The management of lower urinary tract symptoms in men

Commissioning guide
Implementing NICE guidance

September 2010
The management of lower urinary tract symptoms in men

This commissioning guide provides support for the local implementation of NICE guidance through commissioning, and is a resource for people involved in commissioning health and social care services and public health programmes within the NHS and partner organisations in England. Although this guide focuses on lower urinary tract symptoms in men (LUTS), health and social care and public health commissioners may wish to consider the needs of their whole population, especially older people (including those living in nursing homes), when commissioning urinary continence services.

Joint commissioners and people working in local authorities may find this guide useful to inform partnership working and joint planning.

This commissioning guide should be read together with the following NICE guidance:

- NICE clinical guideline CG97. The management of lower urinary tract symptoms in men
- NICE clinical guideline CG40. Urinary incontinence: the management of urinary incontinence in women

NICE guidance provides evidence based recommendations about clinically effective and cost-effective treatments and interventions to improve outcomes for local populations. Making commissioning decisions based on NICE guidance and accredited information from NHS Evidence can help commissioners of services ensure they are using their resources effectively. Commissioners should refer to NICE quality standards when commissioning services and should include quality statements and measures within the service specification element of the standard contract. Managing performance against the NICE quality standards could help improve standards of care and outcomes for patients.

This commissioning guide highlights any recommendations supporting cases for disinvestment or decommissioning of services by identifying treatments and interventions that do not add value, enabling commissioners to release resources or generate savings where appropriate.

Implementation of the guidance noted above is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement this guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in the guidance should be
interpreted in a way which would be inconsistent with compliance with those duties.

The guide:

- makes the case for commissioning a service for the management of LUTS in men
- specifies service requirements
- helps you determine local service levels
- helps you ensure corporate and quality assurance.

The full text of this commissioning guide can be downloaded or accessed from the navigation menu on the right hand side of the screen. Download the openly available commissioning and benchmarking tool, there is no need to register.

We are keen to improve the commissioning guides in order to better meet the needs of commissioners. Please send us your ideas for future topic-specific guides or other comments.

Read the NICE disclaimer for information on the use and accuracy of content on the NICE website.

Commissioning a service for the management of lower urinary tract symptoms in men

Lower urinary tract symptoms (LUTS) comprise storage, voiding and post-micturition symptoms affecting the lower urinary tract. There are many possible causes of LUTS in men such as abnormalities or abnormal function of the prostate, urethra, bladder or sphincters. The most common cause of LUTS in men is benign prostate enlargement (BPE) which obstructs the bladder outlet. BPE happens when the number of cells in the prostate increases, a condition called benign prostatic hyperplasia (BPH). Other conditions that can cause LUTS in men include detrusor muscle weakness or overactivity, prostate inflammation (prostatitis), urinary tract infection, prostate cancer and neurological disease. Although LUTS do not usually cause severe illness, they can considerably reduce men’s quality of life, and may point to serious pathology of the urogenital tract.

The impact of LUTS on men, their families and the carers of men with the condition can be profound. For example, the Department of Health publication *Good practice in continence services* reported that incontinence is often a major reason for the breakdown of the relationship between the carer and the person they are caring for. This can lead to admission to residential or nursing home care. Incontinence is second only to dementia as an initiating factor for such moves.

Lower urinary tract symptoms are a major burden for the ageing male population. Age is an important risk factor for LUTS and the prevalence increases as men get older. Bothersome\(^*\) LUTS can occur in up to 30% of men older than 65 years. This is a large group potentially requiring treatment.

The *ProState of the nation* report published in 2009 stated that in the UK, there are 9.4 million men aged over 50 years, of which it is estimated that 35% experience symptoms suggestive of BPH. This corresponds to an estimated 3.2 million men in the UK with clinical BPH. However, diagnosis of both storage and voiding LUTS occurs at much lower rates than indicated by prevalence estimates. Despite the availability of effective prescription therapies, many men with storage and/or voiding LUTS may not be receiving appropriate treatment in UK general practice\(^1\).

New developments in urology include improvements in the efficacy of medicines. This has led to an increase in the use of pharmacotherapy for the treatment of LUTS over the past 25 years\(^2\). Changes to the urology training curriculum have supported this and suggest that increasing numbers of cases can be treated with drugs and conservative management in a range of settings as alternative treatments to surgery. This has led to a decline in surgical rates. The number of patients with urological problems seen in

\(^*\) Bothersome symptoms: LUTS that are worrying, troublesome or have an impact on quality of life from the patient’s perspective
secondary care who undergo inpatient surgery has fallen from 1 in 3 to about 1 in 10.\textsuperscript{3} Over 80\% of referrals into secondary care do not currently result in inpatient or day case operative procedures\textsuperscript{4}.

However, uncertainty and variation currently exist in clinical practice and the \textit{NICE clinical guideline CG97} on the management of LUTS in men gives clear recommendations on diagnosis, monitoring and treating LUTS in men 18 years and older. Commissioners should note that \textit{NICE clinical guideline CG97} recommends the use of temporary containment products for men with storage LUTS and frequency volume charts for men with bothersome LUTS at initial assessment to ensure that men receive appropriate treatment.

\textbf{The NICE costing report} on LUTS indicates that there may be cost implications for some primary care organisations locally in relation to offering men with storage LUTS (particularly urinary incontinence) temporary containment products. Cost implications may have significant local variation dependent on current local arrangements and the level of change in the provision of containment products for men with LUTS who seek treatment. Commissioners are encouraged to assess costs locally, particularly where containment products are not currently provided.

The full clinical guideline\textsuperscript{2} highlights that some surgical interventions are associated with considerable morbidity and significant overall annual cost. Satisfactory outcomes from surgery and improvement of symptoms are dependent on accurate diagnosis and the use of appropriate surgical techniques. Commissioners should note when reviewing services for the management of LUTS that \textit{NICE clinical guideline CG97} makes specific recommendations for the discontinued use of minimally invasive treatments as alternatives to recommended surgical treatments.

\textbf{Benefits}

The potential benefits of robustly commissioning an effective service for the management of LUTS in men include:

\begin{itemize}
\item \textbf{improving clinical outcomes} and improving emotional and physical wellbeing through accurate diagnosis and effective treatments in line with \textit{NICE clinical guideline CG97}
\item \textbf{recognising the importance of conservative management} and lifestyle advice
\item \textbf{reducing inequalities} by improving access to services and by enabling older men and men with physical, sensory or learning disabilities and men who do not speak or read English to have equal access to information about services
\item \textbf{increasing patient choice} and improving partnership working, patient experience and engagement, with a greater emphasis on patient and carer information and advice
\end{itemize}
• **reducing unnecessary referrals to secondary care and inappropriate treatment** by introducing the use of frequency volume charts and by offering alternatives to surgical treatment where appropriate

• **reducing the risk of urinary tract infections**, social isolation and depression by accurate diagnosis and appropriate management of LUTS

• **increasing clinical and cost effectiveness** by making commissioning decisions based on NICE guidance and accredited information from NHS Evidence, commissioners can ensure that they are using their resources more effectively.

**Key clinical issues**

Key clinical issues in providing an effective service for the management of LUTS in men are:

• **initial and appropriate assessment** across a range of settings such as primary, secondary and residential care

• **accurate diagnosis and appropriate treatment** including conservative management and drug treatment as well as surgical treatment

• **increasing the use of recommended treatment options** and preventing the use of unproven surgical procedures in line with NICE clinical guideline CG97

• **providing the best possible outcomes** for individual men, their carers and local communities

• **ensuring that men needing urgent referrals for suspected cancer** are seen within the 2 week national target for urgent referrals and that appropriate referral pathways are in place for **specialist referral** for more complex cases

• **providing a quality assured service**.

**National drivers**

National priorities and initiatives relevant to commissioning a service for the management of LUTS in men include:

• **Equity and excellence: liberating the NHS: Transparency in outcomes – a framework for the NHS** (draft for consultation)

• **Revision to the operating framework for the NHS in England 2010/11.**

• **The new performance framework for local authorities and local authority partnerships**: single set of national indicators
• Quality, innovation, productivity and prevention.

• Commissioning for quality and innovation: makes a proportion of providers’ income conditional on quality and innovation.

• National service framework for older people.

• The Care closer to home initiative outlined in chapter 6 of the white paper ‘Our health, our care, our say’.

• Shifting care closer to home demonstration sites – report of the speciality subgroup. See Urology.

• Implementing care closer to home: convenient quality care for patients. Part 3: The accreditation of GPs and pharmacists with special interests.

• Commissioning framework for health and well-being.

• Considering the impact of patient choice.

• A stronger local voice: a framework for creating a stronger local voice in the development of health and social care services.

• Implementation of NICE clinical and public health guidelines. These are currently core standards, and performance against these standards will be assessed by the Care Quality Commission in line with Standards for better health.

Although many or all of these priorities may be relevant to the services nationally, your local service redesign may address only one or two of them.

References


Specifying a service for the management of lower urinary tract symptoms in men

Service components

Commissioners should note that service components are compiled in line with recommendations in NICE clinical guideline CG97 and may differ from current local arrangements.

The key components of a service for the management of lower urinary tract symptoms (LUTS) in men are:

- initial assessment, conservative management and drug treatment in any setting
- specialist assessment and treatment in any setting
- developing a high-quality integrated pathway for the management of LUTS in men.

Initial assessment, conservative management and drug treatment in any setting

Initial assessment refers to assessment carried out in any setting by a healthcare professional without specific training in managing LUTS in men.

NICE clinical guideline CG97 recommends the following at initial assessment:

- ask men with bothersome LUTS to complete a urinary frequency volume chart
- give reassurance, offer advice on lifestyle interventions (for example, fluid intake) and information on their condition to men whose LUTS are not bothersome or complicated. Offer review if symptoms change.

The topic-specific advisory group agreed that the use of frequency volume charts may help to direct practice appropriately and may reduce the number of inappropriate referrals for further treatment, resulting in cost savings.

In order to achieve optimal use of resources and to support NHS Quality, Innovation, Productivity and Prevention (QIPP) commissioners should be aware of those interventions that are not recommended at initial assessment:

- do not routinely offer cystoscopy to men with uncomplicated LUTS (that is, without evidence of bladder abnormality) at initial assessment
- do not routinely offer imaging of the upper urinary tract to men
with uncomplicated LUTS at initial assessment

- do not routinely offer flow-rate measurement to men with LUTS at initial assessment
- do not routinely offer a post void residual volume measurement to men with LUTS at initial assessment.

Services for the management of LUTS should include resources for conservative management and drug treatment in line with NICE clinical guideline CG97. Conservative management and drug treatment are recommended treatment options before consideration for surgery. Commissioners should ensure that trained and competent staff are available to deliver conservative management for men with LUTS. NICE Clinical guideline CG97 makes several recommendations on conservative management including:

- offer men with storage LUTS (particularly urinary incontinence) temporary containment products (for example, pads or collecting devices) to achieve social continence until a diagnosis and management plan have been discussed
- offer a choice of containment products to manage storage LUTS (particularly urinary incontinence) based on individual circumstances and in consultation with the man
- offer men with storage LUTS suggestive of overactive bladder (OAB) supervised bladder training, advice on fluid intake, lifestyle advice and, if needed, containment products
- offer supervised pelvic floor muscle training to men with stress urinary incontinence caused by prostatectomy. Advise them to continue the exercises for at least 3 months before considering other options.

In order to achieve optimal use of resources and to support NHS Quality, Innovation, Productivity and Prevention (QIPP) commissioners should be aware of those interventions that are not recommended as part of conservative management:

- Do not offer penile clamps to men with storage LUTS (particularly urinary incontinence).

NICE clinical guideline CG97 recommends that permanent use of containment products for men with storage LUTS (particularly urinary incontinence) should only be considered after assessment and exclusion of other methods of management.

NICE clinical guideline CG97 recommends that drug treatment should only be offered to men with bothersome LUTS when conservative management
options have been unsuccessful or are not appropriate. Men taking drug
treatment should be reviewed to assess symptoms, the effect of the drugs on
the man’s quality of life and to ask about any adverse effects from treatments.

In order to achieve optimal use of resources and to support NHS Quality,
Innovation, Productivity and Prevention (QIPP) commissioners should be
aware that alternative and complementary therapies are not recommended for
the treatment of LUTS:

- **Do not** offer homeopathy, phytotherapy or acupuncture for
treating LUTS in men.

### Specialist assessment and treatment in any setting

Specialist assessment refers to assessment carried out in any setting by a
healthcare professional with specific training in managing LUTS in men.
Commissioners should be aware that expert clinical opinion expressed by the
topic-specific advisory group estimated that 60% of all men referred to
specialist assessment may respond well to conservative management.

**NICE clinical guideline CG97** recommends:

- offering referral for specialist assessment if they have
bothersome LUTS that have not responded to conservative
management or drug treatment
- referral for specialist assessment if they have LUTS complicated
by recurrent or persistent urinary tract infection, retention, renal
impairment that is suspected to be caused by lower urinary tract
dysfunction, or suspected urological cancer
- referral for specialist assessment if they have stress urinary
incontinence.

**NICE clinical guideline CG97** states that men with voiding symptoms should
be offered surgery only if symptoms are severe or if drug treatment and
conservative management options have been unsuccessful or are not
appropriate. Men with storage symptoms should be considered for surgery if
their symptoms have not responded to conservative management or drug
treatment. Discussions should take place about the alternatives to and
outcomes from surgery.

In order to achieve optimal use of resources and to support NHS Quality,
Innovation, Productivity and Prevention (QIPP) commissioners should be
aware of the recommended **discontinued** use of some surgical treatments:

- If offering surgery for managing **voiding** LUTS presumed
secondary to BPE, **do not offer** minimally invasive treatments
(including transurethral needle ablation [TUNA], transurethral
microwave thermotherapy [TUMT], high intensity focused
ultrasound [HIFU], transurethral ethanol ablation of the prostate
[TEAP] and laser coagulation) as an alternative to transurethral resection of the prostate [TURP], transurethral vaporisation of the prostate [TUVP] or holmium laser enucleation of the prostate HoLEP.

- If offering surgery for managing voiding LUTS presumed secondary to BPE, only consider offering botulinum toxin injection into the prostate as part of a randomised controlled trial.
- Do not offer myectomy to men to manage detrusor overactivity.

**Developing a high-quality integrated pathway for the management of LUTS in men**

**NICE clinical guideline CG97** on the management of LUTS in men states that treatment and care should take into account men’s needs and preferences. Men with LUTS should have the opportunity to make informed decisions in partnership with healthcare professionals. Good communication is essential and where agreed, families and carers should have the opportunity to be involved in decisions about treatment and care and be able to offer feedback on treatments. Men should have access to care that can help with:

- their emotional and physical conditions and
- relevant physical, emotional, psychological, sexual and social issues.

Men with storage LUTS should be provided with containment products at the point of need and given advice about relevant support groups.

Commissioners may also wish to ensure that all health and social care professionals involved in treating men with LUTS have the required skills and are competent to deliver the service. See the implementation advice for NICE clinical guideline CG97 on the management of LUTS in men for information on initiating awareness raising activities and on training and education.

**Service models**

Commissioners may wish to consider commissioning for the management of LUTS in a number of different ways, and mixed models of provision may be appropriate across a local health economy. Commissioners may wish to consider shifting the focus of investment from acute, specialist and other secondary care services to the community and primary care, thereby increasing productivity and reducing the number of admissions and length of hospital stay. Where appropriate, services should be organised in an integrated way, with various professionals working across health and social care agencies, providing a service that has agreed clinical governance principles. In addition, commissioners should act on the NICE recommendations and ensure that service providers have noted those
procedures that are not recommended and that any associated investment such as the purchase of equipment is ceased.

Commissioners should also be aware that Holmium laser enucleation of the prostate (HoLEP) should only be performed at a centre that specialises in the technique, or where mentorship arrangements are in place.

The Department of Health publication Good practice in continence services sets out a model of good practice to help health professionals achieve responsive, equitable and effective continence services. The NICE Shared learning database also offers examples of services promoting conservative management for the management of urinary continence in women in accordance with NICE clinical guideline CG40 on urinary incontinence and best practice guidelines.

Further general examples of service models can be found in Shifting care closer to home demonstration sites – report of the speciality subgroups which highlights the opportunity to provide urology services in a variety of settings across primary and secondary care whilst maintaining high standards of care through integrated pathways. Action on urology – good practice guide also offers a wide range of approaches to meet service demands. (Please note – these examples are offered to share good practice and NICE makes no judgement on the compliance of services with its guidance).

**Service specification**

Commissioners should collaborate with clinicians, local stakeholders, and service users, when determining what is needed from a service for the management of LUTS in men in order to meet local needs. The service should be patient-centred and integrated with other elements of care for men with LUTS.

The service specification needs to consider:

- the required competencies of, and training for, staff responsible for providing the service
- the expected number of patients (this should take into account how quickly any changes in service provision are likely to take place)
- ease of access and service location; commissioners should engage with service users and other relevant individuals and organisations locally
- care and referral pathways
- measuring outcomes
- information and audit requirements, including IT support and infrastructure
• planned service development setting out any productivity improvements including redesign, quality and equitable access
• address any safeguarding concerns and promote the welfare of vulnerable adults
• service monitoring criteria.

Useful sources of information may include:

• The standard NHS contracts for acute hospital, mental health, community and ambulance services and supporting guidance.
• NHS Evidence: provides free access to clinical and non-clinical information – local, regional, national and international.
• NHS networks: learning from practice database offers examples of innovative commissioning across the NHS and its partners.
• Local Government Improvement and Development supports improvement and innovation in local government.
• Total Place: better for less looks at how a ‘whole area’ approach to public services can lead to better services at less cost.
• The NICE shared learning database offers examples of how organisations have implemented NICE guidance locally.
• CG97 lower urinary tract symptoms: Implementation advice
• NICE clinical guideline CG27. Referral guidelines for suspected cancer
• National Audit of Continence Care (NACC) 2010.
• Report of the national audit of continence care for older people (65 years and above) in England, Wales and N Ireland.
Determining local service levels for the management of lower urinary tract symptoms in men

*Benchmarks for a standard population*

Available data suggest that the standard benchmark rate for the number of men needing initial assessment for lower urinary tract symptoms (LUTS) is 2.7% or approximately 2700 per 100,000 men aged 18 years and older per year.

For the purpose of this commissioning guide the adult population is defined as men aged 18 years and older. Approximately 80% of the population in England is aged 18 years and older, of which 49% are men.

For a standard population of 100,000 the average number of men aged 18 years or older needing initial assessment for LUTS would be approximately 1060 per year (2.7% of the male population aged 18 years and older).

For an average practice with a list size of 10,000, the average number of men needing initial assessment for LUTS would be around 106 per year (2.7% of the male population aged 18 years and older).

Examine the assumptions used in estimating these figures.

This service is likely to fall under the programme budgeting category 217X (problems of genitourinary system).

Use the management of LUTS in men commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service using the indicative benchmark and/or your own local data.

*Further information*

Sources of further information to help you in assessing local health needs and reducing health inequalities include:

- Annex A of the Commissioning framework for health and well-being outlines the process and data needed to undertake a joint strategic needs assessment.
- Department of Health Delivering quality and value – focus on benchmarking.
- NICE Health equity audit – learning from practice briefing.
• **The essence of care: patient focused benchmarking for health care practitioners** provides benchmarking tools related to eight aspects of nursing care, including continence, bladder and bowel care.

• **Incontinence outcome indicators** provides health outcome indicators for urinary incontinence.

• **NHS Comparators** provides comparator data for NHS commissioning and provider organisations to enable users to investigate aspects of local activity, costs and outcomes.

• The **Disease management information toolkit (DMIT)** is a good-practice tool for decision-makers, commissioners and deliverers of care for people with long-term conditions, which presents data on conditions that contribute to high numbers of emergency bed days. It models the effects of possible interventions that may be commissioned at a local level and helps users to consider the likely impact of commissioning options.

• **PRIMIS+** provides support to general practices on information management, recording for, and analysis of, data quality, plus a comparative analysis service focused on key clinical topics.

• **SHAPE** (Strategic health asset planning and evaluation) application provides support to strategic health authorities and primary care trusts on strategic planning across a whole health economy.
Assumptions used in estimating a population benchmark

The assumptions used in estimating a population benchmark for the management of lower urinary tract symptoms (LUTS) in men of 2.7% are based on the following source(s) of information:

- **epidemiological data** on the prevalence/incidence of LUTS in men
- **hospital episode statistics (HES) data** to establish hospital activity for men with LUTS
- **current practice** where there is an existing provision for LUTS in men in place
- **published research** on LUTS in men
- **expert clinical opinion** of the topic-specific advisory group, based on experience in clinical practice and literature review.

**Epidemiological data**

Several studies exist which report a high prevalence of LUTS, illustrating the scale of LUTS in the male population.

Differences in study populations, definitions and measurements and the survey methods used result in a wide range of prevalence estimates for LUTS in the male population. The EPIC study\(^1\) (2006) is the largest population-based survey; it assessed the prevalence rates of overactive bladder, urinary incontinence, and other LUTS in five countries including the UK. This was the first study to evaluate these symptoms simultaneously using the 2002 International Continence Society (ICS) definitions. The results indicate that these symptoms are highly prevalent in the countries surveyed. A total of 19,165 individuals agreed to participate; 64.3% reported at least one LUTS.

**Hospital episode statistics data**

The ‘Hospital episode statistics (HES)’ database contains details of all admissions to NHS hospitals in England. It includes private patients treated in NHS hospitals, patients who were resident outside England and care delivered by treatment centres (including those in the independent sector) funded by the NHS.

Lower urinary tract symptoms encompass a large number of diagnoses which can result in hospital admissions. The following table illustrates the scale of admissions into hospital for a LUTS related primary diagnosis.
Admissions to hospital for a LUTS related primary diagnosis 2008/09

<table>
<thead>
<tr>
<th>ICD-10 code</th>
<th>Description</th>
<th>Number of episodes</th>
</tr>
</thead>
<tbody>
<tr>
<td>N40X</td>
<td>Hyperplasia of the prostate</td>
<td>39,000</td>
</tr>
<tr>
<td>R33X</td>
<td>Retention of urine</td>
<td>27,000</td>
</tr>
<tr>
<td>N39</td>
<td>Other disorders of urinary system</td>
<td>70,000</td>
</tr>
</tbody>
</table>

Source: www.hesonline.nhs.uk/

**Current practice**

Data from IMS Disease Analyser, a database that holds patient data from 113 GP practice systems, shows that 12.3–16.1% of the male population aged 18 years and older have a diagnosis of LUTS. The prevalence of LUTS in men aged 50 years and older is shown to be between 27% and 33%.

The annual incidence of diagnosed LUTS (that is, the annual detection rate of new cases) is 0.8–1.1% of the adult male population. The database shows that the proportion of men 18 years and older in contact with the GP for LUTS in 2009 was 2.7%.

**Published research**

Garraway et al. reported that the prevalence rate of benign prostatic hyperplasia (BPH), one of the most common causes of LUTS in men, aged 18 years and older, was 253 per 1000 men in the community, rising from 138 per 1000 men aged 40–49 years to 430 per 1000 men aged 60–69 years.

A study conducted in 2009 reviewed referrals to outpatient departments for men with LUTS to establish how many could have been managed without specialist assessment. The study found that 74% of men were referred from GP to outpatient departments. Of these, 88.5% of patients were diagnosed with BPH. The study concluded that with better pre-assessment many patients with LUTS could be managed in primary care.

**Expert clinical opinion**

The topic advisory group agreed that most men aged 18 years or older needing initial assessment would be in contact with their GP, with a small number presenting through other means such as nursing homes, hospitals or self referral.

The topic advisory group advised that over 60% of men presenting at specialist assessment could be managed conservatively.
**Conclusions**

Based on the epidemiological data and other information outlined above, it is concluded that the number of men aged 18 years or older needing initial assessment for LUTS is **2.7%**, or approximately **2700** per 100,000 men aged 18 years and older **per year**. Of these, approximately 1990 men will require a specialist assessment.

This is based on the following assumptions:

- the prevalence of LUTS in men aged 50 years and older is shown to be between 27 and 33%  
- in 2009 the percentage of men aged 18 years and older in contact with their GP for LUTS was 2.7%  
- 74% of men in contact with their GP for LUTS will be referred to specialist assessment.

Therefore the population benchmark for men requiring **initial assessment** is estimated to be **2.7%** per year.

From the information outlined above, 41% to over 60% of all men seen in specialist assessment for LUTS may respond well to conservative management.

Use the management of LUTS in men **commissioning and benchmarking tool** to determine the level of service that might be needed locally and to calculate the cost of commissioning the service using the indicative benchmark and/or your own local data.

**References**


The commissioning and benchmarking tool

Download the management of lower urinary tract symptoms (LUTS) in men commissioning and benchmarking tool. Use the management of LUTS in men commissioning and benchmarking tool to determine the level of service that might be needed locally and to calculate the cost of commissioning the service, as described below.

**Identify indicative local service requirements**

The indicative benchmark based on the national average for the number of men needing initial assessment for LUTS is 2.7% or 2700 per 100,000 men aged 18 years and older per year.

It is estimated that around 74% of men in contact with their GP for LUTS will be referred for specialist assessment. Of these, it is estimated that between 41% and 60% could be managed conservatively.

The commissioning and benchmarking tool helps you to assess local service requirements using the indicative benchmark as a starting point. With knowledge of your local population and its demographics, you can amend the benchmark to better reflect your local circumstances. For example, if your population is significantly younger or older than the average population, or has an ethnic composition different from the national average, or has a significantly higher or lower rate of LUTS, you may need to provide services for relatively fewer or more people.

**Referrals for specialist assessment**

You may already commission a service for the management of LUTS in men for your population which may include both conservative management and referral for specialist assessment.

The tool provides tables that allow you to calculate the potential savings associated with a reduction in the number of referrals for specialist assessment. A reduction in the number of specialist assessments may be possible through investment in conservative management. The tool considers the cost of initial referral for specialist assessment. However, not referring for specialist assessment may also result in further costs avoided if procedures are reduced or delayed while conservative management strategies are tried.
**Investment in conservative management**

You can use the commissioning and benchmarking tool to model how you may wish to invest in conservative management, using the indicative benchmark activity and the potential reduction in specialist assessments as a starting point.

Appropriate investment in conservative management may lead to a reduction in the number of people referred for specialist assessment.

**Model future commissioning intentions and associated costs**

You can use the commissioning and benchmarking tool to calculate the capacity and resources needed to move towards the benchmark level, and to model the required changes over a period of 4 years.

Use the tool to calculate the potential savings that may be associated with a reduction in the number of people referred for specialist assessment over a 4 year period, and model the appropriate investment that may be needed in conservative management to allow these savings to be realised. The tool is pre-populated with data on the potential cost elements that may need to be considered in future service planning, which can be reviewed and amended to better reflect your local circumstances.

Commissioning decisions should consider both the clinical and economic viability of the service, and take into account the views of local people. Commissioning plans should also take into account the costs of monitoring the quality of the services commissioned.
Ensuring corporate and quality assurance

Commissioners should ensure that the services they commission represent value for money and offer the best possible outcomes for men with lower urinary tract symptoms (LUTS). Commissioners need to set clear specifications for monitoring and assuring quality and productivity in the service contract.

Commissioners should ensure that they consider both the clinical and cost effectiveness of the service, and any related services, and take into account clinicians’ views, patients’ and carers views and those of other stakeholders when making commissioning decisions.

A service for the management of LUTS in men needs to:

- be effective and efficient
- be responsive to the needs of patients and carers
- provide treatment and care based on best practice, as defined in NICE clinical guideline CG97 on the management of lower urinary tract symptoms in men
- deliver the required capacity and outcomes
- be integrated with other elements of care for men with LUTS needing management
- ensure a co-ordinated approach is taken to promoting the quality of patient care across all pathways spanning more than one provider
- **define agreed criteria for referral**, local protocols and the care pathway for men with LUTS needing management. See NICE clinical guideline CG97 Appendix C The algorithms

- **be patient-centred and provide equitable access**, ensuring that patients are treated with dignity and respect, are fully informed about their care and are able to make decisions about their care in partnership with healthcare professionals

- **consider and respond to recommendations arising** from any audit, serious untoward or patient safety incidents

- **demonstrate how it meets requirements under equalities legislation**

- **demonstrate value for money**.

*Local quality assurance*

Any mechanisms for quality assurance at a local level are likely to refer to the following.

- **Service and performance targets**, including estimated activity levels and case mix, waiting and referral-to-treatment times (ensuring that men with LUTS and their carers do not experience unnecessary delays), complaints procedures.

- **Clinical governance arrangements**, including incident reporting.

- **Clinical quality criteria**: appropriateness of referral, consenting procedures, clinical protocols.

- **Audit arrangements**: frequency of reporting, reporting route and format, and dissemination mechanisms; arrangements should include auditing and monitoring of patient outcomes and complications (see audit support for NICE clinical guideline CG97 on the management of lower urinary tract symptoms in men for further information).

- **Health, safety and security**: infection prevention, waste management, confidentiality procedures, legislative requirements.

- **Equipment**: testing and calibration.

- **Accreditation requirements**: for some or all elements of the service, the premises and/or staff.

- **Patient and service user experience**: using the national patient survey; taking into account perspectives and perception of service provision to help shape services; engagement to inform commissioning decisions; complaints. Or using the International prostate symptom score (IPSS) – see question 8 on quality of life due to urinary symptoms.
Patient outcomes: number of men with LUTS receiving initial assessment in an appropriate setting and improved quality of life from appropriate and recommended treatments for their condition, for example conservative management, drug treatment and surgery.

Staff competencies: individual and team baseline requirements, monitoring and performance.

Information requirements, including both patient-specific information (NHS number, referring GP, provision of high-quality information to patients/carers) and service-specific information (referral-to-treatment times, workload trends, number of complaints).

The process for reviewing the service with stakeholders, including decisions on changes necessary to improve or to decommission the service.

Achieving targets associated with equalities legislation.

Further information

General information on quality and corporate assurance can be obtained from the following sources:

- **NHS Alliance online resources.** NHS Alliance is the representational organisation of primary care and primary care trusts, and provides them with an opportunity to network and exchange best practice. The alliance supports its members with an open-access helpline, in-house and joint publications and briefings, internal newsletters and a website.

- The **Department of Health commissioning framework** provides guidance on the commissioning process in the context of the NHS reform agenda.

- NHS Institute for Innovation and Improvement support for commissioners, includes **Commissioning for Health Improvement** products to accelerate the achievement of world class commissioning; **The Productive Leader** programme to enable leadership teams to reduce waste and variation in personal work processes, and **Better care, better value indicators** to help inform planning, to inform views on the scale of potential efficiency savings in different aspects of care, and to generate ideas on how to achieve these savings.

- **10 Steps to your SES: a guide to developing a single equality scheme.** This guidance has been developed to assist NHS organisations that have a duty, as public authorities, to comply with the race, disability and gender public sector duties, and in anticipation of new duties in relation to age, religion and belief, and sexual orientation.
Specific information on quality and corporate assurance for the management of LUTS in men can be obtained from the following sources:

- **BMJ Learning GP CPD** is an online service provided to support GPs with continuing professional development requirements and to develop knowledge in key areas. See module on *Lower urinary tract symptoms in men: a guide to management in association with NICE*

- **Better metrics** is a pragmatic project that provides clinically relevant measures of performance to support the development of measurable local targets and indicators for local quality improvement projects. See Cancer metric 1.08 Prostate cancer: evidence that all possible management options have been discussed with patients, and Older people metric 10.

- **Skills for health** works with employers and other stakeholders to ensure that those working in the sector are equipped with the right skills to support the development and delivery of healthcare services. See details of the *continence care* competence application tool.

- **Skills for Care** works with social care employers and training providers both regionally and nationally to establish the necessary standards and qualifications that equip social care workers with the skills needed to deliver an improved standard of care.

A topic-specific advisory group was established to review and advise on the content of the commissioning guide. This group met once, with additional interaction taking place via email.

Angela Billington
Director of Continence Services, Bournemouth PCT

Professor Christopher Chapple
Consultant Urological Surgeon, The Royal Hallamshire Hospital, Sheffield

Helen Dunford
Practice Based Commissioning Programme Manager, NHS Kensington and Chelsea

Karen Kyle
Senior Commissioning Manager, NHS North Lancashire

Mr Malcolm Lucas
Consultant Urological Surgeon, Abertawe Bro Morgannwh University Local Health Board

Professor James N'Dow
Consultant Urological Surgeon, University of Aberdeen and NHS Grampian

Dr Julian Spinks
GP, Strood, Kent

Dr Sibghat Ullah
Senior Contracts and Commissioning Manager, NHS Manchester