

**Urinary incontinence in women
Guideline Review and Contextualisation Group
Initial Scoping Meeting**

21st May 2015

Location: The Argosy Room, Wellington Airport, Wellington
8.30am – 1.30pm

In attendance:

Prof Don Wilson	Prof Mark Weatherall
Dr Tim Dawson (by teleconference)	Sharon Wilson
Dr Nigel Thompson, BPAC	Lucy Keedle
Jared Graham, BPAC	Dr Lynn McBain

Meeting notes

1. Don welcomed the group and each member introduced themselves and provided a background on their areas of work.
2. Disclosures were discussed, with no member highlighting any conflict of interests. Mark noted he was a member of the PHARMAC Pharmacology and Therapeutics Advisory Committee (PTAC) which provides objective advice to PHARMAC.
3. The scope of contextualisation was raised, and referral for urodynamics discussed between primary and secondary care. Note made that pathways around New Zealand are different. The NICE full guideline for Urinary Incontinence in Women has a urodynamic pathway which Don proposed by used in the contextualised guideline.

Action point: Jared to approach NICE for an editable copy of this pathway for use in contextualisation

4. Pelvic examinations and midwives discussed in relation to guideline. Noted the majority of low risk obstetrics dealt with by Midwives now. Note was made that there was no Midwifery representative on the GRGC, so engagement with this stakeholder group in consultation was key. In relation to pelvic floor strength testing examinations it was noted this was not in a Midwives training.
5. Cultural issues were raised particularly with Maori and Pacific women who may not get the same service.
6. Exclusions were discussed. The contextualisation of the Surgical repair of vaginal wall prolapse using mesh NICE guideline from 2008 was discussed. The chair advised that bpacnz are to use the evidence base from the NICE guideline as part of the contextualisation process. Since the date of guideline publication there had been three Cochrane Reviews, as well as a statement from the FDA in the United States and other major reports concerning the use of mesh. For this reason the group decided to exclude surgical repair using mesh from the contextualisation process, until such time that NICE update this guidance in line with recent evidence. The group agreed the contextualisation process will focus on Urinary incontinence in women.

Action point: Surgical repair of vaginal wall prolapse using mesh to be excluded from contextualisation process.

7. The group noted credentialing and other topics within UI guidance would cover some of the key issues for the use of mesh in UI surgery.
8. The contextualisation process was covered; particularly any changes or issues identified would need to be highlighted to NICE, as bpacnz was contractually required to do so.
9. Implementation aspects were questioned; the group needed to ensure they were creating a locally workable guideline.
10. Research recommendations from NICE were discussed. The group opted to keep the same in the guideline document.
11. Don noted he was involved in the creation of the care pathway which formed the basis of the NICE pathway in the full guideline. Pathway development was discussed. Uptake in New Zealand noted as an issue. Need to start with what is relevant in New Zealand. There were many pathways throughout New Zealand, and the group agreed to focus on the guideline – then any pathways could flow from that.
12. The scope document was discussed with prevalence and background for continence services in relation to epidemiology. The scope would need to address current practice, continence services in New Zealand, drugs (PHARMAC funding), resource limitations and registration with Medsafe. Need to ensure New Zealand specific issues were clear in the scope.
13. The allocation of leads within the group to look at specific topics was discussed with the following identified for each member:

Don / Tim

Surgery and processes within DHBs. Logistics.

Neuromodulation

CPAC

Multidisciplinary Team (MDT) role before offering surgery for OAB, SUI

Bulking agents

Maintaining expertise and standards, UGSA registry, audit

Mark

Drugs for use.

Policy for funding / signalling / specific funding of some drugs and availability

PHARMAC, Botox A, OAB

Epidemiology

Registration with Medsafe

Lucy

Continence services including primary and secondary care.

Referral to secondary care for urodynamics.

Publicly funded services.

Residential Care facilities.

Cultural: contacts at Whanau Ora

Lynn

Consent

Care / Standards for practice

Scope of practice

Sharon

Examinations in pregnancy

Bladder diaries

Advice within ethnic communities

Periometry, Biofeedback, Accessibility

14. It was raised that some of what may be considered 'common practice' in New Zealand may not be evidence based. Therefore, issues around how to approach this could occur.

15. Follow up of OAB was discussed. Some patients may be discharged on an anticholinergic then not followed up – considerations and differences on this based on region. New Zealand context for follow up was different to the UK in the sense the patient has to pay for the follow up appointment, where this is different in the NHS where it is funded. This raised issues with access to care.

16. Annual recommended surgical workload of 20 cases discussed, as this may be hard for those in New Zealand to manage.

Action point: Don would talk to Liz Adams on recommended surgical workload.

17. It was noted continence service in New Zealand was not integrated which was another contextual issue. Recommendations around this were to be kept with this in mind. Another exclusion was raised, with Fistula(4.1.2) being noted.

18. Stakeholders for engagement were discussed, with an initial list put together as below:

- Consumers (New Zealand Continence Association)
- Physiotherapy New Zealand
- Continence Nurses
- SIG
- Urology
- Gynaecology
- Midwives (NZ College of Midwives)
- GPs
- Continence Advisors
- RANZCOG
- Occupational Therapists
- NZ Geriatric Society
- Practice Nurses
- NZ Aged Residential Association
- DHBs
 - o CMOs
 - o Directors of nursing
- PHARMAC
- Medsafe

- PHOs
- Needs Assessment Service Coordination Society (NASCA)
- Maori (Whanau Ora)
- Pacifica and other nationality groups

19. The next meeting was discussed. The group agreed on the 6th July 9- 9.30am start with a 4.30 – 5pm finish. Next meeting following that would be a sign off meeting; 7th September proposed for this full-day meeting.