

Putting NICE guidance into practice

Resource impact report: Urinary incontinence (update) and pelvic organ prolapse in women: management (NG123)

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Summary

This report focuses on the recommendations from NICE's guideline on [urinary incontinence \(update\) and pelvic floor prolapse: management](#) that we think will have the greatest resource impact nationally (for England). This is

- to offer a review at least once a year to women who are using absorbent containment products for long-term management of urinary incontinence (UI) (recommendation 1.4.19).

There is uncertainty around the number of women who are currently using absorbent containment products and who attend an annual review. Because of this, 3 different scenarios have been modelled with the number of women who currently attend an annual review ranging from 20% to 60%.

The estimated annual cost of implementing this guideline for the population of England based on the 3 scenarios ranging from £0 to £1.4 million is shown in table 1.

Table 1 Estimated annual cost of implementing the guideline in England

Scenario's for women with urinary incontinence using absorbent containment products	Future uptake of annual reviews		
	60% (£000)	80% (£000)	90% (£000)
1) 20% of women currently attending an annual review	805	1,207	1,409
2) 40% of women currently attending an annual review	403	805	1,007
3) 60% of women currently attending an annual review	0	403	604

This report is supported by a resource impact template which may be used to calculate the resource impact of implementing the guidance at a local level.

Services for urinary incontinence and pelvic organ prolapse in women are commissioned by clinical commissioning groups and NHS England. NHS England are responsible for commissioning specialist surgeries and the mesh involved in surgery. Clinical commissioning groups are responsible for all other services such as surgery, outpatient appointments etc. Providers are NHS hospital trusts and community providers.

1 Introduction

- 1.1 The guideline offers best practice advice on the management of urinary incontinence and pelvic organ prolapse in women.
- 1.2 This report discusses the resource impact of implementing our guideline on urinary incontinence (update) and pelvic organ prolapse in women: management in England. It aims to help organisations plan for the financial implications of implementing this NICE guideline.
- 1.3 A resource impact template accompanies this report to help with assessing the resource impact at a local level in England, Wales or Northern Ireland.
- 1.4 We have considered direct costs and savings to the NHS and not those for the individual, the private sector or the not-for-profit sector. Any cost savings arising from a change in practice have been offset against the cost of implementing the change.
- 1.5 Services for urinary incontinence and pelvic organ prolapse in women are commissioned by clinical commissioning groups and NHS England. NHS England are responsible for commissioning specialist surgeries and the mesh involved in surgery. Clinical commissioning groups are responsible for all other services such as surgery, outpatient appointments etc. Providers are NHS hospital trusts and community providers.

2 Background

- 2.1 Urinary incontinence (UI) is a common symptom that can affect women of all ages, with a wide range of severity and nature. While rarely life-threatening, incontinence may seriously influence the physical, psychological and social wellbeing of affected individuals. The impact on the families and carers of women with

UI may be profound, and the resource implications for the health service considerable.

2.2 Pelvic organ prolapse is defined as symptomatic descent of one or more of: the anterior vaginal wall, the posterior vaginal wall, the cervix or uterus, or the apex of the vagina (vault or cuff).

Symptoms include a vaginal bulge or sensation of something coming down, urinary, bowel and sexual symptoms, as well as pelvic and back pain. These symptoms affect women's quality of life.

2.3 There is likely to be an increasing need for surgery for urinary incontinence and pelvic organ prolapse because of the ageing population.

3 Significant resource impact recommendations

As a result of the guideline there is only expected to be 1 recommendation that results in a significant resource impact.

3.1 *Non-surgical management of urinary incontinence*

The guideline recommends:

Offer a review at least once a year to women who are using absorbent containment products for long-term management of UI (**recommendation 1.4.19**).

Background

3.1.1 When people are issued with absorbent containment products for UI there is large variation in practice in terms of how often people are reviewed. In some areas this happens twice a year and in other areas not at all.

3.1.2 The committee discussed whether some women were not being offered annual reviews and that there was a possibility that some women were using absorbent containment products when

alternative treatments may be more appropriate. In other cases, the quantity or type of absorbent containment product provided maybe inappropriate.

Assumptions made

- 3.1.3 It is estimated, from data provided by NHS supply chain, that around 141,000 women are currently receiving clinical commissioning group funded absorbent containment products.
- 3.1.4 The scenario in the template is based on clinical expert opinion and is that currently 40% of women attend at least one review per year.
- 3.1.5 We have assumed that the average length of the review will be 30 minutes in total.
- 3.1.6 Expert opinion is that reviews are carried out by either continence teams for ambulant patients or community nurses assess people who are house bound.
- 3.1.7 Based on clinical expert opinion, it is assumed that within these teams the reviews are carried out by nurses ranging from salary band 5 to 8. Some continence teams may contain specialist physiotherapists and we have assumed that they are paid at salary band 7. The configuration of teams can be adjusted in the resource impact template as appropriate.
- 3.1.8 We have assumed an average cost of around £14 per review as shown below in table 2. The mix of staff can be adjusted in the resource impact template to assess the most appropriate cost for your local area.

Table 2. Cost of a review for a woman using absorbent containment products for long-term management of UI

Staff description	Cost per review (including on-costs) (£)
Half an hour of a nurse's time (assuming equivalent of band 5 mid-point)	10.44
Half an hour of a nurse's time (assuming equivalent of band 6 mid-point)	12.69
Half an hour of a nurse's time (assuming equivalent of band 7 mid-point)	15.21
Half an hour of a nurse's time (assuming equivalent of band 8 A mid-point)	18.89
Average cost of a half hour review	14.31

Scenarios

- 3.1.9 Expert clinical opinion is that there is variation in practice in the number of annual reviews for women who are using absorbent containment products. Because of this uncertainty 3 different scenarios of current and future attendance at reviews have been modelled:
- 3.1.10 Current uptake of annual reviews of women using absorbent containment products:
- Scenario 1 – 20% of women having at least one review per year
 - Scenario 2 – 40% of women having at least one review per year
 - Scenario 3 – 60% of women having at least one review per year.
- 3.1.11 It is assumed in all 3 scenarios that the future proportion of women attending an annual review could be 60%, 80% and 90% respectively. The resource impact of the 3 scenarios is in table 3.

Table 3. Resource impact of the different scenarios for women using absorbent containment products and currently attending annual reviews

Scenario	Future uptake of annual reviews		
	60% (£000)	80% (£000)	90% (£000)
1) 20% of women attending an annual review	805	1,207	1,409
2) 40% of women attending an annual review	403	805	1,007
3) 60% of women attending an annual review	0	403	604

Costs

3.1.12 Implementing this guideline is likely to lead to a significant increase in costs for both providers and clinical commissioning groups (CCGs). Currently continence services are commissioned through block contracts and therefore a significant increase in activity may require providers to employ additional staff and to re-negotiate the block payment for the service with CCGs.

3.1.13 The resource impact of women who are using absorbent containment products attending an annual review for each scenario at the mid-point future uptake of reviews, is summarised below in table 4.

Table 4 Estimated annual cost of annual reviews and the number of women attending reviews

	Current practice	2019/20	2020/21	2021/22	2022/23	2023/24
Scenario 1) 20% current uptake and future uptake of 80%						
Resource impact each year for annual reviews (£000s)		242	484	725	966	1,208
Number of women having an annual review (000)	28	45	62	79	96	113
Scenario 2) 40% current uptake and future uptake of 80%						
Resource impact each year for annual reviews (£000)		161	322	483	644	805
Number of women having an annual review (000)	56	67	79	90	102	113
Scenario 3) 60% current uptake and future uptake of 80%						
Resource impact each year for annual reviews (£000)		81	161	242	322	403
Number of women having an annual review (000)	84	90	96	101	107	113

Benefits and savings

3.1.14 Ensuring that all women have at least one annual review may lead to a reduction in the use of absorbent containment products in some women. However, there may also be additional costs as a result of an increase in reviews if more women receive alternative medical treatments such as physiotherapy, medication, botulinum toxin type A and surgery. Due to a lack of clinical evidence in this area, it is not possible to estimate the initial increase in costs and the longer-term potential savings from a reduction in the use of absorbent containment products.

Other considerations

3.1.15 Providers of continence services should be aware that according to clinical expert opinion that a significant proportion of women are

thought to be using absorbent containment products bought privately. Expert clinical opinion is that this group will not be affected by the recommendation as they are presently outside of the system in terms of their treatment of the condition.

- 3.1.16 In areas where annual reviews are not currently offered, there may be a need to provide training to staff such as district nurses. It is assumed this would be covered through annual training, however there may be an initial cost to set this up, but this is not expected to be significant.

4 Implications for commissioners

- 4.1 Urinary incontinence and pelvic organ floor prolapse fall under programme budgeting category 17A genital tract problems.
- 4.2 Commissioners who do not currently commission annual reviews for absorbent containment products may need to discuss arrangements with providers locally.
- 4.3 There is no national tariff for commissioning the service, therefore any predicted changes in activity may not represent the actual cost to the individual providers delivering the activity.

5 Other considerations

The following recommendations do not have significant resource implications but may need to be assessed locally. These are:

- Regional MDTs that deal with complex pelvic floor dysfunction and mesh-related problems should review the proposed treatment for women and Regional MDTs that deal with complex pelvic floor dysfunction and mesh-related problems should include staffing as listed. (Rec 1.1.4 and Rec 1.1.5)
- Use 100 units as the initial dose of botulinum toxin type A to treat overactive bladder in women (Rec 1.4.48)

- Do not offer a transobturator approach unless there are specific clinical circumstances (for example, previous pelvic procedures) in which the retropubic approach should be avoided (Rec 1.5.10)
- Offer anterior repair without mesh to women with anterior vaginal wall prolapse (Rec 1.8.20)
- Offer posterior vaginal repair without mesh to women with a posterior vaginal wall prolapse (1.8.23)

- 5.1 The addition of a regional multidisciplinary team (MDT) for complex pelvic floor dysfunction and mesh-related problems may lead to a small number of women being reviewed at a regional MDT rather than at an additional local MDT. We do not expect that the additional staffing needed for this will be large, but providers may want to review this locally with regional partners.
- 5.2 Offering botulinum toxin type A at an initial dose of 100 units instead of using absorbent containment products to treat overactive bladder in women may lead to savings in some areas, however we do not think this will be significant.
- 5.3 Not offering the transobturator tape approach unless there are specific clinical circumstances will not have a significant impact as the alternative surgical treatment (tension free tape) is the same cost as the transobturator approach.
- 5.4 Offering women anterior repair without mesh to women with an anterior vaginal wall prolapse may reduce the use of mesh in approximately 230 women per year. However, because of the small number of operations involved, this will not lead to a significant saving.
- 5.5 Offering women posterior vaginal repair without mesh to women with a posterior vaginal wall prolapse may reduce the use of mesh in approximately 190 women per year. However, because of the

small number of operations involved, this will not lead to a significant saving.

Sensitivity analysis

- 5.6 There are some assumptions in the model for which no empirical evidence exists, so we cannot be as certain about them. Appropriate minimum and maximum values of variables were used in the sensitivity analysis to assess which variables have the biggest impact on the net cost or saving. This enables users to identify the significant cost drivers.
- 5.7 Appendix A is a table listing all variables modified. The sensitivity analysis is based on scenario 2 where 40% of women currently attending an annual review with future practice increasing to the mid-point of 80% of women attending reviews. The key conclusions are discussed below.
- 5.8 Varying the current practice from 20% to 60% leads to a resource impact varying from £1,208,000 to £403,000.
- 5.9 Varying the future practice from 60% to 100% leads to a resource impact varying from £403,000 to £1,208,000.

Appendix A. Results of sensitivity analysis

<u>Individual variable sensitivity</u>				Recurrent resource impact				
	Baseline value	Minimum value	Maximum value	Baseline resource impact (£000s)	Minimum resource impact (£000s)	Maximum resource impact (£000s)	Change (£000s)	Sensitivity ratio
Current uptake of annual reviews	40%	20%	60%	805	403	1,208	805	0.50
Future uptake of annual reviews	80%	60%	100%	805	403	1,208	805	1.00
Annual reviews that are band 5 led	25%	0%	50%	805	733	878	145	0.05
Annual reviews that are band 8 A led	25%	0%	50%	805	719	891	172	0.05

About this resource impact report

This resource impact report accompanies the NICE guideline on [Urinary incontinence \(update\) and pelvic organ prolapse in women: management](#) and should be read in conjunction with it. See [terms and conditions](#) on the NICE website.

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