



Experts claim improved incontinence care could alleviate NHS bed blocking crisis

A study of 500 medical professionals who care for patients with incontinence found 29 per cent believe beds are currently blocked by people in hospital who would be able to go home sooner, were the levels of medical counsel and quality of provisions better.

And 24 per cent believe the mismanagement of incontinence, specifically, can lead to a delay in patient discharge. In addition, 61 per cent of experts polled by hygiene and health company Essity, said there are patients who are being admitted to hospital or care facilities with incontinence related conditions, due to previous mismanagement of their situation.

The current high bed occupancy rates, which sit consistently above 95 per cent, could be reduced significantly were the government to fast track a new policy announced by House of Lords member Lord Philip Hunt, in May 2024.

But the implementation of the policy, stipulating that the total cost of care including patient experience and outcomes must be considered ahead of simply the cost per product, has been delayed by several months.

Mr. Mark Stott, consultant urologist, believes a number of beds could be released earlier, if patients received a tailored programme of care, along with better quality incontinence products.

He said: "Improved continence care and the best use of products will reduce unplanned admissions and would facilitate discharge in many older patients."

“Incontinence is a key factor affecting the package of care, early discharge or residential placement in a number of patients.

“We know a good continence care plan can contribute to patients getting home more quickly; it is that package of care which allows them to become independent again, and which speeds up their recovery.

“Early supported discharge, with a tailored plan - which takes into account the patient’s individual needs, the reason for their incontinence, their physical and mental ability – can prevent help to reduce length of stay, relapses and readmittances.”

Exactly six in 10 questioned in the study said urinary tract infections could be dealt with more effectively, while 54 per cent said there should be better education on incontinence overall.



Social care, pressure ulcers and better care provision for mental and physical health (52 per cent respectively) were all cited as things which could be handled better for those patients with incontinence, to prevent admission to hospital in the first place, or avoid a delay in discharge.

Medical experts also feel there should be better provision of incontinence products to aid care (47 per cent), and long-term patient healthcare (45 per cent).

However, only a third of those polled via OnePoll.com are yet aware of the proposed policy change in the way the NHS procures its medical supplies.

Although 54 per cent are convinced that when this does come into play, it will enable patients to live a more dignified life, and 53 per cent think it will improve the quality of care on offer from the NHS.

Just under four in 10 (39 per cent) believe they would see a distinct improvement in the mental and physical health of patients.

While 35 per cent said the introduction of ‘patient first’ procurement would result in the earlier discharge of incontinence patients from a hospital or care home setting.

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And 32 per cent firmly think it will prevent them from being admitted in the first place.

Richard Maddison, spokesperson for Essity said:
“It’s clear when you speak to healthcare professionals that the way in which the NHS procures medical products has to change.

“Choosing the cheapest product believing it will save money is a huge false economy that not only ends up costing the health service more in the long run, but it completely disregards the negative knock-on effects such as unnecessary admissions, bed blocking, patient dignity, and ultimately the outcome for the patient.

“The current approach to procurement has a hugely detrimental impact on patients, their families, and healthcare professionals. The answer is not more money for the NHS, the answer is a smarter way to spend the money it has now.”