Royal Cornwall Hospitals NHS Trust found that its care for women with urinary incontinence (UI) was irregular and inconsistent. It ran an audit to check compliance with NICE guidance, and consequently improved the care pathway and health outcomes for women with symptoms of UI.

“Our simplified referral pathway, based on NICE guidance, has led to cost savings and a reduction in unnecessary treatments for women with urinary incontinence.”

Farah Lone, Lead Consultant Subspecialist Urogynaecologist, Royal Cornwall Hospitals NHS Trust

Regular training needed to maintain care

Urinary incontinence (UI) is a common symptom that can affect women of all ages. While rarely life-threatening, incontinence can seriously influence the physical, psychological and social wellbeing of those affected.

Royal Cornwall NHS Hospitals NHS Trust ran an audit to check whether it was complying with NICE recommendations on UI. Following this it found that regular education and training was needed to ensure regular compliance. Specifically, referral for conservative measures needed re-emphasis every 4 to 6 months. NICE recommends that invasive therapy for overactive bladder (OAB) or stress urinary incontinence should only be offered after review by a multidisciplinary team (MDT). Yet, the Trust had no MDT and so reviews were not being provided before surgery was offered.

A second audit to assess compliance with NICE guidelines on referral to secondary care found that women who had not received conservative measures were being sent back to primary care. This added to waiting times, inconveniencing both patients and doctors at the Trust.

Referral pathway simplified and GPs trained regularly

The Trust also observed several barriers to the implementation of NICE guidance. For example, the pressure to speed up the time in which patients are seen often meant guidance was bypassed. Inadequate referrals meant lengthy waiting times to see consultants, and of 50 primary care referrals, 12 were rejected disappointing both patient and GP.

To overcome these issues, and those highlighted in the audits, the Trust:

- Developed an ‘Easy Step Guide’ for referral to simplify the complex referral pathway
- Arranged regular teaching sessions every 6 months for GPs
- Conducted a rolling audit each year on compliance with NICE guidance on UI, and disseminated results to staff
- Recruited a urogynaecology nurse specialist

An MDT has now been set up to ensure review before invasive treatment for OAB or SUI. The MDT consists of consultants, physiotherapists and specialist nurses and now meets on a regular basis.

Greater compliance with NICE means less unnecessary testing

A re-audit following the project found 99 per cent with compliance NICE guidance on urinary incontinence. One consequence of this greater compliance is that the Trust no longer performs urodynamic testing before starting conservative management. By avoiding this unnecessary test patients are less likely to pick up urinary tract infections. They are also less likely to experience the physical and emotional stress that comes with such consultations.

Key learning points include:

- ‘Make it easy’ – following an easy pathway makes it easier for referrers and for patients and is more likely to lead to success
- ‘The human factor’ – people are likely to default back to old routines. Regular education and training was found to improve outcomes and break habits
- ‘It’s never too soon to start’ – the MDT meet on a voluntary basis, yet its success suggests it will be incorporated into the Trust’s workstream

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