

The Need for Better Education and Training for Professionals involved in Paediatric Continence Care A briefing by the Paediatric Continence Forum

Background

Over 900,000 children and young people in the UK have bladder and bowel (continence) problems ⁽¹⁾. Yet, proper education and training on assessment and treatment for these children is absent on training courses for nurses and doctors at graduate and postgraduate levels, and there is only one university course on this topic (Paediatric Continence Module: University of Nottingham) ⁽²⁾

Continence difficulties can take months to resolve, so it is important that they are diagnosed and managed early. Failure to intervene often results in the condition becoming chronic, requiring referral and treatment in hospital. There is good evidence that they can have a significant emotional impact on children and young people and their families and can increase the risk of bullying and behavioural and emotional problems ⁽³⁾. There is also evidence of a link between wetting and soiling problems and child punishment, including physical abuse by parents ⁽⁴⁾.

NHS community-based treatment services in this area of child health have always been fragmented ⁽⁵⁾ but a new gap has arisen as a result of the recent transfer of public health commissioning of school nurses and health visitors in England from central to local government. School nurses and health visitors were the mainstay of the preventative and early intervention Level 1 services and had built up a body of expertise in this area. Their de-commissioning from paediatric continence services has led to unnecessary costs to the NHS and the risk of poorer clinical outcomes, due to delays in problem identification and inappropriate referrals to secondary and tertiary care.

The national campaign group, the Paediatric Continence Forum, published the NICE-accredited commissioning guide to improve the number of Clinical Commissioning Groups commissioning proper integrated, community-based paediatric continence services ⁽⁶⁾; however, feedback from commissioners is that they are having difficulty recruiting the paediatric continence nurse specialists to lead these services.

The Need for Mandatory Training

- 1 Paediatric continence needs to be one of the 150 targets needed to meet nursing registration requirements. This should include children with special needs.
- 2 Toilet training and paediatric continence problems should be mandatory as part of the health visitor and school nurse post registration training, again including children with special needs.
- 3 Medical and GP training should include proper input on paediatric continence
- 4 Transition to adulthood should require particular emphasis.

Current Resources

1. The Paediatric Continence Forum, in conjunction with the UK Continence Society, is in the process of publishing a document outlining the minimum standards of education needed for all professionals involved in the continence care of children and young people with continence problems (this will be in the same format as the Minimum Standards for Continence Care in the UK – for adults www.ukcs.uk.net).

2. NHS England has published a guidance document Excellence in Continence Care www.england.nhs.uk
3. ERIC, The Bowel and Bladder Charity, runs training days for nurses and doctors on all aspects of continence plus information for professionals www.eric.org.uk
4. PromoCon (promoting continence through product awareness) has information for professionals on paediatric continence www.promocon.co.uk

References

1. NICE accredited paediatric continence commissioning guide PCF 2015 (updated 2016) www.paediatriccontinenceforum.org
2. [KBB – B73 Care of Children and Young People with Bladder and Bowel Dysfunction](#), 30 credit module towards a degree or master's degree, University of Nottingham. Uncertainty whether running from Sept 2016
3. Joinson et al 2005-8 using data from the Children of the 90's Study at the University of Bristol. Many international publications. Paediatric Continence Commissioning Guide 2014
4. NICE Clinical Guidelines on childhood constipation [CG 99, 2010](#); bedwetting [CG 111, 2010](#)
5. A 2014 FOI survey carried out by the Paediatric Continence Forum, found that 39% of CCGs (in England) commission all continence conditions (toilet training, bedwetting, daytime wetting and constipation/soiling), but only 26% of CCGs commission these in a "joined-up" way. With these CCGs there seems to be less evidence of a reduction of services as a result of school nurse de-commissioning, compared to those which provide no/reduced service.
6. Commissioning an integrated paediatric continence service lowers costs dramatically, by:
 - Preventing acute care admissions (HES data in 2008-9 showed that of 14,500 admissions in England for continence problems, 80% were emergency admissions)
 - Reducing inappropriate attendances to A&E
 - Reducing inappropriate secondary and tertiary referrals and reducing the need for incontinence pads and other products (for example, in 2006 constipation and bladder dysfunction were the highest reason for OPD referrals in the Wirral area, compared to asthma and heart murmurs in 1988)
 - Improving clinical outcomes and quality of life for children and their families ([ChiMat Continence Needs Assessment module](#), revised 2015)

About the Paediatric Continence Forum

The Paediatric Continence Forum is an independent national campaign group, comprising clinicians, patient representatives and company sponsors. It was set up in 2003 to improve awareness amongst policy-makers of the needs of children and young people with continence problems.

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