

ACPWH CONFERENCE 2007

Executive committee response to Conference discussion groups

It is practice at each conference to hold discussion groups, each facilitated by an executive committee member. As a result of changes to the programme in Preston, the discussion group sessions were curtailed. However, feedback from the questions posed was provided by some of the area representatives, and this, together with the responses by the executive committee, is given below.

Eighteen-week care pathways

What strategies, if any, have you implemented for dealing with the 18-week care pathways?

The following approaches have been employed:

- A letter is sent to patients asking them to phone for an appointment; if there is no response to the letter, then the patient is discharged.
- Patient reviews are conducted at 4 weeks to assess the need for a follow-up appointment.
- A major Trust investigation into physiotherapy services is ongoing. This is in order to reduce the waiting list; there is consideration of increased staffing levels and working space (Oxford).
- A strategy for urogynaecology referrals that are suitable for physiotherapy is under development; algorithms are to be presented to general practitioners (GPs) (Winchester).
- Partial booking systems have resulted in a 30% reduction in 'did not attend' rates; waiting lists have been reduced to 2 weeks (Chester).
- Direct GP referrals to physiotherapy in primary care are being employed, but these need extra funding. How is this to be achieved?
- Group sessions are being used for uncomplicated cases of antenatal pelvic girdle pain (PGP).

- There has been an increase in follow-up times to allow for more new patient bookings in both obstetrics and gynaecology.

Executive response

Members' comments have been noted.

Physiotherapy research

Which topics do you feel should be included in physiotherapy research?

The following topics were mentioned:

- the Chartered Society of Physiotherapy (CSP) has produced work on this within the past few years (Bradford);
- the frequency for performing pelvic floor muscle exercises (PFMEs);
- the outcome of using the PGP leaflet to influence policy on treatment of ante- and postnatal women;
- the safety of staff and patients (including babies) with regard to the long-term effects of working with/being exposed to electrotherapy equipment in departments; and
- an ACPWH pelvic floor leaflet for women is needed.

Executive response

The Association is working with the James Lind Alliance (JLA), a non-profit making organization that is funded by the Medical Research Council and the Department of Health (see the Spring 2008 edition of the *Journal*, pp. 45–50 and p. 82). The JLA's remit is to identify gaps in knowledge about effects of treatment, and one of its areas of interest (in collaboration with In Contact, the Cochrane Incontinence Review Group and ACPWH) is topics relating to incontinence. Frequency of performance of PFMEs will fall into this category. The hope is that answers will be provided to the so far unanswered questions – and that this will, eventually, not be related solely to incontinence, but to other areas of practice as well.

The development of a pelvic floor leaflet for women is with the education subcommittee.

Commissioning physiotherapy services

How would you influence commissioners of physiotherapy services?

The following suggestions were made:

- Become involved via clinical governance groups; meet with users and thereby raise the profile of physiotherapy (Manchester).
- Meet GPs at local GP training sessions in order to represent physiotherapy services.
- The CSP published a book on this subject in 2007; details are on the CSP website and were featured in *Frontline* (Bradford).
- We need to provide details of physiotherapy outcome measures and what physiotherapists are achieving.
- Evidence, evidence, evidence!

Executive response

Members' comments have been noted.

Obstetric service cuts

Describe any cuts in the obstetric service in your Trust/Primary Care Trust

Executive response

The ACPWH's 2008 Annual Representatives' Conference motion addressed this issue (see the chairman's report, pp. 85–86).

Discussion groups

What do you feel is the value of Conference discussion groups?

The following comments were made:

- These don't seem to change much.
- It is helpful to compare services and ideas with colleagues from different parts of the country.

Executive response

Members' comments have been noted.

Any other business

The following topics were raised:

- Is there information about or the possibility of developing a guideline that sets out best safe practice for women's health physiotherapists who work alone?

Executive response

This needs to be addressed at the individual Trust level.

- Are there any aquanatal training sessions to be held soon?

Executive response

The ACPWH aquanatal guidance is due to be reviewed; there is no training planned.

The executive committee thanks members for their comments. These are appreciated, and are noted.

Pauline Walsh