



Impact on NHS workforce and resources

Resource impact

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The [NICE guideline on pelvic floor dysfunction](#) was published in December 2021. The guideline recommendations have been reviewed for their potential impact on the NHS workforce and resources.

The guideline covers the prevention, assessment and non-surgical management of pelvic floor dysfunction in women aged 12 and over. It aims to raise awareness and help women to reduce their risk of pelvic floor dysfunction. For women who have pelvic floor dysfunction, the guideline recommends interventions based on their specific symptoms.

Recommendations likely to have an impact on resources

We do not expect this guideline to have a significant impact on resources; that is:

- the resource impact of implementing any single guideline recommendation in England will be less than £1 million per year (or approximately £1,800 per 100,000 population, based on a population for England of 56.3 million people) **and**
- the resource impact of implementing the whole guideline in England will be less than £5 million per year (or approximately £9,000 per 100,000 population, based on a population for England of 56.3 million people).

Most of the recommendations in the guideline reinforce best practice, and services will not need additional resources to implement them. However, some recommendations and areas of the guideline may represent a change to practice in some areas. These are:

Pelvic floor muscle training (recommendations 1.3.12 and 1.3.15)

Depending on local circumstances, services may need more resources to be able to consider a 3-month programme of supervised pelvic floor muscle training for women who meet the criteria in recommendation 1.3.12.

Currently, pelvic floor muscle training is rarely used for prevention, and is usually only considered and taught to women when they develop symptoms (such as urinary incontinence). Therefore, there may be additional costs to providing supervised pelvic floor muscle training for pregnant women with a family history of pelvic floor dysfunction or other risk factors. Some of these costs are likely to be offset by savings from preventing or delaying pelvic floor dysfunction.

Community-based multidisciplinary teams (recommendations 1.6.1 and 1.6.2)

Depending on local circumstances, services may need more resources to consider a community-based multidisciplinary team approach for the management of pelvic floor dysfunction.

There is variation in the availability of community-based multidisciplinary teams. The benefits of good pelvic floor dysfunction management (such as better long-term outcomes) may outweigh any potential costs associated with setting up the teams. It may also be possible to provide these teams by redesigning existing services.

Context

The recommendations highlight the importance of preventing pelvic floor dysfunction. Prevention will help women avoid problems such as incontinence and pelvic organ prolapse and will reduce the need for surgical treatments.

The [NHS Long Term Plan](#) includes a commitment for women to have access to multidisciplinary pelvic health clinics, and [pilot pelvic health clinics were announced by NHS England in June 2021](#).

Pelvic floor dysfunction services are commissioned by integrated care systems and clinical commissioning groups. They are provided by NHS hospital trusts and community organisations.

Support to put the recommendations into practice

The recommendations on interventions are based on the specific symptoms women experience (such as urinary or faecal incontinence), to ensure they get the best possible support.

The guideline aims to raise awareness of pelvic floor dysfunction. This is to help women understand how to reduce their risk, and to help women with symptoms understand the benefits and drawbacks of all non-surgical management options.

There are numerous opportunities for healthcare professionals to include advice on pelvic floor muscle health, in line with the wider [NHS principle of making every contact count](#). For example, advice could be provided at menopause and cervical screening services.

In education settings, the school nurse may be the best person to introduce pelvic floor muscle health to girls aged 12 to 17.

Support from NICE

The guideline should be used alongside the [NICE guideline on urinary incontinence and pelvic organ prolapse in women](#). This guideline covers assessing and managing urinary incontinence and pelvic organ prolapse in women aged 18 and over. It also covers complications associated with mesh surgery for these conditions.

The pelvic floor dysfunction guideline should also be used alongside the [NICE guidance on patient and service user care](#).

Support from outside NICE

Perinatal pelvic health clinics are being set up across the country to improve the prevention, identification, and management of mild to moderate pelvic health problems in women who have given birth (see [NHS England press release](#)). Fourteen clinics were set up in 2021, and a similar number of 'fast followers' are due to be set up from April 2022. Following these initial trials, the clinics will be expanded so that they are available across the country by March 2024. Implementation has been phased so that local testing and development can help identify the best service model.

The [Pelvic, Obstetric and Gynaecological Physiotherapy group of the Chartered Society of Physiotherapy](#) have produced a number of resources for women to improve their pelvic floor function.

Resources for the public

- [Pelvic, Obstetric and Gynaecological Physiotherapy group exercises for women](#)
- [Your pelvic floor: NHS Highland YouTube video for 12 to 17 year olds](#)
- The [Squeezy app](#) (£2.99; for iPhone and android devices) provides pre-set pelvic floor muscle exercise programmes.

The Guideline Resource and Implementation Panel

The Guideline Resource and Implementation Panel reviews NICE guidelines that have a substantial impact on NHS resources. By 'substantial', we mean that:

- implementing a single guideline recommendation in England costs or saves more than £1 million per year, or
- implementing the whole guideline in England costs or saves more than £5 million per year.

Panel members are from NICE, NHS England and NHS Improvement, Health Education England and NHS Clinical Commissioners. Topic experts are invited for discussions on specific topics, for example, from the Office for Health Improvement and Disparities, and voluntary and community support organisations.

The panel does not comment on or influence the guideline recommendations outside NICE's usual consultation processes and timelines.