

# Faecal incontinence

## NICE quality standard

### Draft for consultation

August 2013

This quality standard covers the management of faecal incontinence, defined as any involuntary loss of faeces that is a social or hygiene problem, in adults (18 years and older) in the community (at home and in care homes) and in hospital (all departments). For more information see the [Faecal incontinence topic overview](#).

### Why this quality standard is needed

Faecal incontinence is a symptom, rather than a diagnosis. For many people faecal incontinence is the result of a complex interplay of contributing factors. Effective management depends on identifying the factors causing faecal incontinence for each person, and finding a combination of interventions that is acceptable to the person and that gives best control of their incontinence. Between 1 and 10% of adults are affected by faecal incontinence, depending on the definition used. It is likely that 0.5–1.0% of adults experience regular faecal incontinence that affects their quality of life. Faecal incontinence has remained a largely hidden problem, with many people feeling too embarrassed to describe their symptoms to healthcare professionals, or even to family and friends. People with faecal incontinence often experience social exclusion, and frequently suffer from stress, anxiety and depression. High-quality care for people with faecal incontinence should lead to improvements in quality of life. For some people with faecal incontinence (such as people with neurological injury or severe cognitive impairment, or frail older people) better management may also eliminate or delay the need for residential care.

### How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measureable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by

NICE. This quality standard, in conjunction with the guidance on which it is based, should contribute to the improvements outlined in the following 3 outcomes frameworks published by the Department of Health:

- [The Adult Social Care Outcomes Framework 2013–14](#) (Department of Health, November 2012)
- [NHS Outcomes Framework 2013/14](#)
- Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, [Part 1 and Part 1A](#).

Tables 1–3 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

**Table 1** [The Adult Social Care Outcomes Framework 2013–14](#)

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	<p><b>Overarching measure</b></p> <p>1A Social care-related quality of life*</p> <p><b>Outcome measures</b></p> <p><b>People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.</b></p> <p>1B Proportion of people who use services who have control over their daily life</p> <p><b>Carers can balance their caring roles and maintain their desired quality of life.</b></p> <p>1D Carer-reported quality of life</p> <p><b>People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.</b></p> <p>1G Proportion of adults with a learning disability who live in their own home or with their family**</p> <p>1I Proportion of people who use services and their carers, who reported that they had as much social contact as they would like*</p>
2 Delaying and reducing the need for care and support	<p><b>Overarching measures</b></p> <p>2A Permanent admissions to residential and nursing care homes per 1,000 population</p> <p><b>Outcome measures</b></p> <p>2F Dementia – a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life**</p>
<p><b>Aligning across the health and care system</b></p> <p>* Indicator complementary</p> <p>** Indicator shared</p>	

**Table 2 [NHS Outcomes Framework 2013/14](#)**

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	<p><b>Overarching indicator</b></p> <p>2 Health-related quality of life for people with long-term conditions**</p> <p><b>Improvement areas</b></p> <p><b>Ensuring people feel supported to manage their condition</b></p> <p>2.1 Proportion of people feeling supported to manage their condition**</p> <p><b>Enhancing quality of life for carers</b></p> <p>2.4 Health-related quality of life for carers**</p> <p><b>Enhancing quality of life for people with dementia</b></p> <p>2.6ii <i>A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (Placeholder)</i>***</p>
<p><b>Alignment across the health and social care system</b></p> <p>** Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)</p> <p>*** Indicator shared with Adult Social Care Outcomes Framework</p>	

**Table 3 [Public health outcomes framework for England, 2013-2016](#)**

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p><b>Objective</b></p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p><b>Indicators</b></p> <p>1.6 Adults with a learning disability/in contact with secondary mental health services who live in stable and appropriate accommodation</p> <p>1.18 <i>Social isolation (Placeholder)</i></p>

## Coordinated services

The quality standard for faecal incontinence specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole faecal incontinence care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to adults with faecal incontinence in all settings.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing

high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality faecal incontinence service are listed in 'Related quality standards'. [\[Link to section in web version\]](#)

### ***Training and competencies***

The quality standard should be read in the context of national and local guidelines on training and competencies. Healthcare professionals and social care practitioners involved in identifying, assessing, caring for and treating adults with faecal incontinence should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

### **List of quality statements**

Statement 1. People at risk of faecal incontinence are asked in a sensitive way whether they experience bowel control problems.

Statement 2. People with faecal incontinence are offered a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.

Statement 3. People with faecal incontinence and their carers are offered support and advice about how to cope with persisting symptoms during the period of assessment and initial management, including a choice of appropriate continence products.

Statement 4. People with faecal incontinence have an initial management plan based on the findings of the baseline assessment and tailored to their individual needs and preferences.

Statement 5. People who continue to experience episodes of faecal incontinence after initial management are offered referral for specialised continence management.

### **Questions for consultation**

#### ***Questions about the quality standard***

**Question 1** Does this draft quality standard accurately reflect the key areas for quality improvement?

**Question 2** If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

***Questions about the individual quality statements***

**Question 3** For draft quality statement 3: How should the 'period of assessment and initial management' be defined?

## Quality statement 1: Case-finding

### ***Quality statement***

People at risk of faecal incontinence are asked in a sensitive way whether they experience bowel control problems.

### ***Rationale***

Faecal incontinence is distressing and can severely affect everyday life. Many people are embarrassed to talk about faecal incontinence at all with doctors and nurses, and their family and friends. Others may report symptoms of diarrhoea for example, to avoid talking about it directly. Faecal incontinence can have many different causes. However, once identified there are treatments that can help manage or sometimes cure it. There are also strategies to help people cope with the condition and to discuss it openly. To ensure that people with faecal incontinence get access to this management, and because people find it difficult to talk about, it is important that enquiry about symptoms is pro-active and sensitive.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that people at risk of faecal incontinence are asked in a sensitive way whether they experience bowel control problems.

**Data source:** Local data collection. The [National Audit of Continence Care \(NACC\)](#) collects data on whether organisations ask a screening question(s) relating to bladder and bowel problems as part of initial assessment.

#### **Process**

Proportion of people at risk of faecal incontinence who are asked whether they experience bowel control problems.

Numerator – the number of people in the denominator asked whether they experience bowel control problems.

Denominator – the number of people at risk of faecal incontinence.

**Data source:** Local data collection. The [National Audit of Continence Care \(NACC\)](#) collects data on how faecal incontinence was identified for each person in the audit.

### **Outcome**

a) Feedback from people at risk of faecal incontinence that they feel they were asked in a sensitive way about whether they experience bowel control problems.

**Data source:** Local data collection.

b) Incidence of faecal incontinence.

**Data source:** Local data collection.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** ensure that systems are in place for healthcare professionals and social care practitioners to ask people at risk of faecal incontinence in a sensitive way whether they experience bowel control problems.

**Health and social care practitioners** ensure that they ask people at risk of faecal incontinence in a sensitive way whether experience bowel control problems.

**Commissioners** ensure that they commission services that ask people at risk of faecal incontinence in a sensitive way whether they experience bowel control problems.

### ***What the quality statement means for patients, service users and carers***

**People at risk of faecal incontinence** are asked in a sensitive way by health or social care staff about whether they experience bowel control problems (faecal incontinence).

### ***Source guidance***

- Faecal incontinence (NICE clinical guideline 49), recommendation [1.1.2](#) (key priority for implementation).

### ***Definitions of terms used in this quality statement***

**People at risk of faecal incontinence** include:

- frail older people

- people with loose stools or diarrhoea from any cause
- women following childbirth (especially following third- and fourth-degree obstetric injury)
- people with neurological or spinal disease/injury (for example, spina bifida, stroke, multiple sclerosis, spinal cord injury)
- people with severe cognitive impairment
- people with urinary incontinence
- people with pelvic organ prolapse and/or rectal prolapse
- people who have had colonic resection or anal surgery
- people who have undergone pelvic radiotherapy
- people with perianal soreness, itching or pain
- people with learning disabilities.

### ***Equality and diversity considerations***

Risk of faecal incontinence relates closely to many of the protected characteristics that are covered by the Equality Act 2010, including age, disability, sex, and pregnancy and maternity. The consequences may also impact on others, including religion and belief. If people at risk are not asked about faecal incontinence, and if the condition is not effectively managed and treated, some people covered by the Act could be adversely affected. These people may have more than one protected characteristic or be affected by socioeconomic factors. Faecal incontinence may itself be counted as a disability if it occurs over the long term and has a substantial effect on day-to-day activities. Sensitively asking people at risk about faecal incontinence promotes dignity and respect and is an important first step in removing any unequal access to care. Any enquiry about faecal incontinence should take into account the person's religion and belief and be culturally appropriate. People with faecal incontinence may also be unable to work. Providing assessment, effective management and treatment is likely to allow increased participation in society and public life, promoting equality of opportunity. If the person at risk of faecal incontinence lacks capacity, input from carers should be sought.



## Quality statement 2: Baseline assessment

### ***Quality statement***

People with faecal incontinence are offered a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.

### ***Rationale***

Faecal incontinence may have different underlying causes and contributing factors. There is a risk that healthcare professionals could make assumptions about the causes of faecal incontinence being related to pre-existing conditions or disabilities (such as neurological conditions or cognitive impairment) without carrying out a full assessment. Faecal incontinence may have different contributing factors in people with the same long-term condition. A baseline assessment that takes account of the individual person, rather than a pre-existing condition, is therefore essential. This quality statement will promote better access to care by ensuring that the factors contributing to faecal incontinence are properly identified and appropriate management can be planned.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that people with faecal incontinence are offered a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.

**Data source:** Local data collection. The [National Audit of Continence Care \(NACC\)](#) collects data on whether services have a written protocol to provide basic assessments for people who have problems with urinary and/or faecal incontinence.

#### **Process**

Proportion of people newly diagnosed with faecal incontinence who receive a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.

Numerator – the number of people in the denominator receiving a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.

Denominator – the number of people newly diagnosed with faecal incontinence.

**Data source:** Local data collection. Also contained in NICE audit support for [Faecal incontinence](#) (NICE clinical guideline 49), criterion 2. The [National Audit of Continence Care \(NACC\)](#) collects data on whether an assessment focusing on finding the cause(s) of faecal incontinence was performed, and specifically on cognitive assessments, rectal examination, medication review and impact on quality of life. The [2010 NACC](#) collected data on documented evidence of a bowel history.

## **Outcome**

Feedback from people with faecal incontinence that their symptoms were properly assessed and not assumed to be caused by any pre-existing conditions or disabilities.

**Data source:** Local data collection.

## ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** ensure that systems are in place to offer people with faecal incontinence a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.

**Healthcare professionals** ensure that they offer people with faecal incontinence a full baseline assessment, which they carry out without assuming that symptoms are caused by any existing conditions or disabilities.

**Commissioners** ensure that they commission services that offer people with faecal incontinence a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities.

## ***What the quality statement means for patients, service users and carers***

**People with faecal incontinence** are offered a full assessment, which includes a physical examination and questions about their medical history, medications, diet and how their

bowel problems (faecal incontinence) affect their day-to-day life. Healthcare professionals should not assume that symptoms are caused by any existing conditions or disabilities.

### **Source guidance**

- Faecal incontinence (NICE clinical guideline 49), recommendations [1.1.6](#), 1.2.1 and [1.2.2](#) (key priorities for implementation).

### **Definitions of terms used in this quality statement**

**Baseline assessment** includes all of the following assessments (adapted from NICE clinical guideline 49 recommendation 1.2.2). Examples of specific questions to ask as part of a baseline assessment are available in table 1 of NICE clinical guideline 49: faecal incontinence.

#### **Medical history**

- history of bowel habit (including warning signs for lower gastrointestinal cancer as defined in [Referral guidelines for suspected cancer](#) [NICE clinical guideline 27])
- previous medical history
- medication review (see below)
- diet and fluid history
- consequences of faecal incontinence
- impact of symptoms on quality of life.

#### **Physical examination**

- general examination (as indicated)
- cognitive and behavioural assessment (if indicated)
- assessment of person's ability to use the toilet
- **anorectal examination**
  - visual inspection of anus
  - assessment of perineal descent
  - digital rectal examination for anal tone and ability to squeeze anal sphincter voluntarily
  - assessment of faecal loading.

**Medication review** considers whether the person with faecal incontinence is taking any drugs that may exacerbate faecal incontinence (see [table 4](#) of NICE clinical guideline 49) and the effectiveness of any alterations already made.

### ***Equality and diversity considerations***

Faecal incontinence is associated with many protected characteristics that are covered by the Equality Act 2010, including age, disability, sex, and pregnancy and maternity. The consequences may also impact on others, including religion and belief. If people with faecal incontinence do not have assessments that take account of individual factors, and if healthcare professionals assume that faecal incontinence is caused by an underlying condition, effective management and treatment may not be provided. This may adversely affect people whose condition is associated with a protected characteristic. Undertaking detailed baseline assessments for each person with faecal incontinence is an important step in removing any unequal access to the most effective care. Extra steps may need to be taken to ensure physical access to clinics and allow extra time to meet the needs of all disabled people, including people with learning disabilities.

## Quality statement 3: Coping strategies

### ***Quality statement***

People with faecal incontinence and their carers are offered support and advice about how to cope with persisting symptoms during the period of assessment and initial management, including a choice of appropriate continence products.

### ***Rationale***

Faecal incontinence can be depressing, demoralising and detrimental to everyday life. Some interventions for faecal incontinence may take time to be effective, so it is important that people are able to cope with persisting symptoms during the period of assessment and initial management. Access to appropriate coping strategies can allow people with faecal incontinence to lead active lives with as much independence as possible.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that people with faecal incontinence and their carers are offered support and advice about how to cope with persisting symptoms during the period of assessment and initial management, including a choice of appropriate continence products.

***Data source:*** Local data collection.

#### **Process**

Proportion of people with faecal incontinence and their carers who receive support and advice about how to cope with persisting symptoms during the period of assessment and initial management, including a choice of appropriate continence products.

Numerator – the number of people in the denominator and their carers receiving support and advice about how to cope with persisting symptoms during the period of assessment and initial management, including a choice of appropriate continence products.

Denominator – the number of people with faecal incontinence.

**Data source:** Local data collection. The [National Audit of Continence Care \(NACC\)](#) collects data on which NHS continence products people have access to and the information available to patients and carers.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** ensure that systems are in place to offer people with faecal incontinence and their carers support and advice about how to cope with persisting symptoms during the period of assessment and initial management, including a choice of appropriate continence products.

**Health and social care practitioners** ensure they offer people with faecal incontinence and their carers support and advice about how to cope with persisting symptoms during the period of assessment and initial management, including a choice of appropriate continence products.

**Commissioners** ensure that they commission services that offer people with faecal incontinence and their carers support and advice about how to cope with persisting symptoms during the period of assessment and initial management, including a choice of appropriate management products.

### ***What the quality statement means for patients, service users and carers***

**People with faecal incontinence and their carers** are offered advice and support to help them deal with bowel problems (faecal incontinence) during the period of assessment and early treatment, including a choice of different continence products.

### ***Source guidance***

- Faecal incontinence (NICE clinical guideline 49), recommendations [1.1.5](#), [1.3.11](#) and [1.3.12](#).

### ***Definitions of terms used in this quality statement***

**Advice and support** includes written information, opportunities for discussion and access to appropriate products or services covering:

- continence products and information about product choice, supply sources and use

- disposable body-worn pads in a choice of styles and designs, and disposable bed pads if needed
- pads in quantities sufficient for the person's continence needs
- anal plugs (for people who can tolerate them)
- disposable gloves
- where to get emotional and psychological support, including counselling or psychological therapy or support groups, if appropriate
- how to talk to friends and family about incontinence and its management
- strategies such as planning routes for travel to facilitate access to public toilets, and carrying a toilet access card or RADAR key to allow access to 'disabled' toilets in the National Key Scheme.
- skin-care advice that covers both cleansing and barrier products
- advice on odour control and laundry needs.

(Adapted from NICE clinical guideline 49 recommendations [1.1.5](#), [1.3.11](#) and [1.3.12](#)).

**Initial management** involves adjusting the person's fluid intake, diet and medication separately and ensuring that they complement each other (see statement 4).

### ***Equality and diversity considerations***

Faecal incontinence is associated with many protected characteristics that are covered by the Equality Act 2010, including age, disability, sex, and pregnancy and maternity. The consequences may also impact on others, including religion and belief. If people with faecal incontinence do not have access to individually tailored coping strategies (including continence products), some people who have protected characteristics under the Act could be adversely affected. Failure to make reasonable adjustment to take account of disabilities is a particular concern. Providing access to individually tailored coping strategies for people with faecal incontinence and their carers is an important step in preventing discrimination and promoting equality of opportunity, by enabling people to cope better in society and public life.

### ***Question for consultation***

How should the 'period of assessment and initial management' be defined?

## Quality statement 4: Initial management plan

### ***Quality statement***

People with faecal incontinence have an initial management plan based on the findings of the baseline assessment and tailored to their individual needs and preferences.

### ***Rationale***

Most symptoms of faecal incontinence can be improved, and many resolved, with conservative initial management. Considering simple management options that may improve or resolve symptoms, in addition to providing support and advice on coping, should lead to the biggest improvements in quality of life for people with faecal incontinence. Effective initial management may reduce the risk of skin conditions and falls, and reduce the number of referrals to some specialist services. It can also help carers to cope, preventing carer breakdown and potentially delaying the need for domiciliary or residential care.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that people with faecal incontinence have an initial management plan based on the findings of the baseline assessment and tailored to their individual needs and preferences.

**Data source:** Local data collection.

#### **Process**

Proportion of people with faecal incontinence who have had a baseline assessment and who have an initial management plan based on the findings of the baseline assessment and tailored to their individual needs and preferences.

Numerator – the number of people in the denominator with an initial management plan based on the findings of the baseline assessment and tailored to their individual needs and preferences.

Denominator – the number of people with faecal incontinence who have had a baseline assessment.



**Data source:** Local data collection. The [National Audit of Continence Care \(NACC\)](#) collects data on whether there is a treatment plan and whether patients' own goals and decisions for treatment and care have been documented.

### ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** ensure that systems are in place to develop initial management plans for people with faecal incontinence that are based on the findings of the baseline assessment and tailored to their individual needs and preferences.

**Health and social care practitioners** ensure that people with faecal incontinence have an initial management plan based on the findings of the baseline assessment and tailored to their individual needs and preferences.

**Commissioners** ensure that they commission services that develop initial management plans for people with faecal incontinence that are based on the findings of the baseline assessment and tailored to their individual needs and preferences.

### ***What the quality statement means for patients, service users and carers***

**People with faecal incontinence** have a plan for the early management of their bowel problems (faecal incontinence) based on their assessment and adapted to their individual needs and preferences.

### ***Source guidance***

- Faecal incontinence (NICE clinical guideline 49), recommendation [1.3.1](#).

### ***Definitions of terms used in this quality statement***

**Initial management plan** outlines the initial intervention(s) that have been discussed and agreed with the person with faecal incontinence (and carers, as appropriate), tailored to their individual needs and preferences. This may include, for example, interventions relating to:

- specific conditions that are causing faecal incontinence
- diet, bowel habit and toilet access
- medication

- review of treatment.

(Adapted from NICE clinical guideline 49 section 1.3).

The initial management plan will also include coping strategies (statement 3) and the findings of the baseline assessment (statement 2).

### ***Equality and diversity considerations***

Faecal incontinence is associated with many protected characteristics that are covered by the Equality Act 2010, including age, disability, sex, and pregnancy and maternity. The consequences may also impact on others, including religion and belief. If people with faecal incontinence and protected characteristics do not have access to individually tailored initial management plans, access to appropriate care and treatment could be restricted.

Suboptimum care would limit quality of life and the person's ability to participate in society and public life. An individually tailored initial management plan for people with faecal incontinence is therefore important for removing any unequal access to the most effective care.

## Quality statement 5: Specialised management

### ***Quality statement***

People who continue to experience episodes of faecal incontinence after initial management are offered referral for specialised continence management.

### ***Rationale***

Some people will continue to have episodes of faecal incontinence after initial management. They may benefit from specialised continence management (if they choose to pursue active treatment), which may include specialist diagnostic tests as well as treatment. Appropriate specialist management (including specialist assessment where appropriate) will improve the quality of life for some people with faecal incontinence.

### ***Quality measures***

#### **Structure**

Evidence of local arrangements to ensure that people who continue to experience episodes of faecal incontinence after initial management are offered referral for specialised continence management.

**Data source:** Local data collection.

#### **Process**

Proportion of people continuing to experience episodes of faecal incontinence after initial management who are referred for specialised continence management.

Numerator – the number of people in the denominator referred for specialised continence management.

Denominator – the number of people continuing to experience episodes of faecal incontinence after initial management.

**Data source:** Local data collection. Also contained in NICE audit support for [Faecal incontinence](#) (NICE clinical guideline 49), criterion 5. The [National Audit of Continence Care \(NACC\)](#) collects data on further investigations and referrals to a specialist or another service for people with a treatment plan.

## ***What the quality statement means for service providers, health and social care practitioners, and commissioners***

**Service providers** ensure that systems are in place to offer referral for specialised continence management to people who continue to experience episodes of faecal incontinence after initial management.

**Health and social care practitioners** ensure they offer referral for specialised continence management to people who continue to experience episodes of faecal incontinence after initial management.

**Commissioners** ensure that they commission services that offer referral for specialised continence management to people who continue to experience episodes of faecal incontinence after initial management.

## ***What the quality statement means for patients, service users and carers***

**People who still have symptoms after the first steps in managing faecal incontinence** (bowel control problems) are offered a referral to a specialist service.

## ***Source guidance***

- Faecal incontinence (NICE clinical guideline 49), recommendations [1.4.1](#) (key priority for implementation) and [1.4.2](#).

## ***Definitions of terms used in this quality statement***

**Initial management** involves adjusting the person's fluid intake, diet and medication separately and ensuring that they complement each other (see statement 4).

## ***Specialised management may include***

- pelvic floor muscle training
- bowel retraining
- specialist dietary assessment and management
- biofeedback
- electrical stimulation
- rectal irrigation
- surgery

and people with continuing faecal incontinence after specialised conservative management should be considered for specialist assessment including:

- anorectal physiology studies
- endonal ultrasound; if this is not available, magnetic resonance imaging, endovaginal ultrasound and perineal ultrasound should be considered
- other tests, including proctography, as indicated.

(Adapted from NICE clinical guideline 49 recommendations 1.4.1 and 1.5.1).

### ***Equality and diversity considerations***

Faecal incontinence is associated with many protected characteristics that are covered by the Equality Act 2010, including age, disability, sex, and pregnancy and maternity. The consequences may also impact on others, including religion and belief. Not all interventions offered by specialist services will be suited to all people with faecal incontinence. For example, some treatments may not be suitable for people who are unable to understand or adhere to treatment instructions, and interventions such as pelvic floor muscle training may not be suitable for people with neurological or spinal conditions. The key consideration is to ensure that people with protected characteristics covered by the Act can access specialised management if it is appropriate for them, and that assumptions are not made about suitability of the intervention. Adjustment should be made to both specialist assessment and treatment options when possible. This may mean giving extra support and time, especially to disabled people. Improving access to specialist services for all people with faecal incontinence is an important step in removing any unequal access to the most effective care.

## Status of this quality standard

This is the draft quality standard released for consultation from 23 August to 20 September 2013. It is not NICE's final quality standard on faecal incontinence. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 20 September 2013. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the [NICE website](#) from February 2014.

## Using the quality standard

### *Quality measures*

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its [Indicators for Quality Improvement Programme](#). If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's [What makes up a NICE quality standard?](#) for further information, including advice on using quality measures.

### *Levels of achievement*

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

## ***Using other national guidance and policy documents***

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered by commissioners, providers, health and social care practitioners, patients, service users and carers alongside the documents listed in 'Development sources'.

## **Diversity, equality and language**

Good communication between health and social care practitioners and adults with faecal incontinence is essential in all settings. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Adults with faecal incontinence should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

## **Development sources**

Further explanation of the methodology used can be found in the quality standards [Process guide](#) on the NICE website.

## ***Evidence sources***

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- [Faecal incontinence](#). NICE clinical guideline 49 (2007).

## ***Policy context***

It is important that the quality standard is considered alongside current policy documents, including:

- All Party Parliamentary Group (2011) [Cost-effective commissioning for continence care](#).

- Department of Health (2001) [National service framework for older people](#).
- Department of Health (2000) [Good practice in continence services](#).

### ***Definitions and data sources for the quality measures***

- Royal College of Physicians (2012) [National audit of continence care \(NACC\) Pilot audit evaluation report](#).
- Royal College of Physicians (2010) [National Audit of Continence Care, Combined Organisational and Clinical Report](#)
- [NICE audit support for faecal incontinence](#). NICE clinical guideline 49 (2007).

## **Related NICE quality standards**

### ***Published***

- [Patient experience in adult NHS services](#). NICE quality standard 15 (2012).
- [Service user experience in adult mental health](#). NICE quality standard 14 (2012).

### ***Future quality standards***

This quality standard has been developed in the context of all quality standards referred to NICE. The NICE library of quality standards (published and in development) covers many conditions in which there can be faecal incontinence.

## **Quality Standards Advisory Committee and NICE project team**

### ***Quality Standards Advisory Committee***

This quality standard has been developed by Quality Standards Advisory Committee 4. For further information about the standing members of this committee see the [NICE website](#).

The following specialist members joined the committee to develop this quality standard:

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**About this quality standard**

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the [quality standards process guide](#).

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