Written evidence submitted by the Urology Trade Association

About the Urology Trade Association

The Urology Trade Association (UTA) was established in 2007 to represent manufacturers and suppliers of urology products. The association seeks to:

- promote and sustain patient choice in access to continence products;
- increase patient and public awareness about continence issues; and
- ensure that patients are not placed at adverse risk by ill-advised policy decisions.

How trends in waiting times changed before the emergence of COVID-19

The treatment of urological conditions, particularly urinary tract infections (UTIs), has consistently placed huge demands on the national health service. According to a report found in the World Journal of Urology[1], UTIs are one of the most common bacterial infectious diseases both outside and within hospitals. NHS England reported in 2014 that UTIs were the condition with the highest emergency admissions rate in 2012/13[2]. Of these UTIs, between 43% and 56% were associated with the use of a urinary catheter. Between 2008/09 and 2019/20, the rate of emergency admissions increased for UTIs[3], with emergency admissions doubling between 2013 and 2018[4]. In 2017/18 alone, treating unplanned admissions for UTIs cost the NHS £386.1 million[5].

Prior to the pandemic, urology referrals had risen by nearly 20% over 20 years[6]. This is mainly due to the availability of better assessment and diagnosis, and increased patient expectation. A 2018 Getting It Right First Time (GRIFT) report found that there were over 750,000 episodes of care in 2018[7], including patient investigations, medical care and surgical procedures. The urology sector has seen higher rates of detection in recent years, but this often leaves urology services struggling to cope and patients left on waiting lists for outpatient services. This was exacerbated by the Covid-19 pandemic.

The effect that COVID-19 has had on waiting times

When the Covid-19 pandemic hit, there was a reduction in referrals and admissions relating to urology patients. In England, the referrals of new patients with symptoms of urological cancer fell from 18,534 in February 2020 to 7,859 in April 2020 (a 58% reduction). Referrals had not recovered to pre-pandemic levels by October 2020[8],

[1] Antimicrobial resistance in urosepsis: outcomes from the multinational, multicenter global prevalence of infections in urology (GPIU) study 2003–2013 (nih.gov)
[2] Reducing incidence of Urinary Tract Infections by promoting hydration in care homes | NICE
[3] Potentially preventable emergency admissions | The Nuffield Trust
[4] https://www.england.nhs.uk/wp-content/uploads/2018/07/excellence-in-continence-care.pdf
[5] Urinary Tract Infections: 29 Nov 2018: Hansard Written Answers - TheyWorkForYou
[6] https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/hospital-outpatient-activity-2016-17
[7] https://gettingitrightfirsttime.co.uk/wp-content/uploads/2018/07/GIRFT-Urology.pdf
[8] https://www.england.nhs.uk/statistics/statistical-work-areas/cancer-waiting-times/monthly-prov-cwt/2020-21-monthly-provider-cancer-waiting-times-statistics/

indicating that due to the cancellation of elective procedures to deal with COVID-19 cases, thousands of urology, stoma and urostomy patients were not being seen. Data on NHS referral to treatment (RTT) waiting times collected from all acute trusts in England showed that at the end of March 2021, 64.4% of patients waiting to start treatment (incomplete pathways) for urological conditions were waiting up to 18 weeks, thus not meeting the 92% standard for non-urgent, consultant-led treatment set out in the NHS Constitution[9].

Recent analysis carried out by the Nuffield Trust also reveals a fall in admissions for UTIs from 2020/21[10], but there is no reason to think that this is because the situation improved. Rather, there are many reasons why less people were admitted into hospital with suspected UTIs in this time period, including the widely reported public reluctance to use emergency services when Covid-19 infection rates were high.[11]

Recommendations to clear the backlog and reduce waiting times

To clear the backlog and reduce waiting times, it is important that the public do not add to the high demand on the health service. This can be achieved through drawing on the support of contractors and specialist nurses and encouraging greater self-management to empower patients to manage their conditions themselves.

Specialist nurses, including those who work on hospital wards and outpatient settings, are a crucial part of the urology workforce that has grown in importance in recent years. In over half of urology units, specialist nurses now carry out diagnostic endoscopic assessments of the lower urinary tract[12], helping to reduce the burden on urology consultants. They also play a key role in reducing unnecessary admissions through education and support, telephone or electronic follow-up and emergency triage systems.

Additionally, Dispensing Appliance Contractors (DACs) have continued working behind the scenes, despite the pandemic, to reduce the burden on the NHS. From processing and packaging medical devices in warehouses, speaking to patients through free helplines and delivering products directly to patients, DACs have helped reduce the risk patients contracting UTIs which would require patients to be admitted. DACs have helped ensure that the safety and health of patients living with urinary incontinence is well managed by helping to liaise with nurses, arrange prescriptions, deliver products, and answer any questions a patient or carer might have.

Warehouses have been operating at full capacity, with employees still packing and processing orders from patients, ensuring that there are no delays. Additionally, DACs keep a detailed record of what has been dispensed to patients and when, which GPs, nurses, Clinical Commissioning Groups (CCGs) and other healthcare professionals are able to obtain and share among themselves. Most DACs provide a monthly call to patients to conduct a stock take, ensuring that patients have the correct number of medical supplies and topping up where necessary. At a time where budgets are constrained, effective management of patient supply has been paramount in safeguarding patient access to the products they desperately need.

The vital services DACs are offering in these challenging times have effectively reduced the burden on the NHS, ensuring that the safety and health of patients living with urinary incontinence is well managed. DACs are bringing valuable additional capacity to an NHS which simply could not cope without them. To deal with the backlog of

[9] https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2021/05/Mar21-RTT-SPN-publication-version-1.pdf
[10] Potentially preventable emergency admissions | The Nuffield Trust
[11] https://www.health.org.uk/news-and-comment/charts-and-infographics/non-covid-19-nhs-care-during-the-pandemic
[12] Layout 1 (gettingitrightfirsttime.co.uk)

urology patients who require immediate treatment to prevent their condition from worsening, the NHS should continue to work with DACS and other organisations who deliver Care Quality Commission (CQC) approved services.

The NHS should also continue to encourage supported self-management and education to empower people to manage their conditions themselves. This will likely lead to better clinical outcomes and lower rates of hospitalisation. Self-management as a first line intervention for lower urinary tract symptoms (LUTS) can significantly reduce the frequency of treatment failure and reduce urinary symptoms[13]. Resources to support self-management should be easily accessible, of high quality and relevant to meet the needs of local patients.

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[13] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1764065/pdf/bmj-334-7583-res-00025-el.pdf