

National Institute for Health and Care Excellence

Stakeholder comments proforma – engagement exercise for quality standard on Urinary incontinence in women

Please enter the name of your registered stakeholder organisation below. NICE is unable to accept comments from non-registered organisation or individuals. If you wish your comments to be considered please register via the [NICE website](#) or contact the registered stakeholder organisation that most closely represents your interests and pass your comments to them.

Stakeholder organisation:	Specialist committee member
Commenter name:	Stephanie Knight
Job title:	Principal Women’s Health Physiotherapist
Address and postcode:	Airedale General Hospital, Skipton Road, Keighley West Yorkshire BD21 6TD
Email address:	Stephanie.knight@anhst.nhs.uk
Telephone number:	01535 293657

Please note: comments submitted are published on the NICE website.

Would you like to express an interest in endorsing this quality standard? Yes No YES

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
<p>Separately list each key area for quality improvement that you would want to see covered by this quality standard.</p> <p>EXAMPLE: Pulmonary rehabilitation for</p>	<p>EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.</p> <p>Pulmonary rehabilitation is recommended within NICE</p>	<p>EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK.</p> <p>Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have</p>	<p>EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating pulmonary rehabilitation.</p> <p>http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit</p>

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
chronic obstructive pulmonary disease (COPD)	guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.	different referral criteria.	
Key area for quality improvement 1 <u>Early diagnosis and treatment of women with urinary incontinence</u>	<u>Although women may develop urinary incontinence following vaginal birth, there is evidence that women may wait many years before presenting to a healthcare professional with urinary incontinence. Early diagnosis and treatment may prevent the condition worsening therefore having a greater impact on quality of life and the need for more invasive treatments</u>	<u>Women are often reluctant to seek treatment and are often told this is “normal” following childbirth.</u>	<u>NICE CG171 2013</u>
Key area for quality improvement 2 <u>The provision of a basic assessment; history, basic examination, provisional diagnosis and the know how to proceed should be known to all</u>	<u>Many patients do not receive a comprehensive assessment and the healthcare professional has not always had appropriate training in the assessment of incontinence</u>	<u>Many women who do seek help are not fully assessed and diagnosed therefore do not receive the help they need</u>	<u>Royal College of Physicians audit on Continence Care</u>

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
<p><u>staff dealing with incontinent individuals. Structured training and mentorship in care for people with continence should be made available to all healthcare professionals working with people who may experience problems.</u></p>			
<p>Key area for quality improvement 3 <u>A suitable pathway should be in place for patients presenting with urinary incontinence and a range of healthcare professionals should be involved in the care pathway as part of a multidisciplinary team</u></p>	<p><u>Patients are often lost to follow up as a suitable range of healthcare professional is not involved in their care.</u></p>	<p><u>If basic initial treatment is not successful the should be measures in place for the woman to progress for onward treatment by a specialist</u></p>	<p><u>NICE CG171 2013</u></p>
<p>Key area for quality improvement 4 <u>Following initial diagnosis including interpretation of a 3 day bladder diary all women should be</u></p>	<p><u>A 3 day bladder diary helps to aid diagnosis and treatment</u></p>	<p><u>Many healthcare professionals at the initial point of contact have received no training in the interpretation of bladder diaries ro basic advice and treatment</u></p>	<p><u>NICE CG 171 2013 Royal College of Physicians Audit on Continence Care</u></p>

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
<u>given a conservative management plan</u>			
Key area for quality improvement 5 <u>All women with stress or mixed urinary incontinence should be offered 3 months pelvic floor muscle training as part of a package of conservative treatment</u>	<u>Pelvic floor muscle training has been shown to be effective in the treatment of stress and mixed urinary incontinence, this is part of the overall conservative treatment which should be offered for 3 months before considering more invasive treatments</u>	<u>Healthcare professionals need to be appropriately trained in teaching individual pelvic floor exercise programmes and this should include a digital vaginal assessment of the pelvic floor muscles</u>	<u>NICE CG 171 2013</u>
Additional developmental areas of emergent practice			

Please email this form to: QStopicengagement@nice.org.uk

Closing date: Monday 28th April 5pm