Daring to discuss bladders and bowels
2009 Hysterectomy
2010 Boariflap reimplantation
2011 redo Boariflap reimplantation
2011 spinal fusion L4/5 L3/4
2012 Right nephrectomy
2012 Started CISC
2013 Sacral Nerve Stimulator (SNS) implant
2015 Further bladder reconstruction
2015 Nevro Spinal Stimulator implant
RECOVERY

Expectations

Reality
...signposting the public to services...
improve outcomes
value
experience
quality of life
remove stigma attached to this most basic of needs that can affect us all

(EICC 2015)
Why the refresh?
Poorly integrated continence services.
Vulnerable groups left suffering
Reduction in trained staff
Basic education standards for all HCPs

AIM of the refresh
Raise awareness of the 2018 EICC guidance
Demonstrate successes
Contact every Trust Medical and Nursing Directors to ask for their Continence Leads to identify themselves! ...
System pressure

- Urinary tract infection emergency admissions have doubled
- A community-based integrated paediatric continence service could reduce emergency admissions for continence care by 80 per cent
The financial costs

• CCGs spend £432m a year on unplanned admissions for UTIs

• £99m a year in addition bed days and treatment – or £1,986 per episode

• Prescriptions totalling £115 million in 2015 for catheters and £92 millions for laxatives in 2016

• Estimated £80million spent on continence products
How we can commission and provide excellent continence care

- Early assessment
- Effectively resourcing the continence team
- Specialist assessment
- Containment and associated problems
- Active participation
- Simple approaches
- Workforce knowledge
All Party Political Group (Continence) APPG
Chair: Baroness Greengoss
MP Rosie Cooper co-chair
Real challenge in changing practice
  Full age spectrum
Supply Commissioning and Distribution
  Education and Training
Pathways of Care
Next steps

- Download the guidance
- Use the guidance – and the resources it signposts to
- Have conversations!
- Join the conversation on social media with #ExcellenceInContinenceCare
- Share best practice
and a problem I’ve been dealing with for many, many years, which is urine leakage.
• Q and A
London Marathon
Spend a

Help people live positively with bladder illness

Ian Couch
London Marathon

Bladder Health UK
https://bladderhealthuk.org/
@BoariJacq

Jacqueline Emkes
‘Jacq’
jemkes@gmail.com
References:

All Party Political Group Continence
http://www.appgcontinence.org.uk/

Alternative Urological Catheter Systems Ltd
Bladder Health UK
https://bladderhealthuk.org/

Continence Product Advisor
https://www.continenceproductadvisor.org/products

ERIC Children Continence Charity:
https://www.eric.org.uk/

EVB
https://evbsport.com/

Fotografiska Stockholm

Institution of Mechanical Engineers
http://events.imeche.org/ViewEvent?code=CON6475#section2

NHS England Excellence In Continence Care

https://www.nhs.uk/conditions/urinary-incontinence/incontinence-products/

NICE Guideline: due April 2019
Dear Doctor

Prescription: please could I have some high quality information support and products with a bit of dignity and respect.

BW
Daring to discuss incontinence.
Social norms and taboos guide not only how we talk about hygiene, but also to whom. The Essity Hygiene Matters Survey confirms that hygiene is in many ways still seen as a “female domain”. For both men and women, the survey shows that when we do talk to someone about personal hygiene, our talking partner is more often a woman than a man.
We have the following clinics running today

<table>
<thead>
<tr>
<th>Room</th>
<th>Consultant</th>
<th>Comment</th>
<th>Room</th>
<th>Consultant</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Case study: South London Health Innovation Network

- Reduce catheter-associated UTIs in south London by 30 per cent.

- Audited emergency departments to identify appropriate interventions.

- John, 80 years old. Had attended the ED by ambulance 40 times in two years.

- In one year, 10 visits were for urinary catheter problems.

- Serious case of uro-sepsis led to a long hospital stay.

- Multi-disciplinary team to design individualised care in the community.

www.nhs.uk