

ND ref. FOI/16/239

Freedom of Information

Thank you for your 26/08/16 request for the following information:

Having received a letter informing of 'changes to continence containment products' I am writing to request clarifying information.

- 1. The letter states the changes made are due to changes to the 'National guidance regarding provision of Children's Continence Products'. Please provide all of the information in the 'National guidance regarding provision of Children's Continence Products'.*

Answer: This guidance is freely available in the public domain and can be accessed via the following link.

<http://www.disabledliving.co.uk/DISLIV/media/promocon/final-Guidance-Paed-product-provision-doc.pdf>

- 2. I would also like you to make available any and all notes and minutes from meetings to discuss this situation and the changes you have subsequently made. As the letter is specifically from the 'Paediatric Team, Integrated Bladder & Bowel Care Service' I am keen to see information they have discussing the changes.*

Answer: The Clinical Lead for the Paediatric Bladder and Bowel Service and the General Manager have spent many months scoping and discussing potential changes, as they were aware the national guidance was likely to be published this year.

In addition research has been carried out locally to understand what other services are providing for their patients, to ensure a fair and consistent approach was being considered and the Paediatric BBC lead met with local commissioners to ensure they were happy with the proposed changes.

A number of national meetings were attended by the Bladder and Bowel Care (BBC) team, however the minutes of these meetings are not produced or owned by the Trust, and as such we do not have permission to publish them.

To undertake this work to obtain the permission would take in excess of the appropriate limit set by the Freedom of Information Act 2000 (section 12 (1)) and defined in the Freedom of Information and Data Protection (Appropriate Limit and Fees) Regulations 2004. Consequently, the Trust is not obliged by the Freedom of Information Act 2000 to retrieve the above information. We shall not process your request to the above question further.

- 3. Please provide any and all information containing research and analysis undertaken to assess the impact changes will make to the children, carers and families in general that these changes will make.*

Answer: The Clinical Lead for the Paediatric Bladder and Bowel service is an active member of a number of national and regional continence groups and committees where the provision of containment products has been greatly discussed and reviewed.

The guidance referred to in the link provided clearly outlines the research undertaken prior to publication.

The General Manager and Clinical Lead also carried out an extensive survey of what provision is being offered nationally in other continence services prior to making any decisions. Much of this information is freely available via service websites and patient information leaflets, which can be found online.

The impact of the change of products is intended to be positive and improve the quality of provision of containment products to Children and Young People (CYP). We want to make certain that children are supported with toilet training wherever possible and the focus of the change is around ensuring that all children's rights to individualised care and appropriate support to reach their individual potential, particularly with regards to continence, are being met.

It must be noted that each child that is currently receiving an all in one product will be reassessed and the paediatric specialist BBC nurses will ensure any change of product is clinically safe and appropriate for each CYP.

4. *Please provide the costings for this change. I am particularly interested in knowing the amounts spent before and best estimates for after the changes have been implemented.*

Answer: It must be noted that the reason for changing the products is to meet best practice guidance and not to make financial savings. Our estimate is that the current average all in one product cost per day per child is £1.20 and this will reduce to £0.80. However, any efficiency realised on product spend will be utilised within the service to increase the clinical time available for patients to access treatment and advice, thus improving patient outcomes.

5. *Please provide the cost saving per item breakdown. I understand this may be classed as sensitive information as the provider was part of a market wide tender process, however due to the nature of these changes and the impact on the lives of the children and their families I feel this is a fair and reasonable request that would not specifically divulge sensitive information, mainly because I am asking for the savings per item and not the before and after per item costs.*

Answer: Financial savings are not the primary reason for the change.

Our best estimate is that there will be a potential saving in product cost of between £140-£210 per year per patient currently receiving an all in one product however, as each child will be reassessed by a BBC specialist nurse, the majority of any saving on products will be utilised to provide additional assessment, treatment and advice clinics to CYP and their parents, thus improving patient outcomes.

6. *Please provide a breakdown analysis of the children involved with these changes - number of children, ages, gender and diagnosis beyond their incontinence needs. Please clarify where you carried out your research and how many families you discussed these changes with before implement them.*

Answer: Currently there are approximately 120 CYP receiving an all in one product. Each CYP will be offered a reassessment and to see and try the new products plus the opportunity to fully discuss any concerns prior to the change of product being made.

7. *Please explain the process in place for children who are unable for whatever reason to change products purely because it will save money. The NHS England document 'Excellence in Continence Care' refers to 'dignity' several times. In his 2010 report for the Department of Health Robert Francis QC referred to continence as 'this most basic of needs,' when highlighting significant concerns. I am interested to find out the amount of money involved in these savings which may well have an impact on the dignity of children and young people when it comes to this most basic of needs.*

Answer: Our process will remain the same as it is now.

It must be noted that we are a specialist healthcare service with the main aim of treating and improving incontinence in CYP. This is seen as the best way to preserve dignity.

The provision of containment products is seen as a last resort if treatment options fail. Each CYP will be individually assessed and a treatment program will be put into place. If this does not improve the CYP's incontinence they will be prescribed the most appropriate product for their clinical need. As stated above the changes of products are not being made to save money.