

Constipation in children and young people

Quality standard

Published: 13 May 2014

www.nice.org.uk/guidance/qs62

Contents

Introduction	5
Why this quality standard is needed	5
How this quality standard supports delivery of outcome frameworks	6
Coordinated services.....	7
List of quality statements.....	9
Quality statement 1: Assessment.....	10
Quality statement.....	10
Rationale	10
Quality measures	10
What the quality statement means for service providers, healthcare professionals and commissioners ..	10
What the quality statement means for patients, service users and carers.....	11
Source guidance.....	11
Definitions of terms used in this quality statement	11
Equality and diversity considerations.....	12
Quality statement 2: First-line treatment with laxatives	13
Quality statement.....	13
Rationale	13
Quality measures	13
What the quality statement means for service providers, healthcare professionals and commissioners ..	14
What the quality statement means for patients, service users and carers.....	14
Source guidance.....	14
Definitions of terms used in this quality statement	14
Quality statement 3: Reviewing disimpaction therapy.....	15
Quality statement.....	15
Rationale	15
Quality measures	15
What the quality statement means for service providers, healthcare professionals and commissioners ..	16

What the quality statement means for patients, service users and carers.....	16
Source guidance.....	17
Definitions of terms used in this quality statement	17
Quality statement 4: Reviewing maintenance therapy	18
Quality statement.....	18
Rationale	18
Quality measures	18
What the quality statement means for service providers, healthcare professionals and commissioners ..	19
What the quality statement means for patients, service users and carers.....	19
Source guidance.....	19
Definitions of terms used in this quality statement	20
Quality statement 5: Written information	21
Quality statement.....	21
Rationale	21
Quality measures	21
What the quality statement means for service providers, healthcare professionals and commissioners ..	22
What the quality statement means for patients, service users and carers.....	22
Source guidance.....	22
Definitions of terms used in this quality statement	22
Equality and diversity considerations.....	23
Quality statement 6: Referral if no response to treatment.....	24
Quality statement.....	24
Rationale	24
Quality measures	24
What the quality statement means for service providers, healthcare professionals and commissioners ..	25
What the quality statement means for patients, service users and carers.....	25
Source guidance.....	25
Definitions of terms used in this quality statement	25

Using the quality standard.....	27
Quality measures	27
Levels of achievement	27
Using other national guidance and policy documents.....	27
Information for commissioners	27
Information for the public	28
Diversity, equality and language	29
Development sources.....	30
Evidence sources.....	30
Policy context	30
Definitions and data sources for the quality measures	30
Related NICE quality standards	31
Published	31
In development	31
Future quality standards.....	31
Quality Standards Advisory Committee and NICE project team	32
Quality Standards Advisory Committee.....	32
NICE project team	34
About this quality standard.....	35

This standard is based on CG99.

This standard should be read in conjunction with QS37, QS15, QS54, QS70, QS114 and QS134.

Introduction

This quality standard covers the diagnosis and management of idiopathic constipation in children and young people (from birth to 18 years). For more information see the [topic overview](#).

Why this quality standard is needed

Constipation is the inability to pass stools regularly or empty the bowels completely. It can cause hard, lumpy stools, which may be large or small. Constipation is common in childhood. It is referred to as 'idiopathic' if it cannot be explained by anatomical or physiological abnormalities. The exact cause of idiopathic constipation is not fully understood but factors that may contribute include pain, fever, dehydration, dietary and fluid intake, psychological issues, toilet training, medicines and family history of constipation.

Estimates for the prevalence of idiopathic constipation vary from 5% to 30% of children and young people, depending on the criteria used for diagnosis, and are at their highest in toddlers. It is estimated that 1 in 100 children and young people aged between 11 and 18 years have idiopathic constipation. Children and young people with Down's syndrome or autism are particularly prone to idiopathic constipation, as are those with physical disabilities, such as cerebral palsy, in whom idiopathic constipation may be related to impaired mobility. There is also a higher prevalence in children and young people in local authority care.

Symptoms become chronic in more than one-third of children and young people with constipation, and constipation is a common reason for referral to secondary care. Morbidity may be under-reported because some people are too embarrassed to seek advice.

Inpatient data from hospital episode statistics for England in 2012/13 show that there were 13,135 finished consultant episodes for constipation in children and young people aged under 18 years, of which 79% were emergency admissions.

Early diagnosis and treatment are important to prevent chronic constipation. However, people often do not recognise the signs and symptoms of constipation. If constipation is not treated an

acute episode can lead to anal fissure and constipation can become chronic. Children and young people and their families are often given conflicting advice and practice can be inconsistent, making treatment potentially less effective and frustrating for all involved.

Continence problems (including soiling) can have a significant emotional impact on children and young people, and managing these problems can be stressful for parents and carers. Many children and young people experience social, psychological and educational consequences that need prolonged support.

Children and young people with idiopathic constipation can present to different types of healthcare professionals, such as GPs, pharmacists, school nurses, health visitors, practice nurses, continence advisors, paediatricians or a specialist continence service.

The quality standard is expected to contribute to improvements in the following outcomes:

- Rates of accident and emergency department attendance and unplanned hospitalisation for constipation in children and young people.
- Rates of recurrent constipation and/or impaction in children and young people.
- Parent or carer satisfaction with information and advice.
- Children and young people who are able to manage their constipation to their satisfaction.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable 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 2 outcomes frameworks published by the Department of Health:

- [NHS Outcomes Framework 2014/15](#)
- [Improving outcomes and supporting transparency: a public health outcomes framework for England 2013–2016, Part 1 and Part 1A.](#)

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the frameworks that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2014/15

Domain	Overarching indicators and improvement areas
4 Ensuring that people have a positive experience of care	<p>Improvement areas</p> <p>Improving people's experience of outpatient care</p> <p>4.1 Patient experience of outpatient services</p> <p>Improving children and young people's experience of healthcare</p> <p>4.8 Children and young people's experience of outpatient services</p>

Table 2 Public health outcomes framework for England, 2013–2016

Domain	Objectives and indicators
1 Improving the wider determinants of health	<p>Objective</p> <p>Improvements against wider factors that affect health and wellbeing and health inequalities</p> <p>Indicators</p> <p>1.3 Pupil absence</p>
2 Health improvement	<p>Objective</p> <p>People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities</p> <p>Indicators</p> <p>2.5 Child development at 2–2.5 years (under development)</p>

Coordinated services

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

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 constipation service are listed in [Related quality standards](#).

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating children and young people with constipation should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting children and young people with constipation. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made.

Statement 2. Children and young people with idiopathic constipation receive oral macrogols as first-line treatment.

Statement 3. Children and young people with idiopathic constipation starting disimpaction therapy have their treatment reviewed by a healthcare professional within 1 week.

Statement 4. Children and young people with idiopathic constipation starting maintenance therapy have their first treatment review by a healthcare professional within 6 weeks.

Statement 5. Children and young people with idiopathic constipation starting laxative treatment, or their parents or carers, receive written information about laxatives.

Statement 6. Children and young people with idiopathic constipation that does not respond to initial treatment within 3 months are referred to a healthcare professional with expertise in the problem.

Quality statement 1: Assessment

Quality statement

Children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made.

Rationale

Children and young people with constipation can present to different types of healthcare professionals in primary, community and secondary care. Once constipation in children and young people has been recognised it is important to ensure that underlying causes of constipation and 'red flag' symptoms are excluded. A diagnosis of idiopathic constipation, in which the constipation cannot be explained by anatomical or physiological abnormalities, can only be made through a full assessment, including detailed history-taking and a physical examination by a healthcare professional.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with constipation receive a full assessment before a diagnosis of idiopathic constipation is made.

Data source: Local data collection.

Process

Proportion of children and young people with constipation who receive a full assessment.

Numerator – the number in the denominator who receive a full assessment.

Denominator – the number of children and young people with constipation.

Data source: Local data collection. [NICE Constipation in children and young people: audit support tool](#), criteria 1, 2, 5 and 7.

What the quality statement means for service providers, healthcare

professionals and commissioners

Service providers ensure that staff are trained to perform a full assessment (including detailed history-taking and physical examination to exclude 'red flag' symptoms) for children and young people with constipation before making a diagnosis of idiopathic constipation.

Healthcare professionals perform a full assessment for children and young people with constipation (including detailed history-taking and physical examination to exclude 'red flag' symptoms) before making a diagnosis of idiopathic constipation.

Commissioners ensure that they commission services from providers whose staff perform a full assessment (including detailed history-taking and physical examination to exclude 'red flag' symptoms) for children and young people with constipation before making a diagnosis of idiopathic constipation.

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

Children and young people with constipation have a detailed assessment, which includes asking about their symptoms and other problems, and a physical examination. This will help to check that the constipation is not caused by anything serious.

Source guidance

- Constipation in children and young people (NICE clinical guideline 99), recommendation [1.1.2](#) (key priority for implementation) and [1.1.3](#) (key priority for implementation).

Definitions of terms used in this quality statement

Full assessment

A combination of history-taking and physical examination should be used to diagnose idiopathic constipation. Key components of assessment can be found in [tables 1–3](#) in NICE clinical guideline 99.

A positive diagnosis of idiopathic constipation can be established by excluding underlying causes. If a child or young person has any 'red flag' symptoms identified from history-taking or physical examination, do not treat them for constipation. Instead, refer them urgently to a healthcare professional with experience in the area of concern.

'Red flag' findings and diagnostic clues that indicate an underlying disorder or condition (not idiopathic constipation) are detailed in full in [table 2](#) of NICE clinical guideline 99 for history-taking and in [table 3](#) for physical examination.

Assessment can be undertaken by healthcare professionals such as GPs, school nurses, health visitors, practice nurses, continence advisors and paediatricians. [[NICE clinical guideline 99](#) and expert opinion]

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [[NICE clinical guideline 99](#), Introduction]

Equality and diversity considerations

Certain groups of children and young people are more prone to idiopathic constipation than others, such as those with Down's syndrome or autism, and some children and young people with physical disabilities, such as cerebral palsy. There is also a higher prevalence of idiopathic constipation in children and young people in local authority care. These children and young people may have additional needs that should be considered when assessing them for idiopathic constipation.

Quality statement 2: First-line treatment with laxatives

Quality statement

Children and young people with idiopathic constipation receive oral macrogols as first-line treatment.

Rationale

Laxatives are an effective treatment for constipation; oral macrogols are the first-line laxative of choice unless otherwise indicated. Oral macrogols are easily administered at home and in the community, and may avoid the need for invasive hospital treatment.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with idiopathic constipation receive oral macrogols as first-line treatment.

Data source: Local data collection.

Process

Proportion of diagnosed cases of idiopathic constipation in children and young people for which oral macrogols are prescribed as first-line treatment.

Numerator – the number in the denominator for which oral macrogols are prescribed as first-line treatment.

Denominator – the number of diagnosed cases of idiopathic constipation in children and young people.

Data source: Local data collection. [NICE Constipation in children and young people: audit support tool](#); criteria 9 and 18.

Outcome

Rates of unplanned hospital attendance for idiopathic constipation.

Data source: [Hospital episode statistics](#) from The Health and Social Care Information Centre. Child health indicator profiles including data on hospital admissions for constipation in those aged 0-24 years are also available from Public Health England's [Child and maternal health intelligence network](#).

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that staff prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation and that oral macrogols are included on prescribers' lists.

Healthcare professionals prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation.

Commissioners ensure that they commission services from providers that can demonstrate that staff prescribe oral macrogols as first-line treatment for children and young people with newly diagnosed idiopathic constipation.

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

Children and young people with constipation receive a medicine called a laxative to mix with water and drink as their first treatment.

Source guidance

- Constipation in children and young people (NICE clinical guideline 99) recommendations [1.4.2](#) and [1.4.3](#) (key priority for implementation), [1.4.4](#) and [1.4.11](#).

Definitions of terms used in this quality statement

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [[NICE clinical guideline 99](#), Introduction]

Macrogol

A type of laxative (also called polyethylene glycol). [[British National Formulary](#)]

Quality statement 3: Reviewing disimpaction therapy

Quality statement

Children and young people with idiopathic constipation starting disimpaction therapy have their treatment reviewed by a healthcare professional within 1 week.

Rationale

Review of treatment within 1 week of starting disimpaction therapy should establish whether the treatment has worked and help prevent relapse. Children and young people with faecal impaction are at high risk of relapse and should be closely monitored. Faecal impaction should be resolved before maintenance therapy is started.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with idiopathic constipation starting faecal disimpaction therapy have their treatment reviewed by a healthcare professional within 1 week.

Data source: Local data collection.

Process

Proportion of children and young people with idiopathic constipation starting disimpaction therapy who receive a review of their treatment from a healthcare professional within 1 week.

Numerator – the number in the denominator who receive a review of their treatment from a healthcare professional within 1 week.

Denominator – the number of children and young people with idiopathic constipation starting disimpaction therapy.

Data source: Local data collection. [NICE Constipation in children and young people: audit support tool](#), criterion 14.

Outcome

a) Rates of reimpaction.

Data source:Local data collection.

b) Production of regular soft stools.

Data source:Local data collection.

c) Rates of unplanned hospital attendance for constipation.

Data source:[Hospital episode statistics](#) from The Health and Social Care Information Centre. Child health indicator profiles including data on hospital admissions for constipation in those aged 0-24 years are also available from Public Health England's [Child and maternal health intelligence network](#).

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that staff perform a review of laxative treatment for disimpaction in children and young people with idiopathic constipation within 1 week.

Healthcare professionals review treatment within 1 week for children and young people with idiopathic constipation who are starting laxative treatment for disimpaction.

Commissioners ensure that they commission services from providers that can demonstrate that they provide treatment reviews within 1 week for children and young people with idiopathic constipation who are starting laxative treatment for disimpaction.

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

Children and young people starting laxative treatment for a blockage in the bowel caused by constipation (called faecal impaction) should have their treatment reviewed by a healthcare professional within a week.

Source guidance

- Constipation in children and young people (NICE clinical guideline 99) recommendation [1.4.8](#).

Definitions of terms used in this quality statement

Disimpaction therapy

Treatment with laxative stimulants for the evacuation of impacted faeces. [[NICE clinical guideline 99](#)]

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [[NICE clinical guideline 99](#), Introduction]

Healthcare professional

The review of laxative treatment can be undertaken by a number of healthcare professionals such as GPs, school nurses, health visitors, practice nurses, continence advisors and paediatricians. [Expert opinion]

Quality statement 4: Reviewing maintenance therapy

Quality statement

Children and young people with idiopathic constipation starting maintenance therapy have their first treatment review by a healthcare professional within 6 weeks.

Rationale

It is important to review maintenance therapy in children and young people with idiopathic constipation to prevent faecal impaction, and to assess for possible issues, such as problems with taking medicine and toileting.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people with idiopathic constipation starting maintenance therapy receive their first treatment review from a healthcare professional within 6 weeks.

Data source: Local data collection.

Process

Proportion of children and young people with idiopathic constipation starting maintenance therapy who receive a review of their treatment from a healthcare professional within 6 weeks.

Numerator – the number in the denominator who receive their first treatment review from a healthcare professional within 6 weeks.

Denominator – the number of children and young people with idiopathic constipation starting maintenance therapy.

Data source: Local data collection.

Outcome

a) Rates of reimpaction.

Data source:Local data collection.

b) Production of regular soft stools.

Data source:Local data collection.

c) Rates of unplanned hospital attendance for constipation.

Data source:Hospital episode statistics from The Health and Social Care Information Centre. Child health indicator profiles including data on hospital admissions for constipation in those aged 0-24 years are also available from Public Health England's Child and maternal health intelligence network.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that staff perform the first treatment review of maintenance therapy for children and young people with idiopathic constipation within 6 weeks of treatment starting.

Healthcare professionals perform the first treatment review for children and young people with idiopathic constipation who are starting maintenance therapy within 6 weeks.

Commissioners ensure that they commission services from providers that can demonstrate that they perform the first treatment review for children and young people with idiopathic constipation who are starting maintenance therapy within 6 weeks.

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

Children and young people starting laxatives for the ongoing treatment of constipation (either as their first treatment or after treatment to clear a blockage) receive a treatment review from a healthcare professional within 6 weeks.

Source guidance

- Constipation in children and young people (NICE clinical guideline 99) recommendation [1.4.10](#).

Definitions of terms used in this quality statement

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [NICE clinical guideline 99, Introduction]

Maintenance therapy

Treatment with laxatives, either following disimpaction for the ongoing treatment of idiopathic constipation or for the initial treatment of idiopathic constipation if the child or young person does not have faecal impaction. [NICE clinical guideline 99]

Review during maintenance treatment

Review during maintenance treatment includes ensuring that the child or young person's faeces do not become impacted and assessing for possible issues in maintaining treatment, such as problems with taking medicine and toileting.

The timing of review during maintenance treatment will depend on the individual needs of the child or young person and their parents or carers. It could range from daily contact to every few weeks.

After the first review, ongoing review and reassessment should be tailored to treatment response. Maintenance therapy should continue until regular bowel habits are established, which may take several months. Some children and young people may need maintenance therapy for several years.

A pragmatic timeframe for review of maintenance treatment within 6 weeks of starting treatment is proposed for measuring the quality statement. [Adapted from NICE clinical guideline 99, recommendations 1.4.10 and 1.4.11, and expert opinion]

Healthcare professional

The review of laxative treatment can be undertaken by a number of healthcare professionals such as GPs, school nurses, health visitors, practice nurses, continence advisers and paediatricians. [Expert opinion]

Quality statement 5: Written information

Quality statement

Children and young people with idiopathic constipation starting laxative treatment, or their parents or carers, receive written information about laxatives.

Rationale

It is important that children and young people, or their parents or carers, are provided with clear, written information about how to take their medication and what to expect when taking laxatives. This will help to enable self-management and adherence to therapy. Providing evidence-based information that can be referred to later will help as a reminder of key advice and to answer any queries.

Quality measures

Structure

Evidence of local arrangements for children and young people with idiopathic constipation starting laxative treatment, or their parents or carers, to receive written information about laxatives.

Data source: Local data collection.

Process

Proportion of children and young people with idiopathic constipation starting laxative treatment, or their parents or carers, who receive written information about laxatives.

Numerator – the number in the denominator receiving written information about laxatives at the start of treatment.

Denominator – the number of children and young people with idiopathic constipation starting laxative treatment, or their parents or carers.

Data source: Local data collection. [NICE Constipation in children and young people: audit support tool](#), criterion 21.

Outcome

Satisfaction of children and young people, or their parents or carers, with the provision of information on laxatives to help them to manage the condition.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that staff provide children and young people with idiopathic constipation who are starting laxative treatment, or their parents or carers, with written information about laxatives.

Healthcare professionals provide written information about laxatives to children and young people with idiopathic constipation who are starting laxative treatment, or their parents or carers.

Commissioners ensure that they commission services from providers that can demonstrate that they provide written information about laxatives for children and young people with idiopathic constipation who are starting laxative treatment, or their parents or carers.

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

Children and young people with constipation who are starting laxative treatment, or their parents or carers, receive written information about laxatives, including how to take them and what to expect from the treatment.

Source guidance

- Constipation in children and young people (NICE clinical guideline 99) recommendation [1.8.1](#).

Definitions of terms used in this quality statement

Written information about laxatives

This may include the following:

- Information on possible responses to laxative treatment that can be measured by the frequency, amount and consistency of stools using the Bristol Stool Form Scale and on how to

- adjust laxative doses in response.
- Information about how bowels work, symptoms that might indicate a serious underlying problem, how to take their medication, what to expect when taking laxatives, how to poo, origins of constipation, criteria to recognise risk situations for relapse (such as the worsening of any symptoms or soiling) and the importance of continuing treatment until advised otherwise by the healthcare professional. [Adapted from [NICE clinical guideline 99](#), recommendation 1.8.1]

Equality and diversity considerations

All information provided about idiopathic constipation and its management, including laxative treatment, should be accessible to children and young people, and their parents or carers, with additional needs, such as physical, sensory or learning disabilities, and to people who do not speak or read English. Children and young people with idiopathic constipation, and their parents or carers, should have access to an interpreter or advocate if needed.

Quality statement 6: Referral if no response to treatment

Quality statement

Children and young people with idiopathic constipation that does not respond to initial treatment within 3 months are referred to a healthcare professional with expertise in the problem.

Rationale

For the majority of children and young people, idiopathic constipation responds well to laxative treatment delivered within primary care. However, children and young people with constipation that has not responded to initial treatment may need specialist help and support, and further investigations may be needed.

Quality measures

Structure

Evidence of local arrangements and written clinical protocols to ensure that children and young people with idiopathic constipation that does not respond to initial treatment within 3 months are referred to a healthcare professional with expertise in the problem.

Data source: Local data collection.

Process

Proportion of children and young people with idiopathic constipation that does not respond to initial treatment within 3 months who are referred to a healthcare professional with expertise in the problem.

Numerator – the number in the denominator who are referred to a healthcare professional with expertise in the problem.

Denominator – the number of children and young people with idiopathic constipation that does not respond to initial treatment within 3 months.

Data source: Local data collection.

Outcome

Rates of recurrent presentation to general practice.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals and commissioners

Service providers ensure that staff refer children and young people with idiopathic constipation that does not respond to initial treatment within 3 months to a healthcare professional with expertise in the problem.

Healthcare professionals refer children and young people with idiopathic constipation that does not respond to initial treatment within 3 months to a healthcare professional with expertise in the problem.

Commissioners ensure that they commission services from providers who can demonstrate that children and young people with idiopathic constipation that does not respond to initial treatment within 3 months are referred to a healthcare professional with expertise in the problem.

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

Children and young people whose constipation does not improve after 3 months of laxative treatment are referred to an expert in constipation in children and young people.

Source guidance

- Constipation in children and young people (NICE clinical guideline 99) recommendation [1.8.4](#).

Definitions of terms used in this quality statement

Idiopathic constipation

Constipation that cannot (currently) be explained by any anatomical, physiological, radiological or histological abnormalities. [[NICE clinical guideline 99](#), Introduction]

Healthcare professional with expertise in the problem

A healthcare professional with interest, experience and/or training in the diagnosis and treatment of constipation in children and young people. This may be, but is not limited to, a specialist continence nurse, community paediatrician or GP with a special interest. [Adapted from [NICE clinical guideline 99](#)]

Respond to initial treatment

Progress and improvement in symptoms from the point of initiation of maintenance treatment when treatment has been adhered to, based on the clinical judgement of a health professional and informed by the child, young person or the parents or carers. The Bristol Stool Form Scale may also be used in determining whether symptoms have improved. [Expert opinion]

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 alongside the documents listed in [Development sources](#).

Information for commissioners

NICE has produced [support for commissioning](#) that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced [information for the public](#) about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive, as a basis for asking questions about their care, and to help make choices between providers of social care services.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and [equality assessments](#) are available.

Good communication between healthcare professionals and social care and public health practitioners and children and young people with constipation, and their parents or carers (if appropriate), is essential. Treatment, care and support, and the information given about it, should be both age-appropriate and 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. Children and young people with constipation and their parents or carers (if appropriate) 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 have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. 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.

- [Constipation in children and young people](#). NICE clinical guideline 99 (2010).

Policy context

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

- Department of Health (2010) [National service framework for children, young people and maternity services – continence issues for a child with learning difficulties](#).
- Department of Health (2007) [National service framework for children, young people and maternity services – continence](#).
- Department of Health (2004) [National service framework for children, young people and maternity services: core document](#).

Definitions and data sources for the quality measures

- [British National Formulary](#) (2014).
- The Health and Social Care Information Centre (2013) [Hospital episode statistics](#).
- Public Health England (2014) [Child and maternal health intelligence network: hospital admissions for constipation](#).

Related NICE quality standards

Published

- [Faecal incontinence](#). NICE quality standard 54 (2014).
- [Patient experience in adult NHS services](#). NICE quality standard 15 (2012).

In development

- [Nocturnal enuresis in children and young people](#). Publication expected September 2014.

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topic scheduled for future development:

- Coeliac disease.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 1. Membership of this committee is as follows:

Mr Lee Beresford

Director of Strategy and System Development, NHS Wakefield Clinical Commissioning Group

Dr Gita Bhutani

Professional Lead, Psychological Services, Lancashire Care NHS Foundation Trust

Mrs Jennifer Bostock

Lay member

Dr Helen Bromley

Locum Consultant in Public Health, Cheshire West and Chester Council

Dr Hasan Chowhan

GP, NHS North East Essex Clinical Commissioning Group

Mr Phillip Dick

Psychiatric Liaison Team Manager, West London Mental Health Trust

Ms Phyllis Dunn

Clinical Lead Nurse, University Hospital of North Staffordshire

Dr Nourieh Hoveyda (Member since March 2014)

Consultant in Public Health Medicine, London Borough of Richmond Upon Thames

Dr Ian Manifold

Consultant Oncologist, Quality Measurement Expert, National Cancer Action Team

Dr Colette Marshall

Consultant Vascular Surgeon, University Hospitals Coventry and Warwickshire

Mr Gavin Maxwell

Lay member

Mrs Juliette Millard (Member since March 2014)

UK Nursing and Health Professions Adviser, Leonard Cheshire Disability

Ms Robyn Noonan

Lead Commissioner Adults, Oxfordshire County Council

Ms JoAnne Panitzke-Jones

Quality Assurance and Improvement Lead, South Devon and Torbay Clinical Commissioning Group

Dr Niraj Patel (Member until December 2013)

GP Principal, Thamesmead Medical Associates

Dr Bee Wee (Chair)

Consultant and Senior Clinical Lecturer in Palliative Medicine, Oxford University Hospitals NHS Trust and Oxford University

Ms Karen Whitehead

Strategic Lead Health, Families and Partnerships, Bury Council

Ms Alyson Whitmarsh

Programme Head for Clinical Audit, Health and Social Care Information Centre

Ms Jane Worsley

Chief Operating Officer, Advanced Childcare Limited

Dr Arnold Zermansky

GP, Leeds

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

Dr Jenny Gordon

Research and Innovation Manager, Royal College of Nursing

Dr Huw Jenkins

Consultant Paediatric Gastroenterologist, University Hospital of Wales

Dr Nick Nelhans

Consultant Paediatrician, Betsi Cadwaladr University Health Board

Mrs June Rogers, MBE

PromoCon Team Director, Disabled Living

Ms Lynne Watson

Specialist Health Visitor – Children's Continence and Special Needs Health Visiting, Hounslow and Richmond Community Healthcare NHS Trust

NICE project team

Dr Dylan Jones

Associate Director

Dr Shirley Crawshaw

Consultant Clinical Adviser

Mrs Rachel Neary-Jones

Programme Manager

Mr Terence Lacey

Technical Adviser

Mrs Alison Tariq/Mrs Stacy Wilkinson

Lead Technical Analyst

Ms Esther Clifford

Project Manager

Mr Lee Berry

Coordinator

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](#).

This quality standard has been incorporated into the NICE pathway for [constipation in children and young people](#).

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

Changes after publication

April 2015: minor maintenance

Copyright

© National Institute for Health and Care Excellence 2014. All rights reserved. NICE copyright material can be downloaded for private research and study, and may be reproduced for educational and not-for-profit purposes. No reproduction by or for commercial organisations, or for commercial purposes, is allowed without the written permission of NICE.

ISBN: 978-1-4731-0576-8

Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social

Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- [Royal College of General Practitioners](#)
- [PromoCon](#)
- [Royal College of Nursing](#)
- [Royal College of Paediatrics and Child Health](#)
- [Royal College of Surgeons of Edinburgh](#)