NHS Rotherham – Continence Prescription Service

Project summary

Background

Concerns regarding the prescribing of continence related products such as indwelling urinary catheters, drainage bags and sheath drainage systems had first been raised in our Trust in 2004. Variations in prescribing practice and ever increasing costs resulted in the development of a prescribing formulary. The formulary aimed to guide prescribing practice and act as an information resource for clinicians.

Unfortunately subsequent reviews of prescribing data indicated the formulary had not been widely used in clinical practice and did not appear to have had any impact on prescribing costs. Analysis of continence product prescribing data for 2007/08 found a total of 13,363 items had been prescribed at a cost of just over £500,000. Trend analysis found a cost growth of 5.2% in continence prescribing in 2007/08 versus 0.45% overall prescribing.

The situation was further compounded by reports of increasing numbers of referrals to secondary care services with catheter related problems. On investigation a significant percentage of these referrals were found to have been made because community staff felt they were unable to access supplies of equipment such as catheters, they required to care for the patient within the community setting.

As the formulary had been ineffective in containing increasing prescribing costs and concerns were beginning to be raised about inappropriate referrals to secondary care for catheter related problems it was decided to carry out a review of prescribing processes. The aim being to identify any areas in which improvements to service delivery could be made.

Review of prescribing practice

Central to the review process was an audit of continence product prescribing practice. Two large GP practices were selected as the audit sample; the clinical records of all patients registered with these practices who had been prescribed continence related
products during the previous financial year were identified. Prescribing data was measured against best practice guidance in relation to urinary catheters, drainage equipment, catheter supporting devices, etc (NICE 2003, DH 2006). Clinical records were reviewed for evidence of an annual review to ensure the patients prescribed products remained effective (DH 2000).

Patients were also invited to participate in the data gathering process. All patients identified as having received prescriptions for continence related products were invited to attend a review clinic. The purpose of the review was to discover more about the day to day issues faced by patients and to offer, if appropriate, product advice or re-assessment. A semi structured interview approach was adopted during the patient reviews. Questions were themed around four core areas;

1. **Clinical care** – Who do you contact if you have problems? Are you product needs regularly reviewed?

2. **Stock control** – How long do you have to wait for your products to be dispensed once you have given in your prescription? Where do you usually store your products?

3. **Product performance** – Have you had any problems with leakage, sore skin or discomfort that you think might be as a result of the products you use?

4. ** Appropriateness of product** – Is it always easy to use your product, for example if you go out for the day?

Patients were encouraged during the review to highlight any specific concerns or problems they had in relation to product use. This semi structured approach enabled us to gather information in relation to areas we felt were important and gave a voice to those who use continence products on a day to day basis.

**What did the data tell us?**
The results of the audit suggested annual product reviews to ensure prescriptions remained effective were not carried out in routine clinical practice. We did recognise that for some patients a product review may have been undertaken by a district nurse or in a secondary care setting; however we found no evidence in the records we looked at that this had occurred. This was of particular concern when considering patients who had indwelling urinary catheters, as a lack of clinical review may result in the patient continuing with an indwelling urinary catheter when it was no longer clinically indicated.

A number of other issues directly related to prescribing practice were identified, these included:

- Prescribing 6ml of lubricant for male clients for catheter changes instead of the recommended 11ml
- Prescribing sterile drainage bags for gentleman using sheath drainage systems when non-sterile is appropriate and less costly
- Prescribing quantities of products which do not reflect recommended in use times
- Prescriptions for large quantities of catheter maintenance solutions
- Little evidence of prescriptions for catheter securing devices to reduce the clients risk of accidental trauma

We were able to gain some understanding as to how these problems impacted on patients by the many stories told by during the reviews. Patients had reported poorly supported drainage bags, difficulties obtaining appropriate quantities of catheters for intermittent use, taps on drainage bags they found difficult to work and products that leaked or fell off on a regular basis.
Once all of the data had been reviewed there was a clear indication that service provision, in its current form, was failing in all three of Darzi’s (DH 2008) quality domains.

- **Patient experience** – *Patients were reporting bad experiences in relation to product use*
- **Safety** – *Patients reported they sometimes re-used single use catheters as they were unable to access supplies in appropriate quantities*
- **Effectiveness** – *Sterile products were often prescribed where non-sterile were indicated, increasing prescribing costs unnecessarily.*

Whilst the number of patients included in the audit was not large, it was felt that the information we had gained was in all probability reflective of other GP practices in the area, and supported our view that an alternative method of service delivery was required.

**Service re-design**

To successfully achieved improvements in all quality domains (DH 2008) it was decided to radically re-design the process by which patients obtain prescriptions for continence related products. As some GP’s locally had previously raised concerns about their lack of knowledge in relation to prescribing continence products, it was decided to transfer responsibility for continence product prescribing from GP’s to the clinical nurse specialists (CNS) working within the continence service. It was felt this centralised approach, led by CNS’s would offer specialised input which was currently unavailable.

All financial and clinical responsibility for prescribed continence products now resides within the continence service and the NHS Prescription service has issued the service with its own practice code to ensure effective budget management can take place.

**A new system**
The new system means patients now contact the continence service to request prescriptions for continence related products instead of their GP. Clinical reviews are a core element of the new service. Each time the patient contacts our service to order a prescription; our prescription co-ordinator performs a telephone triage to ensure it is safe and appropriate to issues a prescription. A clinical template, which sits within the patient’s electronic patient record, guides the prescription co-ordinator in asking the following questions;

- Have you had treatment for a urinary tract infection since your last prescription was issued?
- Have you had any problems with skin soreness or breakdown since your last prescription was issued?
- Have you had any problems with the performance of your product since your last prescription was issued? (eg Sheaths falling off)
- Have you had any faulty products since your last prescription was issued?

If the patient gives a positive response to any one of the above questions the prescription is not issued and a referral to the continence nurse specialist is automatically generated. This ensures a clinical review is undertaken before any further products are issued. If the client gives negative responses to all questions it is considered safe to issue a prescription and the prescription is printed, ready for checking and signing by CNS.

The client is asked where they would like the prescription to be sent. This could be;

- The clients home address
- A dispensing pharmacy selected by the client
- An appliance delivery company selected by the client
A record of when and where the prescription has been sent is completed, providing a robust audit trial which is invaluable if we have to address none / poor supply issues on behalf of the patient.

The telephone contact with the prescription co-ordinator ensures rapid identification of product related problems as direct questioning is taking place. Patients had reported during the review phase of the project that they did not like to contact health care professions with what they perceived to be ‘minor’ product related issues. They often felt these problems did not warrant contacting a busy GP or District Nurse and would often put up with things until they got really bad. The telephone contact gives the patient permission to raise product related issues and the opportunity for any problems to be resolved in a speedy and safe manner. Each telephone call is also an opportunity for pro-active patient / carer education, re-in forcing best practice guidance such as use of link drainage systems or use of catheter supporting devices.

Benefits

The new service has resulted in considerable cost savings which have been re-invested within the continence service. Cost savings have enabled us to appoint a band 6 CNS and a band 3 prescription co-ordinator.

Patient feedback has been actively sought in relation to the new service model via patient opinion (www.patientopinion.org.uk), feedback to dates suggests patients are very happy with the new service model and appreciate the rapid access to help and advice.

Ongoing work includes developing a patient user group to contribute to the evaluation of new products and a surveillance project with our infection prevention and control team in relation to catheter associated UTI.
References


Urinary Catheter Care bundle

DH (2008) High Quality Care For All. NHS Next Stage Review Final Report