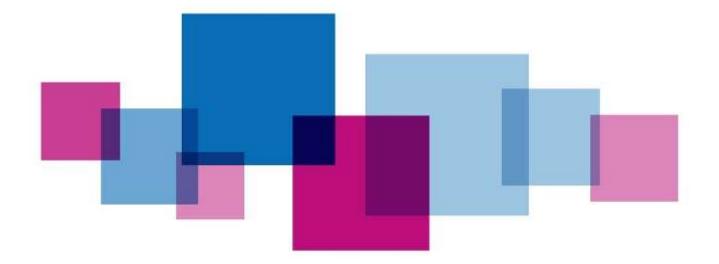


Commissioning Policy

Percutaneous Tibial Nerve Stimulation Treatment for Urinary Incontinence in Adults



Date Adopted: 14th August 2017 Version: 1819.02.00

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1718.1.01	27/03/2018	IFR Coordinator	Rebranded to BNSSG CCG
1819.2.00	26/10/2018	Commissioning Policy Development Support Officer	Smoking and BMI references updated, BNSSG branding refreshed, PALS update. Approved on 14 th February 2019 by Commissioning Executive.





THIS TREATMENT IS NOT ROUTINELY COMMISSIONED FOR ANY PATIENTS AND EXCEPTIONAL FUNDING PANEL APPROVAL MUST BE SOUGHT PRIOR TO REFERRAL

THIS POLICY RELATES TO ALL PATIENTS

Percutaneous Tibial Nerve Stimulation Treatment for Urinary Incontinence in Adults Policy

General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

- 1. Funding approval must be secured by primary care prior to referring patients for assessment. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
- 2. On limited occasions, the ICB may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
- 3. Where funding approval is given by the Exceptional Funding Panel, it will be available for a specified period of time, normally one year.
- 4. Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
- 5. Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose



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weight further prior to seeking surgery. <u>https://www.sciencedirect.com/science/article/pii/S1198743X15007193</u>(Thelwall, 2015)

- 6. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (ASH, 2016)
- 7. In applying this policy, all clinicians and those involved in making decisions affecting patient care will pay due regard to the need to eliminate unlawful discrimination, harassment, victimisation, etc., advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not. In particular, due regard will be paid in relation to the following characteristics protected by the Equality Act 2010: age, disability, sex, gender reassignment, marriage or civil partnership, pregnancy and maternity, race, religion or belief and sexual orientation.

Background

Percutaneous Tibial Nerve Stimulation (PTNS) is a procedure that is conducted to improve an overactive bladder. The condition makes patients feel they need to go to the toilet quickly. Consequently patients feel that they need to go to the toilet more frequently both during the day and during the night.

The treatment involves stimulating a nerve that shares the same root as the bladder nerve supply. This is done using a thin needle inserted through the skin behind the ankle. Patients may suffer minimal side effects such as some pain or numbness. (Brighton and Sussex University Hospitals NHS Trust, 2016).

POLICY CRITERIA – NOT COMMISSIONED

EXCEPTIONAL FUNDING PANEL APPROVAL REQUIRED

Percutaneous Tibial Nerve Stimulation (PTNS) treatment for urinary incontinence is not routinely funded.

Please note: <u>NHS England</u> is responsible for commissioning highly specialist adult urology and gynaecology services.

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Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy.

Individual cases will be reviewed at the ICB's Exceptional Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician. Applications cannot be considered from patients personally.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Customer Services Team on: **0117 900 2655** or **0800 073 0907** or email them on <u>BNSSG.customerservice@nhs.net</u>

Connected Policies

N/A

This policy has been developed with the aid of the following references:

Ash. (2016). Ash.org.uk. Retrieved Sept 24, 2018, from www.ash.org.uk: www.ash.org.uk/briefings Brighton and Sussex University Hospitals NHS Trust. (2016, September). Percutaneous Tibial Nerve Stimulation. Retrieved from Brighton and Sussex University Hospitals NHS Trust: https://www.bsuh.nhs.uk/wp-content/uploads/sites/5/2016/09/Percutaneous-tibial-nervestimulation.pdf

Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases,* , vol. 21, no. 11, p. 1008.e1.

OPCS Procedure codes – For completion at a later date

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