Continence focus

“Extending choice will let us set standards for children”

Raising standards within ever-decreasing budgets is a challenge for us all, no more so than for those within children’s continence services.

Nurses on the front line often feel like they are between a rock and a hard place, particularly in the area of product provision. Managers above make demands about service provision and saving money; staff on the ground have to appease anxious parents who are demanding more products or complaining about the quality of what is being supplied.

This is certainly reflected in the calls from angry and upset parents to the PromoCon helpline, which have increased over the past few months. (PromoCon, a service offered by the charity Disabled Living, promotes continence and product awareness.) Parents tell us the supply of products for their child has been rationed or the supplier changed without their knowledge – their stress and anxiety is palpable.

As clinicians, we are aware of what the important good practice recommendations are – that products should be supplied according to need. Yet, if your manager says you can only provide a limited choice and number of products per day, what can you do?

A good assessment is essential and the Children’s National Service Framework clearly states that the “provision of products should not replace expertise”. There are several tools available that help with decision making regarding toilet training readiness as well as eligibility for product provision.

As nurses, we must be advocates for the children and families in our care, but we need to balance that with our responsibilities to our employers. That said, I am aware of several paediatric continence services across the country that have been able to continue to balance product supply to need through policy. We need to ensure this best practice model is shared.

“Several paediatric continence services have balanced product supply to need through policy. We need to share this model”

In 2010, two NICE guidance documents were produced that covered key recommendations for the treatment of bed-wetting and constipation in children. Many of us applauded these long-overdue documents and, perhaps naively, believed that at last children would get the right treatment at the right time and in the right place.

But practice seems to be changing at a snail’s pace; many of the key recommendations for both documents are not being implemented and children are still not receiving optimum care. Yet there does appear to be a light at the end of the tunnel – the introduction of the any qualified provider system.

The Department of Health reports it is committed to extending patients’ choice to any qualified provider. According to the DH, this means that, when patients are referred for a particular service, they can choose, where appropriate, from a range of providers that are qualified to provide safe, high-quality care and treatment – and select the one that best meets their needs.

This has provided us with an opportunity to develop minimum standards and service specifications, which will go a long way to improve access, address gaps and inequalities, and improve quality of services, particularly where variable quality has been identified in the past regarding paediatric continence services.

Another positive is that providers will not be allowed to cherry-pick, so anyone wanting to provide continence services will have to provide both adult and paediatric services. This is good news for many areas where a specific paediatric service is lacking.

There has also been some discussion over changing the term “paediatric continence service” to “paediatric bladder and bowel service” in an effort to move away from the belief that continence services are only about incontinence and providing free nappies.

The any qualified provider implementation packs are due to be completed by the end of November 2011 – so watch this space.

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For further information, go to www.promocon.co.uk

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