Resource impact statement

Resource impact
Published: 9 December 2021

www.nice.org.uk

No significant resource impact is anticipated

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 do not need any additional resources to implement. However, some of the guideline areas and recommendations may represent a change to current local practice. These are:

Pelvic floor muscle training (recommendations 1.3.12 and 1.3.15)

Considering a 3-month programme of supervised pelvic floor muscle training (PFMT) for women under the circumstances discussed in recommendation 1.3.12 may, depending on local circumstances, require additional resources to implement.

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, providing supervised PFMT for pregnant women with family history of pelvic floor dysfunction or other risk factors may lead to additional costs. Some of this cost is likely to be offset by savings or benefits from preventing or delaying pelvic floor dysfunction.

Community-based multidisciplinary teams (recommendations 1.6.1 and 1.6.2)

Considering a community-based multidisciplinary team approach for the management of pelvic floor dysfunction may also, depending on local circumstances, require additional resources to implement.

There is current 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 community-based multidisciplinary teams. This may also be achieved via the redesign of existing services.

Services for pelvic floor dysfunction are commissioned by integrated care systems/clinical commissioning groups. Providers are NHS hospital trusts and community providers.