

## **Development of a community continence service Outline Business Case**

### **Introduction**

As part of the 18 week pathway review for urology it was recommended that further investment be made to the community continence service to:

- ensure that secondary care clinicians are focussed on patients with more complex health needs;
- reduce unnecessary referrals to secondary care urogynaecology;
- address unmet need locally;
- implement NICE guidance on conservative interventions as first line treatment for continence problems.

### **Service proposal**

#### **Option 1 – do nothing**

Do nothing at all. Continue with existing services where around 40% of patients referred to Urogynaecology at C&W could have been managed in primary care.

#### **Risks**

- It is likely that unnecessary referrals into secondary care are to increase and could have an adverse impact on the 18 week waiting time target.
- A large proportion of the population of K&C will not receive advice and treatment for continence problems.
- Waiting times for specialist urogynae appointments in secondary care will increase.
- The existing service could get inundated with demand.

#### **Option 2 – Preferred option**

Invest in a community based continence service by commissioning additional capacity with a diverse skill mix.

#### **Risks**

- Unable to recruit into posts.
- Lack of work space and estates.

- Referral rates into the community continence service are at a low level, and current high referral rates into secondary care are maintained.
- The service provider consistently fails to deliver on key assessments of the specification/ contract.
- Referrals to secondary care increase dramatically.

### **Option 3 – Other**

Commission specialist physiotherapist services from an external provider alongside existing continence services.

#### **Risks**

- No appropriate service providers or all tenders unsuccessful.
- Massive increase in referrals to the service.
- Specialist physiotherapists taking on nursing tasks.

### **Service provision of preferred option**

#### *Phase i.*

It is proposed that two specialist physiotherapists should be included as an additional resource for the existing service in order to provide NICE recommended assessment and treatments. Investment would also resource an additional specialist continence nurse for the existing service to increase capacity and aid deliverance of effective care and advice.

At the same time the existing community continence service will undergo service redesign with the aim of improving productivity and increasing face to face contact time.

#### *Phase ii.*

The launch of the new service will encompass substantial advertisement through the PBC Group, external organisations, and user groups. Various forms of media will be used to promote the service including internet, posters, leaflets etc. A key role of the new service will be for continence advisors to out reach into local community groups. The aim is to provide access to continence services for hard to reach groups.

It is also proposed that launch of the service embraces the Map of Medicine as a tool to facilitate the local pathway and referral process. The aim of which is to promote a standardised assessment form for continence problems which is common across the board and used by all local providers.

### **Key milestones**

- If approved by PBC the business case will go to CEC on 13<sup>th</sup> January
- Recruitment for specialist continence nurse commences January 2009
- Procurement process commences 1<sup>st</sup> March 2009
- Estimated date of continence nurse in post 1<sup>st</sup> April 2009
- Estimated date of specialist physios in post June 2009

### **Financial benefits of preferred option**

By investing in a community continence service there will be a reduction in the number of unnecessary referrals to secondary care for continence services, thus making a cost saving associated with secondary care outpatient appointments. In addition there will also be the financial benefit by reducing the number of emergency hospital admissions for falls as result of urge incontinence. By investing in a community continence service the risk of emergency admissions should be reduced.

### **Cost of preferred option**

For the preferred business case option we are asking for an investment total of **£218,192**.

The recurring pay revenue, that is the cost of salaries for additional staff (2 WTE specialist women's health physiotherapists and 1 WTE continence nurse advisor) totals £144,132. Non pay cost of rent, overheads, therapeutic and non-therapeutic consumables total £63,460 and capital costs total £10,600.

Costs have been determined using NICE Commissioning Tool for urogynaecology.