Consultation feedback for bpac^{nz} guideline contextualisation: The management of urinary incontinence in women

Please email responses to: guidelines@bpac.org.nz **Deadline for submission of feedback: 20 August at 5pm**

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft guideline, specifically: 1. Do the guideline recommendations accurately reflect the New Zealand health sector? **No. The Guideline does not reflect:** • **the Māori-specific context;** • **cultural safety/competence context; or** • **primary health care approach** **of Aotearoa New Zealand's health system.** **The Guideline is essentially predicated on the traditional 'top down' medical model, rather than fully utilising appropriately trained RNs (Community, Practice, District Nurses, etc.) or nurse specialists at an earlier stage. I.e. there is minimal emphasis placed on management through prevention. This undermines the concept of patient-centred, and empowered, care.** **Midwives are a glaring omission from the Multi Disciplinary team (MDT). The importance of teamwork – health practitioners working in concert with each other cannot be over emphasised, but a primary health care approach is essential to reduce health demand and disparities. As clinicians who are educated to recognise when medical intervention and referral is necessary and who work with doctors and other health practitioners to ensure seamless delivery of appropriate care, nurses are well placed to deliver the frontline continence healthcare, education, and advocacy needed to support women to prevent and manage urinary incontinence problems. The effectiveness of community based nurse-led primary healthcare continence services in reducing cost, demand and adverse health outcomes is evident in such services as the continence service set up in 2010 following the NICE Guidelines (2010) for management of childhood constipation and management of childhood nocturnal enuresis (bed wetting). See RCN Innovation series http://www.rcn.org.uk/__data/assets/pdf_file/0007/596464/Rhonda_Reilly_Childrens_continence_service_-_final_summary.pdf** **The Guideline refers to "healthcare professionals" throughout. The more usual term in Aotearoa New Zealand is "health practitioner" as per the Health Practitioners Competence Assurance Act 2003 and subsequent legislation.** 2. Are there any areas of the guideline which do not address specific issues within New Zealand? **Yes. The document needs to acknowledge te Tiriti o Waitangi and specific obligations to Māori, including health care for Māori. Lack of cultural awareness and safety is one of the key reasons for continuing and unacceptable disparities in Māori health outcomes. For Māori, and also for Pacific peoples, all bodily waste - urine, menstrual blood, faeces - is tapu. The Guidelines'**

	predominantly Pākeha tikanga of assessment and education is inappropriate and therefore likely to be ineffective. Eg bladder diaries can be very useful for many women, but for many Māori, particularly kaumātua and kuia, it would be insulting and whakama i.e. more than embarrassing, offensive or shameful, but deeply and spiritually offensive, to be asked to write down such functions. The guidelines need to address this issue not only to comply with te Tiriti obligations, but because it is only through by opening the doorway to better verbal communication within culturally safe environments that Māori and Pacific women will be empowered to participate in their healthcare, and health equity will be improved. The cultural context is fundamentally important as Aotearoa New Zealand has a very high proportion, and very low retention, of internationally qualified nurses and medical practitioners, and the profile of the regulated health workforce does not reflect that of the population. **NZNO and Te Rūnanga o Aotearoa recommend that the Guideline include a section before Assessment 1.1 that discusses cultural safety and gives guidance for culturally appropriate ways to approach education and support, specific guidance for Māori women, and for other groups such as Pacific women where there are known barriers. The Guideline does not cover interpreters for migrant and refugee peoples, for example. Again, health workers need some sort of guidance as to how to handle this difficult but not uncommon situation. It is often very difficult, if not impossible, for family members to interpret sensitive information and instruction/training on urinary incontinence.** **Other feedback we have received that demonstrates the preferred primary health care approach includes the following from a clinical nurse specialist in continence (CNSC):** *Often we see patients who have been referred to our service who have been inappropriately prescribed medications to aid their continence issue without knowing what is causing it. Worse still are referrals from health practitioners who just want product provision without evidence of having completed an assessment, perhaps due to knowledge deficit, difficulty and time. This is detrimental to optimal healthcare and very costly; it can lead to more problems and reinforce dependence or loss of independence, and poor habits. It is not supportive of patient, whānau or other support organisations. It is essential that we look first at assessment and trying lifestyle changes before going down the medication route.* *Continence assessment takes time, and time is needed to produce a care plan that gives regular support to make a difference. The CSNC can address these issues and should be fully utilised, resourced and supported to provide a high quality and standard in delivery of specialist care as part of this guideline for women with incontinence issues.* *I would recommend that women are first offered a complex holistic assessment by a CNSC who has expert knowledge and experience in continence education and management. This will ensure all areas of continence are fully addressed and, if required, referred to an appropriate specialist i.e. Urology or Gynaecology, women's health physiotherapist etc. A CNSC will be able to develop programmes and discuss individual patient care plan outcomes appropriately, i.e. Pelvic floor muscle strengthening exercises regime, after vaginal examination, bladder diary completion, bladder retraining programmes, life style*

	choice modifications like fluid and dietary advice, physical exercise, weight reduction, smoking cessation, distraction, relaxation techniques, review of medications by GP, bladder scan, and financial support eg linking patient with community sourced cost effective products to use. A CNSC is also able to access resources from within the appropriate networks to support patient/clients identified goal. *Guidelines should also address cultural needs of kaumātua and kuia.* **NZNO would be happy to discuss any aspect of this submission and can recommend nurses, including Māori members of NZNO's Runanga o Aotearoa and Te Poari, members of the Pacific Nurse Section, and CNSCs who could speak to both the cultural and technical aspects of the guideline.** **Please note:** Bpac[nz] is only permitted to make changes on a contextual nature to the original NICE guidance. No change to the evidence base is permitted. Feedback is welcomed on the guideline context, and any perceived differences not accounted for. It is important you read through the guideline scope document, which confirms what topics will / will not be covered by the guideline contextualisation process. See www.bpac.org.nz/guidelines/development-process.html for clarification of the process bpac[nz] undertakes to contextualise NICE guidance.
Stakeholder organisation(s) (or your name if you are commenting as an individual):	**New Zealand Nurses Organisation** **This submission is informed by members and staff of NZNO, in particular the Women's Health Section, NZNO; the Pacific Nurse section, NZNO; and Te Runanga o Aotearoa, NZNO and professional nursing and policy advisers.** **NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand. NZNO represents over 46,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment related matters. NZNO is affiliated to the International Council of Nurses and the New Zealand Council of Trade Unions.** **NZNO promotes and advocates for professional excellence in nursing by providing leadership, research and education to inspire and progress the profession of nursing. NZNO represents members on employment and industrial matters and negotiates collective employment agreements.** **NZNO embraces Te Tiriti o Waitangi and contributes to the improvement of the health status and outcomes of all peoples of Aotearoa New Zealand through influencing health, employment and social policy development enabling quality nursing care provision. NZNO's vision is Freed to care, Proud to nurse.**

Name of responder (leave blank if you are commenting as an individual):	**Marilyn Head** BA, Dip Tchg, M Sc **Senior Policy Analyst** NEW ZEALAND NURSES ORGANISATION PO BOX 2128 WELLINGTON 6140 **DDI 04 494 6372** OR 0800 283 848 E-MAIL **MARILYNH@NZNO.ORG.NZ** www.nzno.org.nz

Comment number	Section	Page number Or **'general'** for comments on the whole document	Comments Insert each comment in a new row. Please type your responses directly into this table.
Example 1	Referral	16	We are concerned that this recommendation may imply that ……..
1	Neurostimulation	14	What is the rationale for 'do not offer transcutaneous sacral nerve stimulation to treat OAB?' Many women prefer this option to medications or more invasive therapies and it has had success for some individuals.
2	Medications	18	Nurses are concerned that women, particularly elderly women, have been prescribed oxybutinin without sufficient assessment of their incontinence resulting in some with stress incontinence taking the drug. The follow up also needs to be robust as urinary retention with overflow can result; this is difficult to self-recognise particularly for the elderly with a long history of incontinence.
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Insert extra rows as needed

Checklist for submitting comments

- Use this comment form and submit it as a Word document (not a PDF).
- Include the section and page number that each comment is about, or list 'General' if comment is on guideline as a whole.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

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- Ensure any feedback is made on the basis of contextual changes to guidance which is relevant to the New Zealand health sector

All draft guidance and documentation that we have produced in related to this guideline can be accessed at www.bpac.org.nz/guidelines.

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