Who can establish a neurogenic bowel management programme?

### Assessment and development of a bowel management programme

Assessment, development and evaluation of a bowel management programme should be undertaken by a specialist healthcare professional with the necessary skills and knowledge with a bowel dysfunction and neurology background.

In specialist inpatient settings (such as spinal cord injury, stroke, MS or PD) experienced registered nurses will plan neurogenic bowel management according to established protocols, adapted to meet the needs of the individual in collaboration with that individual (MASCIP 2012).

### Established bowel management programme

Bowel care, including digital rectal interventions, can be given by a personal assistant (PA), carer, nurse or other person chosen by or acceptable to the individual. A care giver provided by a statutory agency or care agency should have received appropriate training, provided by a qualified healthcare practitioner competent in this care area of care, and be deemed capable to meet the individual’s bowel care needs and promote their autonomy.

As an employee of a healthcare organisation or agency, the competency of the care giver should be established by the employer and evaluated at regular agreed intervals (CQC 2010); vicarious liability for the employee’s actions then lies with the employer.

Where an individual directs their own care and employs personal assistants through the Direct Payments scheme, training of this kind may not be practical. It is for the individual who employs the carer to provide training and to ensure they are satisfied with the capability of the carer. In the community setting, the individual receiving care also has a responsibility to ensure they are satisfied that the carer is capable of giving their care prior to allowing any interventions to be undertaken for them. Where possible and appropriate the individual who will receive the care should be involved in the training programme of their carer. This will help to ensure a shared understanding of the care to be undertaken (MASCIP 2012).