

NHS Dorset Clinical Commissioning Group

Botulinum Toxin Type A for Overactive Bladder

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP
BOTULINUM TOXIN TYPE A FOR OVERACTIVE BLADDER
CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This protocol describes the inclusion criteria for the use of Botulinum Toxin Type A for Overactive Bladder and will be applied in accordance with the Policy for Individual Patient Treatments.
- 1.2 NHS Dorset Clinical Commissioning Group will only support the use of Botulinum Toxin Type A in the case of clinical need, where the patient meets the access criteria indicated below. For other conditions please refer to main Botulinum Toxin Type A Criteria Based access Protocol.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Botulinum Toxin Type A for the secondary management of Overactive Bladder Refractory to conservative and non-interventional medical treatment is supported providing that:
- patients have been managed and treated according to the relevant NICE clinical guideline. NICE clinical guideline 97 refers to the management of lower urinary tract symptoms in men. NICE clinical guideline 148 refers to the management of lower urinary tract dysfunction in patients with neurological diseases. NICE clinical guideline 171 relates to the management of urinary incontinence in women;
 - patients have been supported with behavioural and lifestyle advice and a trial of at least two anticholinergic medications but have not had a positive response to these interventions;
 - a multidisciplinary team has considered Botulinum Toxin to be the most appropriate treatment;
 - patients are willing and able to self-catheterise;
 - informed consent has been obtained.

4. EXCLUSIONS

- 4.1 There are no exclusions.

5. CASES FOR INDIVIDUAL CONSIDERATION

- 5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical

reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

- 5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:
- significantly different to the general population of patients with the particular condition; and
 - they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition
- 5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

First Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

- 6.1 Prior to approval this Protocol was reviewed by the Individual Patient Treatment Panel which includes commissioners, clinicians and other relevant stakeholders.
- 6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

- 7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	117
Author (Name and Job Title)	Emma Moggeridge
Clinical Delivery Group (recommending group)	N/A
Date of recommendation by CDG	April 2017
Date of approval by CCC	April 2017
Version	2.1
Review frequency	3 yearly
Review date	April 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
2.1	April 2017	Michael Cross	

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
Jan 14	1.0	January 14	New Policy	Jan 2014	CCC
Sept 15	2.0	September 15	Cross refers to Botulinum Toxin Type A (general) policy	Sept 2015	
April 17	2.1	April 2017	Minor amendment to specify that drugs trialled should be anticholinergics	April 2017	

D ASSOCIATED DOCUMENTS	
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 	

E SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES		
Evidence	Hyperlink (if available)	Date

G DISTRIBUTION LIST			
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓