

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

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Application Form	Prior Approval Form

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VERSION CONTROL

Document Status:	Current policy
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DOCUMENT CHANGE HISTORY

Version	Date	Comments
1617.v2	July 2017	Change from CSU template to SCCG template
1617.v2a	February 2019	New template and layout
1819.v2b	June 2020	Update template, rebranding from IFR to EBI 3-year review inclusion of link NICE NG123 & NHS E PSNS, removal of background data on treatment
2021.v3	June 2021	Inclusion of continued PTNS treatment criteria
2021.v4	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address
2223.v4a	March 2023	Clinical exceptionality wording change on 3.6
2223.v4b	April 2024	3-year review, no clinical amendments. Amendment to webpage link on 3.6

Equality Impact Assessment EIA	April 2018
Quality Impact Assessment QIA	March 2018
Sponsoring Director:	Dr Bernie Marden
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1 GENERAL PRINCIPLES (PRIOR APPROVAL)

- 1.1 Funding approval must be secured by primary care/secondary/community care prior to referring/treating patients for this prior approval treatment
- 1.2 Funding approval must be secured prior to a referral for an assessment/surgery. Referring patients without funding approval 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
- 1.3 On limited occasions, we 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 meet the criteria to access treatment in this policy
- 1.4 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
- 1.5 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
- 1.6 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
- 1.7 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 weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.8 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing
- 1.9 Where prior approval funding is secured by the EBI service it will be available for a specified period of time, normally one year

2 POLICY CRITERIA PRIOR APPROVAL

- 2.1 NHS England is responsible for commissioning highly specialist adult urology and gynaecology services
<https://www.england.nhs.uk/wp-content/uploads/2019/11/E10-Sacral-nerve-stimulation-for-overactive-bladder.pdf>

2.2 **Secondary Care to complete the Prior Approval form for PTNS**

2.3 First-line treatments for an overactive bladder include;

- Training
- Pelvic floor muscle training
- Anticholinergic drugs
- Botulinum toxin injection and sacral nerve stimulation may be used in patients for whom conservative treatments have been unsuccessful

2.4 Funding Approval for surgical treatment will only be provided by the ICB for patients meeting criteria set out below;

2.4.1 Patients to fulfill guidance within NICE NG123

<https://www.nice.org.uk/guidance/ng123/resources/urinary-incontinence-and-pelvic-organ-prolapse-in-women-management-pdf-66141657205189>

2.4.2 Do not offer percutaneous posterior tibial nerve stimulation (needles inserted close to the posterior tibial nerve) for overactive bladder unless:

- a. There has been a **multidisciplinary team (MDT)** review (provide a copy of the minutes relating to the patient with the PA form) **AND**
- b. Non-surgical management including overactive bladder medicine treatment has not worked adequately **AND**
- c. The patient does not want
 - botulinum toxin type A **OR**
 - percutaneous sacral nerve stimulation [2013, amended 2019]

2.5 **Continued PTNS treatments**

Where there is evidence of significant benefit for a patient that last 6-9 months from the final 12th treatment session and this is evidenced in the medical records, continued PTNS treatments can be requested using the PTNS PA form with the evidence provided below.

- a) Evidence of significant benefit for a patient that last 6-9 months from the final 12th treatment session **AND**
- b) Confirmation by the treating clinician that there is no requirement for additional **MDT** meetings

3 **EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS**

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

- 3.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 3.3 Applications cannot be considered from patients personally
- 3.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 3.5 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 EBI Panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context
- 3.6 EBI funding application are considered against clinical exceptionality. To eliminate discrimination for patients, **social, environmental, workplace, and non-clinical personal factors cannot be taken into consideration.**

For further information on 'clinical exceptionality' please refer to the NHS Somerset ICB EBI webpage [Evidence Based Interventions - NHS Somerset ICB](#) and click on the section titled Generic EBI Pathway.

- 3.7 Where appropriate photographic supporting evidence can be forwarded with the application form
- 3.8 An application put forward for consideration must demonstrated some unusual or unique clinical factor about the patient that suggests 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

4 ACCESS TO POLICY

- 4.1 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
- 4.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

5 REFERENCES

- The following sources have been considered when drafting this policy:
- 5.1 NHS Choices. (2014, 10 06). *Urinary Incontinence*. Retrieved 04 28, 2016, from NHS Choices:
<http://www.nhs.uk/Conditions/Incontinence-urinary/Pages/Introduction.aspx>

- 5.2 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>
- 5.3 NICE NG123
<https://www.nice.org.uk/guidance/ng123/resources/urinary-incontinence-and-pelvic-organ-prolapse-in-women-management-pdf-66141657205189>