NICE National Institute for Health and Care Excellence

NICE quality standard

Bedwetting in children and young people

Quality standard

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Contents

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This standard is based on CG111.

This standard should be read in conjunction with QS62, QS15, QS31 and QS36.

Introduction

This quality standard covers the assessment and management of nocturnal enuresis (bedwetting) in children and young people aged 18 years or younger. For more information see the topic overview.

The statements in this quality standard apply to children and young people aged 5 to 18 years. Children are generally expected to be dry by a developmental age of 5 years. It is important that children aged 5 to 7 years are not excluded from the management of bedwetting on the basis of age alone, and therefore this quality standard addresses the needs of these younger children alongside older children and young people.

Why this quality standard is needed

Nocturnal enuresis is the medical term for 'bedwetting'. It is a widespread and distressing condition that can have a deep impact on a child or young person's behaviour, emotional wellbeing and social life.

Experts and expert bodies differ in their definitions of nocturnal enuresis and bedwetting. In the NICE guideline on bedwetting in under 19s, the term bedwetting is used to describe the symptom of involuntary wetting during sleep without any inherent suggestion of frequency of bedwetting or pathophysiology. The same definition is used in this quality standard.

The causes of bedwetting are not fully understood. Bedwetting can be considered to be a symptom that may result from a combination of different predisposing factors. There are a number of different disturbances of physiology that may be associated with bedwetting. These disturbances may be categorised as sleep arousal difficulties, polyuria and bladder dysfunction. Bedwetting also often runs in families.

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

- quality of life for children, young people and their families and carers

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- psychological wellbeing of children, young people and their families and carers.

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 outcome framework published by the Department of Health:

- NHS Outcomes Framework 2014/15.

Table 1 shows the outcomes, overarching indicators and improvement areas from the framework 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	*Overarching indicator* 4a Patient experience of primary care i GP services *Improvement area* **Improving children and young people's experience of healthcare** 4.8 Children and young people's experience of outpatient services

Coordinated services

The quality standard for nocturnal enuresis (bedwetting) specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole continence care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to children and young people who are bedwetting, and their parents or carers.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should

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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 continence service are listed in related NICE quality standards.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All health and social care practitioners involved in assessing, supporting and treating children and young people with bedwetting 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 bedwetting. If appropriate, health and social care practitioners should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

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List of quality statements

Statement 1 Children and young people who are bedwetting have a comprehensive initial assessment.

Statement 2 Children and young people have an agreed review date if they, or their parents or carers, are given advice about changing their daily routine to help with bedwetting.

Statement 3 Children and young people, and their parents or carers if appropriate, have a discussion about initial treatment if bedwetting has not improved after changing their daily routine.

Statement 4 Children and young people who are bedwetting receive the treatment agreed in their initial treatment plan.

Statement 5 Children and young people whose bedwetting has not responded to courses of initial treatments are referred for specialist review.

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Quality statement 1: Assessment

Quality statement

Children and young people who are bedwetting have a comprehensive initial assessment.

Rationale

A number of factors can cause or contribute to bedwetting in children and young people that may affect their treatment and support needs. A comprehensive initial assessment will ensure the plan for managing bedwetting meets the child's or young person's needs and helps parents or carers to cope with bedwetting.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people who are bedwetting have a comprehensive initial assessment.

Data source: Local data collection.

Process

Proportion of children and young people who are bedwetting who have a comprehensive initial assessment.

Numerator – the number in the denominator who have a comprehensive initial assessment.

Denominator – the number of children and young people presenting with a new episode of bedwetting.

Data source: Local data collection.

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What the quality statement means for different audiences

Service providers (such as GPs and NHS trusts) ensure that they have clear policies to train and support healthcare professionals to carry out comprehensive initial assessments for children and young people who are bedwetting.

Healthcare professionals (such as GPs, school nurses and community nurses) undertake a comprehensive initial assessment of children and young people who are bedwetting.

Commissioners (such as clinical commissioning groups, local authorities and NHS England area teams) ensure that the services they commission have sufficient healthcare professionals competent in carrying out comprehensive initial assessments for bedwetting.

Children and young people who are bedwetting have an assessment in which they (and their parents or carers if appropriate) are asked questions to help work out what is happening, what might be causing it, and to find out more about any other relevant problems they might have.

Source guidance

Bedwetting in under 19s. NICE guideline CG111 (2010), recommendations 1.3.1 to 1.3.19

Definitions of terms used in this quality statement

Comprehensive initial assessment

A comprehensive initial assessment of bedwetting includes the pattern of bedwetting and related factors such as fluid intake, toileting pattern and daytime symptoms, together with possible medical, emotional or physical triggers and individual needs that may have an impact on treatment and support. Physical factors such as constipation, urinary tract infection and diabetes should be identified and treated, and the impact of current medication considered. Other wider social, family, emotional and developmental issues should also be explored to ensure the plan for managing bedwetting meets individual needs and enables the family to cope with bedwetting. Healthcare professionals should consider possible maltreatment if parents or carers are thought to regard the bedwetting as deliberate, there is evidence of punitive treatment or if bedwetting does not resolve in a child or young person who was previously dry, unless a physical or emotional trigger can be identified. [Adapted from NICE's guideline on bedwetting in under 19s, recommendations 1.3.1 to 1.3.19]

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Equality and diversity considerations

Healthcare professionals should take into consideration the cultural and communication needs of children and young people (and their parents or carers if appropriate) when assessing children and young people with bedwetting.

Healthcare professionals should fully assess bedwetting in children and young people with developmental or learning difficulties or physical disabilities because symptoms can be improved with the correct support and treatment.

The quality statement does not cover children younger than 5 years. The decision about whether to formally manage bedwetting in children younger than 5 years would be a clinical judgement; it would not be appropriate in all cases.

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Quality statement 2: Review after initial advice is given

Quality statement

Children and young people have an agreed review date if they, or their parents or carers, are given advice about changing their daily routine to help with bedwetting.

Rationale

It may be appropriate to offer initial advice to children and young people, and their parents or carers, about making changes to their daily routine based on the comprehensive initial assessment of bedwetting. This could include advice on fluid intake, diet and toileting patterns, as well as approaches to lifting and waking, and reward systems. It is important to agree a date to review progress to avoid children and young people continuing with the agreed plan indefinitely with no real improvement in their bedwetting.

Quality measures

Structure

Evidence of local arrangements to ensure that a review date is agreed for children and young people if they, or their parents or carers, are given advice about changing their daily routine to help with bedwetting.

Data source: Local data collection.

Process

Proportion of children and young people who have an agreed review date if they, or their parents or carers, are given advice about changing their daily routine to help with bedwetting.

Numerator – the number in the denominator who have an agreed review date.

Denominator – the number of children or young people who are given advice about changing their daily routine to help with bedwetting.

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Data source: Local data collection.

Outcome

Detection of unresolved bedwetting in children and young people who are given initial advice.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as GPs and NHS trusts) ensure that systems are in place for a review date to be agreed for children and young people if they, or their parents or carers, are given advice about changing their daily routine to help with bedwetting.

Healthcare professionals (such as GPs, school nurses and community nurses) agree a review date for children and young people if they, or their parents or carers, are given advice about changing their daily routine to help with bedwetting.

Commissioners (such as clinical commissioning groups, local authorities and NHS England area teams) ensure that they commission services from providers who agree a review date for children and young people if they, or their parents or carers, are given advice about changing their daily routine to help with bedwetting.

Children and young people who are bedwetting who are given advice about changing their daily routine to help with bedwetting (or whose parents or carers are given advice) have an agreed date to review how they are getting on and if any other treatment is needed.

Source guidance

Bedwetting in under 19s. NICE guideline CG111 (2010), recommendations 1.5.1 to 1.5.7, 1.6.1, and 1.7.1 to 1.7.3

Definitions of terms used in this quality statement

Advice about changing their daily routine

This involves providing information and advice on fluid intake, toileting, lifting and waking and the

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use of reward systems. [Adapted from NICE's guideline on bedwetting in under 19s, recommendations 1.5 to 1.7]

Equality and diversity considerations

Healthcare professionals should take into consideration the cultural and communication needs of children and young people (and their parents or carers if appropriate) when carrying out a review.

Healthcare professionals should fully assess bedwetting in children and young people with developmental or learning difficulties or physical disabilities because symptoms can be improved with the correct support and treatment.

The quality statement does not cover children younger than 5 years. The decision about whether to formally manage bedwetting in children younger than 5 years would be a clinical judgement; it would not be appropriate in all cases.

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Quality statement 3: Initial treatment

Quality statement

Children and young people, and their parents or carers if appropriate, have a discussion about initial treatment if bedwetting has not improved after changing their daily routine.

Rationale

The choice of initial treatment should be informed by the comprehensive initial assessment, and should take into account the preference of the child or young person and, if appropriate, their parents or carers. Factors such as age, associated functional difficulties and disabilities, financial burdens and living situations may affect their preferences. Discussing the initial treatment options with their healthcare professional will ensure that children and young people, and their parents or carers if appropriate, are able to make an informed decision about which treatment will meet their specific needs.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people, and their parents or carers if appropriate, have a discussion about initial treatment if bedwetting has not improved after changing their daily routine.

Data source: Local data collection.

Process

Proportion of children and young people whose bedwetting has not improved after changing their daily routine who have a recorded discussion (including their parents or carers if appropriate) about initial treatment.

Numerator – the number in the denominator who have a recorded discussion (including their parents or carers if appropriate) about initial treatment.

Denominator – the number of children and young people whose bedwetting has not improved after

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changing their daily routine.

Data source: Local data collection.

Outcome

Children, young people and their parents or carers are actively involved in decisions about their care.

Data source: Local data collection. The NHS England GP Patient Survey asks how good the GP was in involving people in decisions about their care (this is not specific to bedwetting in children and young people).

What the quality statement means for different audiences

Service providers (such as GPs and NHS trusts) ensure that systems and policies are in place for healthcare professionals to discuss initial treatment with children and young people, and their parents or carers if appropriate, if bedwetting has not improved after changing their daily routine.

Healthcare professionals (such as GPs, school nurses and community nurses) discuss initial treatment with children and young people, and their parents or carers if appropriate, if bedwetting has not improved after changing their daily routine.

Commissioners (such as clinical commissioning groups, local authorities and NHS England area teams) ensure that the services they commission have policies that include discussion of initial treatment with children and young people, and their parents or carers if appropriate, if bedwetting has not improved after changing their daily routine.

Children and young people with bedwetting that hasn't improved after changing their daily routine (and their parents or carers if appropriate) discuss possible treatment (such as a bedwetting alarm or medication) with their healthcare professional.

Source guidance

Bedwetting in under 19s. NICE guideline CG111 (2010), recommendations 1.4.1 to 1.4.5, 1.8.1, 1.10.1 and 1.10.2

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Definitions of terms used in this quality statement

Changing their daily routine

This involves making changes to the child or young person's routine based on information and advice provided on fluid intake, toileting, lifting and waking and the use of reward systems. [Adapted from NICE's guideline on bedwetting in under 19s, recommendations 1.5 to 1.7]

Initial treatment for bedwetting

An alarm should be offered as first-line treatment unless it is considered undesirable or inappropriate (for example, if bedwetting is very infrequent, that is, less than 1 or 2 wet beds per week, or the parents or carers are having emotional difficulty coping with the burden of bedwetting or are expressing anger, negativity or blame towards the child or young person).

Desmopressin may be offered as initial treatment to children and young people older than 7 years if an alarm is undesirable or inappropriate, or if the priority for the child is to achieve a rapid short-term improvement in bedwetting.

Consideration of which initial treatment is most appropriate will depend on the child or young person's age, the frequency of bedwetting and the motivation and needs of the child or young person and their parents or carers.

An alarm or desmopressin may be considered for children aged 5 to 7 years. The decision about suitable treatment for 5- to 7-year-olds should take into account the pattern of bedwetting as well as the child's ability, maturity, motivation and understanding of an alarm, their wider living circumstances and the views of their parents or carers. [Adapted from NICE's guideline on bedwetting in under 19s, recommendations 1.4.5, 1.8.1, 1.8.8, 1.10.1 and 1.10.2]

Equality and diversity considerations

When discussing initial treatment of bedwetting in children and young people with developmental or learning difficulties or physical disabilities, healthcare professionals should be aware that symptoms can be improved with the correct support and treatment.

Initial treatment may be considered for children and young people with developmental or learning difficulties or physical disabilities, tailored to their individual needs and abilities.

The quality statement does not cover children younger than 5 years. The decision about whether to

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formally manage bedwetting in children younger than 5 years would be a clinical judgement; it would not be appropriate in all cases.

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Quality statement 4: Access to treatment

Quality statement

Children and young people who are bedwetting receive the treatment agreed in their initial treatment plan.

Rationale

Once a child or young person and, if appropriate, their parents or carers, have made an informed choice about using an alarm or desmopressin as the treatment for bedwetting, this should be agreed in their initial treatment plan. They should then receive the treatment in their plan. Bedwetting can put families under considerable pressure and once they have asked for help they need to receive treatment so they can resolve the problem. Any delay in their agreed treatment being available, for example as a result of local waiting lists or treatment policy, may put families under unnecessary pressure and have a negative impact on the outcomes for the child or young person.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people who are bedwetting receive the treatment agreed in their initial treatment plan.

Data source: Local data collection.

Process

a) Proportion of children and young people who are bedwetting who receive the treatment agreed in their initial treatment plan.

Numerator – the number in the denominator who receive the treatment agreed in their initial treatment plan.

Denominator – the number of children and young people who are bedwetting who have an initial treatment plan.

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Data source: Local data collection.

b) Waiting times to receive initial treatment for bedwetting.

Data source: Local data collection.

Outcome

Patient satisfaction with the availability of initial treatment for bedwetting.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as GPs and NHS trusts) ensure that they have appropriate policies and resources to support healthcare professionals to agree initial treatment plans for bedwetting and to provide the treatment agreed in those plans.

Healthcare professionals (such as GPs, school nurses and community nurses) ensure that children and young people who are bedwetting have an initial treatment plan and receive the treatment agreed in their plan.

Commissioners (such as clinical commissioning groups, local authorities and NHS England area teams) ensure that they commission services with policies and resources to enable children and young people who are bedwetting to have an initial treatment plan and to receive the treatment agreed in their plan. This includes ensuring that services provide enough suitable alarms for bedwetting to meet demand.

Children and young people who are bedwetting have an agreed plan for their treatment (such as using a bedwetting alarm or taking medication) and are able to get the treatment in their plan.

Source guidance

Bedwetting in under 19s. NICE guideline CG111 (2010), recommendations 1.4.5, 1.8.1, 1.10.1 and 1.10.2

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Definitions of terms used in this quality statement

Initial treatment for bedwetting

An alarm should be offered as first-line treatment unless it is considered undesirable or inappropriate (for example, if bedwetting is very infrequent, that is, less than 1 or 2 wet beds per week, or the parents or carers are having emotional difficulty coping with the burden of bedwetting or are expressing anger, negativity or blame towards the child or young person).

Desmopressin may be offered to children and young people older than 7 years if an alarm is undesirable or inappropriate, or if the priority for the child is to achieve a quick short-term improvement in bedwetting.

Consideration of which initial treatment is most appropriate will depend on the child or young person's age, the frequency of bedwetting and the motivation and needs of the child or young person and their parents or carers.

An alarm or desmopressin may be considered for children aged 5 to 7 years. The decision about suitable treatment for 5- to 7-year-olds should take into account the pattern of bedwetting as well as the child's ability, maturity, motivation and understanding of an alarm, their wider living circumstances and the views of their parents or carers. [Adapted from NICE's guideline on bedwetting in under 19s, recommendations 1.4.5, 1.8.1, 1.8.8, 1.10.1 and 1.10.2]

Equality and diversity considerations

Although some parents and carers may be willing and able to buy an alarm for their child, this should not be assumed. Children and young people whose parents or carers cannot afford to buy an alarm should not be disadvantaged by having to wait before they can get access to this treatment.

The type of alarm should be selected to meet the specific needs of children and young people with developmental or learning difficulties or physical disabilities.

The quality statement does not cover children younger than 5 years. The decision about whether to formally manage bedwetting in children younger than 5 years would be a clinical judgement; it would not be appropriate in all cases.

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Quality statement 5: Access to specialist review

Quality statement

Children and young people whose bedwetting has not responded to courses of initial treatments are referred for a specialist review.

Rationale

If bedwetting in children and young people does not respond to courses of initial treatments, referral should be made for a specialist review so that the factors associated with a poor response (for example, overactive bladder, underlying disease, or social and/or emotional issues) can be assessed. Services that provide specialist reviews after courses of initial treatments have been tried for bedwetting may help to reduce the number of inappropriate hospital referrals, which will benefit the child or young person and may reduce costs.

Quality measures

Structure

Evidence of local arrangements to ensure that children and young people whose bedwetting has not responded to courses of initial treatments can access a specialist review.

Data source: Local data collection.

Process

Proportion of children and young people whose bedwetting has not responded to courses of initial treatments who are referred for a specialist review.

Numerator – the number in the denominator referred for a specialist review.

Denominator – the number of children and young people whose bedwetting has not responded to courses of initial treatments.

Data source: Local data collection.

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Outcome

Reduction in inappropriate hospital referrals.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as GPs and NHS trusts) ensure that healthcare professionals are aware of agreed referral pathways to access a specialist review for bedwetting.

Healthcare professionals (such as GPs, school nurses and community nurses) refer children and young people who are bedwetting for specialist review if their bedwetting does not respond to courses of initial treatments.

Commissioners (such as clinical commissioning groups, local authorities and NHS England area teams) ensure that they commission services to provide specialist reviews for bedwetting with agreed referral pathways from primary care.

Children and young people with bedwetting that hasn't improved after trying initial treatments (such as a bedwetting alarm and/or medication) are referred to a specialist who can provide extra support.

Source guidance

Bedwetting in under 19s. NICE guideline CG111 (2010), recommendation 1.12.1

Definitions of terms used in this quality statement

Bedwetting that has not responded

Bedwetting has not responded to treatment if the child has not achieved 14 consecutive dry nights or a 90% improvement in the number of wet nights per week. The response to treatment should be assessed as follows:

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- The response to an alarm or desmopressin should be assessed at 4 weeks. If there are no early signs of response (smaller wet patches, fewer wetting episodes per night or fewer wet nights), treatment should be reviewed.
- Children and young people should continue treatment for 3 months if there are early signs of a response at 4 weeks. If complete dryness is not achieved after 3 months, treatment should be reviewed.
- Treatment with an alarm should only continue after 3 months if the bedwetting is still improving and the child or young person, and their parents or carers if appropriate, are motivated to continue. Bedwetting may continue to improve for up to 6 months with desmopressin but treatment should be withdrawn for 1 week after 3 months to check if dryness has been achieved.

[Adapted from NICE's guideline on bedwetting in under 19s, recommendations 1.8.2, 1.8.4, 1.10.6, 1.10.11 and 1.11.3]

Courses of initial treatments

An alarm should be offered as first-line treatment unless it is considered undesirable or inappropriate (for example, if bedwetting is very infrequent, that is, less than 1 or 2 wet beds per week, or the parents or carers are having emotional difficulty coping with the burden of bedwetting or are expressing anger, negativity or blame towards the child or young person).

Desmopressin may be offered to children and young people older than 7 years if an alarm is undesirable or inappropriate, or if the priority for the child is to achieve a quick short-term improvement in bedwetting.

Consideration of which initial treatment is most appropriate will depend on the child or young person's age, the frequency of bedwetting and the motivation and needs of the child or young person and their parents or carers.

An alarm or desmopressin may be considered for children aged 5 to 7 years. The decision about suitable treatment for 5- to 7-year-olds should take into account the pattern of bedwetting as well as the child's ability, maturity, motivation and understanding of an alarm, their wider living circumstances and the views of their parents or carers.

If bedwetting does not respond to initial alarm treatment, courses of treatment with a combination of alarm and desmopressin and/or desmopressin alone may be offered depending on the response

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achieved and whether an alarm remains acceptable. [Adapted from NICE's guideline on bedwetting in under 19s, recommendations 1.4.5, 1.8.1, 1.8.8, 1.10.1, 1.10.2, 1.9.1 and 1.9.2]

Specialist review

Children and young people whose bedwetting has not responded to courses of initial treatments should be referred to the next step up in service that provides comprehensive continence assessment and treatment for children and young people (for example, from a level 1 service such as in primary care which provides general advice and may also provide initial treatment, to a level 2 specialist service that undertakes comprehensive assessment, or level 3 secondary or tertiary services for children and young people with symptoms that require medical assessment). The characteristics and settings for these services would depend on local arrangements.

An example of a level 2 service is a children's community continence service that treats bladder and bowel problems and delayed toilet training, and is delivered by an experienced and competent multidisciplinary team led by a paediatric continence nurse specialist. [Adapted from the Paediatric Continence Forum's Paediatric continence commissioning guide, section 1.5]

Equality and diversity considerations

When referring children and young people for a specialist review, any potential difficulties in accessing services, which may include distance, disability and financial barriers, should be taken into account.

When discussing treatment for bedwetting in children and young people with developmental or learning difficulties or physical disabilities, the healthcare professional should be aware that symptoms can be improved with the correct support and treatment.

The quality statement does not cover children younger than 5 years. The decision about whether to formally manage bedwetting in children younger than 5 years would be a clinical judgement; it would not be appropriate in all cases.

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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.

See NICE's how to use quality standards 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.

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Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments are available.

Good communication between health and social care practitioners and children and young people who are bedwetting, 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 who are bedwetting 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.

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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.

Bedwetting in under 19s. NICE guideline CG111 (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.

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Related NICE quality standards

- Patient experience in adult NHS services. NICE quality standard 15 (2012, updated 2019)
- Child abuse and neglect. NICE quality standard 179 (2019)
- Diabetes in children and young people. NICE quality standard 125 (2016)
- Constipation in children and young people. NICE quality standard 62 (2014)
- Urinary tract infection in infants, children and young people under 16. NICE quality standard 36 (2013)
- Looked-after children and young people. NICE quality standard 31 (2013)

The full list of quality standard topics referred to NICE is available from the quality standards topic library on the NICE website.

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Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 3. Membership of this committee is as follows:

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Update information

Minor changes since publication

April 2020: Changes have been made to statement 5 to update the source guidance and the definition of specialist review. Links and references have also been updated throughout.

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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.

This quality standard has been incorporated into the NICE Pathway on bedwetting in children and young people.

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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

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aware of and encouraged to use the quality standard.

- ERIC (Education and Resources for Improving Childhood Continence)
- Paediatric Continence Forum
- PromoCon
- Royal College of Paediatrics and Child Health
- Royal College of Nursing (RCN)

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