1. INTRODUCTION

1.1 Continence Care

Incontinence is not a disease but a symptom of an underlying condition. Through informed assessment and investigation by a suitably trained professional, individuals suffering from bladder/bowel dysfunction may have symptoms resolved, improved or managed in the most appropriate way, without the primary focus placed on the supply of continence products. The importance of the assessment cannot be overestimated, as treatment for continence is dependent on the cause(s) (Button et al, 1999).

1.2 Urinary catheterisation

Urinary catheterisation is a common procedure both in acute and community settings. Catheterisation is not without risk, urinary tract infections (UTI’s) are the largest single group of Healthcare Associated Infections (HCAI) and the presence of a urinary catheter and the duration of its insertion are contributory factors to the development of urinary tract infection. (Emmerson, 1996)

Therefore, urinary catheters should only be used when there is no suitable alternative, and even then kept in place for as short a time as possible, (NICE, 2012)

1.3 Referral pathway into the Specialist Continence Service (SCS)

The registered healthcare professional remains accountable for the initial assessment of continence and instigation of first line treatment, such as fluid and basic constipation advice, following guidance from the Trigger questions (See appendix 1). Referral to the SCS should then be made if symptoms persist.

The SCS accepts referrals for the following :

- Patients who require a comprehensive bladder and bowel assessment and treatment
- For assessment for Trans Anal Irrigation
- Trial Without Catheters
- Intermittent Self Catheterisation and Intermittent Self Dilatation
- Non House Bound catheter patients for Catheter Clinic
- Complex bladder and bowel patients
- For the long term management of catheter products, excluding House Bound patients with long term Indwelling catheters

Patients aged over 18, registered with a Doncaster GP may be referred by the following:

- Community Nursing Services
Referrals to the SCS can be made by Electronic Referral SystmOne or via email to Single Point of Access (SPA) following completion of a referral form (appendix 2). All referrals will be triaged by an appropriate member of the SCS team. The patient will be assessed for eligibility and acuity based on the following tiered criteria:

- **Urgent** - assessments for patients not already on the SCS caseload, presenting with sudden incontinence
- **Non-urgent** - assessment/follow-up for patients on the SCS caseload with a recurring issue or mild exacerbation
- **Planned** – scheduling of planned activity, e.g. Trial without Catheter (TWOCs) to support patients discharged in to the community.

Patients, or their carer/advocate, should be asked to complete a symptom diary for the appropriate period of time, with an appointment being offered within a maximum of 15 working days from receipt of referral.

### 1.4 Contact Information

Specialist continence advice can be obtained from:

The Trust Specialist Continence Service on 01302 566999