**CHCP HULL & EAST RIDING BLADDER & BOWEL SERVICE – GUIDANCE FOR REFERRERS**

This guidance is intended for clinicians referring into the Hull & East Riding Bladder and Bowel service for patients:

* **With specific Bladder and/or Bowel symptoms**
* **Aged 18 years and over.**
* **Registered with a Hull or East Riding GP**

**Please note, referrals that do not meet referral criteria or do not describe the patient’s symptoms will be rejected.**

**Inclusion and Exclusion criteria are listed within this document.**

**1) Introduction**

The Bladder and Bowel Service is a treatment service which offers telephone / clinic / home visit appointments across Hull & ER

**2) Referral Process and Criteria**

Referral is only available for patients aged 18 and over with a Hull or ER GP

**Criteria**

Symptoms of bladder and/or bowel dysfunction, pelvic floor problems

Individuals who are willing & able to actively participate in active treatment - experiencing symptoms such as;

* Stress Incontinence – leak urine when on cough, sneeze, exercise
* Urge incontinence – urine leakage on the way to the toilet
* Overactive bladder – the need rush urgently to the toilet, frequency
* Bladder symptoms without incontinence – urgency, frequency
* Mixed stress & urge incontinence
* Difficulties passing urine
* Recurrent Urinary Tract Infections
* Neurogenic bladder dysfunction
* Chronic constipation
* Defecation difficulties
* Neurogenic bowel dysfunction
* Faecal incontinence
* Pelvic floor muscle problems - weakness / mild prolapse

**Consideration of Red Flags**

Any patient with Urological / Colorectal or Gynaecological cancer symptoms should be referred to Secondary care

Bladder and Bowel Service will not accept any patient with current clinical red flags or patients that have undertaken pelvic radiation therapy within the last 12months.

**Consideration for Inappropriate Referrals**

Bladder and Bowel Service will reject referrals that do not specify the patients Bladder, Bowel or Pelvic floor muscle symptoms or those which do not meet referral criteria

We will not accept a referral that just states “incontinence” or “patient needs incontinence pads”

Please note that the service will not accept patients who are under the care of Secondary Care for their Bladder / Bowel dysfunction

**Information to Include in the Referral**

A Bladder & Bowel referral should contain enough relevant information to enable us to make a triage decision as to how the patient is best managed, without us needing to examine their medical records, or return the referral to you requesting further information. The following details should always be included where able:

* Description of the symptoms
* History; including duration and onset if possible
* Previous treatment and investigations
* Any related cancer history
* Any related skin damage e.g. sacral sore

**Referral Option Routes**

* Patients can self-refer by telephone to the Care Co-Ordination Hub - 01482 247111.
* Referral form emailed to Care Co-Ordination Hub - chcp.247111@nhs.net
* SystmOne to SystmOne referral for internal CHCP services

**Triage Criteria**

Patients who are referred and suitable for the Bladder and Bowel service are triaged within 3 working days of receipt of referral.

The Bladder & Bowel service has Routine triage criteria.

However, the service will prioritise patients with sacral pressure sores which are not healing due to Faecal / urinary incontinence

**Whilst we appreciate waiting times can feel lengthy, we cannot support requests to expedite referrals unless priority criteria are met.**

Routine: all other B&B specific issues will be deemed as routine unless Priority criteria are met and clearly outlined on referral.

Patients that are routine will be booked into a telephone assessment appointment

Care Home patients, patients with identified communication difficulties and those with sacral pressure sores will be booked for a home visit.

**Important Information**

When referring into the B&B service, **please do not** tell the patient that they are being referred for containment products

The Bladder and Bowel Service is **treatment** focused and will only prescribe containment products for the following circumstances

* Treatment has failed
* The patient is unable to undertake treatment e.g. the patient has Advanced Dementia

Containment product type and absorbency will only be prescribed to meet the patients’ clinical needs

**Please note**, we do not accept referrals for patients as a stop gap whilst waiting for services with lengthy waiting times that are within our exclusion criteria.

**Exclusion Criteria and options for alternative services**

**Exclusions:**

Cancer specific Red flag indicators such as asymptomatic haematuria, blood in stools with altered bowel habit

Individuals who are not willing to participate in active treatment

Patients who are currently under the care of Urology / Colorectal services etc. for their bladder / bowel dysfunction

Pelvic radiation (within the last 12months)

Incontinence with associated pain

Severe pelvic organ prolapse

Acute urinary retention symptoms

Palpable bladder

Rapid onset of lower urinary tract symptoms in males

Patients whose only desired treatment option is containment pads

End stages of life

Under 18 years of age

Stoma patients

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| **FOR PATIENTS REQUIRING:** | **REFERRAL OPTIONS FOR APPROPRIATE PATIENT MANAGEMENT** |
| Post natal pelvic floor issues within 12 weeks of deliveryDiastasis rectusPelvic floor pain  | Women’s Health Physiotherapy in secondary care  |
| Indwelling Catheterisation care  | Community Nursing  |
| End stages of life – with bladder / bowel incontinence  | Community Nursing team  |
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