

**PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS)  
TREATMENT FOR URINARY INCONTINENCE  
SECONDARY CARE PRIOR APPROVAL POLICY**

Version:	1617v2a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	13 July 2016
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Operations Group (COG)
Publication/issue date:	July 2016
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> <li>• Contracts Team</li> <li>• Providers</li> <li>• GP Practices SCCG</li> <li>• GP Bulletin</li> <li>• Web Site IFR Page</li> </ul> <p><b>Medical Directors:</b></p> <ul style="list-style-type: none"> <li>• Taunton &amp; Somerset NHS FT</li> <li>• Yeovil District Hospital NHS FT</li> <li>• Royal United Hospitals Bath NHS FT</li> <li>• United Hospitals Bristol NHS FT</li> <li>• Weston Area Health NHS Trust</li> <li>• Somerset Partnership NHS FT</li> </ul>
Application Form	Percutaneous Tibial Nerve Stimulation (PTNS) Prior Approval Form

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**VERSION CONTROL**

<b>Document Status:</b>	Current policy
<b>Version:</b>	1617.v2a

<b>DOCUMENT CHANGE HISTORY</b>		
<b>Version</b>	<b>Date</b>	<b>Comments</b>
1617.v2	July 17	Change from CSU template to SCCG template

<b>Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:</b>	1516.v1
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<b>Document Reference:</b>	1516.v2a

***Clinical Commissioning Group*****PERCUTANEOUS TIBIAL NERVE STIMULATION (PTNS) TREATMENT  
FOR URINARY INCONTINENCE****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/secondary care prior to referring/treating patients seeking corrective surgery.
2. The CCG does not commission surgery for cosmetic purposes alone.
3. On limited occasions, the CCG 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.
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 should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.
6. The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate.
7. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
8. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)

**Background****Urinary Incontinence**

Urinary incontinence is the unintentional passing of urine. It is a common problem, estimated to affect between 3 and 6 million people in the UK. The condition affects both men and women.

**Causes of urinary incontinence**

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Causes depend on the type of incontinence, and certain things can increase the chances of incontinence occurring:

- Pregnancy and a vaginal birth
- Obesity
- Family history
- Increasing age (although incontinence is not an inevitable part of aging)

Stress incontinence is usually the result of the weakening or damaging of the muscles used to prevent urination, such as the pelvic floor muscles and the urethral sphincter.

Urge incontinence is usually the result of overactivity of the detrusor muscles, which control the bladder.

### How urinary incontinence is treated (NHS Choices, 2014)

- lifestyle changes, such as losing weight and cutting down on caffeine and alcohol
- pelvic floor exercises (exercising your pelvic floor muscles by squeezing them) taught by a specialist
- bladder training (where you learn ways to help you can wait longer between needing to urinate and passing urine) guided by a specialist
- Incontinence products
- Medication may be recommended
- Surgery may be considered

### **Policy – Criteria to Access Treatment - PA**

1. Funding Approval for surgical treatment will only be provided by the NHS for patients meeting criteria set out below
2. Secondary Care to apply for Prior Approval funding
3. Patients to fulfill guidance within **NICE IPG362**
4. Do not offer percutaneous posterior tibial nerve stimulation for OAB unless:
  - a. there has been a multidisciplinary team (MDT) review, and
  - b. conservative management including OAB drug treatment has not worked adequately and the patient does not want
    - i. botulinum toxin **OR**
    - ii. percutaneous sacral nerve stimulation [new 2013]
5. First-line treatments for an over active bladder include
  - a. Bladder training
  - b. Pelvic floor muscle training
  - c. Anticholinergic drugs
6. Botulinum toxin injection and sacral nerve stimulation may be used in patients for whom conservative treatments have been unsuccessful

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Individual cases will be reviewed at the Commissioner's Individual Funding Panel upon receipt of a completed application form from the patient's GP, Consultant or Clinician.

Applications cannot be considered from patients personally.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are exceptional as defined below:

- Significantly different to the general population of patients with the condition in question.
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFRP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

**Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)

The following sources have been considered when drafting this policy:

**REFERENCES**

NHS Choices. (2014, 10 06). *Urinary Incontinence*. Retrieved 04 28, 2016, from NHS Choices: <http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Introduction.aspx>

NICE. (2010, 10). *Percutaneous posterior tibial nerve stimulation for overactive bladder syndrome*. Retrieved 04 29, 2016, from NICE: <https://www.nice.org.uk/guidance/ipg362>