

## Conference and course reports

### The Rise and Fall of the Pelvic Floor

Heaton Mount, School of Management,  
University of Bradford, Bradford,  
8 September 2007

This stimulating day marked the launch of the second edition of *Therapeutic Management of Incontinence and Pelvic Pain* (Haslam & Laycock 2007; see review on p. 95). Sadly, it was also our fond farewell to both Jeanette Haslam and Jo Laycock because they are retiring from physiotherapy (Fig. 1). Unthinkable! There was a huge demand for places on the study day, and the first 120 lucky people to register enjoyed an excellent programme, which included one or two surprises for our principal speakers!

Jeanette and Jo introduced the day, following which Jeanette set the scene for current practice by giving us a historical insight into pelvic floor muscle re-education.

Kegel (1948) may be the first name that springs to mind regarding this field, but we have reason to credit others before him with the introduction of exercise aimed at child-bearing women and continence issues. Minnie Randell and Margaret Morris were two such pioneers, and their work in training the pelvic floor muscles, in association with other pelvic muscles (i.e. the abdominal, gluteal and adductor muscles) is

now the subject of current research by a number of well-known names today.

The speakers included the authors of various chapters in the new edition of *Therapeutic Management of Incontinence and Pelvic Pain* (Haslam & Laycock 2007). Jo spoke on assessment of the pelvic floor. Most of us were familiar with, and have been using, the PERFECT assessment (Laycock & Jerwood 2001). However, some of us were less aware of the newer International Continence Society (ICS) scale of pelvic floor muscle evaluation (Messelink *et al.* 2005). This may prove to be a useful tool for some, but is perhaps less sensitive. Furthermore, the method of recording the findings does not appear to be quite as user-friendly as the one that we are used to applying, and the scale has not yet been validated, whereas the PERFECT Scheme has been since 2001.

Linda Barkess-Jones, whose chapter on infection control has been updated for the new edition of the book so as to incorporate new legislation, gave us a timely reminder of our responsibilities in this area. The Health Care Act 2006 is a legal obligation with which we must all comply – and this compliance, or otherwise, is monitored by the Healthcare Commission.

Leslie Southon gave an interesting insight into the impact of exercise in the athletic woman, describing differences in the proportions of collagen type, the effects of puberty and the implications of high-impact exercise for the continence threshold. Jeanette followed this with a discussion of the National Institute for Health and Clinical Excellence (NICE) recommendations for urinary incontinence (NICE 2006), and it is reassuring to know that physiotherapy has an appropriate and important role to play within this guideline. The guideline can be downloaded from, or read on, the NICE website ([www.nice.org.uk](http://www.nice.org.uk)).

Stephanie Knight gave a fascinating insight into the problem of pelvic pain: a presentation that many more of us are encountering, but one that is still poorly understood. Stephanie's excellent chapter will be of interest to all of us who see these patients, but are unsure about how to help them. There are invariably a number of aetiological factors involved and it is likely that a



Figure 1. Jeanette Haslam (left) and Jo Laycock (right).



**Figure 2.** All the 'Rise and Fall of the Pelvic Floor' delegates at the end of the day.

multiprofessional approach will achieve the best result.

The final speaker of the day was Ruth Jones, who spoke on dynamic ultrasound imaging of the pelvic floor muscles. There are probably still relatively few of us who have access to this tool, but its value is unquestionable. To witness exactly what happens to the urethra and bladder neck on contraction of the pelvic floor muscle, and on performance of a Valsalva manoeuvre, is a valuable aid to diagnosis – and it provides the patient with immediate feedback.

After the 'serious' part of the day came the fun! Julia Herbert had put together a wonderful *This Is Your Life* programme for both Jo and Jeanette – neither of them had any idea that this was to happen. We loved seeing trendy 1970s Jeanette, in tank top and flared trousers, cuddling her youngest baby (Rebecca) in her arms while surrounded by her other three little ones! And there was Jo, emerging from the main entrance of Bradford Royal Infirmary, circa 1960 – resplendent in her physiotherapy student uniform (lots of layers, apron, nurse-type hat – and looking *very* serious! Being of the same vintage as Jo, I well remember the immobilizing uniforms that we were obliged to adopt, and

wonder how we were ever able to demonstrate a range of joint movement while wearing so many clothes!

The delightful finale to the day, arranged by Neen Healthcare, was a Champagne reception for all (Fig. 2). Jeanette and Jo were each presented with a celebration cake, which was pertinent to the occasion in that it had a delicately crafted, life-size Periform electrode sitting on top – made of icing sugar – that Jeanette



**Figure 3.** Jo Laycock examining at the edible Periform from her retirement cake!

managed to chop clean in half as she was cutting the cake (Fig. 3)!

This day was both a happy and a sad occasion. Many of us owe so much to both Jeanette and Jo with regard to our education and development in the field of continence, and they will both be greatly missed. However, they now deserve to devote some time to themselves, their husbands, Bob and David, their families, and whatever new interests come their way! We wish them both well, and thank them for all that they have done for women's health physiotherapy.

**Pauline Walsh**  
Chairman

*The continence world says a final farewell to Jo Laycock and Jeanette Haslam*

This study day was the grand finale for two of the UK's leading continence physiotherapists, Jo Laycock and Jeanette Haslam (Fig. 4), and friends and colleagues gathered in the prestigious surroundings of Heaton Mount.

Jo and Jeanette had decided to mark the occasion of the long-awaited launch of the second edition of their book *Therapeutic Management of Incontinence and Pelvic Pain* (Haslam & Laycock 2007) by holding a study day at which they would deliver their final public lectures. Presentations were also given by some of the authors who had contributed chapters to the book, including: Leslie Southon, 'Women and exercise'; Lynda Barkess-Jones, 'Infection control issues'; Ruth Jones Lovegrove, 'Ultrasound'; and Stephanie Knight, 'Pelvic pain'.

Planning and administration of the day was organized by Kate Wrigley from Neen Healthcare. Within 2 weeks of the study day being advertised, it was sold out, a fitting testament to Jo and Jeanette's popularity. Making the day even more special, Jo and Jeanette had arranged for each delegate to receive a signed, limited edition hardback copy of the book.

Although both of them now have houses in Cumbria and the same village in France, it was fitting that they should return to Bradford, which holds many memories for them.

For Jo, it was where it all began. She was educated at Bradford Grammar School, trained as a physiotherapist at Bradford Hospitals School of Physiotherapy, and after qualifying in 1962, worked at both St Luke's and Bradford Royal Infirmary. Jo then became the first continence physiotherapist to gain a doctorate, which was also from the University of Bradford.



**Figure 4.** (Left to right) Jeanette Haslam, Kate Wrigley and Jo Laycock.

Jeanette was educated at Winkley Square Convent School in Chorley and began her connection with Bradford in 1990 when she attended the Promotion of Continence and Management of Incontinence course organized by Jo. Jeanette then went on to host the University of East London continence course for physiotherapists in Bradford and then, more recently, developed the Master's module for continence physiotherapy at Bradford University.

Both Jo and Jeanette have touched the lives of many physiotherapists in the UK and abroad through their enthusiasm for education. Throughout their careers, both have been constantly involved in various continence organizations, have been strong supporters of multidisciplinary working and are both past chairs of the Association for Continence Advice (ACA).

In the days when very few physiotherapists attended the ICS meetings, Jo became famous for wearing her bright-yellow jacket so that other physiotherapists would recognize her as a colleague.

Anyone who attended one of Jo or Jeanette's training days or short courses would leave empowered with new knowledge, but also appreciating their sense of humour. This was evident not only in their teaching, but frequently spilled over into the social occasions associated with meetings and conferences. They have been known to dress up as country and western singers, write and perform the National Pelvic Floor Anthem, and even perform as Dolly Parton and her twin sister in front of the president of a major American continence company at the ICS meeting in Heidelberg, Germany.

Since 1988, when Jo developed the first continence course for physiotherapists, they have

inspired students to study what is often seen as a 'Cinderella' subject. Inspired by their enthusiasm and thirst for knowledge, many of their students have become established as leading continence experts in their own right.

Jo and Jeanette described this study day as their final 'swan song' – but the Wikipedia definition of this is far from how people remember them! Although presumed to be the beautiful final song sung by a dying swan, 'swan songs' are actually the 'noises, hisses and grunts' made by swans throughout their life. Both Jo and Jeanette have eloquently shared their love of the subject and their extensive knowledge over the years, and both have been described as 'walking continence encyclopaedias' by their colleagues.

The study day ran smoothly, and Jo and Jeanette ended the session with their final good-byes. What they didn't know was that a surprise retirement celebration had been organized by Neen Healthcare. Friends and colleagues who were not able to attend the day arrived for a retirement party that began with Julia Herbert springing a *This Is Your Life* event on them.

Jo was reintroduced to a prototype model of the Periform vaginal electrode that she had helped Neen Healthcare to develop, and then told everyone that she has a musical version of the prototype at home that decorates her Christmas tree every year!

Jeanette was presented with a bottle of Vimto and a pair of fleecy insoles from Ian Pomfret in memory of a very cold, wet and windy continence promotion event held at Chorley Markets.

PowerPoint slides and photographs wishing them best wishes for a happy retirement had been collected from colleagues in the UK and around the world.

Following the *This Is Your Life* segment, the party continued with a cake-cutting ceremony (the retirement cakes were, of course, decorated with an edible Periform vaginal electrode!), and a champagne toast to a long, happy and healthy retirement for both of them. Both Jo and Jeanette will be dearly missed by everyone who knows them.

**Kate Wrigley**  
Product specialist  
Neen Healthcare  
Oldham

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## Faecal Incontinence: A NICE Guideline You Would Really Prefer Not to Discuss?

Royal Institute of British Architects,  
London, 10 October 2007

Poo. Crap. A number two. A dump. A turd. Shit. Arse. Bum.

How uncomfortable just reading some of those terms makes us feel! Finding terminology acceptable for patients with faecal incontinence was one of the areas touched on at this course run by the Continence Foundation to launch the new NICE clinical guidelines (NICE 2007).

In June 2007, NICE published *Faecal Incontinence: The Management of Faecal Incontinence in Adults*. Considering the hype that many NICE papers generate in the media, this one seems to have been a very low key affair, attracting only 40 attendees. It was good to see that six of these were physiotherapists. Despite the outward apparent lack of interest in the paper, Kirsty Maclean Steel, the NICE implementation advisor, informed us that more people had requested copies of the guideline from the Internet than had done for either the cardiac infarction or workplace smoking guidelines. Was the small audience a result of the content matter, funding issues, absence of leave problems or the location? Whatever the reason, those who did not attend missed a very good day.

We started with an introduction from Baroness Sally Greengross, who enthusiastically reminded us to maintain the dignity and self-respect of patients who suffer from faecal incontinence (FI). She can ask questions in the House of Lords about continence problems and said that she would like to see the Royal Albert Hall filled with people discussing how they helped with FI.

Christine Norton – no meeting on FI would be complete without her experience and wisdom – discussed some of the clinical aspects of FI, its prevalence, causative factors, treatment options and evidence for treatment/management. Unfortunately, there is a very limited evidence base and she noted that ‘NICE had never worked on a topic with so little evidence’, which is a challenge to anyone looking for a research project.

Anton Emmanuel, consultant gastroenterologist, pointed out that basic assessment should not be confined to primary care and that we should always be on the lookout for FI problems in hospitals too. It was he who gave us cause to squirm with his graphic use of certain terms. This was used to illustrate how hard it can be for both professionals and patients to pluck up the courage to speak about their problems when our language uses words with such a negative connotation. His talk further expanded on assessment and treatment, and covered the pharmacological help that is available.

After coffee, Mr David Bartolo, consultant colorectal surgeon, discussed the success of sacral nerve neuromodulation, the limitations of gracilis repairs and the long-term problems of stoma/colostomy. He stressed the importance of realistic counselling for these patients and was pragmatic about the results.

There were other talks on how to set up a bowel dysfunction clinic. Anyone who has tried to start a new service in any aspect of continence will relate to what was being said. There was a talk from a general practitioner (GP) on practice-based commissioning. It was disappointing to hear that this particular GP had not originally considered faecal incontinence when planning his commissioning. He did say that he would look again at this area, but I think that his attitude prior to being asked to speak at the day must be sadly reflective of many commissioners around the UK.

Two workshops based on case studies rounded off the day. These were both well received and provided an opportunity for some lively discussion.

This was an excellent day that tackled a highly sensitive problem with understanding and compassion, but pragmatism and realism as well. My only criticism of the programme was that it failed to include physiotherapy, especially as pelvic floor muscle training is mentioned as a *specialized management* along with bowel retraining, specialist dietary assessment, biofeed-

back, electrical stimulation and rectal irrigation. The high number of physiotherapists attending the event shows that we do have an interest and a role to play in this area. I hope that this document will focus the approach of treatment and assessment of FI, and help to raise awareness of it amongst professionals and the wider public.

**Katie Mann**

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## ACPWH Conference

**Preston Marriott Hotel, Preston, 2–3  
November 2007**

*Report from the winner of the Margie Polden Student Bursary 2007*

‘It’s the best sisterhood to be part of.’ That was the way that one delegate described the ACPWH to me and that’s certainly the impression that I got at this conference.

I was nominated for the Margie Polden Student Bursary following a placement at Queen’s Medical Centre, Nottingham. The passion that tutors Judith Lee and Anna Epton showed towards women’s health physiotherapy encouraged me to pursue a number of projects on my return to university.

I was delighted to hear that I had been awarded a place at the Conference, but as I’m sure my predecessors were, I was apprehensive about going. However, my concerns disappeared as soon as I arrived: everyone was welcoming and approachable. I would like to thank you all for making me feel part of the Conference.

I found the lectures varied and informative. My training at the University of East Anglia, Norwich, was slanted towards the multidisciplinary team, so I was pleased to see that this is something which is being continued within the field of women’s health.

The discussion surrounding symphysis pubis dysfunction (SPD) was particularly enjoyable (Fig. 5). It was enlightening to hear the different perspectives of both Mr Clayson and some



**Figure 5.** Mr Tony Clayson discussing the finer points of his lecture with delegates.

members of the audience towards the treatment and aetiology of the problem. This reiterated the importance of multidisciplinary team working within the field of women's health.

However, I remain somewhat sceptical regarding the role of complementary therapies within our field. Although the lectures were informative, there is little evidence for their use as far as I am aware. Without this, I feel that it would be difficult to gain commissioning for their use from any National Health Service (NHS) trust in the current climate.

So what have I gained from attending the Conference?

I have realized that what is viewed as an isolated role by some of my colleagues is quite the opposite. We have a valuable part to play in the multidisciplinary team. As a rotational junior, I have gained the motivation to eventually build a career for myself in the women's health field. I will also take my skills with me to promote the role.

I would like to thank the committee again for allowing me to join you.

**Rebecca Storer**

*Derby Hospitals NHS Foundation Trust  
Derby*

#### *Report from a Conference 'virgin'*

The organizers of the 2007 Conference (Fig. 6) struggled to give the event a name because of the broad range of topics that were covered. As a Conference virgin (Fig. 7), I can confirm that I have never before attended a series of lectures that included a multiple-choice psychosexual quiz, references to maximizing amphetamine highs and the risks of reflexology before a big night out. However, the nature of women's health physiotherapy means that most of the



**Figure 6.** The organizing committee of the 2007 ACPWH Conference.



**Figure 7.** The Conference 'virgins'.

clinicians who were present are skilled in many different areas of women's health, and therefore, although not all the topics covered were necessarily directly relevant to each physiotherapist, there was certainly something to be learned from each speaker.

The opening lectures on Friday 2 November discussed the management of urinary continence: Dr Khanam Khashia outlined surgical management and then Malcolm Phillips talked about its pharmacological management. Both lectures were useful in promoting understanding of what patients undergo during surgery and why some patients suffer drug-related side effects.

Janice Lamb, a psychosexual psychotherapist, then took to the stage with an insightful, empathic and entertaining talk on psychosexual dysfunction. This certainly broke the ice for attendees! Quite a number of the audience learned for the first time about a form of sexual deviance, frotteurism, and were consequently warned against wearing killer heels on train journeys. Janice stated that a significant proportion of women experience incontinence during sexual activity, which, for many clinicians

dealing with the physiological treatment, begs the question of how psychosexual issues are being addressed. Do we as physiotherapists have the appropriate skills?

Midwife Linda Singleton talked about reflexology in pregnancy and then Dr Suzanne Hagen discussed prolapse management. It was interesting to hear about the worrying paucity of research in this area and the resulting lack of prolapse-specific guidelines for treatment. Dr Hagen also flagged up the need to standardize how degrees of prolapse are measured. Her feasibility study with 50 prolapse patients in a randomized control trial that used pelvic floor muscle exercises and lifestyle advice as treatment tools was successful. She is now running a bigger trial and the results will be important reading.

Two community midwives, Karen Yates and Debbie Gibbons, spoke next, and were inspirational in their commitment to caring for young mothers in deprived areas of Preston. They emphasized the importance of continuity of care, which has helped to build trust between themselves and their charges. How much continuity can the average NHS physiotherapy department boast?

The final lecture of the day was delivered by Mr Philip Tooze-Hobson, who discussed the psychological aspects of incontinence that may compromise the outcome of 'successful' surgery (see pp. 4–7). He suggested that subjective outcome measures for surgery are just as important as objective ones. It was a revelation to hear a surgeon acknowledge the patient's 'personal construct' and stress the importance of psychotherapy for surgical candidates.

On Friday evening, attendees reconvened at the Preston Marriott Hotel for an evening of good food, good chat, a smutty after-dinner speech from consultant obstetrician and gynaecologist Sean Hughes (Fig. 8), and a good old northern game of bingo. Despite being a northerner, ACPWH stalwart Ann Mayne needed a little bit of direction regarding the rules (Fig. 9)!

Mr Patrick Keating, gynaecological oncologist, opened the lectures on Saturday (Fig. 10). His slides of a reconstructed vulva following vulvectomy were fascinating, and once again, a reminder of the psychosexual issues that clinicians need to be aware of when treating the postoperative patient.

The highlight of the Conference for me came in the following talk about SPD by Mr Tony Clayson, an orthopaedic and trauma surgeon who specializes in pelvic and acetabular injuries.



**Figure 8.** The after-dinner speaker, Sean Hughes, consultant obstetrician and gynaecologist.

Mr Clayson described poor outcomes for symphysis fixation for pelvic girdle pain (PGP) in the USA and questioned the role of surgery for this condition. He went on to say that he uses the word 'inflammation', rather than 'instability' or 'dysfunction', when describing the condition to his patients. His description was ratified by the radiographic presentation of SPD/PGP patients, where the symphyseal gap can appear wider because of the denser blood supply in the inflamed areas. Mr Clayson felt that the main problems presenting in such patients were secondary weakness and reduced confidence, which is partly why he feels that any form of pelvic bracing is not useful. A lively debate ensued and Mr Clayson seemed to become submerged beneath an animated group of women's health physiotherapists – in a good way!

Julie Vickerman discussed the role of the occupational therapist in continence promotion, giving practical advice and helpful hints, such as avoiding tucking your granny into bed too tightly in the evening if you want dry sheets in the morning. Jeanette Haslam made a valid point about the poor aesthetics of continence aids.



**Figure 9.** Chairman Pauline Walsh (left) saying thank you and goodbye to Ann Mayne, public relations officer (right).



**Figure 10.** Mr Patrick Keating, gynaecological oncologist.



**Figure 11.** Chairman Pauline Walsh (right) and conference organizer Jane Brazendale (left) with retiring committee member and conference speaker Dr Yvonne Coldron (centre).



**Figure 12.** Chairman Pauline Walsh (left) saying thank you and goodbye to Dr Yvonne Coldron, research officer (right).

Midwife Kathy Pollard reported her findings regarding the effects of aromatherapy on labour outcomes, indicating that significantly fewer Caesarean sections were performed than usual during her study.

The final speaker was Dr Yvonne Coldron (Figs 11 & 12). In a highly professional lecture, she described her research into the characteristics of abdominal muscles postpartum, concluding that the rectus abdominis (RA) remains significantly thinner and wider at 12 months postpartum (despite some recovery during this period) than in nulliparous women, and that the inter-recti distance (IRD) remains wider. These results have implications for both the strength of the RA postpartum and anterior abdominal wall





**Figure 13.** Chairman Pauline Walsh (right) with two of the Anne Bird Prize winners, Gail Stephens (left) and Shernaz Screwvala (centre).

stiffness, and if a woman becomes pregnant again within 12 months of giving birth, she may find that she does not have adequate anterior abdominal wall support. A potential consequence of this is a predisposition to low back pain. With regard to divarication of the recti, Dr Coldron concluded that most recovery of the IRD occurred between day 1 and 8 weeks postpartum, with the mean IRD postpartum being about 2 cm compared with the 1-cm gap in nulliparous women. A thinner, wider and longer RA has implications for strength and fascial support. From a management point of view, her findings emphasize the importance of using exercises that target the return of normal thickness and width of the RA and the IRD, and that attention should be paid to strengthening the RA. A further conclusion was that the internal oblique muscles should be re-educated as well as the transversus abdominis postpartum.

The ACPWH Annual General Meeting closed the Conference (Figs 13–15). Since several people had already left in order to catch trains, they may be unaware that a proposal to increase the annual subscriptions was mooted and subsequently accepted. They also missed the final and glorious round of cakes and cookies, which had been much appreciated throughout the Conference.

The Conference ran smoothly throughout, a testimony to the hard work of the organizers. The sponsors and exhibitors were interesting and entirely appropriate to the event. In discussion with other attendees, I found that there was a consensus that many would like to hear from other physiotherapists regarding their scopes of practice and anecdotal findings.



**Figure 14.** Chairman Pauline Walsh (right) congratulating our Slovenian friends, (left to right) Sonja Hlebs, Lidija Zgur and Darija Scepanovic, on 10 consecutive years of attending our conference.



**Figure 15.** Chairman Pauline Walsh (left) saying thank you and goodbye to Jeanette Haslam, chair of the education subcommittee (right).

I am delighted to have come through my first ACPWH Conference with a broader awareness of related disciplines, a belly full of excellent food and a new network of wonderful women's health physiotherapists.

**Jo Racle**  
*Physiotherapy in pregnancy*  
 Hale Barns Therapy Centre  
 Hale Barns, Cheshire

## Clinical Interest and Occupational Groups Conference

University of Warwick, Coventry, 19–20 November 2007

The aim of this conference was to understand and recognize the unique contribution that clinicians have to make to the successful development of a business case: 'proving value for money'. The objectives were learning about what kinds of information will influence commissioners, how to identify sources and types of information to 'make a business case', and in addition, how to raise the profile of your service and then market it. The need to collect relevant data was a strong and recurring theme and it really was brought home to us how this is the foundation for putting a business case together. As one speaker said: 'If you haven't got any data, you will not have leg to stand on.' This seemed a somewhat daunting programme to us, especially for a Monday morning!

Noel Plumridge, an ex-NHS finance director and financial columnist, gave an insight into the financial forecast for the NHS over the next few years and how it would affect us all.

Suzanne Jones is a physiotherapist who is now working as a service development manager in an Oxfordshire primary care trust. As a commissioning manager, she was able to give us an insight into the 'working mind' of a commissioner, and at the same time, emphasize the way in which we need to be thinking and presenting our services to their best advantage.

Nigel Walker, senior adviser for commissioning health and well-being at the Department of Health, gave us some further background on commissioning and even some tips that providers might use to improve their service profile. Ruth ten Hove, professional advisor for the Chartered Society of Physiotherapy (CSP), who led a brainstorming session about key elements to include in business cases, including utilizing data, expanded on these ideas.

Joe Korner, director of communications for the Stroke Association, who described the journey of raising the profile of stroke, delivered a slightly different perspective on marketing strategy. These principles could be applied to any initiative.

The day was rounded off with the annual dinner, which was followed by an after-dinner speech by Lynne Myall, who is a personal and corporate image consultant. Yes, we did all look at what we were wearing – Gail was deemed to

be wearing a colour combination that was said to be indicative (in the language of colour) of a poisonous image, whereas Leslie's were said to be dangerous! The social interaction with the other representatives was great and the overlap between the various groups was fascinating. It was good to see representation from Chartered Physiotherapists Promoting Continence and share common ground with them.

The second day started bright and early with a talk on information technology systems and the importance of establishing standardized outcomes for the profession. This was followed by an informative talk on audit and how to determine your priorities when deciding on several possible audit topics. Neil Westwood, who works in Service Transformation at the NHS Institute of Innovation and Improvement at the University of Warwick, then gave us a thoroughly entertaining and fascinating taste of 'lean thinking'. No, it isn't a dieting technique (although the meals at Warwick are fantastic and almost certainly require you to diet after a trip there!), but a method of identifying the least wasteful way to provide better and safer care. He stressed that managerial backing was essential for it to succeed, and provided some examples of 'before' and 'after' case studies. This was definitely a talk that gave you practical tips which could be implemented in the work place!

Stephen Daly told us about service developments at the physiotherapy outpatients department of King's College Hospitals in London, which has managed to cut its waiting list using 'lean thinking' amongst other strategies. Sarah Bazin, therapy service manager and ex-chair of the CSP Council, talked about her experience of business planning in the Birmingham/Solihull/Heart of England region. She reassuringly said that, 'You can't write a business plan without involving the staff.' It was clear that she has been successful at making good business cases, and more importantly, is getting money for funding services in her region as a result. There were several other talks, including one by Susan England and Sally Roberts from PhysioFirst, who told us about 'Making your service known'. The three key messages were that physiotherapists in private practice are first-contact practitioners, that they offer direct access and that they accept self-referral.

During the 2 days of this conference, we had an opportunity to talk to other delegates and also had some interesting open-forum sessions as a group.

**Leslie Southon & Gail Stephens**

*Norwich Community Hospital*

*Norwich and*

*Private practice*

*Cambridge*

This was an excellent event and very relevant to our everyday working lives, although the topic is not necessarily at the forefront of most clinicians' minds. However, it definitely needs to be!