

## CCG / PPF Continance Products Meeting

<b>Meeting title</b>	<b>Continance Products Meeting</b>
<b>Location</b>	<b>Pomona House</b>
<b>Date &amp; Time</b>	<b>Monday 10<sup>th</sup> June @ 2pm</b>
<b>Present</b>	<b>Jo Hooper</b> – Comisioning Manager, Joint Commissioning – South Devon and Torbay CCG <b>Andrew Stilliard</b> – Contracts Manager, Category Manager, Peninsula Purchasing & Supply Alliance Comisioning Lead for CCG <b>Linsey Gresty</b> – PPF Steering Group Member <b>Tamzen Pugh</b> – PPF Steering Group Member <b>Catherine Wickens</b> – PPF Steering Group Member <b>Marianne Lewis</b> – PPF Steering Group Secretary
<b>Apologies</b>	<b>Chris Sumner</b> - PPF Steering Group Member <b>Carole Brierly</b> - PPF Steering Group Member <b>Liz Bell</b> - PPF Member who administered the continence survey from PPF Members

### **Background presented by Andrew Stilliard**

Andrew has held the continence service contract for the last 10 yrs. The Continance contract is one of the largest PCT contracts costing £5 million. The contract area is continually growing. There are 21,000 clients of the service over Devon and Cornwall with 1,100 being under age 19. Over the last 5 yrs Andrew has tried to co-ordinate services to benefit all. This is the 3<sup>rd</sup> time service users have been involved across the region (PPF were not included an all 3). Changes have been made in response to service user comments. Clients now initiate orders and deliveries. The delivery cycle was increased to 12 weeks in order to cut down carbon footprint and although some issues have been raised there have been no complaints received. Carbon footprint was reduced by the removal of 12 delivery vehicles as a direct result and consequent cost savings made as well.

### Issues raised from survey with feedback and action points

Issue	Feedback	Action	Who
<p>A few parents had real issues with storing 3 months supply of nappies in their home. There should be flexibility to allow more frequent deliveries to be made for parents who are assessed as having limited storage and especially where storage of products impedes on their child's living space and movement (nappy boxes in corridors).</p>	<p>The delivery cycle was increased to 12 weeks in order to cut down carbon footprint and although some issues have been raised there have been no complaints received. Carbon footprint was reduced by the removal of 12 delivery vehicles as a direct result and consequent cost savings made as well.</p>	<p>PPF to establish number of parents affected and the area they live in across the bay. Jo will then investigate central holding facilities in the affected areas. Andrew to explore the meaning of 'part delivery' to see if it would be possible for those affected to have their order split and delivered in two parts on different dates.</p>	<p>PPF, JH and AS</p>
<p>Parents wanted plain packaging on products/boxes as their child was embarrassed by needing nappies/pads and didn't want everyone to know what was being delivered</p>	<p>Boxes should now all be plain, but products do need to be easily identified by packers when making up the deliveries which is why the bags cannot be completely plain however requests could be made for the identification on the bag to be changed to something more discrete</p>	<p>Andrew will raise this issue with providers</p>	<p>AS</p>
<p>Parents wanted regular routine re-assessment offered to ensure optimum fit/absorbency as child's needs change with growth/maturity. Parents also</p>	<p>Jo explained that they are aware that the clinic is massively oversubscribed and is seeking additional funding to address this. National best practice is that initial assessments should take</p>	<p>Parents should contact the clinic if they need their child to be reassessed.</p>	<p>Parents</p>

<p>wanted to discuss their allocation (e.g. quantity of nappies per day) at reassessment and whether it still met their child's needs.</p> <p>Several parents were unhappy with the amount of products their child had been allocated per day and felt it too be unrealistic (too few).</p>	<p>place within 18 weeks; reassessment contact should then be made at 6 months (this may be by phone in order to reduce clogging up clinics). National guidelines suggest that all clients should be seen in clinic at least once a year (however this may be addressed by paediatrician appointments). Parents can request re-assessments at any time if they feel it is required.</p>		
<p>Some parents found they ran out of products before they could re-order. There needs to be more flexibility in the system to allow for urgent ordering (via continence professional) in times of genuine emergency such as illness (when extra nappies may be needed to cope with diarrhoea) or an urgent need to change product (e.g. due to an allergic reaction/eczema).</p>	<p>In cases where there is a temporary increase in usage (i.e. the child has a tummy bug) and additional products are needed Andrew and Jo were unsure as to what process was currently in place it was suggested the expectation might be that DLA should be sufficient to cover this. However, subsequent to the meeting the PBBC Clinic have confirmed that if parents contact the service on such occasions an emergency delivery can be initiated and re-assessment as required.</p>	<p>Parents should contact PBBC Clinic to request an emergency delivery, however if the situation persists then parents should request a reassessment of needs.</p>	
<p>Parents wanted more choice of products (e.g not just from Tena)</p>	<p>Andrew explained that there are and will not be any 3rd party products within the contract. This is because it is not cost efficient to include this within the</p>	<p>Parents who feel that the contract provided products do not meet their child's requirements should initially contact the clinic for</p>	

	<p>contract. Product testing is carried out to ensure the contract is given to the provider who has the most appropriate and best quality products to meet identified needs. The CCG will address individual issues if there are no products within the contract suitable to meet individual needs.</p>	<p>reassessment and if no suitable product can be sourced from the contracted provider the PBBCClinic will, in these few individual cases, make suitable alternative arrangements.</p>	
<p>36% were unhappy with the quality of the products they used (nappies, pull-ups).</p>	<p>Product testing by a range of user groups prior to contracts being issued should address this issue; however complaints should be addressed to the clinic if products are of unsatisfactory quality.</p>	<p>Extensive product testing (two users from each client group involved across the two counties) will be undertaken prior to the contract being issued. Two PPF members will be due to be included in product testing, hopefully this will happen over the school summer holidays.</p>	
<p>36% of parents hadn't been offered samples of products to try before choosing. Samples should routinely be offered to ensure optimum fit/absorbency. Tena currently offer samples (3 in a pack of each size).</p>	<p>Sample packs should be standard practice at initial order and on request at a later date.</p>		

<p>Parents complained about a lack of information and suggested that an information leaflet was required</p>		<p>Andrew will arrange for the provider to supply parent information leaflets (with parent involvement in design) to be included within the contract. A letter (including the leaflet assuming it is produced in time) will be sent out to all clients prior to the 1<sup>st</sup> delivery on the new contract.</p>	<p>AS, Contracted provider and PPF</p>
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<p><b>Recorded by</b></p>	<p><b>Marianne Lewis</b></p>
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