NICE National Institute for Health and Care Excellence

NICE quality standard

Urinary incontinence in women

Quality standard

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Contents

This standard is based on CG171.

This standard should be read in conjunction with QS15, QS45, QS70, QS90, QS89 and QS108.

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 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 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 (OAB) 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 muscle 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, they 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 and physical, behavioural and non-therapeutic interventions (such as products that collect or contain leakage).

Pharmacological treatment includes drugs with antimuscarinic action, mirabegron, desmopressin, 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 may be 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 2 outcomes frameworks published by the Department of Health:

- The Adult Social Care Outcomes Framework 2014–15 (Department of Health, November 2012)
- NHS Outcomes Framework 2014–15

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

Table 1 The Adult Social Care Outcomes Framework 2014–15

Domain	Overarching and outcome measures
1 Enhancing quality of life for people with care and support needs	*Overarching measurer* 1A Social care-related quality of life*
Aligning across the health and care system * Indicator shared with NHS Outcomes Framework (NHSOF)	

Table 2 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
Alignment across the health and social care system * Indicator complementary with Adult Social Care Outcomes Framework (ASCOF)	

Patient experience and safety issues

Ensuring that care is safe and that people have a positive experience of care is vital in a high-quality service. It is important to consider these factors when planning and delivering services relevant to urinary incontinence in women.

NICE has developed guidance and an associated quality standard on patient experience in adult NHS services (see the NICE pathway on patient experience in adult NHS services), which should be considered alongside this quality standard. They specify that people receiving care should be treated with dignity, have opportunities to discuss their preferences, and be supported to understand their options and make fully informed decisions. They also cover the provision of information to patients and service users. Quality statements on these aspects of patient experience are not usually included in topic-specific quality standards. However, recommendations in the development source(s) for quality standards that impact on patient experience and are specific to the topic are considered during quality statement development.

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. Quality statements on staff training and competency are not usually included in quality standards. However, recommendations

in the development source(s) on specific types of training for the topic that exceed standard professional training are considered during quality statement development.

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 first presenting with urinary incontinence have a physical examination, recording of the type and duration of symptoms, and categorisation of the urinary incontinence.

Statement 2 Women first presenting with urinary incontinence are asked to complete a bladder diary for a minimum of 3 days and given advice about the impact that lifestyle changes can have.

Statement 3 Women with urinary incontinence are only offered containment products as a temporary coping strategy, or as long-term management if treatment is unsuccessful.

Statement 4 Women with stress or mixed urinary incontinence who are able to contract their pelvic floor muscles are offered a trial of supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment.

Statement 5 Women with symptoms of urgency or mixed urinary incontinence are offered bladder training for a minimum of 6 weeks as first-line treatment.

Statement 6 Women with urinary incontinence have indwelling urethral catheters for long-term treatment only if they have an assessment and discussion of the practicalities and potential urological complications.

Statement 7 Women with overactive bladder or stress urinary incontinence symptoms have a multidisciplinary team review before they are offered surgery or other invasive treatment.

Quality statement 1: Initial assessment

Quality statement

Women first presenting with urinary incontinence have a physical examination, recording of the type and duration of symptoms, and categorisation of the urinary incontinence.

Rationale

Physical assessment and recording of the type and duration of symptoms help to categorise the urinary incontinence and enable referral for the correct treatment. Categorising urinary incontinence is important because different types of incontinence need different treatments.

Quality measures

Structure

Evidence of local arrangements to ensure that women first presenting with urinary incontinence have a physical examination, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

Data source: Local data collection.

Process

Proportion of women first presenting with urinary incontinence who receive a physical examination, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

Numerator – the number in the denominator who receive a physical examination, recording of type and duration of symptoms, and categorisation of urinary incontinence.

Denominator – the number of women first presenting 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 first presenting with urinary incontinence receive a physical examination, recording of the type and duration of symptoms, and categorisation of urinary incontinence.

Healthcare professionals ensure that when women first present with urinary incontinence they carry out a physical examination, record the type and duration of symptoms, and categorise the incontinence.

Commissioners (such as clinical commissioning groups and NHS England local area teams) ensure that they commission services that offer women first presenting with urinary incontinence a physical examination, 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 first going to their doctor with leakage of urine have an examination, with recording of the types of symptom and how long they have had them. This helps the healthcare professional to identify the type of problem and decide whether referral to a specialist is needed.

Source guidance

- Urinary incontinence (NICE guideline CG171), recommendation 1.1.1 (key priority for implementation).

Definitions of terms used in this quality statement

Categorisation of urinary incontinence

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

Physical examination

As a minimum, physical examination should include palpation of the abdomen to look for gross abnormalities and inspection of the external genitalia. [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.

Women with learning disabilities may need to be escorted by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand.

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

Quality statement 2: Bladder diaries and lifestyle changes

Quality statement

Women first presenting with urinary incontinence are asked to complete a bladder diary for a minimum of 3 days and given advice about the impact that lifestyle changes can have.

Rationale

Bladder diaries can provide a variety of information about urinary incontinence and may also be used for monitoring the effects of treatment. A bladder diary can help healthcare professionals and the woman to understand when urgency or leakage occurs, which is important when considering the management options.

Lifestyle changes can improve symptoms in women with urinary incontinence or overactive bladder. Giving lifestyle advice to women when they first present means they can benefit from these improvements as soon as possible.

Quality measures

Structure

a) Evidence of local arrangements to ensure that women first presenting with symptoms of urinary incontinence are asked to complete a bladder diary for a minimum of 3 days.

Data source: Local data collection.

b) Evidence of local arrangements to ensure that women first presenting with urinary incontinence are given lifestyle advice.

Data source: Local data collection.

Process

a) Proportion of women first presenting with urinary incontinence who are asked to complete a bladder diary for a minimum of 3 days.

Numerator – The number in the denominator who are asked to complete a bladder diary for a minimum of 3 days.

Denominator – The number of women first presenting with urinary incontinence.

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

b) Proportion of women first presenting with urinary incontinence who are given advice about lifestyle changes.

Numerator – The number in the denominator who are given advice about lifestyle changes.

Denominator – The number of women first presenting with 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 and community continence services) ensure that staff are trained to ask women first presenting with urinary incontinence to complete a bladder diary for a minimum of 3 days and give advice about the impact that lifestyle changes can have.

Healthcare professionals ensure that they ask women first presenting with urinary incontinence to complete a bladder diary for a minimum of 3 days and give them advice about the impact that lifestyle changes can have.

Commissioners (such as clinical commissioning groups and NHS England local area teams) ensure that they commission services in which staff are trained to ask women first presenting with urinary incontinence to complete a bladder diary for a minimum of 3 days and give them advice about the impact that lifestyle changes can have.

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

Women first going to their doctor with leakage of urine are asked to fill in a bladder diary for at least 3 days and given advice about how lifestyle changes can help. A bladder diary is used to record how much liquid they drink, how often they need to urinate and how much urine they pass. This diary is important to help understand patterns when considering options for management. Making lifestyle changes can improve symptoms.

Source guidance

- Urinary incontinence (NICE guideline CG171), recommendations 1.1.17 (key priority for implementation), 1.2.1, 1.2.2 and 1.2.3.

Definitions of terms used in this quality statement

Bladder diary

A diary that records times and amounts of urine passed, leakage episodes, pad usage and other information such as fluid intake, degree of urgency and degree of incontinence. A bladder diary should cover variations in the usual activities, such as both working and leisure days. [Adapted from urinary incontinence (NICE guideline CG171)]

Lifestyle changes

These are part of conservative management and include weight loss, fluid management and caffeine reduction. [Adapted from urinary incontinence (NICE guideline CG171)]

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.

Women with learning disabilities may need to be escorted by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand. They may also need support to complete the bladder diary.

Some women, including those from certain ethnic groups, religious or cultural backgrounds, may prefer to discuss urinary incontinence with a female healthcare professional. Provision for this should be made, if possible.

Different versions of bladder diaries should be available for women who do not speak or read English. These women may also need support to complete the diary.

Quality statement 3: Containment products

Quality statement

Women with urinary incontinence are only offered containment products as a temporary coping strategy, or as long-term management if treatment is 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, can affect the woman's dignity and do not offer a long-term solution. Therefore they should not be offered in the long term unless other treatments have failed.

Quality measures

Structure

Evidence of local arrangements to ensure that containment products are offered only as a temporary coping strategy for urinary incontinence in women or as long-term management if treatment is unsuccessful.

Data source: Local data collection.

Process

Proportion of women with urinary incontinence who are offered containment products as a temporary coping strategy or as long-term management if treatment is unsuccessful.

Numerator – the number in the denominator offered containment products as a temporary coping strategy or as long-term management if treatment is unsuccessful.

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

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

What the quality statement means for service providers, health and social care 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 or as long-term management if treatment is unsuccessful.

Health and social care 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 or as long-term management if treatment is unsuccessful.

Commissioners (such as clinical commissioning groups) 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 or as long-term management if treatment is unsuccessful.

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

Women with leakage of urine may be offered products such as pads, hand-held urinals and toileting aids, but only as a temporary measure or in the longer term if treatment is unsuccessful. These products will help women to carry on with their normal daily activities.

Source guidance

- Urinary incontinence (NICE guideline CG171) recommendation 1.6.1.

Quality statement 4: Supervised pelvic floor muscle training

Quality statement

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

Rationale

Women with stress or mixed urinary incontinence are often given a leaflet on pelvic floor muscle training but are not given additional support. As a result, many women who attend for specialist treatment have been incorrectly performing pelvic floor muscle exercises for many years with no improvement in their symptoms. Supervised pelvic floor exercise programmes with trained healthcare professionals can improve symptoms significantly, avoiding surgery or other invasive treatment.

For women with mixed urinary incontinence, supervised pelvic floor training is first-line treatment alongside bladder training.

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 who are able to contract their pelvic floor muscles.

Data source: Local data collection.

Process

a) Proportion of women with stress or mixed urinary incontinence who can contract their pelvic floor muscles 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 with stress or mixed urinary incontinence who can contract their pelvic floor muscles.

Data source: Local data collection.

b) 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 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 who can contract their pelvic floor muscles. Those delivering the training should be suitably trained to do so.

Healthcare professionals ensure that they offer supervised pelvic floor muscle training of at least 3 months' duration as first-line treatment for women with stress or mixed urinary incontinence who can contract their pelvic floor muscles.

Commissioners (such as clinical commissioning groups) ensure that they commission services that offer women with stress or mixed urinary incontinence who can contract their pelvic floor muscles 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 who can contract their pelvic floor muscles are offered at least 3 months of training in pelvic floor exercises with a healthcare professional as a first treatment. This can lead to big improvements in symptoms and can mean that surgery or other invasive treatment is avoided.

Source guidance

- Urinary incontinence (NICE guideline CG171) recommendation 1.3.1.

Definitions of terms used in this quality statement

Pelvic floor muscle training

Training in repetitive selective voluntary contraction and relaxation of specific pelvic floor muscles that is delivered and evaluated by a trained healthcare professional. [Adapted from urinary incontinence (NICE guideline CG171)]

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.

Women with learning disabilities may need to be escorted by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand.

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

Quality statement 5: Bladder training

Quality statement

Women with symptoms of urgency or mixed urinary incontinence are 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 reduce 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.

For women with mixed urinary incontinence, bladder training is first-line treatment alongside supervised pelvic floor training.

Quality measures

Structure

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

Data source: Local data collection.

Process

Proportion of women with symptoms ofurgency 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) 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 treatment. This can help reduce the number of times a woman needs to pass urine.

Source guidance

- Urinary incontinence (NICE guideline CG171), recommendation 1.4.1.

Definitions of terms used in this quality statement

Bladder training

Bladder training (also described as bladder retraining, bladder re-education, bladder drill, bladder discipline) actively involves the woman in trying to increase the interval between the desire to pass urine and actually doing so. [Adapted from urinary incontinence (NICE guideline CG171)].

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.

Women with learning disabilities may need to be escorted by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand.

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

Quality statement 6: Indwelling catheters

Quality statement

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

Rationale

Long-term use of indwelling urethral catheters can be associated with increased risk of urinary tract infections and urethral complications, and can affect daily 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 treatment with indwelling urethral catheters only if they have had assessment and discussion aboutthe practicalities and potential urological complications.

Data source: Local data collection.

Process

Proportion of women with urinary incontinence who had assessment and discussion of the practicalities and potential urological complications of the long-term use of indwelling urethral catheters.

Numerator – the number in the denominator who had assessment and discussion of the practicalities and potential urological complications of long-term use of indwelling urethral catheters before the fitting of the indwelling urethral catheter.

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 to assess and discuss the practicalities and potential urological complications of indwelling urethral catheters with women with urinary incontinence before these are fitted for long-term use.

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

Commissioners (such as clinical commissioning groups) ensure that they commission services that assess and discuss the practicalities and potential urological complications of indwelling urethral catheters with women with urinary incontinence before these are fitted for long-term use.

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

Women with leakage of urine are offered an assessment and a discussion with their healthcare professional about the day-to-day use and possible complications of having a catheter before they are offered this for long-term treatment. This will help the woman to decide whether a catheter is right for her.

Source guidance

- Urinary incontinence (NICE guideline CG171), 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.

Women with learning disabilities may need to be escorted by a support worker or family member and may need to receive information about the condition in a way that is easy for them to understand.

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. Provision for this should be made, if possible.

Quality statement 7: Multidisciplinary team review before surgery or invasive treatment

Quality statement

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

Rationale

Surgery or other invasive treatment should only be considered 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 surgery or other invasive treatment are offered 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 team review before they are offered surgery or other invasive treatment.

Numerator – The number in the denominator who had a multidisciplinary team review before they are offered surgery or other invasive 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 surgery or other invasive treatment are offered to women with overactive bladder or stress urinary incontinence.

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

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

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

Womenwith leakage of urinecaused by conditions called overactive bladder or stress urinary incontinence have a review of their condition by a team of healthcare professionals before surgery or other invasive treatment. This review will make sure that all other treatments have been considered and help with the decision of whether invasive treatment is right for the woman.

Source guidance

- Urinary incontinence (NICE guideline CG171), recommendation 1.8.2 (key priority for implementation).

Definitions of terms used in this quality statement

Invasive treatments

- Intravesical botulinum toxin
- Percutaneous sacral nerve stimulation
- Augmentation cystoplasty
- Urinary diversion
- Detrusor myectomy

- Intravesical vanilloid receptor agonists.

[Adapted from urinary incontinence (NICE guideline CG171)]

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. [Urinary incontinence (NICE guideline CG171)]

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.

Information for commissioners

NICE has produced support for commissioning that considers the commissioning implications and potential resource impact of this quality standard. This is available on the NICE website.

Information for the public

NICE has produced information for the public about this quality standard. Patients, service users and carers can use it to find out about the quality of care they should expect to receive, as a basis for asking questions about their care, and to help make choices between providers of social care services.

Diversity, equality and language

During the development of this quality standard, equality issues have been considered and equality assessments 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.

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 (2013) NICE guideline CG171

Policy context

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

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

Definitions and data sources for the quality measures

Primary source

- Urinary incontinence (2013) NICE guideline CG171

Related NICE quality standards

Published

- Nocturnal enuresis in children and young people (2014) NICE quality standard 70
- Lower urinary tract symptoms (LUTS) in men (2013) NICE quality standard 45
- Patient experience in adult NHS services (2012) NICE quality standard 15

Future quality standards

This quality standard has been developed in the context of all quality standards referred to NICE, including the following topics scheduled for future development:

- Neurological problems

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:

Mr Barry Attwood
Lay member

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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 has been incorporated into the NICE pathway on urinary incontinence in women.

NICE produces guidance, standards and information on commissioning and providing high-quality healthcare, social care, and public health services. We have agreements to provide certain NICE services to Wales, Scotland and Northern Ireland. Decisions on how NICE guidance and other products apply in those countries are made by ministers in the Welsh government, Scottish government, and Northern Ireland Executive. NICE guidance or other products may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Endorsing organisation

This quality standard has been endorsed by NHS England, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- Bladder and Bowel Foundation
- British Society of Urogynaecology
- Pelvic Obstetric and Gynaecological Physiotherapy
- Royal College of General Practitioners
- Royal College of Nursing
- Royal College of Obstetricians and Gynaecologists
- Primary Care Women's Health Forum
- United Kingdom Continence Society