, others have retired and are not being replaced. So the wealth of experience has gone.”

Ms Young said there was a huge issue in paediatrics, with health visitors and school nurses no longer responsible for seeing children with bed wetting and constipation. Joanne Strain, head of nursing at Four Seasons Healthcare, reported that, in some areas, district nurses have an incontinence specialist nurse. “But we’ve got a bladder training day, a bowel day and a catheter day,” she reported. “And Bo Yeung, bladder and bowel clinical nurse specialist at Kent Community Health Foundation Trust, argued: ‘[We need] more awareness with the district nurses and in care homes about continence and how important it is – and dignity and privacy too.’

But even when training is available, and experts in place, engaging nurses in an area that may not immediately attract their enthusiasm is challenging. “In our trust, we’ve got a bladder training day, a bowel day and a catheter day,” reported Caroline Knott, bladder and bowel specialist nurse, Kent Community Health Foundation Trust.

“So all of our nurses who are out in the community can attend that, get the practice with the anatomical models, and then go out and get their competencies in the workplace. But I was teaching recently and two of the nurses said: ‘I’ve been putting this off for ages because I didn’t want to do manual evacuation of patients.’

And some feared nurses felt unable to discuss the full wealth of issues that can be connected to incontinence. Lolo Katele, lead continence nurse specialist at East London Foundation Trust, gave the example of a ‘unique patient, with the wealth of experience has gone.”

Ms Haggar, it was a case of making clear to drive that sort of difference? For Ms Rogers, it was a case of making clear that working in continence offers an area of interesting opportunities.

“There are a huge number of things I have done as a result of being a continence nurse, if I had never done if I’d stayed on the ward,” she said. “Everything from editing a journal, organ- ising conferences, workshops around continence organisations, coming to a roundtable, international conferences.”

So how can more nurses be encouraged to drive that sort of difference? For Ms Haggar, it was a case of making clear that looking into continence offers an area of interesting opportunities.

“As our roundtable established, however, the key question is how – in an age of limited financial and staffing resources, and with ward nurses sometimes with limited confidence on continence issues – we can ensure this key issue is seen to be a priority? One way is to have a bladder and bowel specialist nurse at the top of the agenda.”

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