

Poster digest

Introduction

For a second year, the POGP research competition was run during the ongoing COVID-19 pandemic. Well done everyone who took part. Although there were fewer entries in 2021 – perhaps because of our heavy workloads and the pressure to reopen services – the quality was still very high.

Congratulations go to Virginia Rivers Bulkeley and her team for winning the poster competition (pp.60–61). They were awarded the £50 prize and allocated a slot to speak at our e-conference on Friday 1 October 2021. The work that Virginia and her colleagues have presented is truly novel, and will inform the development of more treatment centres for patients with mesh complications (Fig. 1).

Congratulations also go to Ellie Reynolds and her co-authors, who submitted their poster to the journal for publication (p. 62). It was assessed to be of a high standard and also included in the e-conference online poster display. Their poster addresses a very timely subject: patient feedback on the use of telephone and face-to-face services (Fig. 2). Since we've all been working in different ways, members will be very interested to know how they tackled the issue of reopening services after the easing of lockdown. Well done everyone for collecting data that will assist our services going forward.

I was delighted that we were able to offer the two previous years' competition winners (Monaghan *et al.* 2019; Reffold 2020) speaking slots at this year's highly successful e-conference. They had not been able to speak before because the 2019 and 2020 conferences were cancelled. This meant that there was a total of four platform presentations from our members, all of whom spoke about their interesting work with great expertise. Among the posters on virtual display were previous competition entrants and journal submissions.

Our members have been very proactive in sharing their research. I'd like to congratulate all the research competition winners, platform speakers and those who shared their virtual posters at the e-conference. It really has been inspirational to see the membership continuing to collect data and conduct research during the pandemic despite all the other demands on our time and energy. I look

forward to the next POGP research competition, and the opportunity for the membership to share all the great work that they are doing once again. In preparation, I recommend that you read Kay Crotty's article on how to design a poster (Crotty 2018), and start to develop your ideas.

Short summaries and thumbnail-sized images of the posters are printed below. The full-size versions can be viewed on the POGP website by scanning the QR codes provided. I hope that you enjoy this poster digest.

Shirley Bustard
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References

- Crotty K. (2018) Guidelines for preparing a poster for presentation at the POGP Annual Conference. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **123** (Autumn), 47–49.
- Monaghan C., Reece K. & Lomas J. (2019) Digital self-referral to antenatal physiotherapy using MyPathway. *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **126** (Spring), 58–59.
- Reffold S. (2020) Does pelvic floor muscle training using neuromuscular electrical stimulation have an effect on the incidence of urinary tract infections in females with motor complete spinal cord injuries? *Journal of Pelvic, Obstetric and Gynaecological Physiotherapy* **128** (Spring), 77–78.

The design and delivery of a novel pelvic health physiotherapy pathway within a regional multidisciplinary complex mesh centre

The aim of this project was to design and implement a novel, person-centred pelvic health physiotherapy (PHPT) pathway to deliver evidence-informed best practice in a regional complex mesh centre (CMC). Regional CMCs have been commissioned to provide specialist multidisciplinary assessment and management of mesh-associated complications. Innovative, evidence-informed multidisciplinary pathways are required. A strong evidence base supports PHPT in the management of pelvic floor dysfunction and persistent pelvic pain, but to date, there is a paucity of specific evidence for and guidance on the management of these symptoms in women with mesh-associated complications. Collaboration and the dissemination of outcomes from evidence-informed pathways are crucial



The design and delivery of a novel pelvic health physiotherapy pathway within a regional multidisciplinary Complex Mesh Centre.

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Purpose

- Regional NHS England Complex Mesh Centres (CMCs) have been commissioned to provide specialist multidisciplinary team (MDT) assessment and management of women with mesh associated complications.
- Innovative, evidence-informed MDT pathways are required to deliver high-quality, person-centred care.
- Aim:** To design and implement a novel, person-centred, pelvic health physiotherapy pathway that delivers evidence-informed best-practice within a regional CMC.

Description

Processes:

- Early stakeholder consultations and service-user involvement.
- Agreed shared London CMC values and goals.
- MDT pathway design meetings – to share existing practice, data, and evidence-informed proposals.
- Business case for physiotherapy personnel based on projected patient numbers and agreed pathway.
- Design of pathway specific patient information resources.
- Local NHS partner engagement and pathway dissemination.

Outcomes:

- The London CMC MDT pathway agreed as shown below (under iterative review). Business case accepted to recruit: 1 x 0.5 WTE Band 8a and 1 x 0.5 WTE Band 7 outpatient pelvic health physiotherapists and 1 x 1.0 WTE Band 6 support physiotherapist.
- Pelvic health physiotherapy patient information leaflets and video resources created.
- A UCLH team initiated national CMC pelvic health physiotherapy working group.
- The London CMC open to new referrals from July 2021.

Relevance

- There is a pressing clinical need for specialist, centralised MDT care for women with complex mesh associated complications^{1,2}.
- A strong evidence base supports the role of pelvic health physiotherapy in the management of pelvic floor dysfunction^{3,4} and persistent pelvic pain⁵, but to date there is a paucity of evidence and guidance specific to the management of these symptoms in women with mesh associated complications.
- The dissemination of outcomes and research from evidence-informed pathways is crucial in the development of future clinical guidance and policy.

References

1. National Institute for Health and Care Excellence (NICE). (2019) *Urinary Incontinence and Pelvic Organ Prolapse in Women: Management*. [WWW document.] URL: <https://www.nice.org.uk/guidance/ng123/resources/urinary-incontinence-and-pelvic-organ-prolapse-in-women-management-pdf-66141657205189>
2. European Association of Urology (EAU). (2018) *EAU Guidelines on Assessment and Nonsurgical Management of Urinary Incontinence*. *European Urology* 73 (4), 596–606.
3. Engeler D., Baranowski A. P., Berghmans B., et al. (2021) *EAU Guidelines on Chronic Pelvic Pain*. [WWW document.] URL: <https://uroweb.org/wp-content/uploads/EAU-Guidelines-on-Chronic-Pelvic-Pain-2021.pdf>
4. Nambiar A. K., Bosch R., Cruz F., et al. (2018) *EAU Guidelines on Assessment and Nonsurgical Management of Urinary Incontinence*. *European Urology* 73 (4), 596–606.
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Figure 1. Service development: “The design and delivery of a novel pelvic health physiotherapy pathway within a regional multidisciplinary complex mesh centre”.

for the development of future clinical guidance. The London CMC pathway was designed using collaborative multidisciplinary planning, early stakeholder consultation and strong service-user involvement. Increased inpatient and outpatient physiotherapy provisions were agreed. The pathway and necessary business cases were agreed, and pathway-specific patient information resources were created. A national CMC PHPT working group was established. Prospective plans were agreed for: the collection and audit of patients’ experiences and patient-reported outcome measures; an annual national CMC meeting; and the potential for collaborative national research. The immediate impact of this innovation was the delivery of a person-centred multidisciplinary pathway that had been designed to meet the holistic needs of women with mesh-associated complications. The intended immediate and long-lasting implications are improved care, experiences and outcomes for women. The new pathway provides better access to PHPT, and clarity regarding its role within the multidisciplinary management of mesh-associated complications. Pelvic health physiotherapists are

well placed to support women with persistent or recurrent pelvic floor dysfunction within CMCs. National CMC collaboration offers a fantastic platform for joint audit and research, which has significant implications for future clinical practice, education, and national and international guideline development.

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Patients’ perceptions and opinions regarding face-to-face appointments versus a combination of face-to-face and telephone appointments

The aims of this study were to: gain an insight into patient-centred perspectives on a combination of face-to-face and telephone appointments; and analyse whether service provision should continue in this format in future. There have been many changes to clinical practice throughout the COVID-19 pandemic, including the utilization of telehealth and remote communication. All face-to-face consultations had to stop, and therefore, the Sheffield community continence service delivered all-new follow-up and ongoing treatments for pelvic health physiotherapy virtually during this time. As restrictions eased and personal protective procedures were enforced, some of these changes remained in place. Since the pandemic, patients have been offered their first consultation via the telephone, and then received a combination of face-to-face and telephone appointments thereafter. Inclusion criteria were used to select eight women from the caseload of a community continence service. All the participants had experience of both telephone and

face-to-face appointments. To gain an in-depth insight into patient perspectives, the same four open questions were asked via telephone. The data collected were analysed using qualitative thematic analysis.



A combination of face-to-face and telephone appointments was favoured. Seventy-eight per cent of the participants would prefer to have a telephone appointment for the initial assessment in future. This study highlights the perceived advantages of both telephone and face-to-face appointments, and the benefits of using both styles of communication. Telehealth has been shown to be a success as an alternative way of providing effective patient contact. This service review has resulted in the pelvic health physiotherapy service continuing to conduct both telephone and face-to-face appointments, in addition to providing patients with the ability to choose the delivery method for their initial consultation.

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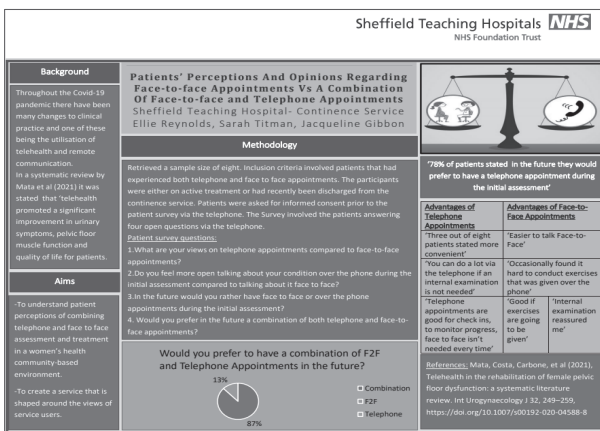


Figure 2. Research: “Patients’ perceptions and opinions regarding face-to-face appointments versus a combination of face-to-face and telephone appointments”.

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da Mata K. R. U., Costa R. C. M., Carbone E. d. S. M., et al. (2021) Telehealth in the rehabilitation of female pelvic floor dysfunction: a systematic literature review. *International Urogynaecology Journal* 32 (2), 249–259.