Local contract ref.	
Goal number	
Goal name	**Improving faecal incontinence care according to NICE Quality Standard 54**
Indicator weighting (% of CQUIN scheme available)	10%
Description of indicator	**QS Statement 2**. Adults reporting or identified as having bowel control problems are offered a full baseline assessment, which is carried out by healthcare professionals who do not assume that symptoms are caused by any existing conditions or disabilities. **Statement 3**. Adults with faecal incontinence and their carers are offered practical support, advice and a choice of appropriate products for coping with symptoms during the period of assessment and for as long as they experience episodes of faecal incontinence. **Statement 4.** Adults with faecal incontinence have an initial management plan that covers any specific conditions causing the incontinence, and diet, bowel habit, toilet access and medication..
Numerator	1. % of patients with faecal incontinence who have baseline assessment which includes medical history, physical examination (including anorectal examination) and medication review [adapted from NICE clinical guideline 49, recommendation 1.2.2], and questions about diet and how the bowel problems affect their day-to-day life. Examples of specific questions to ask as part of a baseline assessment are available in table 1 of NICE clinical guideline 49 2. % patients with faecal incontinence who are offered advice, support and a choice of products (such as pads, plugs, skincare products and disposable gloves) to help them deal with bowel control problems [NICE clinical guideline 49 recommendations 1.1.5,1.3.11, 1.3.12 and 1.3.13]. 3. % patients with faecal incontinence have an initial management plan that covers any specific conditions causing the incontinence, and diet, bowel habit, toilet access and medication. Interventions may include addressing specific conditions causing the incontinence and addressing diet, bowel habit, toilet access and medication needs [Adapted from NICE clinical guideline 49 recommendations 1.3.1 to 1.3.15]. Specific conditions that might cause faecal incontinence and require condition-specific interventions include: • faecal loading • potentially treatable causes of diarrhoea (for example, infective, inflammatory bowel disease and irritable bowel syndrome) • warning signs for lower gastrointestinal cancer, such as rectal bleeding and change in bowel habit, as defined in recommendations 1.5.4 to 1.5.10 of Referral guidelines for suspected cancer [NICE clinical guideline 27] • rectal prolapse or third-degree haemorrhoids

	• acute anal sphincter injury including obstetric and other trauma • acute disc prolapse/cauda equina syndrome. [NICE clinical guideline 49 recommendation 1.2.3]
Denominator	Number of hospital inpatients, and/or primary care patients who report or who are identified as having faecal incontinence A minimum of 25 patients with FI will be surveyed quarterly
Rationale for inclusion	Faecal incontinence may have different underlying causes and contributing factors. There is a risk that healthcare professionals could make assumptions that faecal incontinence is related to a pre-existing condition or disability (such as a neurological condition or cognitive impairment) without carrying out a full assessment. Faecal incontinence may have different contributing factors in people with the same long-term condition. A baseline assessment that takes account of the individual person, rather than assuming incontinence is related to a pre-existing condition, is therefore essential. Correct identification of contributing factors will promote better access to care and ensure that appropriate management can be planned. Faecal incontinence can be depressing, demoralising and detrimental to everyday life and it is important that people are able to cope with symptoms. Because some interventions may take time to be effective, people have to cope with symptoms while undergoing baseline assessment and sometimes during the period of initial management, while waiting for specialist referral, or while undergoing specialist assessment or management. People for whom specialist management has not been effective and people who do not wish to pursue active treatment also have to cope with symptoms. Access to support, advice and appropriate coping strategies, including a choice of appropriate products, can allow people with faecal incontinence to lead active lives with as much independence as possible. Most symptoms of faecal incontinence can be improved, and many resolved, with initial management. Considering simple management options that may improve or resolve symptoms, in addition to providing support and advice on coping, should lead to the biggest improvements in quality of life for people with faecal incontinence. Effective initial management may reduce the risk of skin conditions and falls, and reduce the number of referrals to some specialist services. It can also help carers to cope, preventing carer breakdown and potentially delaying the need for domiciliary or residential care. People for who early specialist referral is indicated should also be offered initial management during any period of waiting. Good faecal incontinence care is critical in delivering the 3 national CQUINs for 2014: dementia programmes (around 50% of patients with dementia have faecal incontinence depending on degree of impairment), NHS Safety Thermometer pressure sores indicator, and Friends and Family survey (22 out of the 33 cases presented as oral evidence in the Francis report included “significant concerns” about continence care).

Data source	Patient records (including electronic) for inpatients and/or primary care patients. Data can be collected on a quarterly basis examining a minimum of 25 patients with faecal incontinence
Frequency of data collection	3 Monthly
Organisation responsible for data collection	All relevant NHS-funded providers [Insert Provider name]. Designated continence leads should be identified one in acute Trust and one in community to ensure accountability for CQUIN delivery.
Frequency of reporting to commissioner	Quarterly
Baseline period/date	Based on audit of 25 sets of notes in hospital inpatients and in community
Baseline value	First audit % values for numerator 1-3
Final indicator period/date (on which payment is based)	April 2014 – March 2015
Final indicator value (payment threshold)	80% of patients with faecal incontinence with all three elements: a) Baseline assessment b) Advice and support c) Management plan
Rules for calculation of payment due at final indicator period/date (including evidence to be supplied to commissioner)	Evidence: Provider reports showing: number of patients with faecal continence number of patients whose faecal incontinence problems have been assessed and managed
Final indicator reporting date	March 2015
Are there rules for any agreed in-year milestones that result in payment?	No
Are there any rules for partial achievement of the indicator at the final indicator period/date?	No
	References and sources of information · Faecal incontinence. NICE quality standard 54 (2014). · Patient experience in adult NHS services. NICE quality standard 15 (2012). · Lower urinary tract symptoms in men. NICE quality standard 45 (2013) · Faecal incontinence. NICE clinical guideline 49 (2007). · Irritable bowel syndrome. NICE clinical guideline 61 (2008). · Lower urinary tract symptoms in men. NICE clinical guideline 97 (2010). · Urinary incontinence in neurological disease. NICE clinical guideline 148 (2012). · Urinary incontinence in women. NICE clinical guideline 171 (2013).