SUSQI PROJECT REPORT

Project Title:

Transition to Washable Continence Products as a First-Choice Prescribed Option

Start date of Project: 3rd March 2026

Date of Report: 15th May 2026

Team Members:

Jo Chapman — Clinical Lead

Jo.Chapman@swft.nhs.uk

Louise Smith — Bladder and Bowel Specialist Nurse. Louise.Smith2@swft.nhs.uk

Abdul Ghafoor — Project Manager.

AbdulWasay.Ghafoor@swft.nhs.uk

Sallie Green — Operational Lead.

Sallie.Green@swft.nhs.uk

Contents

This contents page lists all substantive sections and appendices in the submission.

Background:

Health care itself contributes significantly to the climate crisis. The global health sector produces around 4.4% of worldwide greenhouse-gas emissions, and the UK health service is a major contributor to public-sector emissions. Climate change is therefore not an abstract environmental issue for this project; it is a direct threat to health, service resilience and the financial sustainability of the NHS.

The problem addressed in this project is the continued use of high-volume, single-use, plastic-rich disposable continence pads where a safe and acceptable reusable alternative may be clinically suitable. Continence products are important for dignity and quality of life, but the current disposable model creates repeated manufacturing, packaging, delivery and waste impacts. Across the wider continence service, South Warwickshire University NHS Foundation Trust (SWFT) currently spends around £1.4 million per year on single-use disposable continence products; the financial model in this report relates only to the verified 951-person cohort. This project therefore addresses a recurrent clinical supply chain where improved sustainability can also reduce waste, cost and delivery burden. Urinary incontinence is common, often hidden and associated with embarrassment, anxiety, social withdrawal and reduced quality of life. NHS England guidance and Association of Continence Professionals highlight the need for patient-centred, effective continence services and recognises the importance of dignity, prevention, self-management and reducing unnecessary harm. Published continence-product evidence and sustainability literature, including Fader et al. (2007, 2008), Macaulay et al. (2020), Francis et al. (2017), UK Government greenhouse-gas conversion factors, the TENA Environmental Product Declaration and the Inventory of Carbon and Energy database, support a structured assessment of reusable options and transparent carbon modelling.

The change is taking place within SWFT, through the Bladder and Bowel Specialist Service. The verified target population is a defined proof-of-concept cohort of 951 people living in their own homes who currently receive three TENA Comfort Mini Super pads per day. The 951-person cohort was appropriate for a cautious first phase because the product type, patient group, baseline activity and expected waste impact were measurable. The literature search revealed only one study where there was a slight increase in pressure damage to patients overusing disposable products. This research was set within an acute medical ward with acutely unwell, compromised and bed bound patients. All of the patients within this cohort were stable and lived at home.

The team was suited to the challenge because it combines clinical continence expertise, specialist nursing, operational knowledge and PMO/project management capability. The service already assesses continence need, supplies products and reviews patient outcomes, enabling the change to be embedded within the existing pathway. Table 1 summarises the problem, context and evidence base.

Table 1. Project problem, importance, evidence, context and team suitability

Template question	Answer in this project
What is the problem?	A high-volume disposable continence product pathway creates recurrent plastic-rich waste, carbon emissions, delivery activity and cost.
Why is it important?	It affects patient dignity and quality of life, while creating a repeated NHS environmental and financial burden.
What literature/research supports it?	NHS England continence guidance, NICE guidance, reusable product evidence, SusQI resources, EPD and UK carbon factors.
What is the context?	951 SWFT community patients living at home, supplied by the Bladder and Bowel Specialist Service.
Why this team?	The team combines continence clinical expertise, operational leadership, procurement knowledge and project/analytical capability.

The project also supports the wider NHS shift towards prevention, patient empowerment and resource efficiency. A washable product can de-medicalise light urinary incontinence by providing normal-looking underwear, supporting self-management and reducing recurring deliveries. Table 2 summarises the main lifecycle hotspots and intended benefits.

Table 2. Lifecycle hotspots and intended benefits

1. Manufacture	2. Delivery	3. Patient use	4. End of use	5. Reusable route
Avoid repeated disposable production	Fewer routine product movements	Normal-looking underwear supports dignity	Less household residual waste	Laundering counted in carbon model

Specific Aims:

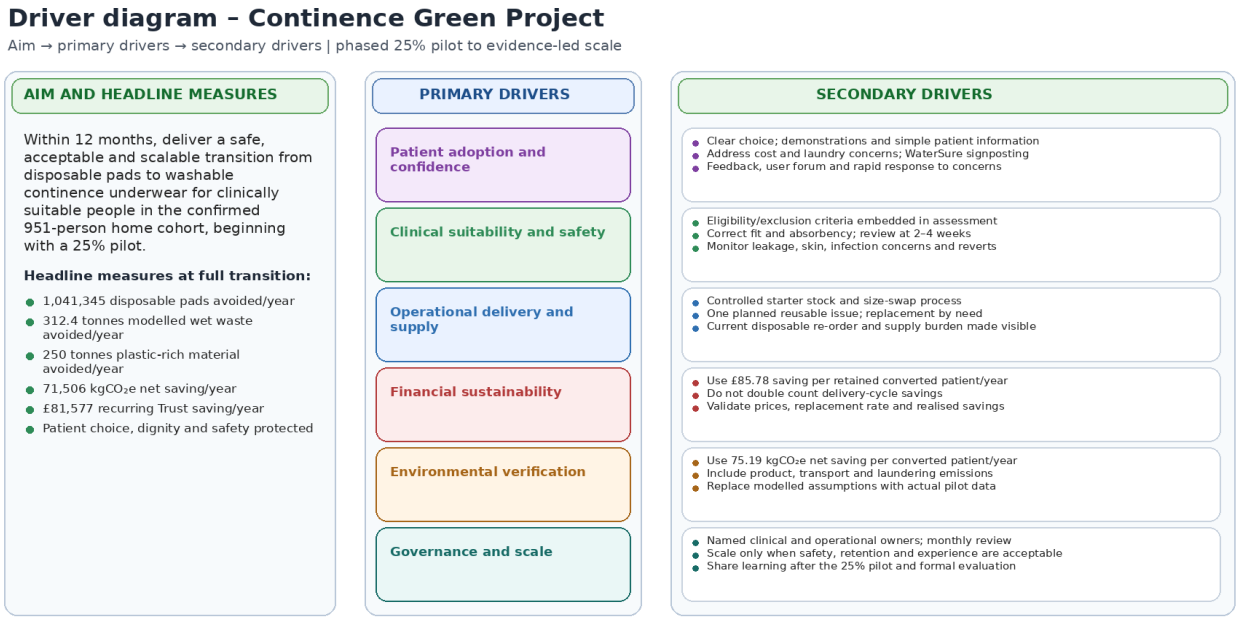
Within 12 months, implement a safe, acceptable and scalable phased transition from disposable continence pads to washable continence underwear for clinically suitable patients, within the verified 951-person home-dwelling cohort. Begin with a 25% pilot and maintain the already established eight-week supply cycle for patients who remain on disposable products.

The initial goal is to deliver a 25% pilot (approximately 238 patients), then scale to 50%, 75% and 100% only when uptake, retention, safety, comfort, leakage, skin integrity and patient experience data support further rollout. Table 3 sets out the aims and success indicators, while Figure 1 shows how the overall aim, primary drivers, secondary drivers and verified headline measures fit together.

Table 3. Specific aims and success indicators

Aim dimension	Specific aim	Success indicator
Patient care	Offer a dignified washable option without mandating change.	Choice offered; comfort, dignity, leakage and revert data.
Environmental	Reduce disposable pad use, waste, plastic burden and carbon emissions.	Pads avoided; tonnes of waste/plastic avoided; net $kgCO_2e$ saved.
Economic	Reduce recurring Trust expenditure through safe conversion to the reusable pathway.	Recurring Trust saving per converted patient and realised annual saving.
Social	Increase patient empowerment and reduce delivery/admin burden.	Patient/carer feedback, user forum and fewer routine deliveries.
Quality and safety	Maintain standards of care with explicit balancing measures.	Leakage, skin integrity, infection concerns, complaints and reverts.

Figure 1. Continence Green Project driver diagram



Methods:

The team mapped the existing pathway from clinical assessment through prescription, product ordering, repeat delivery, patient use, and household disposal. Key carbon and waste hotspots included repeated manufacture of disposable pads, recurring deliveries across a large county, administrative burden from repeat supply, and a high-volume, plastic-rich domestic waste stream.

In response, a redesigned pathway introduces a clinically assessed reusable product offer using absorbency levels equivalent to patient need, informed by Rothwell Scale / ISO 11948-1 data.

Washable continence underwear is presented as a supported choice rather than a mandatory substitution. The pathway includes eligibility screening, product demonstration, hip and waist measurement, provision of trial garments, and washing guidance. Follow-up occurs at 2–4 weeks, with adjustments to size or product as required, and a clear, rapid route back to disposable products where clinically or personally unsuitable. Figures 2 and 3 below illustrate the disposable and reusable pathways separately and table 4 outlines the inclusion, exclusion, caution, and safety-net criteria applied during the pilot.

The redesign is supported by early clinical review and ongoing monitoring through a single registry. It also incorporates an important behavioural insight: as patients do not directly pay for NHS pads, financial savings are not a primary motivator. Staff communication therefore emphasises dignity, social confidence, comfort, skin health, convenience, and independence rather than cost or guilt.

Figures 2 and 3 further clarify the contrast between the repeat disposable supply cycle and the reusable pathway, highlighting the reduction in re-ordering, fulfilment, and delivery burden, and clearly locating points for clinical review and safe reversion within the redesigned system.

Figure 2. Current disposable continence pathway, including scheduled re-order and repeat supply

Stage	Current disposable pathway	Re-order and supply detail
1. Assess / prescribe	Continence need is assessed and TENA Comfort Mini Super or equivalent is prescribed.	Prescription, product, quantity and delivery interval are recorded.
2. Create supply schedule	The patient enters the routine disposable eight-week supply cycle.	The established eight-week supply cycle is scheduled; approximately six packs of 30 pads are issued in each modelled supply period.
3. Re-order trigger	A scheduled supplier/service re-order is generated by the patient before their supply is exhausted.	Administrative checks confirm the patient remains active, address is current and quantity/product have not changed.
4. Pick, pack and dispatch	Supplier fulfils the repeat order.	Product is picked and packed, then transported through the distribution route to the patient's home.
5. Receive and use	Patient receives repeated deliveries and uses approximately three pads per day.	Shortages, overstock, product changes or failed deliveries require exception handling.
6. Dispose	Used products enter the domestic residual-waste stream.	Manufacture, distribution, repeat delivery and waste impacts recur throughout the year.
7. Repeat / review	The cycle repeats until the prescription is changed or discontinued.	Clinical review is undertaken when need changes; otherwise routine re-order and supply continue.

Figure 3. Proposed reusable continence pathway, including review, adjustment and replacement

Stage	Proposed reusable pathway	Supply, review and decision
1. Identify	Clinically suitable person identified within the verified cohort.	Check inclusion/exclusion criteria and offer genuine choice.
2. Explain and consent	Discuss dignity, comfort, laundry, leakage, safety net and the option to revert.	Record the patient's decision; no pressure to convert.
3. Measure and select	Measure hip/waist and select the approved size and absorbency.	Record product code and size and confirm the issue plan.
4. Issue starter supply	Issue 12 reusable briefs, washing guidance and contact details.	One planned delivery; controlled stock supports size swaps or urgent replacement.
5. Early review	Review at 2–4 weeks for fit, comfort, leakage, skin, confidence and laundry practicality.	Document outcomes; continue, change size/product, provide support or revert.
6. Retention review	Confirm use and patient experience at three months.	Update uptake, retention, balancing measures and scale-decision evidence.
7. Replacement / annual review	Replace worn or unsuitable items according to agreed rules and reassess need.	Avoid automatic repeat supply; replace, adapt or discontinue according to need and choice.

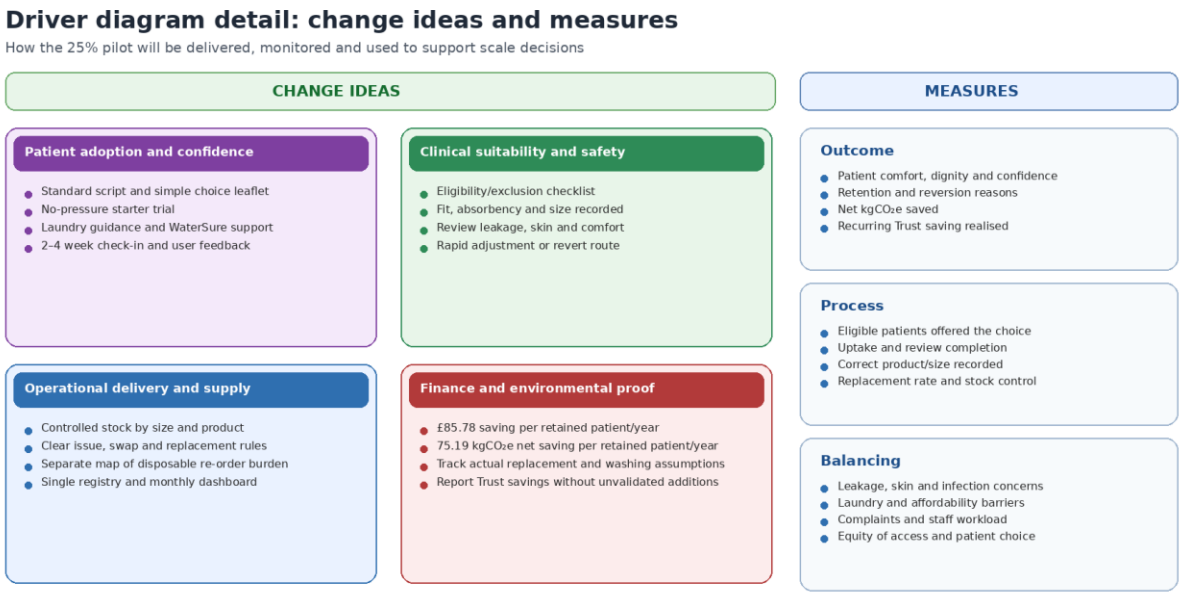
Table 4. Inclusion, exclusion, caution and safety-net criteria for the washable continence pilot

Category	Criteria	Operational application
Include	People living in their own homes within the verified 951-person cohort; currently prescribed TENA Comfort Mini Super or an equivalent low-absorbency product; assessed product need broadly compatible with the approved washable range.	Confirm current prescription, absorbency requirement, living situation and product suitability before offering a trial.
Include	Patient gives informed agreement to trial; can manage laundering and garment use independently or has reliable carer support; willing to receive fitting, washing guidance and follow-up.	Record choice, hip/waist measurement, selected size, issue date and planned review in the clinical record/registry.

Category	Criteria	Operational application
Exclude	Patient prefers to remain on disposable products; selected washable product cannot safely meet assessed continence need; no safe or practical laundering arrangement; garment cannot be managed because of mobility, dexterity or cognition and no appropriate support is available.	Retain or return to the disposable pathway without disadvantage. Record the reason only to support service learning.
Caution / clinical review	Active or unstable skin damage, recent significant leakage change, acute illness, infection concern, unstable palliative needs, or another clinical factor requiring an individual product decision.	Complete senior clinical review before trial; use enhanced follow-up, adapt the product or defer conversion.
Safety net	Leakage, discomfort, skin deterioration, laundry difficulty, loss of confidence or any concern raised by the patient/carer.	Review promptly; change size/product or revert to disposables. Patient choice and clinical safety override sustainability targets.

Figure 4 shows how the redesigned reusable continence pathway will be delivered and evaluated. It links key change ideas (clinical suitability, patient adoption, operational delivery, and financial/ environmental impact) with outcome, process, and balancing measures to track success, safety, and unintended effects during implementation.

Figure 4. Driver diagram detail: change ideas, measures and balancing measures



Resources required include clinical and administrative time, engagement venues, staff training, the patient script and FAQs, an eligibility checklist, product samples, measurement and fitting processes, EPR recording, a central registry, dashboard reporting and controlled buffer stock for rapid issue and size swaps. The financial model in this report excludes any unconfirmed one-off stock cost from the recurring annual saving.

Patient engagement, co-design and approach used

Patient engagement was central. Three engagement days were organised across the county: Nuneaton (North), Leamington (South) and Rugby. Patients could see and feel the products, discuss dignity, comfort, fit, leakage and laundry, and decide whether to trial. Digital invitation routes (email/text) were used wherever possible, with postal letters only where needed.

The team tested the engagement approach before wider rollout. Environmental and financial messages alone were not the strongest patient motivators because these patients received free NHS products. Communication was therefore redesigned around dignity, social confidence, comfort, skin health, fewer changes and independence. Table 5 summarises the patient insight that informed the pilot design.

Table 5. Patient insight and pilot response

Patient insight	Result	Visual	Pilot response
Would consider washables	80%	80%	Offer product demonstration and trial
Previously unaware	87%	87%	Make awareness central to rollout
No concerns trialling	41%	41%	Start with receptive patients
Main concern: possible personal cost	22%	22%	Clarify starter supply provided free of charge; explain WaterSure support where applicable.

Patients attending the engagement sessions were able to register for a trial. Hip and waist measurements were taken; product size was recorded in the electronic patient record and appointments were issued using appointment cards to avoid further printing and postage, with appointments being made that best suited them. The patient will then receive the sample pants at that appointment and be given simple washing guides; those unable to attend because of geography or mobility will be followed up by telephone or home visit.

The engagement questions were deliberately simple: what prompted attendance; whether the patient was aware of washables before the event; what they thought of the product; whether they would join a user forum; and whether they would provide feedback for the green project.

The service also identified Severn Trent's WaterSure scheme as a potential source of support for eligible patients whose medical condition results in increased water use. Eligibility may include a fitted water meter and supporting confirmation from the clinical service; patients will be advised to check the current criteria directly with Severn Trent before applying. An example supporting letter is reproduced Appendix F. Relevant district council managers were informed about the project and expressed support for the approach.

30-second patient pitch used by clinicians

"Can I ask you something honest? In the last week, how many times have you worried about leaking, smell, soreness or whether anyone can tell you are wearing a pad? That worry is not your fault. This washable option is designed to look and feel more like normal underwear, pull moisture away from the skin and feel less bulky. You can try it without pressure. If it does not suit you, we will review it and change the plan."

Product assessment and procurement rationale

Table 6 compares the shortlisted products, including size and absorbency ranges, supply-chain considerations and suitability for the pilot, with the rationale for choosing our final product.

Table 6. Product assessment and procurement rationale

Supplier/product	Size/absorbency	Strengths for pilot	Considerations
P+S Healthcare	**XS-5XL; 300-500 ml options**	**NHS Supply Chain route; UK manufacture; 250-wash durability; low admin; suitable match to target pathway. Tested absorbency to IS0 11948-1**	**Requires good fitting and explanation.**
Imedicare/Wearever	Small-8XL; 300 or 650 ml	Available on NHS supply chain. Wide size range and high patient perception. Tested absorbency to IS0 11948-1	US manufacture increases supply-chain footprint; higher absorbency may exceed need.
Abena	XS-5XL; 120-460 ml	Good lighter absorbency range. Tested absorbency to ISO 11948-1	Not available on the preferred NHS Supply Chain route. Higher admin burden.

Measurement:

Measurement follows SusQI principles: outcome measures show whether the intervention delivered sustainable value; process measures showed whether the redesigned pathway is working; and balancing measures identify unintended harms. This section sets out what will be measured, while the results section reports actual early engagement data and modelled full-rollout benefits.

The measurement approach is deliberately practical. A single registry and monthly dashboard will replace modelled values with actual pilot data as the intervention matures. Table 7 shows the outcome, process, balancing and data-quality measures that will be tracked against the 25%, 50%, 75% and 100% scale pathway.

Table 7. Measurement framework

Measure type	Measure	Data source	Frequency
Outcome	Waste/plastic avoided; net $kgCO_2e$ saved; recurring Trust saving; patient comfort, confidence and dignity.	Project model, procurement data, waste assumptions, patient survey and monthly dashboard.	Monthly/cumulative
Process	% eligible patients offered washables; uptake; % reviewed at 2–4 weeks; % retained at 3 months; delivery-cycle compliance.	EPR status, central registry and delivery records.	Monthly
Balancing	Leakage, reverts to disposables, skin concerns, infection concerns, complaints, laundry barriers and staff workload.	Clinical review, incident/complaints process and staff feedback.	Real-time and monthly review
Data quality	Cohort denominator, product issued, size changes, replacement rate, laundering assumptions and disposal route.	Registry, procurement records, patient feedback and waste data validation.	Monthly/quarterly validation

Patient outcomes:

The project is designed to maintain or improve the standard of care. Washable products are offered only where clinically suitable, with clear exclusion/caution criteria and a rapid route back to disposables if the product does not meet a patient's needs. This protects safety while expanding choice.

Patient-centred care is improved by offering a product that looks and feels more like normal underwear, may be less bulky, and supports dignity and social confidence. The pathway includes fitting, demonstration, early review and product adjustment rather than simply changing supply arrangements.

Appropriate standards of care continue to be met because continence assessment, product suitability, skin integrity, leakage, infection concerns and patient preference remain core clinical checks. The project does not remove disposable products from people who clinically need them or cannot manage laundering.

Actual local insight supports the potential benefit: a 46-patient perception study found high openness to washables once explained, and early engagement feedback on the sample products described them as comfortable, soft and less pad-like. These were first impressions rather than in-use outcomes. Comfort, dignity, leakage, skin concerns, laundry practicality, complaints, revert reasons and retention will therefore be measured at 2–4 weeks and three months. Patients attending the engagement days expressed a wish to “just want to be wearing normal underwear” and were keen to trial the washable products.

Population outcomes:

The project supported health inequalities by offering multiple engagement routes. Patients who cannot attend events because of mobility or geography are offered telephone or home-visit follow-up. Patients without suitable laundering capacity, with clinical exclusion criteria or with a clear preference to remain on disposables are not forced into the pathway. It removed financial barriers for those whose preference is washables but cannot afford the initial financial outlay.
The wider population benefit is likely to be a more sustainable continence service model that can be offered to future patients and, if successful, other cohorts.

Environmental sustainability:

The environmental analysis has been standardised to kilograms of carbon dioxide equivalent ($kgCO_2e$) and based on 951 patients.

Disposable TENA pathway:

The carbon footprint was based on three disposable pads used per day (1,095 per patient per year) being used.

- The TENA product footprint is $77gCO_2e$ per pad (based on representative P&S Ladies Full Incontinence Brief Medium White product code 2001), derived from the Environmental Product Declaration. When production, waste, and transport emissions are combined, the disposable pathway totals 94.04 $kgCO_2e$ per patient per year.

Emission sources and assumptions are taken from:

- TENA Comfort Mini Super / TENA Female Liners and Pads Environmental Product Declaration (EPD-IES-0000642:009 / S-P-00642).
- UK Government Greenhouse Gas Reporting Conversion Factors 2025.
- Inventory of Carbon and Energy database 2019.

The transport emissions were based on:

- TENA being manufactured at Trafford Park, Manchester, M17 1NX.
- TENA products were delivered to the Daventry NHS Supply Chain distribution centre, NN6 7EL, for onward supply to patients.

- It was impractical to calculate the actual home delivery destination for 951 patients. Therefore, the postcode of the Royal Leamington Spa Rehabilitation Hospital, CV34 6SR was used as a proxy patient delivery destination.
- Assumption of a rigid HGV transportation.

Reusable Pathway

The carbon footprint assumes 12 reusable briefs are used per patient per year. Garments are expected to be laundered across approximately three household wash occasions per week (156 per patient per year). Only one additional 40°C wash per week (52 per patient per year) is attributed to the reusable pathway.

Each attributed wash uses 0.6 kWh and 0.147 $kgCO_2e$, producing 7.66 $kgCO_2e$ per patient per year for laundering. The reusable pathway totals 19.80 $kgCO_2e$ per patient per year, including production, transport, and laundering impacts.

Transport emissions were based on:

- TENA manufactured in Nottingham, NG15 8AA.
- P & S products delivered to the Daventry NHS Supply Chain distribution centre, NN6 7EL for onward supply to patients.
- Royal Leamington Spa Rehabilitation Hospital CV34 6SR, used as the proxy destination.
- Assumption of rigid HGV transportation.

For end-of-life treatment, all items were assumed to be disposed of in the domestic waste stream via council collection.

The emissions savings were translated into equivalent miles driven in an average car with unknown fuel using a factor of 0.3399 $kgCO_2e$ per mile, as published by the UK Government Greenhouse gas reporting: conversion factors 2025. This factor is inclusive of fuel and well-to-tank emissions.

Table 8 provides the per-patient breakdown carbon footprint for disposable and reusable products.

Table 8. Carbon footprint per person per year

Carbon component	Disposable: TENA Comfort Mini Super	Reusable: P&S medium brief
Product basis	1095 pads per patient/year; EPD item footprint 77 gCO_2e per pad	12 briefs per patient/year; P&S Ladies Full Incontinence Brief Medium White, product code 2001; representative item weight 131 g; supplier described as 100% cotton
Production and end-of-life	93.72 $kgCO_2e$ per patient/year	12.10 $kgCO_2e$ per patient/year
Transport	0.32 $kgCO_2e$ per patient/year	0.04 $kgCO_2e$ per patient/year
Laundering	Not applicable	7.66 $kgCO_2e$ per patient/year
Total pathway emissions	**94.04 $kgCO_2e$ per patient/year**	**19.80 $kgCO_2e$ per patient/year77**

Economic sustainability

The analysis reports the recurring Trust cost of the disposable and reusable pathways. It does not add unvalidated local-authority waste value. The move from a six-week to an eight-week disposable supply interval has already been implemented for this cohort. It is therefore treated as the current baseline and is not counted again as an additional financial or carbon saving within the washable-product conversion model

For the disposable pathway, each TENA Comfort Mini Super pack contains 30 pads and costs £3.60. Data has been modelled based on the clinical average of three pads per day (1,095 pads per year) rather than six packs of 30 pads (1,080 pads per year) scheduled for delivery every eight-weeks (six times per year) with each delivery costing £12.50. This equates to an annual per patient cost of £129.60 for the TENA product and £75 for delivery cost, totalling £204.60 per patient per year.

For the reusable pathway, the P&S Ladies Full Incontinence Brief costs £8.86 per garment. Modelled on an annualised issue of 12 garments (£106.32) and one delivery (£12.50), delivers a yearly per patient cost of £118.82. This is a conservative annual cost basis based on 12 garments being replaced annually. However, the garments are described as durable, and the pilot will record actual replacement rather than assume automatic replacement. Patient-borne water, electricity and detergent costs are not included in the Trust financial saving; WaterSure support is described in Appendix E.

Social sustainability:

The project has positive social sustainability potential for patients, carers, staff, the local community and the supply chain. The patient benefit is not simply environmental; it is about dignity, choice,

confidence and the option of normal-looking underwear. This matters because incontinence can affect self-esteem, relationships, social participation and independence.

Qualitative data from engagement events and early feedback will be used alongside quantitative measures such as uptake, retention, review completion and revert reasons. The project also creates a user forum and feedback route, so patient experience shapes the pathway as it develops.
Carers may benefit from more predictable supply and reduced household waste handling. Staff may benefit from a clearer, proactive product pathway and pride in a practical green improvement. The community and local authority benefit from reduced residual waste and lower use of local waste-processing capacity. Table 9 summarises these social benefits and how they will be monitored.

Table 9. Social sustainability benefits and monitoring

Stakeholder	Potential social benefit	How monitored
Patients	Greater dignity, normal-looking product, less bulk, improved confidence, de-medicalisation, promoting self-management and choice.	Comfort/dignity feedback, uptake, retention, revert reasons.
Carers	Reduced household waste handling and more predictable product use.	Carer feedback and review notes.
Staff	Clearer pathway, improved sustainability knowledge and staff pride.	Staff feedback, offer rate and training completion.
Community/local authority	Reduced residual waste burden and waste-processing demand.	Waste model and validation.
Supply chain	Shift from repeated disposable procurement to lower-volume reusable procurement.	Procurement dashboard and supplier performance.

Results:

The project is at early implementation stage. Results are therefore a combination of actual local engagement data, patient insight and modelled annual benefits using the final agreed data dictionary. The submission is explicit about this and sets out how actual pilot data will replace modelled assumptions through the monthly dashboard.

Patient outcomes:

The project has improved the offer available to patients by giving a clinically supported, reversible washable option. Actual engagement was strong: 35 of 45 recorded attendees signed up to trial washables, an actual live sign-up rate of 77.8%. A 46-patient insight study suggested 80% would consider washables when explained and 41% had no concerns about trialling. Health outcomes will be assessed through comfort, leakage, skin integrity, infection concerns, confidence and retention.

Population outcomes:

The project has not yet demonstrated long-term population health outcomes because it is in early implementation, but the likely population benefit is strong with more self-management for a defined

home-dwelling cohort. Health inequalities are addressed through telephone/home follow-up and a non-mandatory pathway.

Environmental outcomes

The carbon footprint of the annual disposable model is 94 $kgCO_2e$ per person. The annual carbon footprint for the reusable pathway being 19.8 $kgCO_2e$ per person, providing a **saving of 74.24 $kgCO_2e$ per person/year** (see figure 5).

The carbon footprint for the current disposable pathway based on the 951-patient cohort was modelled at 89,434 $kgCO_2e$ per year and the reusable pathway at 18,826 $kgCO_2e$ per year. At full transition of the verified 951-patient cohort would deliver an annual net saving of 70,608$kgCO_2e$. At the 25% pilot stage (238 converted patients), the modelled **net saving was 17,652 $kgCO_2e$ per year.**

Figure 5. Annual carbon footprint per patient for disposable and reusable pathways.

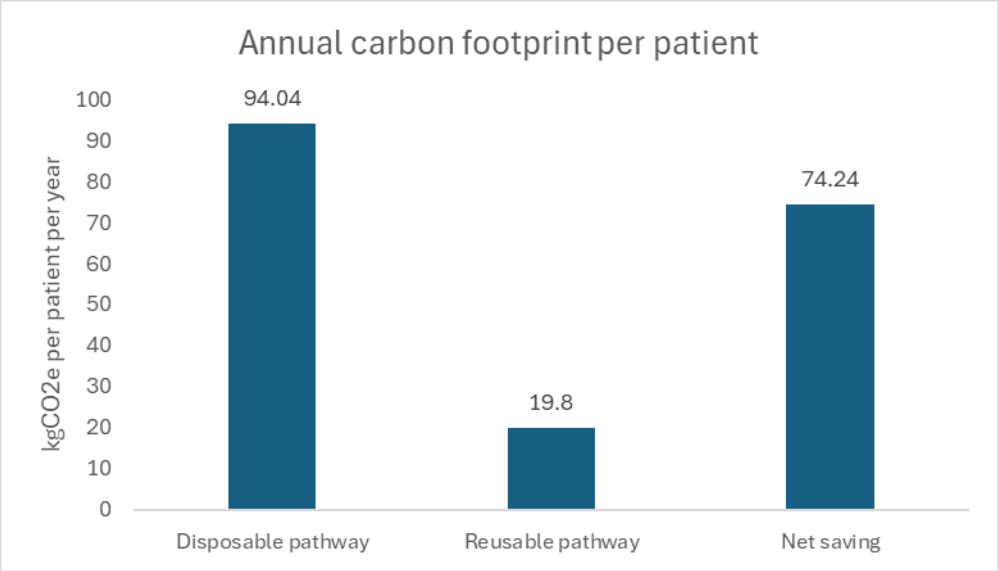


Table 10 demonstrates the phased modelled carbon savings to the 951-person cohort for 25%, 50%, 75%, 90% and 100% conversion. There is a clear correlation between number of patients successfully converting to reusables and the environmental benefit. The 25% pilot is large enough to demonstrate meaningful benefit while preserving a cautious, data-led approach.

Table 10. Phased annual carbon savings

Conversion stage	Patients converted	Total pathway emissions after change ($kgCO_2e$/year)	Net carbon saving ($kgCO_2e$/year)
25%	238	71782	17652
50%	476	54130	35304
75%	713	36478	52956
90%	856	25887	63547
100%	951	18826	70608

Economic sustainability:

The annual per patient cost for the TENA product is £129.60 and £75 for delivery cost, totalling £204.60 per patient per year. The annual cost per patient for the reusable pathway for is £106.32 for 12 garments and one delivery charge of £12.50, totalling £118.82 per year. The recurring Trust saving is therefore £85.78 per converted patient per year.

The total modelled yearly cost for the disposable pathway for 951 patients is £194,574.60 per year, compared to the equivalent yearly reusable pathway costing £112,997.82.

For the pilot phase a modelled cautious 25% (238 patients) conversion to P & S, equates to **annual savings of £20,415.64**. This would increase to £40,831 saving per year if 50% converted to P & S, a £61,161 saving for 75% and up to £81,576 saving at full transition of 951 patients. The move from a six-week to an eight-week disposable supply interval has already been implemented for this cohort. It is therefore treated as the current baseline and is not counted again as an additional financial or carbon saving within the washable-product conversion model. Any one-off buffer-stock cost should be reported separately once formally approved. Table 11 presents the modelled financial savings based on different percentage conversions to P & S.

Table 11. Financial savings*

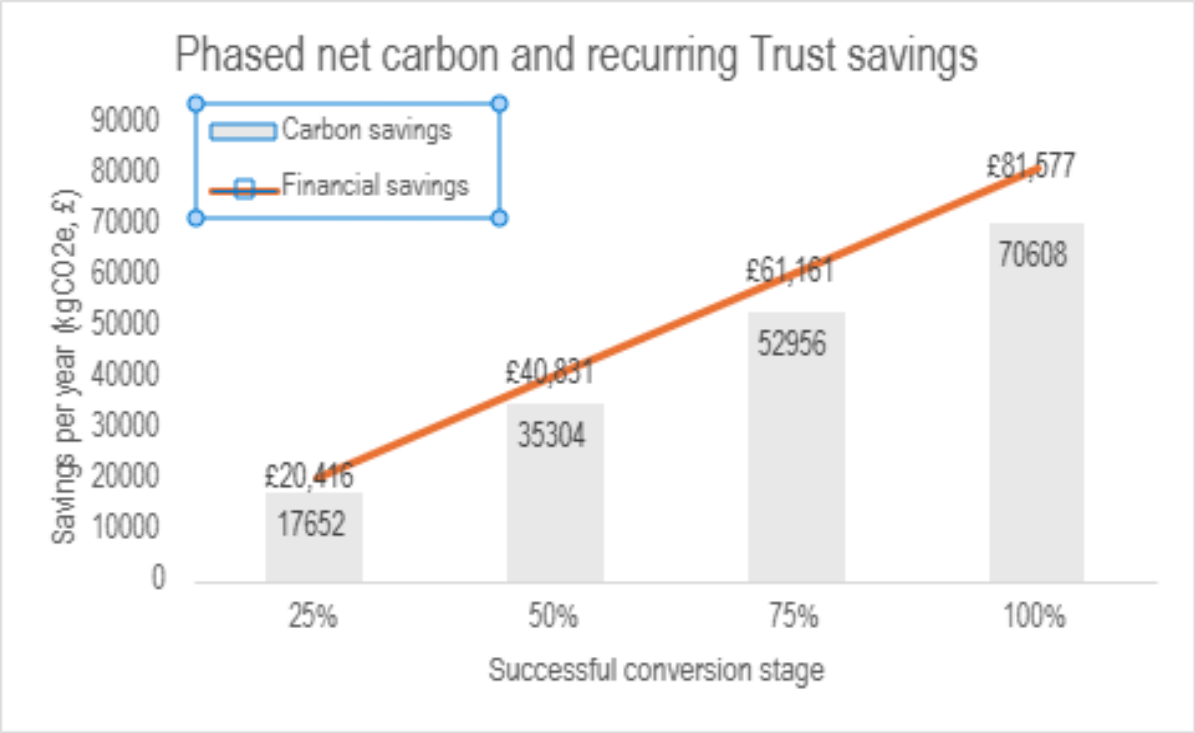
Financial line	Per-patient value	Annual cohort value (951 patients)
Disposable pathway cost	£204.60 per patient/year	£194,574.60/year
Reusable pathway cost	£118.82 per patient/year	£112,997.82/year
Recurring saving per converted patient	£85.78 per patient/year	
25% pilot conversion (238 patients)	£85.78 × 238	£20,415.64/year
50% conversion (476 patients)	£85.78 × 476	£40,831.28/year
75% conversion (713 patients)	£85.78 × 713	£61,161.14/year
100% conversion (951 patients)	£85.78 × 951	£81,576.78/year

*Patient laundry costs, local authority waste and unapproved one-off stock are not included in these savings

Figure 6 shows that net carbon and recurring Trust savings increase in direct proportion to successful conversion and retention.

Figure 6. Phased net carbon and recurring Trust savings as rollout increases

.



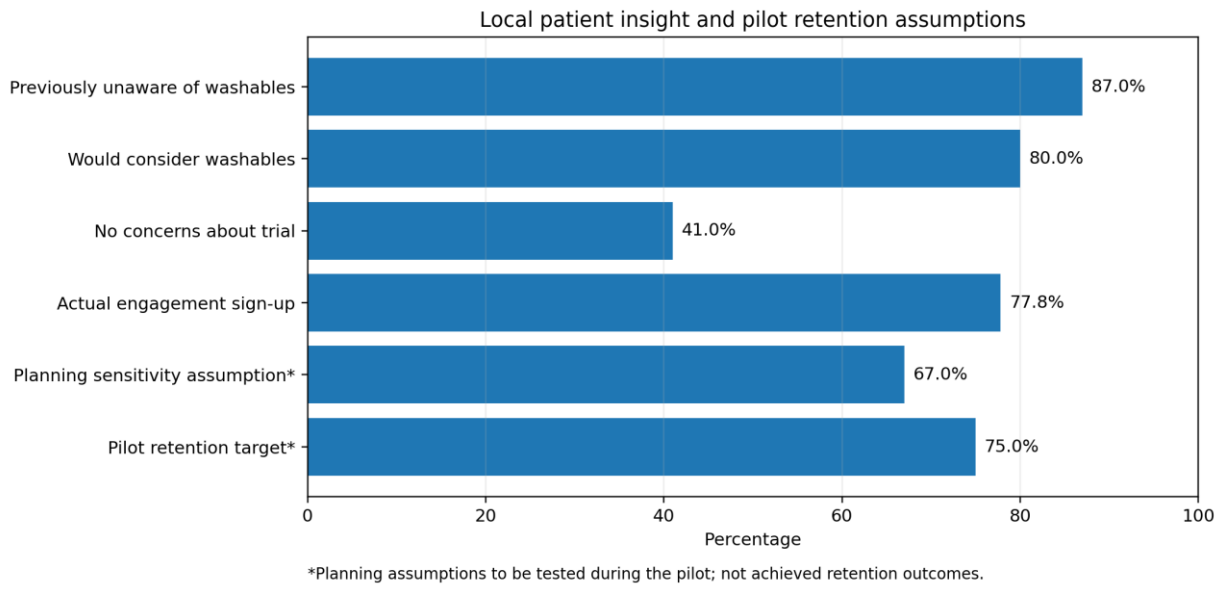
Social sustainability:

Early engagement feedback on the product samples was encouraging, particularly regarding comfort and appearance. In-use laundry practicality has not yet been demonstrated and will be measured during the 2–4-week review. The anticipated social value comes from dignity, confidence, normalisation of continence underwear, fewer delivery interactions and improved staff engagement with sustainability.

Figure 7 shows key awareness, engagement, and projected retention metrics. Overall, awareness and interest in washables appear strong: 87% of respondents were previously unaware of washables, yet 80% would consider using them. Engagement is also high, with 77.8% signing up at the engagement events.

The initial patient perception survey showed that only 41% of respondents had no concerns about the trial, indicating some hesitation among potential participants. Of the 20% who stated they would not consider using the products, 40% were already receiving supplies through the service. However, identifying these concerns before patient engagement has provided an opportunity to address them proactively. Cost was the most frequently cited concern (22%), but this can be mitigated as the products will be supplied free of charge.

Figure 7. Local patient insight and pilot retention assumptions



A target of 75% retention was assumed but will be measured at 2-4 weeks and 3 months for audit, learning and refining the programme.

In summary, the data suggests high initial interest and engagement but highlights the need to address participant concerns, while retention expectations remain to be validated.

Avoided waste disposal

The end-of-life carbon emissions associated with disposable products (i.e. household waste collected by local authorities) have already been included within the carbon footprint outlined above. Waste generated from these disposable products is managed through household waste streams, which are collected and funded by local authorities. As a result, the cost of avoided waste disposal has not been included in the financial savings calculations for this project, as these calculations are limited to costs directly incurred by the Trust.

Waste benefits remain modelled separately at 1,041,345 pads, each weighing 39.2g dry + approximately 300ml urine (1ml urine is 1g) = 353.2 tonnes of avoidable waste at 100% roll out.

A pack of 30 tena comfort mini super pads measures 36cm x 17cm x cm i.e. each pad is 0.00029m^3, or for the total of 1,041,345 pads is 297.41m^3. 1 tonne of urine = 1m^3 hence 300ml urine equates to

0.0003m^3. Urine volume/year @ 100% roll out = 1,041,345 x 0.0003m^3 = 312.4m^3. Pad volume totals / year @ 100% roll out 0.0002m^3 x 1,041,345 = 208.3m^3. Total volume of waste pad + urine = 609.81m^3

Table 12 translates the modelled waste and volume values into simple communication aids. These comparisons support public understanding but do not replace the auditable carbon and financial calculations.

Table 12. Waste and volume communication aids

25% pilot 88.3t waste	**100% rollout approximately 353.2t waste**	**Volume story 609.81 m³ Communication estimate**	Approx 3.2-4.5 t of plastic contained in “tena comfort mini super” avoided at 100% rollout. 8-11% plastic content of each 39.2 g pad

Making invisible waste visible

The landmark comparisons are communication aids only; the core calculation remains pad waste, carbon and financial value. These images were used at the engagement days to convey the amount of non-recyclable waste that is generated and requires disposal just by the single use “tena comfort mini super” pad alone across our patients in South Warwickshire University Foundation Trust (SWFT).

Big Ben bell: 25% pilot avoids about 6.4 Big Ben bells by weight of waste/year.

Statue of Liberty: 100% rollout avoids 1.6 Statues of Liberty by weight/year.

Great Pyramid: 100% rollout avoids 540 average pyramid blocks by volume/year.

Hollywood Sign: waste stacked on a 10m x 10m footprint is 0.5 x height of a Hollywood letter.

In terms of volume of household waste; the external dimensions of 180L grey household waste bins used by Warwick District Council are 106 cm (H) x 48 cm (W) x 72cm (D) =0.366m3, however the internal capacity is a standard 0.18m3. At 100% roll out 609.81m3 of waste this equates to 3388 grey household waste bins. Placing 3387 standard 180-litre household bins side by side would stretch approximately 1.5 miles. This is 3387 bins of avoidable household waste that would not require collection and disposal by the District Council.

Discussion:

Clinically, the project maintains high standards while enhancing patient choice. From a population perspective, it reduces a persistent, plastic-heavy waste stream and supports greater self-management. Environmentally, if a conservative 25% of patients swapped to the reusable pathway, this would save **17,652 kgCO_2e per year, increasing to 70,608 kgCO_2e per year saving** if 100% swapped. Financially, a **25% swap would deliver a recurring Trust saving £20,415.64/year, increasing £81,576.78 per year at full implementation**. Socially, it has the potential to improve patient dignity, confidence, removing medicalisation and promoting self-management whilst enhancing staff engagement.

This project demonstrates a clear strength in integrating patient-centred clinical care with resource efficiency. The environmental benefits are achieved not by compromising care, but by meeting the same continence needs through a lower-carbon, lower-waste pathway for patients for whom washable options are clinically appropriate and personally acceptable.

Table 13 presents the projected environmental and financial benefits associated with increasing uptake of the reusable continence product pathway. Estimates are based on a total eligible patient population of 951 patients and use a per-patient annual benefit value derived from current product utilisation data. Benefits are shown at 25%, 50%, 75% and 100% implementation levels.

Environmental outcomes include reductions in disposable pad usage, clinical waste generation, plastic consumption and associated carbon emissions (kgCO_2e), while financial outcomes represent recurring annual savings to the Trust from reduced procurement and disposal costs. The relationship is assumed to be linear, with benefits increasing proportionately as adoption of the reusable pathway expands. Figures should therefore be regarded as indicative projections and subject to variation according to individual patient suitability, uptake rates and ongoing service activity.

Table 13. Phased environmental and financial benefits

Stage	Patients	Pads avoided/year	waste avoided/year	Approx. plastic waste/year	Net kgCO_2e saved/year	Trust saving/year	Calculation basis
25% pilot	238	260,610	88.3t	0.95t	17652	£20,416	238 × per-patient value
50% rollout	476	521,220	176.6t	1.9t	35304	£40,831	476 × per-patient value
75% rollout	713	780,735	264.9t	2.85t	52956	£61,161	713 × per-patient value
100% rollout	951	1,041,345	353.2t	3.8t	70608	£81,577	951 × per-patient value

Table 14. Project plan, results and evaluation checkpoints

Stage	Patients	Modelled net $kgCO_2e$/year	Trust saving/year	Key patient measures	Balancing measures	Decision point	Status
25% pilot	238	17652	£20,416	Offer, uptake, comfort, dignity, confidence	Leakage, skin, laundry, reverts, complaints	Scale / adapt / stop	Planned
50% rollout	476	35304	£40,831	Retention at 3 months; user feedback	Replacement rate; workload; equity	Proceed only if pilot criteria met	Modelled
75% rollout	713	52956	£61,161	Sustained satisfaction and product fit	Safety incidents and attrition	Governance review	Modelled
100% rollout	951	70608	£81,577	Pathway embedded and routinely reviewed	All balancing measures remain acceptable	Full evaluation and spread decision	Modelled

The main limitation is that full-rollout benefits remain modelled and will depend on actual uptake, retention, product replacement, laundering behaviour and patient experience. Carbon results are sensitive to the product footprint, transport assumptions, electricity factors, washing frequency and disposal route. Waste communication figures use a modelled 300g wet weight per used pad, an 80% plastic-rich waste fraction and a 1,593 m^3 volume estimate; these are not measurements of pure polymer mass or realised landfill space. Financial results are modelled on annual use of 36 disposable packs and 12 reusable garments per patient and depend on procurement prices and the number of patients who remain on the reusable pathway. The monthly dashboard will replace modelled values with actual pilot data.

Barriers and challenges include patient concern about leakage or fit, laundry burden, cost perceptions, staff confidence in the conversation, logistics for product supply/size swaps and the risk of overstating carbon benefits. Unexpected learning from engagement was that many patients were unaware of washable products and that environmental motivation alone was not the strongest patient driver. The team responded by reframing the intervention around dignity, comfort and choice.

Risks are controlled through the eligibility, exclusion and caution criteria outlined previously in Table 4; patient choice; fitting and measurement; early review; product or size swap; rapid reversion; staff training; monitoring of leakage, skin and infection concerns; and monthly financial and carbon review.

Table 15 summarises the principal risks, controls and balancing measures.

Table 15. Principal risks, controls and balancing measures

Risk/barrier	Why it matters	Control	Balancing measure
Leakage or poor fit	Could undermine patient confidence and safety.	Fitting, early review, size/product swap, rapid revert.	Leakage reports; revert rate.
Laundry burden	Could reduce retention.	Simple 40°C guide, air drying advice, carer involvement where appropriate.	Attrition due to washing.
Staff confidence	Could reduce consistent offer.	Training, standard script, champions, FAQs.	Offer rate and staff feedback.
Unsuitable patients	Could create harm if forced.	Clear exclusion/caution criteria and patient choice.	Exclusion/reason log.
Savings not realised	Could weaken scale-up case.	Monthly finance/procurement dashboard.	Actual vs modelled benefit.
Carbon overclaiming	Could weaken credibility.	Single reconciled net headline, transparent assumptions and quarterly methodology review.	Carbon methodology review.

Conclusions:

This project demonstrates how a routine clinical product pathway can be redesigned to deliver patient choice, waste reduction, carbon reduction and recurring financial value simultaneously. The model provides a transparent and auditable basis for the pilot: 74.24 $kgCO_2e$ and £85.78 saved per patient who successfully converts and remains on the reusable pathway for a year.

The key elements contributing to success are patient involvement, staff engagement, product demonstration, a clear clinical safety net, measurable rollout stages, transparent carbon/financial methodology and the ability to reverse the change for individuals if it does not suit them.

The key learning is that product switching is not simply a procurement exercise. It is a behavioural, clinical and operational change requiring confidence, patient-centred language, fit, laundry support and early review. Where things do not go well, the response should be to adapt product choice, improve fitting/support or revert, not to force conversion.

To ensure lasting change, the Trust will embed consideration of the washable option into routine annual reviews for patients currently on other styles of continence pads where similar absorptions to a washable equivalent is available and for all new suitable patients it will be the first choice prescribed product. It will maintain the registry and dashboard, review data through governance, keep the patient feedback route active, and make future scale-up conditional on safety, retention, patient experience and realised savings. The organisation should begin with the 25% pilot and progress to 50%, 75% and 100% only when the defined criteria are met.

References and Resources

Centre for Sustainable Healthcare. Green Team Competition and SusQI resources. Available at: https://www.susqi.org/green-team-competition

• Centre for Sustainable Healthcare. SusQI Toolkit. Available at: https://www.susqi.org

• NHS England. Delivering a net zero NHS. Available at: https://www.england.nhs.uk/greenernhs/a-net-zero-nhs/

• NHS England (2018). Excellence in Continence Care: Practical guidance for commissioners and leaders in health and social care.

• NICE (2019). Urinary incontinence and pelvic organ prolapse in women: management. NICE guideline NG123.

• Association of Continence Professionals (2023). Guidance for the provision of absorbent products for adult incontinence.

• Fader M., Cottenden A.M. and Getliffe K. (2007). Absorbent products for light urinary incontinence in women. Cochrane Database of Systematic Reviews.

• Fader M., Cottenden A.M. and Getliffe K. (2008). Absorbent products for moderate-heavy urinary and/or faecal incontinence in women and men. Cochrane Database of Systematic Reviews.

• Macaulay M. et al. (2020). Sustainability 2: Are sustainable continence products a realistic option? Nursing Times.

• Francis K. et al. (2017). Disposable versus reusable absorbent underpads for prevention of hospital-acquired incontinence-associated dermatitis and pressure injuries. Journal of Wound, Ostomy and Continence Nursing.

• UK Government (2025). Greenhouse gas reporting: conversion factors.

• Inventory of Carbon and Energy (ICE) database (2019).

• EPD International. TENA Female Liners & Pads Environmental Product Declaration, including TENA Comfort Mini Super (EPD-IES-0000642:009 / S-P-00642). Product footprint used in the source model: 77 gCO_2e per pad.

• Project source documents supplied: Centre for Sustainable Healthcare Continence Report; Analysis of Patient Perceptions of Washable Incontinence Wear (2024); SWFT Continence Report; Continence Green Project computations; Service Improvement Board materials; Driver Diagram; product assessment; WaterSure support letter; and supporting patient engagement materials.

Critical Success Factors

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

Table 16. Selected critical success factors and enabling conditions

Category	Factor	Rationale
People	☒ Patient involvement and/or appropriate information for patients	Most essential factor. The change depends on awareness, acceptability and confidence; demonstration, trial and user forum are central.
Process	☒ Clear, measurable targets	Most essential factor. 25%, 50%, 75% and 100% scale stages make the project safe, measurable and defensible.
People	☐ Staff engagement	Important enabler: clinicians need confidence to present the offer positively.
Process	☐ Long-term strategy for sustaining and embedding change	Important enabler: EPR comments, registry, dashboard and procurement route move the change from pilot to pathway.
Resources	☐ Infrastructure capable of providing data and equipment	Important enabler: buffer stock, NHS Supply Chain access and monthly dashboard support safe scale-up.
Context	☐ Aims aligned with wider service, organisational or system goals	Important enabler: the project links dignity, choice, waste reduction, savings and net-zero commitments.

Appendix A: Data Dictionary and Calculation Summary

Verified activity assumptions, per-item carbon factor, pathway totals and recurring financial values used throughout the submission.

Parameter	Agreed value	Rationale / calculation
Final cohort denominator	951 patients	Verified home-dwelling cohort.
Disposable product use	3 pads/day = 1,095/year	Current TENA Comfort Mini Super or equivalent low-absorbency pathway.
Pads avoided at 100%	1,041,345/year	951 × 1,095.
Wet waste avoided	312.4 tonnes/year	Modelled at 300 g wet weight per used pad; reported separately from carbon.
Plastic-rich material	250 tonnes/year	Modelled at 80% of wet waste.
TENA item footprint	77 gCO_2e per pad	EPD-IES-0000642:009 / S-P-00642; production item factor used
Disposable pathway total	94.04 $kgCO_2e$/patient/year	Production/waste 93.34 + transport 0.32.
Reusable pathway total	19.80 $kgCO_2e$/patient/year	Production/waste 12.10 + transport 0.04 + washing 7.66.
Net carbon saving	74.24 $kgCO_2e$/patient/year	94.04 − 19.80; full cohort = 74.24 $kgCO_2e$/year.
Disposable / reusable cost	£204.60 / £118.82 per patient/year	951 patients.
Recurring Trust saving	£85.78/patient/year	Full cohort = £81,576.78/year; excludes unvalidated additional values.
Plastic-rich waste fraction	80% of modelled wet waste	Project communication assumption; describes plastic-rich waste, not measured pure polymer mass.
Residual-waste volume	1,593 m^3/year	Communication estimate only; not used in the carbon or financial calculations.
Disposable financial annualisation	36 packs and 6 deliveries/patient/year	1,080 pads/year; 15-pad difference from the 1,095 clinical carbon/waste baseline is due to pack-cycle rounding.
Reusable financial annualisation	12 garments and 1 delivery/patient/year	Conservative annual cost basis; actual replacement rate will be measured during the pilot.

Appendix B: Implementation timetable

Period	Stage	Deliverables
April-May 2026	Prepare	Completed: patient materials, staff script, eligibility criteria, registry design and supply arrangements prepared.
May-June 2026	Engage and co-design	Completed: three engagement events held; 35 of 45 recorded attendees registered interest in a trial.
June-July 2026	Launch 25% pilot	Issue starter supplies, record baseline measures and complete fitting/product matching.
August-December 2026	Support and measure	Complete 2–4-week and three-month reviews; track uptake, retention, leakage, skin, laundry, savings and waste.
January 2027	Evaluate and scale	Report to governance; progress to 50%, 75% and 100% only if the defined criteria are met.

Appendix C: Scale decision criteria and stop/adapt triggers

Evidence required to proceed at each stage and the circumstances that would trigger adaptation or a pause.

Scale decision	Criteria to proceed	Stop/adapt triggers
25% to 50%	Positive comfort/dignity feedback; review completion >=90%; retention close to expected range; manageable leakage/revert rate.	High leakage, skin concerns, poor retention or excessive staff burden.
50% to 75%	Dashboard validates savings/waste; user forum supports expansion; replacement rate within assumptions.	Financial or carbon assumptions not supported by actual data.
75% to 100%	Pathway embedded in EPR and procurement; staff trained; stock rules stable.	Equity concerns, complaints or persistent product performance issues.
Beyond cohort	Learning transferable to new patients, other suitable pad types, care homes and partner Trusts.	Need for different product range or additional governance.

Appendix D: SUSQI template compliance checklist

Template requirement/question	Where answered	Assurance statement
Background: problem, importance, literature and healthcare emissions	Background	Answered through explanation of single-use continence pad burden, NHS/net-zero rationale, literature/resources and healthcare emissions context.
Background: context, population, team suitability	Background	Answered through SWFT setting, 951-patient home cohort and clinical/project team capability.
Specific aims: what are you aiming to achieve?	Specific Aims	Answered with 12-month phased transition aim and scale criteria.
Methods: changes, testing, implementation, stakeholders, resources	Methods	Answered through two separate pathway maps, explicit disposable re-order/supply steps, inclusion/exclusion criteria, engagement, resources and procurement rationale.
Measurement: what will be measured	Measurement	Answered with outcome/process/balancing/data-quality measures and frequency.
Patient outcomes	Patient Outcomes and Results	Answered through quality, safety, dignity, patient feedback, standards and monitoring.
Population outcomes	Population Outcomes and Results	Answered through waste reduction, access controls, inequalities and wider community benefit.
Environmental sustainability	Environmental Sustainability and Results	Answered using a single reconciled $kgCO_2e$ model, the verified 951-patient denominator, the per-item EPD factor, reusable product/transport/washing emissions and phased net savings. The erroneous 991 supplier-data figure is excluded.
Economic sustainability	Economic Sustainability and Results	Answered using Matt's per-patient disposable and reusable pathway costs, recalculated for the verified 951-patient cohort, with no double counting of delivery-cycle savings or unvalidated additions.
Social sustainability	Social Sustainability and Results	Answered with patient/carer/staff/community impacts and monitoring.
Discussion: summary, limitations, barriers, risks, spread	Discussion	Answered with interpretation, limitations, barriers, risks, controls and transferability.

Template requirement/question	Where answered	Assurance statement
Conclusions: usefulness, learning, lasting change, expansion and cultural data	Conclusions	Answered with learning, embedding, staged scale-up and ongoing data collection.
References and resources	References and Resources	Answered with SusQI, NHS, NICE, research, carbon and project source references.
Critical success factors	Critical Success Factors	Answered with two selected factors as requested and additional enabling factors separated from the main selection.

Appendix E: Patient insight results and implications for pilot design

Summary of the patient-insight findings and how each finding has influenced the design of the pilot.

Question / theme	Result	Implication for pilot design
Awareness of washable products	87% were unaware before discussion.	Make awareness and demonstration central.
Willingness to consider washables	80% would consider them.	Patient openness is strong when the offer is explained properly.
No concerns about trial	41%.	Pilot can begin with receptive patients and learn safely.
Main concern	Concern about possible personal cost = 22%.	Clarify that the starter supply is provided without charge and explain WaterSure support where relevant.
Other concerns	Leakage 9%, comfort 7%, washing 7%.	Use fitting, early review, laundry guide and rapid replacement/revert pathway.
Environmental concern	46% low, 26% medium, 17% high.	Do not rely on environmental motivation alone; lead with dignity, comfort and choice.

Appendix F: Patient letter for financial support through “WaterSure”

Example Severn Trent WaterSure supporting letter for eligible patients where increased water use arises from a medical condition. Before use, eligibility should be checked with Severn Trent and the letter should be issued on current SWFT letterhead with current contact details.

NHS
South Warwickshire
NHS Foundation Trust

Bladder & Bowel Specialist Service
Camphill Community & Family Centre
Ramsden Ave
Camphill
Nuneaton
CV10 9EB

01926 600818 options 6: 6 : 2
BladderandBowelSpecialistService@swft.nhs.uk

PRIVATE AND CONFIDENTIAL

Date:

Dear Customer Services

RE: Mr XX, 2 Firefly Lane, Nuneaton, Warwickshire, CV00 0XX

The patient named above has a bladder/bowel condition & will now be using washable products. This will result in increased washing and we have recommended that they apply for Watersure. Should you require more information please do not hesitate in contacting us either on the number above or email address at the top of this letter.

Yours sincerely

Nurse
Bladder & Bowel Specialist Service

Appendix G: Patient engagement and trial questionnaires

Baseline patient-engagement questionnaire, reflecting the themes used in the 46-person perception work.

Baseline patient engagement questionnaire

No.	Baseline / engagement question	Response format
1	Where are you currently living?	Own home / residential care / other
2	Were you aware that washable continence underwear was available before today?	Yes / No
3	Would you consider trying washable continence underwear if it were clinically suitable and supplied without pressure?	Yes / No / Unsure
4	What is most important to you when choosing a continence product?	Comfort / leakage protection / dignity / appearance / ease of use / skin health / other
5	What concerns, if any, would you have about trying a washable product?	Cost / washing / stains / leakage / comfort / discreet appearance / independence / no concerns / other
6	How concerned are you about the environmental impact of disposable continence products?	Low / Medium / High / Prefer not to say
7	Would you like to join a user forum or provide feedback during the pilot?	Yes / No / Maybe
8	Is there anything the team should know to make a trial safe and practical for you?	Free text

Standardised 2–4-week follow-up questionnaire used to measure patient experience, safety and balancing measures during the pilot.

Washable continence product 2–4 week follow-up questionnaire

No.	2–4 week follow-up question	Response format
1	Have you been able to use the washable product as planned?	All of the time / Most of the time / Some of the time / Not at all
2	How comfortable is the product?	Very comfortable / Comfortable / Neither / Uncomfortable / Very uncomfortable
3	How well does the product fit?	Very well / Well / Acceptable / Poorly
4	Have you experienced leakage?	None / Occasional / Frequent; details if applicable
5	Have you noticed soreness, redness, skin damage or another skin concern?	No / Yes; clinical review required
6	How manageable have washing and drying been?	Easy / Manageable / Difficult / Not possible
7	Has the product affected your dignity, confidence or willingness to go out?	Improved / No change / Worsened; comments
8	Would you like to continue using the washable product?	Yes / Yes with a change / No / Unsure
9	Is a different size, product, additional guidance or WaterSure support required?	No / Yes; action recorded
10	What should we improve for other patients?	Free text