



## SUSQI PROJECT REPORT

### Have Confidence with Continence

**Start date of Project:** 11.08.2023

#### Team Members:

- Holly Slyne - Assistant director infection prevention and control (IPC)
- Ros Pound - IPC Matron
- Natalie Clews - IPC Clinical Nurse Specialist
- Elizabeth Lomax-Enfield - Falls prevention coordinator,
- Janet Jousiffe -Deputy falls prevention coordinator.
- Lystra Cunningham -Tissue viability specialist nurse,
- Jade Moss -Tissue viability specialist nurse,
- Sara Hollis -Tissue viability specialist nurse,
- With Recognition of support with great thanks to Continence product information support from procurement team, local company representatives of products used and trial assessment ward staff



#### Background

The Falls Prevention, Infection Prevention and Control (IPC) and Tissue Viability Shared Decision-Making Council was created 6 years ago as a collaboration to work in a proactive way to make a sustainable change by protecting our patients from harm from falls, pressure ulcers and infections at the same time as there were commonalities of challenges.

One area in which our work commonly overlaps is in relation to continence care, with a focus on patient well-being and the prevention of complications. Clinical continence care generates a significant amount of waste and continence pads take 500 years to biodegrade, so we are keen to implement initiatives to reduce this waste and decarbonise care processes.

Poor continence management can lead to increased sacral pressure ulcers (NHSE 2018a). When products do not fit properly, they may cause leaks and inadequate containment, leading to prolonged exposure of the skin to urine or fecal matter. This prolonged moisture can compromise the skin's integrity, increasing the risk of developing conditions such as pressure ulcers, moisture associated skin damage, irritations, and skin infections. In addition to moisture-related issues, poorly fitted continence products may cause friction and shear forces, exacerbating skin damage. Nearly 700,000 people are affected by pressure ulcers each year, across all care settings. Each



pressure ulcer costs an average of £4,638 - which creates a financial burden on the NHS of between £1.4 and £2.1 billion per year. Savings could be made by reducing the number of people who develop pressure ulcers; good continence care plays an important role in their prevention (NHSE 2018a). Additionally, an over-reliance on containment strategies means people who could walk to the toilet are placed in pads. Poor continence care causes distress and is often counterproductive, creating work for staff who share in a patient's loss of dignity (Agnew 2023).

Furthermore, when sacral pressure ulcers become infected due to poor continence management, and patients require catheterisation and antibiotics, that then increase the patient to the risk of C.diff infection. If the patient has a catheter, these issues can increase risk of catheter associated urine infections as well. Urinary tract infections are the most common healthcare acquired infection (HCAI), comprising 19% of all HCAs; 43-56% of UTIs are associated with urethral catheters; approximately 17% of secondary nosocomial bloodstream infections are caused by catheter use, with an associated mortality of 10% (Loveday et al 2014). Preventing these is therefore important to patient safety, as every day catheter is in situ the risk of catheter related UTI increases by 5% (IPS, 2010).

Thirdly, poor continence management can lead to increased inpatient falls. Many frail older patients spend up to 83% of their inpatient time in bed and a further 12% in a chair, with most only walking a few steps a day during their hospital stay. This inactivity leads to 'deconditioning', which causes people to lose fitness or muscle tone, especially through lack of exercise (NHSE, 2018b).



At NGH, all patients have individualised assessment and care provided. Patients should be supported to walk to the toilet whenever possible to maintain mobility, prevent deconditioning, promote independence and reduce risk of falls (as a result of deconditioning). It is known that mobilisation assists in overall recovery from a wide range of illnesses. For some patients, support to mobilise to the toilet at all times may not be possible or fast enough (e.g. if increased frequency, poorer control) and so mobilising every time may increase risks of falls. These patients may require alternative care needs e.g. commode by the bedside, but are often given continence aids instead.



It came to our attention that patients can be given poor-fitting or unnecessary continence products. This may restrict movement, causing discomfort and hindering the patient's ability to engage in other activities. Prolonged use of such products may contribute to muscle weakness, reduced physical activity, and compromised mobility, ultimately leading to deconditioning and a more permanent reliance on continence products. If items are ill-suited or unnecessary, this could lead to issues such as leaking, causing embarrassment and discomfort for the individual.

Any side effects of ill-fitting or unnecessary continence product use are avoidable, as are their associated financial and environmental costs. As an MDT, we are very well placed in NGH to target this issue and optimise continence care for our patients to prevent the negative impacts described above.

FIT council met in August 2023 and discussed we would like to address evidence and anecdotal reports of adult inpatient incidence of

- falls of patients rushing to or fall in toilets,
- patient deconditioned as needing proactively promoting mobility to toilets if the patient was able based on individualised assessment and care,
- Incidence of moisture lesions / skin damage
- wanting to promote understanding to avoid catheter associated / urine infections.

As a team, we were aware that appropriate assessment, measurement and selection of products would benefit patients, while likely saving NGH money and reducing environmental harm.

#### **Specific Aims:**

- To reduce the number of continence aids used in 2 elderly medical wards in the Trust by 20% by January 2024
- To increase the number of patients mobilising to the toilet in 2 elderly medical wards
- To reduce the number of moisture associated skin damage, pressure ulcers and falls in 2 elderly medical wards
- To reduce the number of urinary catheters in situ in 2 elderly medical wards, and further across the Trust
- To increase staff knowledge on continence products
- To increase the patient experience of being in hospital and maintaining continence

Long term, if the trial is successful, we would aim to phase our project out across adult inpatient areas in Northampton General Hospital (NGH).

#### **Methods:**

##### **Studying the system:**

We selected two trial sites where we had reports that FIT issues were occurring. We focussed on patients over the age of 65 who were willing to participate and engage with us in discussions regarding their continence care.

To understand the scale and nature of the problem, we undertook baseline data collection:



- conducted wards observations audits for patients who have continence care plans in place.
- Obtained the procurement data for the 2 wards and discussed their usual monthly and annual ordering.
- conducted a literature / evidence base review
- discussion with staff on two trial wards - health care assistants raised issues regarding patients requesting continence products they likely don't need 'just in case' as they are worried about their continence.
- an anonymous survey to evaluate clinical staff confidence and understanding of continent assessment for patients including how to appropriately measure and fit continence products and actively supporting patient continence
- Feedback from staff was that the following factors impact on them giving better continence care:

**Lack of resources Patients 2nd year constraints**  
**poor bed experience on wards year student**  
**toilets Staffing levels staff standard of care availability**  
**outstanding continence**

Problems identified:

- Lack of individualised continence assessment and documentation:
  - not all patients received a full assessment to ascertain their individual need as no care plan for continence was in place, only for incontinence and catheter care.
  - continence care was mostly recorded on care rounding care plans, input /output charts and stool charts if required for that patient.
- Lack of awareness of wider impact of continence care:
  - not all staff were aware of connections to continence care and deconditioning, fatigue relating to admitting condition, comorbidities and length of stay, and how promoting continence can also promote functional physical activity.
- Lack of staff confidence:
  - From the survey results, staff were not confident in measuring and selecting appropriate continence products.
  - Many staff requested further training.
- Incorrect stock on wards:
  - wards did not have the correct / most appropriate items ordered or a correct range of items to make appropriate choices. Without the correct options, and with limited capacity, staff need to make do with what is available at the time.
  - Wards did not have barrier creams on regular order process.
  - No appropriate items for "just in case" requirements. For example, staff commented that for a patient that wants a small pad just in case of urgency incontinence while they get used to the ward and where the toilet is had to be given a very large pad as there was no other options.



- Incorrect sizing of continence products
  - patients were being given inappropriate products, likely due to a combination of stock availability and staff confidence.
- Patients without next of kin or family
  - These patients were further disadvantaged as without next of kin to visit, they did not have provision of normal underwear. Patients are not able to order online to the ward themselves. Our Trust gown and pyjama provider do not provide underwear that can be laundered through their scheme.

#### **Changes implemented:**

An action plan has been developed in two targeted wards where continence products are used on a regular basis.

#### Study day

Confident Continence half day study day where company representatives provided training on the barrier creams, how to select the correct pad, how to measure a patient correctly for pants. TVNs provided training on how to prevent moisture associated skin damage, IPC nurses provided training on catheter prevention strategies and the Falls Prevention Team provided training on mobilising patients out to the toilet safely. The following aims were achieved:

- To provide information and education to clinical team members involved in continence care for a broader understanding of the benefits of continence care to the patient.
- To encourage proactive assessment of continence needs and plan using current care plans.
- To provide information on the links between good continence care and the wider sustainability benefits from a financial and environmental perspective. For example, we shared that continence pads and pants take 500 years to breakdown in landfill. We shared the cost of items and barrier cream for use as well as costs of complications such as pressure ulcers.
- Explore practical ways to address specific concerns. e.g. for 'just in case' usage we discussed if smaller pads could be trialled to meet patients anxiety needs around continence, promote active toileting and save volume of products going in to landfill.

#### Guideline launch:

A guideline for catheter avoidance and appropriate selection of continence products was written by IPC Team and the IPC team conducted weekly catheter prevention ward rounds to teach staff, prompt removal and prevent catheter insertions. This also included teaching staff about the barrier creams and correct use of incontinence aids. The Team decided to launch this Trustwide rather than on the 2 pilot wards as it was easier to implement and measure on a wider scale through the electronic VitalPAC system.

#### Procurement and stock availability:

- New small pads and pants have been ordered
- Procurement arranged for barrier cream to appear as a regular item



### **Changes planned / Next steps**

Unfortunately, winter operational pressures and a delay in different sizing of continence products arriving to NGH had an impact on the pace of this project. Therefore, the following changes are scheduled to take place in the coming months

- Provision of small pads and pants to trial wards
- an Out to Toilet training initiative will commence in March. This will involve a pop up video on the Trust Facebook page showing how to safely walk patients to the toilet and supportive visits from the FIT Team to wards to reinforce it and ensure staff are walking patients to the toilet. Weekly data collection of number of patients mobilising will be collected. The FIT team have recruited 2 new voluntary team members from the IPC Team who can support the pilot. We will then trial for 2-3 months on the two trial wards before evaluating the impact and potentially expanding the pilot wider.

### **Measurement:**

#### *Patient outcomes:*

- Data is already recorded on moisture lesions and pressure ulcers so we will be able to monitor if incidence of these reduces over time.
- data is already collected on falls, which includes a descriptor on how the fall occurred. We will be able to monitor if there is any change to occurrences of falls related to toileting.
- Catheters in situ data is monitored by the IPC Team and the number of bloodstream infections from which the source infection was catheter related UTI is also collected.
- We will review care plan data, alongside procurement data and reviews of ward stock following implementation of all changes. This will further inform if patients are being given appropriate continence products and care – which will indicate improved patient outcomes.
- We have measured staff knowledge via a survey pre and post education. Improved patient education supports that staff will be more confident and capable to provide optimised continence care.

This project has the potential to impact positively on several patient safety outcomes which are outlined in the results section.

#### *Environmental and economic sustainability:*

Procurement data for a range of continence products and ward stock review audits have been completed to obtain data on product usage before our changes commenced.

Costs of items were obtained from our Trust procurement system, and costs of waste disposal were provided by the Head of Sustainability. Costs of disposal (per kg) is 30p for offensive waste. We have assumed all products and catheter packs go into offensive waste. We have taken an average weight of 100g per continence product to estimate waste savings, and 200g for a catheter pack.

The carbon footprint of continence products and catheter packs was estimated using the cost per product and the emission factor of 0.469492 for medical/surgical equipment from the Greener NHS



database (not publicly available). For barrier cream, an emission factor for pharmaceuticals of 0.621 per £ spent was used from the [UK Government greenhouse gas reporting: conversion factors 2023 database](#). Emissions from waste disposal were estimated by weighing each item using a factor of 249 kgCO<sub>2</sub>e per tonne of offensive waste for continence products and 1074 kgCO<sub>2</sub>e /tonne for clinical waste (high temperature incineration), both from [Rizan et al 2021](#).

Table 1: emission factors and costs for continence products.

Product name	Per product item	
	carbon footprint (kgCO <sub>2</sub> e)	£ cost
Shaped pad with absorbency band I11 (Textile Back Sheet)	0.12	0.19
Shaped pad with absorbency band I13 (Textile Back Sheet)	0.15	0.25
Shaped pad with absorbency band I14 (Textile Back Sheet)	0.38	0.27
Procedure pad virgin fluff 60 x 60 cm Plus	0.04	0.08
Fixation pants for use with pads and legs large 90-120cm basic	0.14	0.29
Fixation pants for use with pads with legs XXL 115-150cm comfort	0.24	0.50
Shaped pad with absorbency band I2 (Textile Back Sheet)	0.03	0.06
Male shaped pad with absorbency band I3 (Textile Back Sheet)	0.08	0.18
Catheter pack	5.87	12.07

Following implementation of our changes (small new pads and pants available on the ward, barrier cream available on the ward, and Out to Toilet initiative, alongside the changes already implemented) we will review our procurement and stock again to measure the difference in resource use for environmental and financial savings.

*Social sustainability:*

Social sustainability was measured through the staff knowledge and confidence survey.

We plan to involve patients and their relatives in the next phase of the project. This will include qualitative data from patients and relatives on their perceptions of continence care and the project.

**Results:**

*Patient outcomes:*

We have not been able to trial new products on ward, we have not yet been able to evaluate our data on moisture lesions, pressure ulcers and falls data post our changes. Following implementation of a trial, we will be able to review if the changes have had an impact on patient outcomes.



We anticipate the project will support patients in the following ways.

- reduce rates of moisture lesions, pressure ulcers and falls
- enable patient functional activity for continence and promote mobility

We have seen a reduction in catheters inserted / in situ (described further in the environmental and financial impact section). Catheters were the cause of 66% of the urosepsis related bloodstream infections in October 2023, and this reduced to 0% in January 2024. Although small numbers of patients this has a significant impact on their experience and outcomes so is very positive.

We have seen an increase in staff knowledge on how to appropriately select and use continence products as demonstrated in the table below:

Ten staff undertook survey:	October 2023	Jan 2024
Staff know what barrier cream to use for incontinence?	Brampton 20% Holcot 10%	Brampton 100% Holcot 100%
Staff can correctly explain how to measure for pad and pants?	Brampton 10% Holcot 20%	Brampton 90% Holcot 100%
Staff know which pads to use for which incontinence	Brampton 0% Holcot 0%	Brampton 100% Holcot 100%
Staff feel confident to walk patients out to toilet and not use incontinence pads?	Brampton 30% Holcot 30%	Brampton 70% Holcot 80%

This improvement in staff understanding and confidence in carrying out appropriate continence plans for the individual and subsequent product selection and use, is supportive for improving patient clinical outcomes.

*Environmental and economic sustainability:*

**Catheters in situ data:**

We saw a reduction in catheterisation in our two trial wards and across the Trust.

Location	Percentage of patients with urinary catheter in situ	
	October 2023	January 2024
Brampton ward	44% (n=12/27 patients)	10% (n=3/29 patients)
Holcot ward	31% (n=9/29 patients)	19% (n=5/27 patients)
Trustwide	28% (n=162/589 patients)	24% (n=141/600 patients)





Month	October			November		December				January	
Date	06/10/2023	13/10/2023	31/10/2023	21/11/2023	28/11/2023	01/12/2023	14/12/2023	22/12/2023	27/12/2023	02/01/2024	26/01/2024
No. pts with catheter	164	162	167	154	146	145	140	132	123	142	141
No. patients	589	589	588	567	572	589	588	599	566	592	600
	28%	28%	28%	27%	26%	25%	24%	22%	22%	24%	24%

This reduction of on average 25 less catheters inserted a week, or 108 a month trust wide, brings significant savings of 635.9 kgCO<sub>2</sub>e per month (inclusive of disposal). This is a procurement saving of £1,307 per month, with a further £6.48 in waste disposal.

With a conservative projection applying 80% of the above savings, the project can save **6,105 kgCO<sub>2</sub>e** (96.5% from procurement and 3.5% from waste disposal) per year, equivalent to driving 18,029 miles in an average car. The projected financial savings are **£12,553** in procurement with an additional **£26.20** in waste disposal each year.

### Procurement, ward stock and care plan data

The following tables show the procurement data and volumes of continence aids utilised on Holcot and Brampton wards for the 12 months prior to starting the Green Team Project.

Holcot		Price	RTB	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Grand Total	Total price
CFP1373	754026 TENA FIX PREMIUM X-LARGE	£2.15	5						15	42	84	42	51	46	62	41	383	£823.45
CFP1377	754027 TENA FIX PREMIUM 2XL	£2.22	5						15	72	54	62	58	51	64	36	412	£914.64
CFP1479	203835 SHAPED PAD WITH ABSORBENCY BAND I13	£5.52	28	34	25	37	50	15	16	48	14	36	48	40	28	20	411	£2,268.72
CFP1484	203859 SHAPED PAD WITH ABSORBENCY BAND I14	£5.83	28	66	14	46	66	37	26	62	48	36	42	40	32	24	539	£3,142.37
CFP1550	203811 SHAPED PAD WITH ABSORBENCY BAND I11	£4.14	28	20	20	26	9		32	10							117	£484.38
CFP1563	703684 ATTENDS FIXATION PANTS MEDIUM	£3.47	15				4	6	5	4				4			23	£79.81
CFP1565	503222 STRETCH PANTS PANTS LARGE 90-120CM	£3.47	15	32	7	16		11	14	14	28	14	7		7	5	155	£537.85
ELY536	MEDI DERMA-S BARRIER CREAM NON STERILE 2G SACHETS	£3.02	20	4	2	3	3	1	3	1	4	2	3	2	2	1	31	£93.62
VMU022	203934 UNDERPADS 60X60CM ATTENDS (PK 50) PACK 50	£3.42	50	0	0	14	2	8	14	5	7	9	13	8	7	7	94	£321.48
		Combined Cost:																£8,666.32
		Average Cost:																£962.92
Brampton		Price	RTB	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Grand Total	Total price
CFP1373	754026 TENA FIX PREMIUM X-LARGE	£2.15	5						30	60	40	60	40	90	90	0	410	£881.50
CFP1377	754027 TENA FIX PREMIUM 2XL	£2.22	5						30	60	90	60	80	50	90	0	460	£1,021.20
CFP1479	203835 SHAPED PAD WITH ABSORBENCY BAND I13	£5.52	28					5	20								25	£138.00
CFP1550	203811 SHAPED PAD WITH ABSORBENCY BAND I11	£4.14	28	97	64	84	79	52	25	55	32	65	45	109	68	24	799	£3,307.86
CFP1563	703684 ATTENDS FIXATION PANTS MEDIUM	£3.47	15	1		6	4	8	4	4	4		4	8	12	10	65	£225.55
CFP1565	503222 STRETCH PANTS PANTS LARGE 90-120CM	£3.47	15	9	15	15	19	10	20	23	20	14	20	20	30	0	215	£746.05
CFP1837	207673 ATTENDS SOFT 4 MINI SUPER BAND I8	£4.59	46	3	2				1		1	4		4	7		22	£100.98
ELY536	MEDI DERMA-S BARRIER CREAM NON STERILE 2G SACHETS	£3.02	20							3	3		6	6			18	£54.36
VMU022	203934 UNDERPADS 60X60CM ATTENDS (PK 50) PACK 50	£3.42	50					8									8	£27.36
																		£6,502.86

Based on the procurement data, 75,235 incontinence products were used across the 2 wards in the last 12 months. If we take an average of 0.15 kgCO<sub>2</sub>e per item, there is an annual carbon footprint of 11,300 kgCO<sub>2</sub>e.



The below table summarises progress so far for provision of new continence stock to our two trial wards:

Barrier cream available on the ward?	Yes on Brampton Not available on Holcot	Brampton 100% Holcot 100%
Correct range of pads available on the ward?	No on Brampton No on Holcot	Still in progress Still in progress
%of patients using incontinence pads	55% Brampton 48% Holcot	Still in progress Still in progress
% of patients mobilising out to the toilet	24% Brampton 33% Holcot	Still in progress Still in progress

While we will collect actual data on the impact of our changes once they have all been implemented (including provision of new ordered stock and Out to Toilet initiative from March 2024, we have projected potential annual savings below.

If we can reduce our procurement by 20% (15,047 items) a year, this would have sound sustainable savings of **£3,033** and **2,260 kgCO<sub>2</sub>e** on just these two wards. This does not include cost savings from reduced offensive waste disposal which would be an additional **£451**.

If these figures were extrapolated across the 30 adult wards in the Trust, estimated annual sustainable savings would be:

- **33,900 kgCO<sub>2</sub>e** on procurement and waste disposal, equivalent to driving 100,118 miles.
- **£45,495** on procurement
- **£6,771** on waste disposal

*Social sustainability:*

While exploring current practice staff commented that they require more training in continence care, which helps us as a team to feel confident staff will be receptive to education and changes to continence products stocked moving forward.

From the baseline data collection and interactions with staff and patients to date during the project, the anticipated social impacts will be as follows:

- staff agreement that there is a problem fostering staff buy-in and engagement in changes
- staff confidence in walking patients out to toilet
- potential to save staff time
- acting in patients best interest
- patient dignity, comfort, confidence, reduced embarrassment
- improved experience of care for patient and family
- addressing staff and/or patient concern of environmental impact of car

Staff were also really concerned when they learnt that it takes 500 years for an incontinence pad to biodegrade at land fill and felt that this project is important, they were overall concerned about the



environmental impact of healthcare and keen to reduce this by using less inappropriate incontinence pads.

### 7. Are you concerned about the environmental impact of healthcare?

[More Details](#)

<span style="color: blue;">●</span> Very concerned	9
<span style="color: orange;">●</span> Somewhat concerned	7
<span style="color: green;">●</span> I hadn't considered it	2
<span style="color: red;">●</span> No, I'm not concerned	2



Qualitative data from patients and relatives will be collected during the next phase of the project.

#### Discussion:

We have been limited in team members and time within the competition period, and a lack of time due to clinical and operation pressures is likely to be an ongoing issue not only for us but for many services in the NHS. Unfortunately, due to additional barriers outside of our control such as delays to new small pads and pants being delivered, we have not yet been able to fully implement changes and measure impact in relation to our first three aims:

- To reduce the number of continence aids used in 2 elderly medical wards in the Trust
- To increase the number of patients mobilising to the toilet in 2 elderly medical wards
- To reduce the number of moisture associated skin damage, pressure ulcers and falls in 2 elderly medical wards

However, we have been able to successfully prepare for these changes and achieve our aim to increase staff knowledge and confidence in continence care and appropriate product selection. We believe this will have a follow-on effect to ensure changes are readily adopted when new products arrive to the wards and as we commence our Out to Toilet initiative. Combined, this will increase the patient experience of being in hospital and maintaining continence.

Our confidence in the success of these initiatives is underpinned by staff engagement and that within the competition timeframe, we have achieved our aim to reduce the number of urinary catheters in situ. It has been very promising to see one aspect of the project move forward and the associated benefits, which provides motivation to continue with our further aims despite some setbacks.

Following our trial, we would like to explore options to roll our changes out Trust wide. We have also discussed extensions of this work to other projects, such as exploring the use of reusable nappies in paediatrics, and how we can provide underwear for patients with no next of kin to bring in a supply for them. This would bring additional complexities such as how to appropriate launder these items on site.



### Conclusions:

Through this project we have identified that optimal continence care encompasses a much wider range inter-related issues than first realised. Staff engagement from our Confidence Continence Day was key to success of this project. Staff were very willing to attend and take part in surveys and conversations while being open about their knowledge and confidence. We learned valuable information on why staff find it challenging to optimise their care, to best inform our changes.

Showing multiple benefits for patients, costs and the environment was supportive for motivating staff to change practice. The length of time for breakdown of continence products in landfill was a shock to staff once they realised how they used them, and the CO2e impact that they could help to reduce through improving continence care was a genuine motivator for change for our staff. We really look forward to working with them to implement the next steps and achieve the remaining aims that we set out to together.

### References

Agnew (2023). Dementia, incontinence and the loss of dignity in acute hospitals. *Nursing Times*. 119(4), pp. 24-26

Loveday HP, Wilson JA, and Pratt RJ (2014) Epic3: national evidence-based guidelines for preventing healthcare associated infections in NHS hospitals in England. *Journal Hospital Infection* 86 (1 Suppl): S1–70.

NHSE (2018a). *Excellence in Continence Care*. Available at [excellence-in-continence-care.pdf \(england.nhs.uk\)](#). NHSE: London.

NHSE (2018b). *End PJ Paralysis*. Available at [NHS England » #EndPJParalysis: the revolutionary movement helping frail older people](#). NHSE: London.




**Appendices 1**


**Cost of products**

**Current products at time of project:**


- Attends shaped pad with absorbency band I11 = 110.7 g each. Disposed in Offensive waste stream.

	<b>CFP1550</b>	<b>Qty*</b>	<b>Price</b>
	<b>Shaped pad with absorbency band I11 (Textile Back Sheet)</b>	1	5.26
<b>MPC:</b> 203811 <b>GTIN:</b> 07332152203811 <b>Unit of issue:</b> Bag of 28 <b>Brand:</b> Attends Contours Air Comfort 7 <b>Supplier:</b> ATTENDS LIMITED		£0.19 each	
		<a href="#">Sign in to order ▶</a>	
		<a href="#">Add to comparison ▶</a>	


- Attends shaped pad with absorbency band I13 = 141.1g each. Offensive waste stream.

	<b>CFP1479</b>	<b>Qty*</b>	<b>Price</b>
	<b>Shaped pad with absorbency band I13 (Textile Back Sheet)</b>	1	7.02
<b>MPC:</b> 203835 <b>GTIN:</b> 07332152203835 <b>Unit of issue:</b> Bag of 28 <b>Brand:</b> Attends Contours Air Comfort 8 <b>Supplier:</b> ATTENDS LIMITED		£0.25 each	
		<a href="#">Sign in to order ▶</a>	
		<a href="#">Add to comparison ▶</a>	

- Attends shaped pad with absorbency band I14 = 1003.g each. Offensive waste stream.



	<b>CFP1484</b>	<b>Qty*</b>	<b>Price</b>
	<b>Shaped pad with absorbency band I14 (Textile Back Sheet)</b>	1	7.67
<b>MPC:</b> 203859 <b>GTIN:</b> 07332152203859 <b>Unit of issue:</b> Bag of 28 <b>Brand:</b> Attends Contours Air Comfort 9 <b>Supplier:</b> ATTENDS LIMITED		£0.27 each	
		<a href="#">Sign in to order ▶</a>	
		<a href="#">Add to comparison ▶</a>	

- Attends under pads 60 x 60 = 24g each. Offensive waste stream.



	<b>VMU022</b>	<b>Qty*</b>	<b>Price</b>
	<b>Procedure Pad Virgin Fluff 60 x 60cm Plus</b>	1	4.10
<b>MPC:</b> 203934 <b>GTIN:</b> 07332152203934 <b>Unit of issue:</b> Pack of 50 <b>Brand:</b> Attends Cover Dri <b>Supplier:</b> ATTENDS LIMITED		£0.08 each	
		<a href="#">Sign in to order ▶</a>	
		<a href="#">Add to comparison ▶</a>	

- Attends fixation pants = 13.3g each. Offensive waste stream.



	<b>CFP1565</b>	<b>Qty*</b>	<b>Price</b>
	<b>Fixation Pants for use with Pads with Legs Large 90-120cm Basic</b> <b>MPC:</b> 503222 <b>GTIN:</b> 07393958246471 <b>Unit of issue:</b> Pack of 15 <b>Brand:</b> Attends Stretch Pant <b>Supplier:</b> ATTENDS LIMITED 	1	4.38
		£0.29 each	
		<a href="#">Sign in to order ▶</a> <a href="#">Add to comparison ▶</a>	

- Tena fixation pants = 36g each. Offensive waste stream.



	<b>CFP1377</b>	<b>Qty*</b>	<b>Price</b>
	<b>Fixation Pants for use with Pads with Legs XXL 115-150cm Comfort</b> <b>MPC:</b> 754027 <b>GTIN:</b> 07322540419504 <b>Unit of issue:</b> Pack of 5 <b>Brand:</b> TENA Fix Premium <b>Supplier:</b> ESSITY UK LIMITED DUNSTABLE 	1	2.51
		£0.50 each	
		<a href="#">Sign in to order ▶</a> <a href="#">Add to comparison ▶</a>	

Patients have one of the pads + one of the fixation pants + often the 60x60 pad just in case



**New products:**

Attends 0 – no weight on supply chain! Will weigh on arrival. Offensive waste stream.

Attends male shaped pad – no weight on supply chain! Will weigh on arrival. Offensive waste stream.

	<b>CFP2006</b>	<b>Qty*</b>	<b>Price</b>
	<b>Male shaped pad with absorbency band I3 (Textile Back Sheet)</b> <b>MPC:</b> 899561 <b>GTIN:</b> <b>Unit of issue:</b> Pack of 25 <b>Brand:</b> Attends for Men Level 1 <b>Supplier:</b> ATTENDS LIMITED 	1	4.58
		£0.18 each	
		<a href="#">Sign in to order ▶</a> <a href="#">Add to comparison ▶</a>	

n.b. Medi derma barrier cream – would not be for the switching to the new products, but would be for the patients that are genuinely incontinent and needing the existing products.

	<b>ELY536</b>	<b>Qty*</b>	<b>Price</b>
	<b>Barrier Cream non sterile 2g</b> <b>MPC:</b> 60338 <b>GTIN:</b> 05060092860338 <b>Unit of issue:</b> Pack of 20 <b>Brand:</b> Medi Derma-S <b>Supplier:</b> MEDICAREPLUS INTERNATIONAL LTD 	1	3.18
		24 3.16	
		£0.16 each	
		<a href="#">Sign in to order ▶</a> <a href="#">Add to comparison ▶</a>	



### Critical success factors

Please select one or two of the below factors that you believe were most essential to ensure the success of your project changes.

People	Process	Resources	Context
<input type="checkbox"/> Patient involvement and/or appropriate information for patients - to raise awareness and understanding of intervention <input checked="" type="checkbox"/> Staff engagement <input type="checkbox"/> MDT / Cross-department communication <input type="checkbox"/> Skills and capability of staff <input checked="" type="checkbox"/> Team/service agreement that there is a problem and changes are suitable to trial (Knowledge and understanding of the issue) <input checked="" type="checkbox"/> Support from senior organisational or system leaders	<input type="checkbox"/> clear guidance / evidence / policy to support the intervention. <input type="checkbox"/> Incentivisation of the strategy – e.g., QOF in general practice <input type="checkbox"/> systematic and coordinated approach <input type="checkbox"/> clear, measurable targets <input type="checkbox"/> long-term strategy for sustaining and embedding change developed in planning phase <input checked="" type="checkbox"/> integrating the intervention into the natural workflow, team functions, technology systems, and incentive structures of the team/service/organisation	<input checked="" type="checkbox"/> Dedicated time <input type="checkbox"/> QI training / information resources and organisation process / support <input checked="" type="checkbox"/> Infrastructure capable of providing teams with information, data and equipment needed <input type="checkbox"/> Research / evidence of change successfully implemented elsewhere <input type="checkbox"/> Financial investment	<input type="checkbox"/> aims aligned with wider service, organisational or system goals. <input checked="" type="checkbox"/> Links to patient benefits / clinical outcomes <input type="checkbox"/> Links to staff benefits <input checked="" type="checkbox"/> 'Permission' given through the organisational context, capacity and positive change culture.