THE UROLOGY FOUNDATION

Who's counting?

The case for urgent action to improve care for people with Overactive Bladder

About Overactive Bladder (OAB)

OAB is characterised by a sudden, strong urge to urinate, which may or may not be accompanied by leakage. It is often linked to a higher risk of urinary tract infections, falls, and fractures. OAB is a common condition affecting both men and women, with its prevalence rising with age. Other factors, such as obesity and menopause, can also increase the likelihood of developing OAB.[i]

My Story: Patient C*

My Urology Consultant spoke to me in October 2022 and said she would refer me to Addenbrookes for treatment for OAB. I waited…28 weeks after the referral before I got a text asking me if I wanted to keep the option open to see them. At the time of writing I have now been waiting 43 weeks with no treatment. I have emailed the hospital a couple of times about the NHS 18 week pathway and they just blame the pandemic. Meanwhile my bladder just gets worse and I know it's going to take years to get the treatment I need. I have given up now.

**This case study was supplied by Bladder Health UK in May 2023. The case study was originally featured in the 'Who's Counting?' report which was sponsored by Astellas*

OAB is usually treated with conservative interventions at first such as:

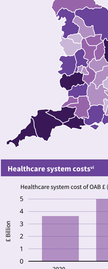
Lifestyle changes
including changes to drinking habits, including amount and types of fluid

Pelvic floor muscle training
strengthening the pelvic floor

Bladder training
trying to regulate the time it takes to pass urine

If these are unsuccessful then medicines and surgery can be considered.[ii]

Prevalence



14 million in England currently have some degree of urinary incontinence[iii]

12% 5 million people in England live with OAB today (12% of population) and this is expected to rise to over 7 million by 2035; prevalence increases with age[iv]

Healthcare system costs[vi]

Primary care impact

317,570 per month estimated primary care appointments per month for people with OAB, translating to 3.8 million appointments each year[vii]

Secondary care impact

£246.7 million estimated cost of OAB-related falls to the NHS in England

22,604 estimated hospital admissions per year from OAB-related falls in England

x3 fold increase in the estimated of cost of OAB-related falls to the health system by 2035[viii]

In England there is significant variation in spend on OAB at Integrated Care System (ICS) level

Ten ICSs are spending an estimated 4.8% or more of their overall budget on people with OAB – half of which are in the South West. Seven ICSs with higher concentrations of urban populations are spending less than 3.5% of their estimated budget on OAB[ix]

How can continence care be improved in England?

A high level assessment of current national policies shows that urology and OAB are not national priorities[x]

Policy	Status for OAB/Continence Care
National Clinical Director (NCD)	**No NCD**
National Clinical Audit	**No national audit for urology**
National Bladder and Bowel Programme	**No public updates on progress**
Commissioning guide[xi]	**Limited implementation**
Clinical guideline[xii]	**Limited implementation**

Implementing good practice national guidance locally:

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust (DBTHFT)

- Most cases of OAB can be managed through non-pharmacological and pharmacological options in primary care.
- In DBTHFT the urology department was frequently receiving referrals for patients who had not yet received treatments and where non-invasive options had not been exhausted.
- These inappropriate referrals increased the burden on a department already under immense pressure to meet NHS priorities.

DBTHFT decided to create a straightforward, simple, and easy-to-follow pathway, or protocol, for OAB, so that primary care clinicians could easily identify recommendations suitable for primary care, community continence clinics, or secondary care.[xiii]

As a result of this, DBTHFT made the following changes:

Self-referral ability for people with OAB to their community continence team

A more prominent role for nurses in the management of patients including through a nurse-led hospital OAB clinic (previously registrar or consultant led)

The implementation of a revised OAB pathway, or protocol, in DBTHFT has led to the following improvements within two years of application:

Increased GP awareness of community continence clinics and therefore increased patient referrals to these clinics

The majority of referrals to secondary care now come from the community continence clinic rather than primary care

An increase in the amount of pharmacological treatments in the community before referral to secondary care.[xiv]

An increase in the proportion of people that had tried conservative measures in the community before referral to secondary care.

The result of this is that when patients attend the hospital, clinicians rarely have to start with conservative or pharmacological measures and can therefore focus immediately on surgical interventions. This has shortened the patient pathway, as people do not need to have multiple clinic appointments before surgery can be discussed.[xv]

Policy recommendations

Both nationally and locally there is a need for new policy commitments and actions to improve the management and care of people with OAB.

Government asks

- Any future Government healthcare prevention and treatment strategy should include the better management of continence care and related diseases as a priority
- New targets for recovering and improving urology services should be included within annual NHS planning guidance

NHS England asks

- Create a new National Clinical Audit for continence care. The audit should be used to address variations in access to care for people experiencing OAB and improve the clinical coding of continence conditions including OAB
- Develop a urology service dashboard, including OAB, that monitors and tracks health systems against important service performance standards

ICB asks

- Ensure protocols are in place to deliver patients access to the care and treatment they need, and that these are evaluated annually to ensure they are being implemented consistently and working effectively
- Bring together the different organisations and professions involved in the delivery of NICE guidelines for continence care and audit the operation of patient pathways to better co-ordinate and join-up care for patients
- Ensure assessments of population health needs include OAB
- Identify and appoint 'Continence care champions' who can support improvements in the quality and delivery of continence care
- Ensure dedicated helplines for continence care within their localities, so that people experiencing OAB can confidently seek appropriate assistance and support when required
- Bring together the different organisations and professions involved in the delivery of NICE guidelines for continence care and audit the operation of patient pathways to better co-ordinate and join-up care for people experiencing OAB

Contact information

Laura Thorne,
Director of Communications and Policy
lthorne@theurologyfoundation.org

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https://www.futurehealth-research.com/new-research-reveals-rising-costs-of-nhs-continence-services-amid-a-lost-decade

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viii *Future Health. Who's counting? The case for urgent action to improve NHS continence care. September 2023. Available at: https://www.futurehealth-research.com/new-research-reveals-rising-costs-of-nhs-continence-services-amid-a-lost-decade/ (Accessed June 2024)*
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