Urinary incontinence in women

NICE quality standard

Draft for consultation

August 2014

Introduction

This quality standard covers the management of urinary incontinence in women aged 18 years and over. It does not cover urinary incontinence in women with neurological disease. For more information see the urinary incontinence in women topic overview.

Why this quality standard is needed

Urinary incontinence is the involuntary leakage of urine. It may result from a number of abnormalities of function of the lower urinary tract or from other conditions, which tend to cause leakage in different situations:

- Stress incontinence is the involuntary urine leakage of urine on effort, exertion, sneezing or coughing.
- Urgency incontinence is the involuntary leakage of urine with or immediately preceded by urgency (a sudden compelling desire to urinate that is difficult to delay).
- Mixed urinary incontinence is the involuntary leakage of urine associated with both urgency and exertion, effort, sneezing or coughing.
- Overactive bladder is defined as urgency with or without urgency incontinence and usually with frequency and nocturia. When it occurs with incontinence it is known as ‘OAB wet’; when it occurs without incontinence it is known as ‘OAB dry’. These combinations of symptoms suggest detrusor overactivity, but can result from other forms of urethrovesical dysfunction.

Urinary incontinence is an embarrassing problem for many women. It may be significantly underreported because they are too embarrassed to seek advice, do not wish to bother their GP; they believe urinary incontinence is normal in older women or they do not know that treatments are available.

Studies have shown that urinary incontinence affects one-third of women, with the prevalence increasing with age. Data also show that slight to moderate incontinence is more common in younger women, with moderate and severe incontinence mostly affecting older women.

The management of urinary incontinence can be conservative, pharmacological or surgical. Conservative management refers to therapies such as lifestyle interventions, physical, behavioural, and non-therapeutic interventions (such as products that collect or contain leakage). The preventive use of physical and behavioural therapies and of lifestyle interventions is also included.

Pharmacological treatment includes drugs such as mirabegron, desmopressin, diuretics, duloxetine and oestrogens.

When conservative management and pharmacological treatment have not adequately treated the symptoms associated with overactive bladder or stress urinary incontinence, surgery or other invasive treatment is considered.

The quality standard is expected to contribute to improvements in the following outcomes:

- Quality of life for women with urinary incontinence
- Experience of care for women with urinary incontinence.

How this quality standard supports delivery of outcome frameworks

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are derived from high-quality guidance, such as that from NICE or other sources accredited by NICE. This quality standard, in conjunction with the guidance on which

it is based, should contribute to the improvements outlined in the following outcomes framework published by the Department of Health:

- NHS Outcomes Framework 2014–15
- Adult Social Care Outcomes Framework 2014-15

Tables 1 and 2 show the outcomes, overarching indicators and improvement areas from the framework that the quality standard could contribute to achieving.

Table 1 NHS Outcomes Framework 2014–15

Domain	Overarching indicators and improvement areas
2 Enhancing quality of life for people with long-term conditions	***Overarching indicator*** 2 Health-related quality of life for people with long-term conditions* ***Improvement areas*** **Ensuring people feel supported to manage their condition** 2.1 Proportion of people feeling supported to manage their condition
4 Ensuring that people have a positive experience of care	***Overarching indicators*** 4a Patient experience of primary care i GP services ***Improvement areas*** **Improving people's experience of outpatient care** 4.1 Patient experience of outpatient services Improving hospitals' responsiveness to personal needs
Alignment across the health and social care system * Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Table 2 Adult Social Care Outcomes Framework 2014-15

Domain	Overarching indicators and improvement areas
1 Enhancing quality of life for people with care and support needs	***Overarching indicator*** 1.a Social care-related quality of life
Alignment across the health and social care system * Indicator shared with NHS Outcomes Framework (NHSOF)	

Coordinated services

The quality standard for urinary incontinence in women specifies that services should be commissioned from and coordinated across all relevant agencies encompassing the whole continence care pathway. A person-centred, integrated approach to providing services is fundamental to delivering high-quality care to women with urinary incontinence.

The Health and Social Care Act 2012 sets out a clear expectation that the care system should consider NICE quality standards in planning and delivering services, as part of a general duty to secure continuous improvement in quality. Commissioners and providers of health and social care should refer to the library of NICE quality standards when designing high-quality services. Other quality standards that should also be considered when choosing, commissioning or providing a high-quality continence service are listed in 'Related quality standards'.

Training and competencies

The quality standard should be read in the context of national and local guidelines on training and competencies. All healthcare professionals involved in assessing, caring for and treating women with urinary incontinence should have sufficient and appropriate training and competencies to deliver the actions and interventions described in the quality standard.

Role of families and carers

Quality standards recognise the important role families and carers have in supporting women with urinary incontinence. If appropriate, healthcare professionals should ensure that family members and carers are involved in the decision-making process about investigations, treatment and care.

List of quality statements

Statement 1. Women with urinary incontinence have an initial assessment that includes bimanual assessment, recording of the type and duration of symptoms, and categorisation of the urinary incontinence.

Statement 2. Women with urinary incontinence are only offered containment products as a temporary coping strategy pending decisions about treatment, or in addition to ongoing treatment or as long-term management after all possible treatment options have been unsuccessful.

Statement 3 Women with urinary incontinence are not offered transcutaneous sacral nerve or transcutaneous posterior tibial nerve stimulation to treat overactive bladder.

Statement 4 Women with urinary incontinence have a multidisciplinary team review before they are offered surgery or other invasive treatment for overactive bladder or symptoms of stress urinary incontinence.

Statement 5 Women with urinary incontinence have a digital vaginal assessment to confirm correct pelvic floor muscle contraction before they are offered supervised pelvic floor muscle training.

Statement 6 Women with symptoms of stress or mixed urinary incontinence are offered a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment.

Statement 7 Women with symptoms of urgency or mixed urinary incontinence should be offered bladder training for a minimum of 6 weeks as first-line treatment.

Statement 8 Women with urinary incontinence have indwelling urethral catheters for long-term treatment only if they have had a full assessment and discussion of the practicalities and potential urological complications.

Questions for consultation

Questions about the quality standard

Question 1 Does this draft quality standard accurately reflect the key areas for quality improvement?

Question 2 If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures?

Question 3 For each quality statement what do you think could be done to support improvement and help overcome barriers?

Quality statement 1: Initial assessment

Quality statement

Women with urinary incontinence have an initial assessment that includes bimanual assessment, recording of the type and duration of symptoms, and categorisation of the urinary incontinence.

Rationale

Categorising urinary incontinence is important because different types of incontinence need different treatments. Some treatments are only offered after referral to a specialist. Initial assessment that includes bimanual assessment and recording of the nature and duration of symptoms allows categorisation of urinary incontinence and provision or referral for the correct treatment.

Quality measures

Structure

Evidence of local arrangements to ensure that women with urinary incontinence receive an initial assessment that includes bimanual assessment, recording of type and duration of symptoms, and categorisation of urinary incontinence.

Data source: Local data collection.

Process

Proportion of women with urinary incontinence who receive an initial assessment including bimanual assessment, recording of type, duration and categorisation of symptoms, and categorisation of urinary incontinence.

Numerator – the number in the denominator who receive an initial assessment including bimanual assessment, recording of type and duration of symptoms, and categorisation of urinary incontinence.

Denominator – the number of women with urinary incontinence.

Data source: Local data collection and National Audit of Continence Care.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (such as GP practices, community continence services and hospitals) ensure that women with urinary incontinence receive an initial assessment that includes bimanual assessment, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

Healthcare professionals ensure that women with urinary incontinence receive an initial clinical assessment that includes bimanual assessment, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that offer women with urinary incontinence an initial assessment that includes bimanual assessment, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

What the quality statement means for patients, service users and carers

Women with leakage of urine have an assessment before they are offered treatment. The assessment includes bimanual assessment, recording the types of symptom and how long they have been present. This helps the healthcare professional to decide on the type of problem and whether referral to a specialist is needed.

Source guidance

- Urinary incontinence (NICE clinical guideline 171), recommendation 1.1.1 (key priority for implementation).

Definitions of terms used in this quality statement

Bimanual examination

Vaginal examination carried out using the examiner's fingers of one hand in the vagina and of the other hand on the abdomen. Allows the description of observed

and palpable anatomical abnormalities and the assessment of pelvic floor muscle function. [NICE clinical guideline 171]

Categorisation of urinary incontinence

Urinary incontinence can be categorised into stress urinary incontinence, urinary incontinence due to overactive bladder or, mixed urinary incontinence. [Expert opinion]

Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Some women, including those from certain ethnic groups, religious or cultural backgrounds may prefer to be examined by a female healthcare professional. Where possible, provision for this should be made.

Quality statement 2: Containment products

Quality statement

Women with urinary incontinence are only offered containment products as a temporary coping strategy pending decisions about treatment, or in addition to ongoing treatment, or as long-term management after all possible treatment options have been unsuccessful.

Rationale

Containment products such as absorbent products, hand-held urinals and toileting aids can offer security and comfort for women with urinary incontinence. The products can help women to continue their normal daily activities and therefore improve quality of life. However, they are costly and do not offer a long-term solution unless other treatments have failed.

Quality measures

Structure

Evidence of local arrangements to ensure that healthcare professionals offer containment products to women only as a temporary coping strategy pending decisions about treatment, or in addition to ongoing therapy, or as long-term management after all possible treatment options have been unsuccessful.

Data source: Local data collection.

Process

Proportion of women with urinary incontinence who are prescribed containment products as a temporary coping strategy pending decisions about treatment, or as adjuncts to ongoing therapy, or as long-term management after all possible treatment options have been unsuccessful.

Numerator – the number in the denominator receiving containment products as a temporary coping strategy pending decisions about treatment, or in addition to ongoing treatment, or as long-term management after all possible treatment options have been unsuccessful.

Denominator – the number of women with urinary incontinence who are prescribed containment products.

Data source: Local data collection and National Audit of Continence Care.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (such as GP practices, community continence services and hospitals) ensure that services offer containment products (absorbent products, hand-held urinals and toileting aids) to women with urinary incontinence only as a temporary coping strategy pending decisions about treatment, or in addition to ongoing treatment, or as long-term management after all possible treatment options have been unsuccessful.

Healthcare professionals ensure that they offer containment products (absorbent products, hand-held urinals and toileting aids) to women with urinary incontinence only as a temporary coping strategy pending decisions about treatment, or in addition to ongoing treatment, or as long-term management after all possible treatment options have been unsuccessful.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that offer women with urinary incontinence containment products (absorbent products, hand-held urinals and toileting aids) only as a temporary coping strategy pending decisions about treatment, or in addition to ongoing treatment, or as long-term management after all possible treatment options have been unsuccessful.

What the quality statement means for patients, service users and carers

Women with leakage of urine are offered products such as absorbent products, hand-held urinals and toileting aids only as a temporary measure while they are waiting for treatment, or as well as their main treatment, or as their main treatment only if all other possible treatments have been unsuccessful.

Source guidance

- Urinary incontinence (NICE clinical guideline 171), recommendation 1.6.1 (key priority for implementation).

Quality statement 3: Transcutaneous neurostimulation for overactive bladder

Quality statement

Women with urinary incontinence are not offered transcutaneous sacral nerve or transcutaneous posterior tibial nerve stimulation to treat overactive bladder.

Rationale

Transcutaneous sacral nerve and transcutaneous posterior tibial nerve stimulation are types of neurostimulation. However, they can be expensive and there is no evidence to support the use of these treatments for overactive bladder.

Quality measures

Structure

Evidence of local arrangements to ensure that healthcare professionals do not carry out transcutaneous sacral nerve or posterior tibial nerve stimulation to treat overactive bladder in women with urinary incontinence.

Data source: Local data collection.

Process

Proportion of women with urinary incontinence who receive transcutaneous sacral nerve or transcutaneous posterior tibial nerve stimulation to treat overactive bladder.

Numerator – the number in the denominator who receive transcutaneous sacral nerve or transcutaneous posterior tibial nerve stimulation.

Denominator – the number of women with urinary incontinence who receive treatment for overactive bladder.

Data source: Local data collection.

Outcome

Rates of transcutaneous sacral nerve and transcutaneous posterior tibial nerve stimulation to treat overactive bladder in women with urinary incontinence.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (such as community continence services and hospitals) ensure that transcutaneous sacral nerve or posterior tibial nerve stimulation are not offered to treat overactive bladder in women with urinary incontinence.

Healthcare professionals do not offer transcutaneous sacral nerve or posterior tibial nerve stimulation to treat overactive bladder in women with urinary incontinence.

Commissioners (such as clinical commissioning groups and NHS England) ensure that the services they commission do not offer transcutaneous sacral nerve or transcutaneous posterior tibial nerve stimulation to treat overactive bladder in women with urinary incontinence.

What the quality statement means for patients, service users and carers

Women with leakage of urine caused by a condition called overactive bladder are not offered treatments called transcutaneous sacral nerve stimulation and transcutaneous posterior tibial nerve stimulation.

Source guidance

- Urinary incontinence (NICE clinical guideline 171, recommendations 1.5.1 and 1.5.3).

Definitions of terms used in this quality statement

Overactive bladder

Urgency, with or without urge urinary incontinence, usually with frequency and nocturia. ‘OAB wet’ is where (urge) incontinence is present and ‘OAB dry’ is where incontinence is absent. [NICE clinical guideline 171]

Quality statement 4: Multidisciplinary team review before surgery or invasive treatment

Quality statement

Women with urinary incontinence have a multidisciplinary team review before they are offered surgery or other invasive treatment for overactive bladder or symptoms of stress urinary incontinence.

Rationale

Surgery or other invasive treatment should only be considered for overactive bladder or stress urinary incontinence if conservative management and pharmacological treatment have been unsuccessful. Multidisciplinary team review can ensure that all other possible treatments have been considered before surgery and other invasive treatments. The whole team approach can also help the decision of whether invasive treatment is suitable for the woman.

Quality measures

Structure

Evidence of local arrangements to ensure that a multidisciplinary team reviews the treatment options before offering surgery or other invasive treatment to women with overactive bladder or stress urinary incontinence.

Data source: Local data collection.

Process

Proportion of women with overactive bladder or stress urinary incontinence who have a multidisciplinary review before being offered surgery or other invasive treatment.

Numerator – The number in the denominator who have a multidisciplinary team review before treatment.

Denominator – The number of women with overactive bladder or stress urinary incontinence who have surgery or other invasive treatment.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (such as community continence services and hospitals) ensure that multidisciplinary teams are in place to discuss management strategies before women with overactive bladder or stress urinary incontinence are offered surgery or other invasive treatment.

Healthcare professionals ensure that women with overactive bladder or stress urinary incontinence have a multidisciplinary team review before they are offered surgery or other invasive treatment.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that carry out a multidisciplinary team review before offering surgery or other invasive treatment to women with overactive bladder or stress urinary incontinence.

What the quality statement means for patients, service users and carers

Women with leakage of urine caused by conditions called overactive bladder or stress urinary incontinence have a review of their condition by a team of healthcare professionals before they are offered any type of surgery.

Source guidance

- Urinary incontinence (NICE clinical guideline 171, recommendation 1.8.2 key priority for implementation)

Definitions of terms used in this quality statement

Multidisciplinary team

The multidisciplinary team for urinary incontinence should include:

- a urogynaecologist
- a urologist with a sub-specialist interest in female urology

- a specialist nurse
- a specialist physiotherapist
- a colorectal surgeon with a sub-specialist interest in functional bowel problems, for women with coexisting bowel problems
- a member of the care of the elderly team and/or occupational therapist, for women with functional impairment [NICE clinical guideline 171]

Overactive bladder

Urgency, with or without urge urinary incontinence, usually with frequency and nocturia. ‘OAB wet’ is where (urge) incontinence is present and ‘OAB dry’ is where incontinence is absent. [NICE clinical guideline 171]

Stress urinary incontinence

The complaint of involuntary leakage on effort or exertion or on sneezing or coughing. [NICE clinical guideline 171]

Quality statement 5: Digital assessment of pelvic floor muscles

Quality statement

Women with urinary incontinence have a digital vaginal assessment to confirm correct pelvic floor muscle contraction before they are offered supervised pelvic floor muscle training.

Rationale

Digital assessment establishes whether a woman is able to contract her pelvic floor muscles. If a woman is unable to contract these muscles correctly or optimally pelvic floor muscle training is unlikely to be beneficial.

Quality measures

Structure

Evidence of local arrangements to ensure that women with urinary incontinence have a digital vaginal assessment to confirm correct pelvic floor muscle contraction before they are offered supervised pelvic floor muscle training.

Data source: Local data collection.

Process

Proportion of women with urinary incontinence who have a digital vaginal assessment to confirm correct pelvic floor muscle contraction before referral for supervised pelvic floor muscle training.

Numerator – the number in the denominator who have a digital vaginal assessment to confirm correct pelvic floor muscle contraction before referral.

Denominator – the number of women with urinary incontinence who are referred for supervised pelvic floor muscle training.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (such as GP practices, community continence services and hospitals) ensure that systems are in place for women with urinary incontinence to have a digital vaginal assessment to confirm correct pelvic floor muscle contraction before they are offered supervised pelvic floor muscle training.

Healthcare professionals perform digital vaginal assessment to confirm correct pelvic floor muscle contraction before offering supervised pelvic floor muscle training to women with urinary incontinence.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that offer women with urinary incontinence a digital vaginal assessment to confirm correct pelvic floor muscle contraction before offering supervised pelvic floor muscle training.

What the quality statement means for patients, service users and carers

Women with leakage of urine have an internal examination to confirm that the muscles of the pelvic floor are contracting as they should, before they are offered training in how to contract and relax these muscles.

Source guidance

- Urinary incontinence (NICE clinical guideline 171, recommendation 1.1.4 key priority for implementation)

Definitions of terms used in this quality statement

Pelvic floor muscle training

Repetitive selective voluntary contraction and relaxation of specific pelvic floor muscles. [NICE clinical guideline 171]

Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Some women, including those from certain ethnic groups, religious or cultural backgrounds may prefer to be assessed by a female healthcare professional. Where possible, provision for this should be made.

Quality statement 6: Pelvic floor muscle training

Quality statement

Women with symptoms of stress or mixed urinary incontinence are offered a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment.

Rationale

Women with symptoms of stress or mixed urinary incontinence are often given a leaflet on pelvic floor muscle training. As a result, many women who attend for specialist treatment have been performing self-directed pelvic floor muscle exercises for many years but they often have had no improvement in their symptoms. However, when they take part in supervised pelvic floor exercise programmes their symptoms improve significantly and surgery or other invasive treatment can be avoided.

Quality measures

Structure

Evidence of local arrangements to ensure that a trial of supervised pelvic floor muscle training of at least 3 months' duration is available as first line treatment for women with stress or mixed urinary incontinence.

Data source: Local data collection.

Process

Proportion of women with stress or mixed urinary incontinence who have a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment.

Numerator – the number in the denominator who have a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment.

Denominator – the number of women first presenting with stress or mixed urinary incontinence.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (such as GP practices, community continence services and hospitals) ensure that supervised pelvic floor muscle training of at least 3 months' duration is available as first-line treatment for women with stress or mixed urinary incontinence.

Healthcare professionals offer supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment for women with stress or mixed urinary incontinence.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that offer women with stress or mixed urinary incontinence supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment.

What the quality statement means for patients, service users and carers

Women with leakage of urine caused by conditions called stress or mixed urinary incontinence are offered at least 3 months of training in pelvic floor exercises from a healthcare professional as a first treatment.

Source guidance

- Urinary incontinence (NICE clinical guideline 171, recommendation 1.3.1)

Definitions of terms used in this quality statement

Mixed urinary incontinence

Involuntary leakage associated with urgency and also with exertion, effort, sneezing or coughing. [NICE clinical guideline 171]

Pelvic floor muscle training

Repetitive selective voluntary contraction and relaxation of specific pelvic floor muscles. [NICE clinical guideline 171]

Stress urinary incontinence

The complaint of involuntary leakage on effort or exertion or on sneezing or coughing. [NICE clinical guideline 171]

Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Some women, including those from certain ethnic groups, religious or cultural backgrounds may prefer a female healthcare professional to supervise their pelvic floor exercises. Where possible, provision for this should be made.

Quality statement 7: Bladder training

Quality statement

Women with symptoms of urgency or mixed urinary incontinence should be offered bladder training for a minimum of 6 weeks as first-line treatment.

Rationale

Bladder training teaches a woman how to hold more urine in her bladder and so to cut back on the number of times she needs to pass urine. It also includes lifestyle advice on the amount and types of fluids to drink, and coping strategies to reduce urgency. Bladder training, alongside pelvic floor muscle training, as a first line treatment, can help to stop involuntary urine leakage in women with mixed urinary incontinence.

Quality measures

Structure

Evidence of local arrangements to ensure that women with symptoms of urgency or mixed urinary incontinence are offered bladder training for a minimum of 6 weeks as first line treatment.

Data source: Local data collection.

Process

Proportion of women with symptoms of urgency or mixed urinary incontinence who have bladder training for a minimum of 6 weeks as first-line treatment.

Numerator – The number in the denominator who have bladder training for a minimum of 6 weeks as first-line treatment.

Denominator – The number of women having first-line treatment for urgency or mixed urinary incontinence.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (such as GP practices, community continence services and hospitals) ensure that systems are in place for women with symptoms of urgency or mixed urinary incontinence to have bladder training for at least 6 weeks as first-line treatment.

Healthcare professionals offer bladder training for at least 6 weeks as first-line treatment to women with symptoms of urgency or mixed urinary incontinence.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that offer women with symptoms of urgency or mixed urinary incontinence bladder training for at least 6 weeks as first-line treatment.

What the quality statement means for patients, service users and carers

Women with urine leakage caused by conditions called urgency or mixed urinary incontinence are offered bladder training (advice on reducing urine leakage) for at least 6 weeks as a first-line treatment.

Source guidance

- Urinary incontinence (NICE clinical guideline 171, recommendation 1.4.1)

Definitions of terms used in this quality statement

Bladder training

Bladder training (also described as bladder retraining, bladder drill, bladder re-education, bladder discipline) actively involves the woman in attempting to increase the interval between the desire to void and the actual void. [NICE clinical guideline 171]

Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Some women, including those from certain ethnic groups, religious or cultural backgrounds may prefer a female healthcare professional to offer them bladder training. Where possible, provision for this should be made.

Quality statement 8: Indwelling catheters

Quality statement

Women with urinary incontinence have indwelling urethral catheters for long-term treatment only if they have had a full assessment and discussion of the practicalities and potential urological complications.

Rationale

Long-term use of indwelling urethral catheters can affect a woman's life. Therefore, healthcare professionals should discuss with the woman, and her family or carer if appropriate, the practicalities, benefits and risks of this treatment.

Quality measures

Structure

Evidence of local arrangements to ensure that healthcare professionals offer women with urinary incontinence long-term indwelling urethral catheters only if they had a full assessment and discussion about the practicalities and potential urological complications.

Data source: Local data collection.

Process

Proportion of women with urinary incontinence who have a full assessment and are involved in a discussion of the practicalities and potential urological complications of the long-term use indwelling urethral catheters.

Numerator – the number in the denominator who had a full assessment and discussion of the practicalities and potential urological complications of indwelling urethral catheters.

Denominator – the number of women with urinary incontinence who have indwelling urethral catheters for long-term use.

Data source: Local data collection.

What the quality statement means for service providers, healthcare professionals, and commissioners

Service providers (such as GP practices, community continence services and hospitals) ensure that systems are in place for women with urinary incontinence to have a full assessment and discussion with their healthcare professionals of the practicalities and potential urological complications of long-term use of indwelling urethral catheters.

Healthcare professionals ensure that they offer women with urinary incontinence a full assessment and discuss with them the practicalities and potential urological complications before they offer indwelling urethral catheters for long-term use.

Commissioners (such as clinical commissioning groups and NHS England) ensure that they commission services that offer women with urinary incontinence a full assessment and discussion with their healthcare professionals of the practicalities and potential urological complications of indwelling urethral catheters before long-term use.

What the quality statement means for patients, service users and carers

Women with leakage of urine are offered a full assessment and a discussion with their healthcare professional of the day-to-day use and possible complications of having a catheter before they are offered this for long-term treatment.

Source guidance

- Urinary incontinence (NICE clinical guideline 171, recommendation 1.6.4)

Equality and diversity considerations

Women with physical disabilities may have difficulty accessing the service so provision needs to be made for a home visit if necessary.

Some women, including those from certain ethnic groups, religious or cultural backgrounds may prefer to have an assessment and discussion with a female healthcare professional. Where possible, provision for this should be made.

Status of this quality standard

This is the draft quality standard released for consultation from 13 August 2014 to 10 September 2014. It is not NICE's final quality standard on urinary incontinence in women. The statements and measures presented in this document are provisional and may change after consultation with stakeholders.

Comments on the content of the draft standard must be submitted by 5pm on 10 September 2014. All eligible comments received during consultation will be reviewed by the Quality Standards Advisory Committee and the quality statements and measures will be refined in line with the Quality Standards Advisory Committee's considerations. The final quality standard will be available on the NICE website from January 2015.

Using the quality standard

Quality measures

The quality measures accompanying the quality statements aim to improve the structure, process and outcomes of care in areas identified as needing quality improvement. They are not a new set of targets or mandatory indicators for performance management.

We have indicated if current national indicators exist that could be used to measure the quality statements. These include indicators developed by the Health and Social Care Information Centre through its Indicators for Quality Improvement Programme. If there is no national indicator that could be used to measure a quality statement, the quality measure should form the basis for audit criteria developed and used locally.

See NICE's What makes up a NICE quality standard? for further information, including advice on using quality measures.

Levels of achievement

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of

100% should be aspired to (or 0% if the quality statement states that something should not be done). However, NICE recognises that this may not always be appropriate in practice, taking account of safety, choice and professional judgement, and therefore desired levels of achievement should be defined locally.

Using other national guidance and policy documents

Other national guidance and current policy documents have been referenced during the development of this quality standard. It is important that the quality standard is considered alongside the documents listed in 'Development sources' [Link to section in web version]

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments [add correct link] are available.

Good communication between health, public health and social care practitioners and women with urinary incontinence is essential. Treatment, care and support, and the information given about it, should be culturally appropriate. It should also be accessible to people with additional needs such as physical, sensory or learning disabilities, and to people who do not speak or read English. Women with urinary incontinence should have access to an interpreter or advocate if needed.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

Development sources

Further explanation of the methodology used can be found in the quality standards Process guide on the NICE website.

Evidence sources

The documents below contain recommendations from NICE guidance or other NICE-accredited recommendations that were used by the Quality Standards Advisory Committee to develop the quality standard statements and measures.

- Urinary incontinence. NICE clinical guideline 171 (2013).

Policy context

It is important that the quality standard is considered alongside current policy documents, including:

- Continence care services in England 2013 – Survey report. All Party Parliamentary Group for Continence Care (2013).
- National audit of continence care – Combined organisational and clinical report. Royal College of Physicians (2010).

Definitions and data sources for the quality measures

Primary source

- Urinary incontinence. NICE clinical guideline 171 (2013).

Related NICE quality standards

Published

- Lower urinary track symptoms (LUTS) in men. NICE quality standard 45 (2013).
- Patient experience in adult NHS services. NICE quality standard 15 (2012).

In development

- Nocturnal enuresis in children and young people. Publication date to be confirmed.

Quality Standards Advisory Committee and NICE project team

Quality Standards Advisory Committee

This quality standard has been developed by Quality Standards Advisory Committee 2. Membership of this committee is as follows:

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific,

concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

The methods and processes for developing NICE quality standards are described in the quality standards process guide.

This quality standard will be incorporated into the NICE pathway for urinary incontinence in women

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