

University College London Hospitals NHS Foundation Trust

The design and delivery of a novel pelvic health physiotherapy pathway within a regional multidisciplinary **Complex Mesh Centre.** *Rivers Bulkeley, V., **Elneil, S., ***Greenwell, T., ****Megson, K.

*Advanced Practice Physiotherapist – Women's and Pelvic Health, University College London Hospitals NHS Foundation Trust. Email: virginiarivers.bulkeley@nhs.net.

** Consultant in Urogynaecology and Uro-Neurology, University College Hospital and the National Hospital for Neurology and Neurosurgery.

*** Consultant in Functional, Restorative and Female Urology, University College Hospital at Westmoreland Street.

**** Highly Specialist Physiotherapist – Women's and Pelvic Health, University College London Hospitals NHS Foundation Trust.

Purpose

Relevance

- 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.

• 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^{1,3} and persistent pelvic pain⁴, 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.

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 inpatient 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.



Implications

Evaluation

Prospective plans agreed for:

- The collection of service-user experience and feedback.
- NHS England agreed CMC patient reported outcome measures over 5 years.
- An annual national CMC meeting to share outcomes and data.
- Pelvic health physiotherapy specific patient reported outcome measures.
- Internal audit and data collection utilising electronic healthcare records.

Conclusions

- Specialist regional multidisciplinary CMCs are recommended for the assessment and management of mesh associated complications^{1,2}.
- Pelvic health physiotherapists are well placed to support women with persistent or recurrent pelvic floor dysfunction within CMC pathways.
- CMCs provides an opportunity for much-needed collaboration and research to develop evidence-based clinical guidance on the role of pelvic health physiotherapy within the MDT care of women with mesh associated complications.

- The immediate impact of this innovation is a person-centred MDT pathway to meet the often complex holistic needs of women with mesh associated complications at the London CMC from July 2021.
- The intended immediate and long-lasting implications are improved care, experience and outcomes for the women we care for.
- The pathway provides improved access to pelvic health physiotherapy and clarity regarding our role and input within the multidisciplinary management of mesh associated complications.
- National CMC MDT collaboration and the national pelvic health physiotherapy working group offer a fantastic platform for joint audit and research, with significant implications for future clinical practice, education, and national and international guideline development.

References:

- National Institute for Health and Care Excellence (2019) NG123: 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
- Independent Medicines and Medical Devices Safety Review (2020) First Do No Harm: The Report of the Independent Medicines and Medical Devices Safety Review. [WWW document.] 2. URL: https://www.immdsreview.org.uk/downloads/IMMDSReview_Web.pdf
- Nambiar AK., Bosch R., Cruz F., et al. (2018) EAU Guidelines on Assessment and Nonsurgical Management of Urinary Incontinence. European Urology 73 (4), 596-606.
- Engeler D., Baranowski, AP., Berghmans B., et al. (2021) EAU Guidelines on Chronic Pelvic Pain. [WWW document] URL: https://uroweb.org/wp-content/uploads/EAU-Guidelines-on-4. Chronic-Pelvic-Pain-2021.pdf.