

Policy for Sacral Neuromodulation

Ref:	LSCICB_Clin32
Version:	1.1
Purpose	This document is part of a suite of policies that the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right but will be applied with reference to other policies in that suite.
Supersedes:	1
Author (inc Job Title):	
Ratified by: (Name of responsible Committee)	LSCICB Board (adopted 1 July 2022)
Cross reference to other Policies/Guidance	
Date Ratified:	1 July 2022 (adopted)
Date Published and where (Intranet or Website):	July 2022 (Website)
Review date:	10 March 2025
Target audience:	All LSCICB Staff

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Document control:		
Date:	Version Number:	Section and Description of Change
March 2022	V1	Policy Ratified by SCC
July 2022	V1.1	Policy adopted by Lancashire and South Cumbria ICB – references to CCG replaced by ICB where relevant

1. Policy

1.1 The ICB will only commission sacral neuromodulation (SNM) when the following criteria are satisfied:

1.1.1 The patient has idiopathic chronic non-obstructive urinary retention

AND

1.1.2 the treatment is being carried out in a specialist unit by a clinical team who are experienced in the assessment, treatment and long-term care of patients with bladder dysfunction, and in the use of sacral neuromodulation

AND

1.1.3 for a permanent device, that a satisfactory trial with a non-permanent device has been completed

1.2 The ICB will not routinely commission the use of SNM for constipation, or any other pelvic condition, as it considers the use of this indication does not accord with the Principles of Effectiveness and Cost-Effectiveness.

2. Scope and definitions

2.1 This policy is based on the ICBs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).

2.2 Sacral neuromodulation (SNM) also known as Sacral neurostimulation, Sacral nerve stimulation and Sacral nerve modulation, is a two-stage surgical intervention used for a number of conditions relating to function and symptoms in the pelvic area, particularly urinary incontinence (specified types), faecal incontinence (specific types), urinary retention, constipation, and pelvic pain due to e.g. interstitial cystitis, endometriosis, chronic anorectal pain. It involves applying an electric current to one of the sacral nerves via an electrode placed through the sacral foramen during an operative procedure. The electrode leads are attached to an implantable pulse generator, which stimulates nerves associated with the lower urinary tract or bowel. A trial with a non-permanent device is usually conducted, for 3 days to 4 weeks depending on device and protocol, and if positive results are found, a permanent device is fitted.

2.3 The scope of this policy includes sacral neuromodulation for urinary retention, constipation, and pelvic pain.

2.4 The scope of this policy does not include SNM for faecal incontinence and SNM for urge incontinence and urgency-frequency, as these are commissioned by NHS England.

2.5 The ICB recognises that a patient may have certain features, such as

- having refractory constipation, or pelvic pain.
- wishing to have a service provided for their refractory constipation, or pelvic pain.
- being advised that they are clinically suitable for sacral neuromodulation and

- be distressed by their refractory constipation, or pelvic pain, and by the fact that that they may not meet the criteria specified in this commissioning policy.

Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

- 2.6 For the purpose of this policy the ICB defines refractory as persisting despite trying a number or combination of pharmacological therapies at sufficient doses for sufficient time and when the patient is measurably disabled by the condition.
- 2.7 This policy reflects NICE Guidance IPG536 Sacral nerve stimulation for idiopathic chronic non-obstructive urinary retention.
- 2.8 This policy applies to adults aged 19 and over.

3. Appropriate Healthcare

- 3.1 The purpose of using sacral neuromodulation is to reduce the symptoms experienced: urinary retention, constipation, or pelvic pain.
- 3.2 The ICB regards the achievement of this purpose as according with the Principle of Appropriateness. Therefore, this policy does not rely on the Principle of Appropriateness. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider the principle of appropriateness in the particular circumstances of the patient in question when considering an application to provide funding.

4. Effective Healthcare

- 4.1 The policy criteria relating to the use sacral neuromodulation relies on the Principle of Effectiveness as the ICB considers there is insufficient evidence to demonstrate it is effective in reducing the symptoms of constipation, pelvic pain or urinary retention (with the exception of idiopathic chronic non-obstructive retention) including neurogenic bladder or obstruction (not an exhaustive list).

5. Cost Effectiveness

- 5.1 The policy criteria relating to the use of sacral neuromodulation for the management of constipation, pelvic pain or urinary retention due to any other cause relies on the Principles of Cost-Effectiveness.

If a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the purpose of the treatment is likely to be achieved in this patient without undue adverse effects when considering an application to provide funding.

6. Ethics

- 6.1 The ICB does not call into question the ethics of sacral neuromodulation for the management of refractory constipation, pelvic pain or urinary retention due to any other cause and therefore this policy does not rely on the Principle of Ethics.

Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to raise ethical concerns in this patient when considering an application to provide funding.

7. Affordability

7.1 The ICB does not call into question the affordability of sacral neuromodulation therefore this policy does not rely on the Principle of Affordability. Nevertheless, if a patient is considered exceptional in relation to the principles on which the policy does rely, the ICB may consider whether the treatment is likely to be affordable in this patient when considering an application to provide funding.

8. Exceptions

8.1 The ICB will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.

9. Force

9.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance relating to this intervention, or to alternative treatments for the same condition.

9.2 In the event of NICE guidance referenced in this policy being superseded by new NICE guidance, then:

- If the new NICE guidance has mandatory status, then that NICE guidance will supersede this policy with effect from the date on which it becomes mandatory.
- If the new NICE guidance does not have mandatory status, then the ICB will aspire to review and update this policy accordingly. However, until the ICB adopts a revised policy, this policy will remain in force and any references in it to NICE guidance will remain valid as far as the decisions of this ICB are concerned.

10. References

Sacral nerve stimulation for idiopathic chronic non-obstructive urinary retention. Interventional procedures guidance [IPG 536]. Published 2015.

www.nice.org.uk/guidance/ipg536

11. OPCS Codes

OPCS Codes	Procedure
A70	Neurostimulation of peripheral nerve
A701	Implantation of peripheral nerve neurostimulator
A702	Maintenance of peripheral nerve neurostimulator
A703	Removal of peripheral nerve neurostimulator
A704	Insertion of neurostimulator electrodes adjacent to peripheral nerve
	Anatomical code
Z111	Sacral nerve