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Aim To provide direct G.P access to Pelvic Health Physiotherapy Service to 80% by 1st March 2022

Background

Pelvic Health Physiotherapy is one step in the urogynaecology pathway that needs to be completed prior to gynaecology consult/surgical consideration.

A previous Pelvic Health audit highlighted*:

- 💡 The role and scope of Pelvic Physio's is not fully understood by G.P's
- 💡 Only 13% of G.Ps identified Physiotherapy as 1st line management
- 💡 Confusion between Pelvic Health Physiotherapy v's continence nurse roles and the continence pathway

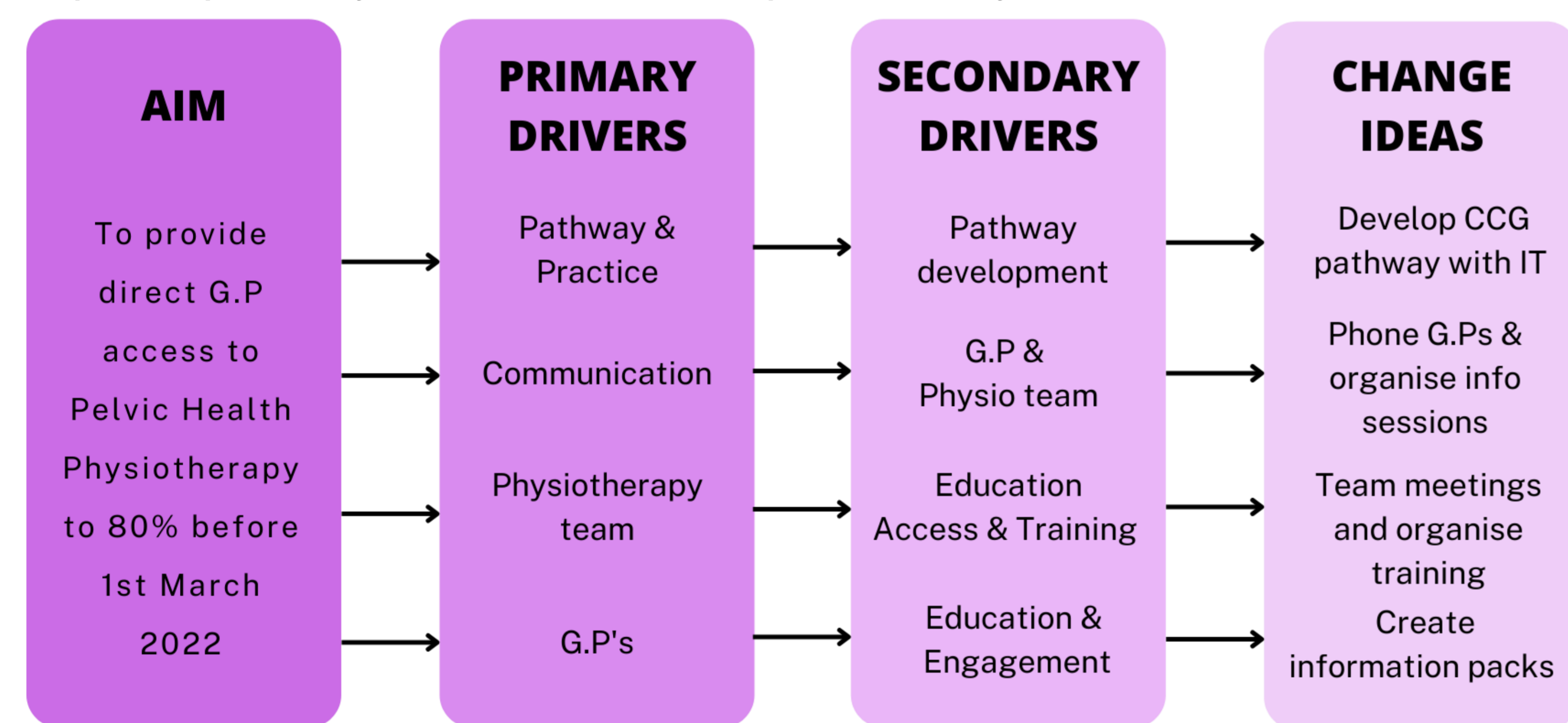
Prior our QI project the pelvic health physiotherapy service received referrals **indirectly** from G.Ps; being re-triaged through the gynaecology or MSK pathway on **Clinical Communications Gateway (CCG)**.

Therefore redesigning the pathway access by developing a **direct** referral process on CCG for the G.P's will hopefully result in:

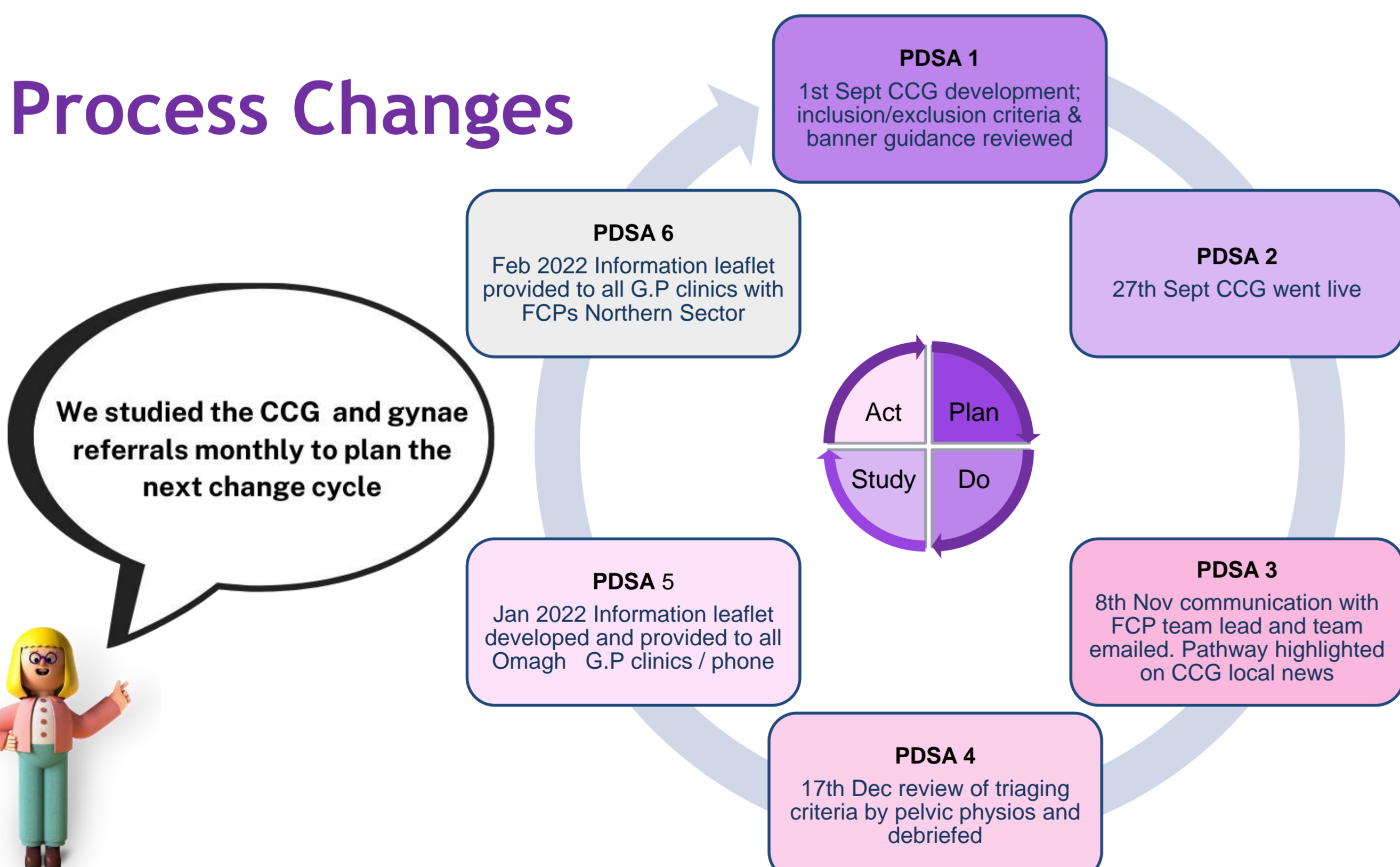
- 💡 Reduced triage time in other services
- 💡 Improved G.P compliance with urogynaecology continence pathway
- 💡 Reduced number of referrals from other services
- 💡 Reduced waiting times for patients

Method

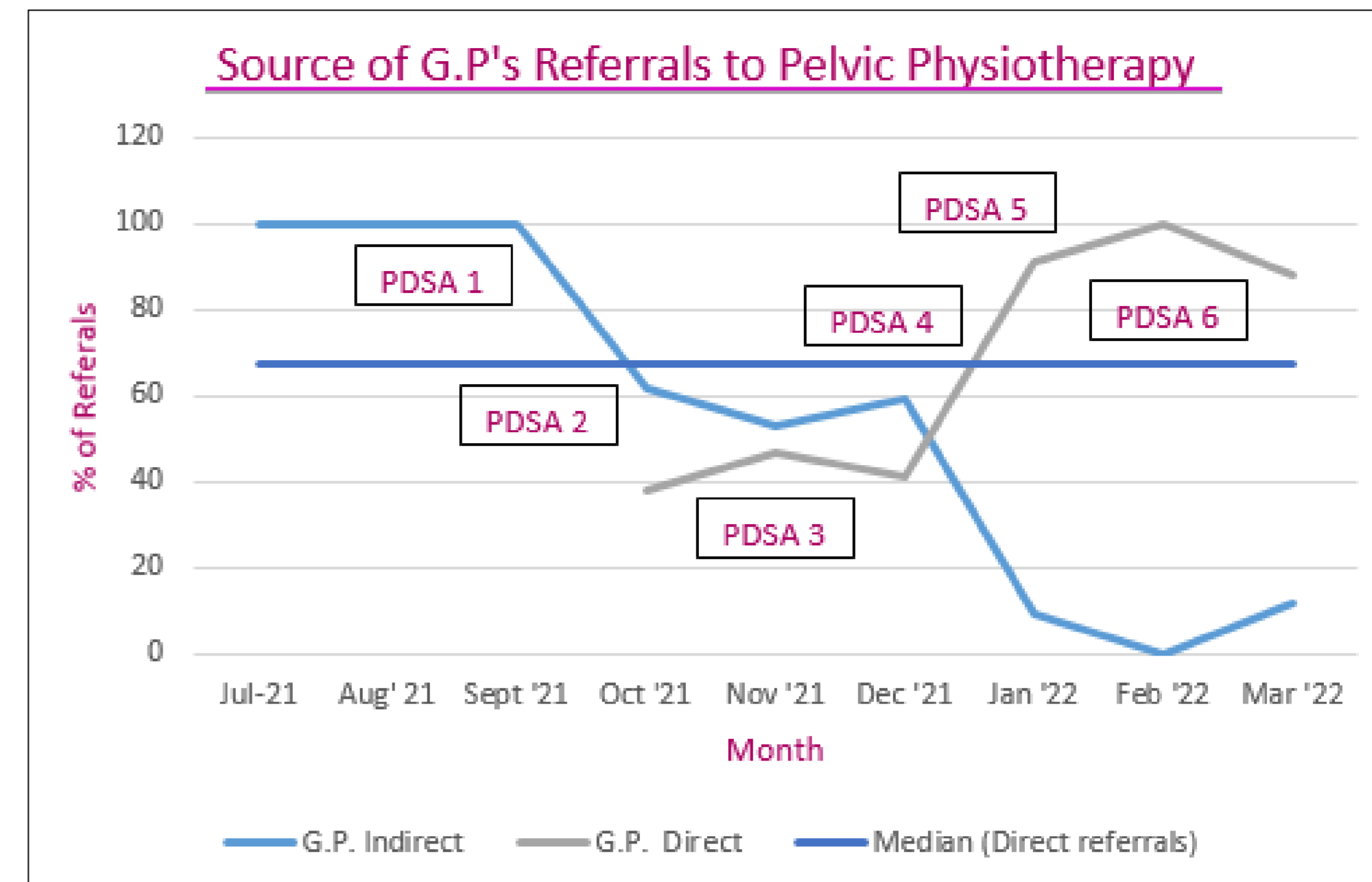
A direct referral pathway via CCG was set up in September 2021. We developed a banner guidance documenting inclusion/exclusion criteria to improve pathway adherence and improve timely access to care.



Process Changes

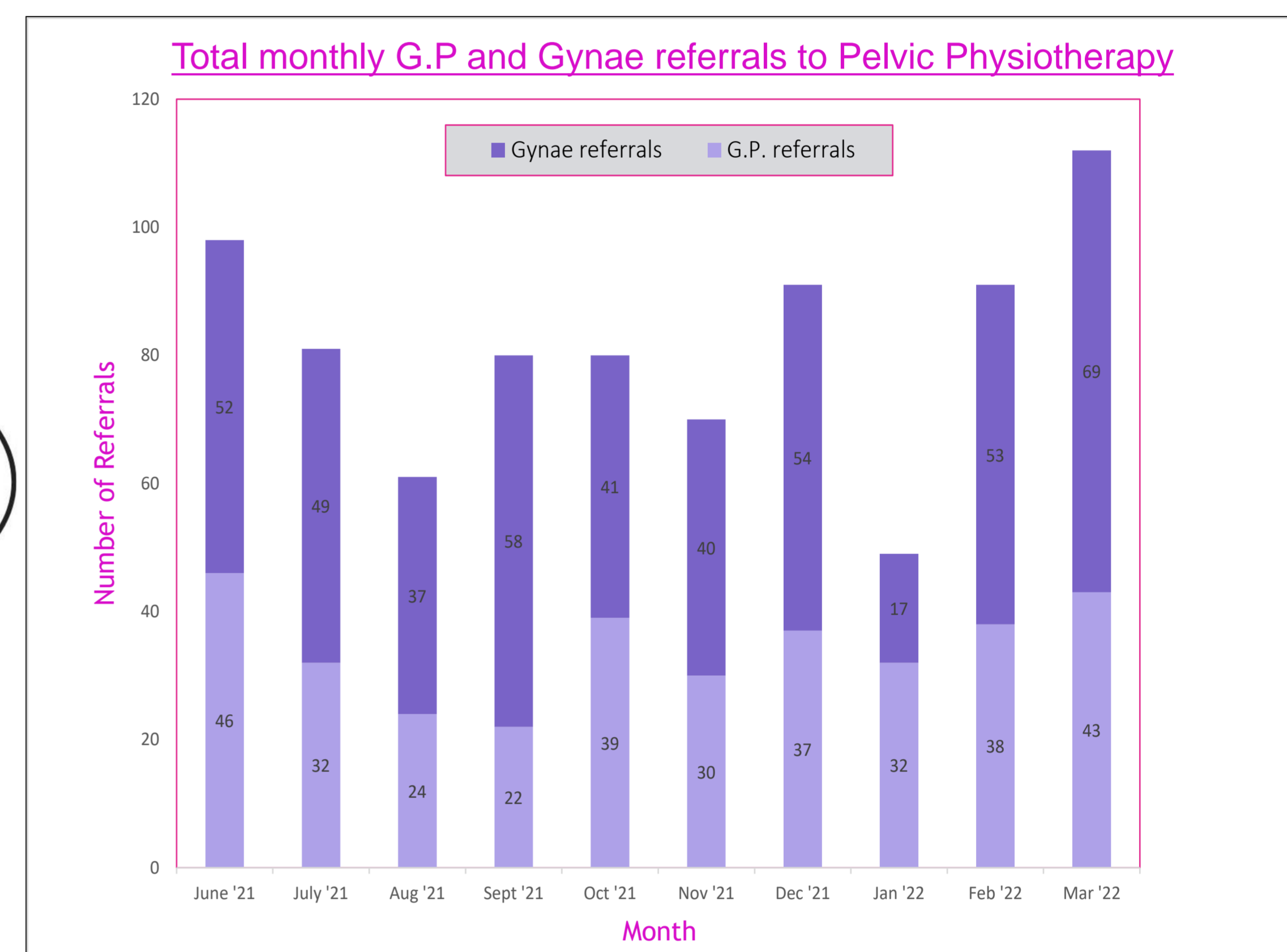


Results



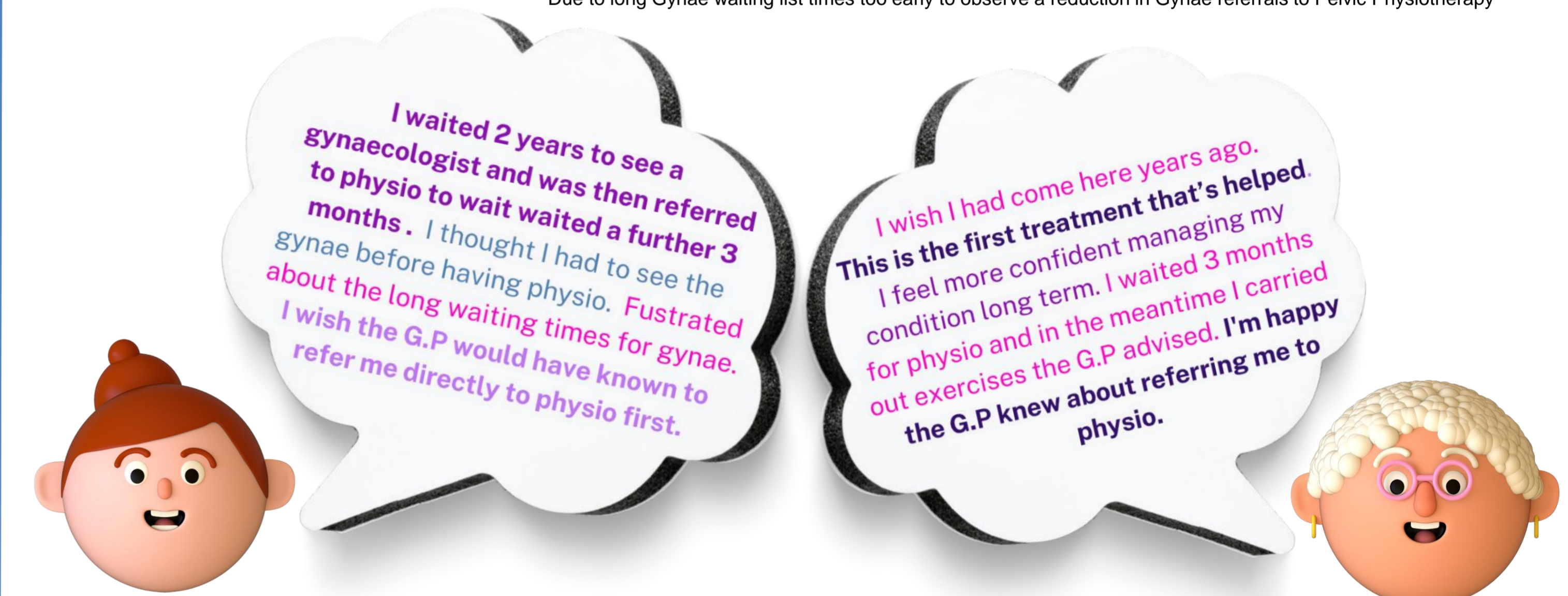
*Since January 2022 direct referrals to Pelvic Physiotherapy staying consistently over 80%

It took 4 months to achieve our aim



*Due to long Gynae waiting list times too early to observe a reduction in Gynae referrals to Pelvic Physiotherapy

In 2019 the average no. of monthly G.P referrals was 28 v 34 since CCG implementation, whereas the avg. monthly gynae referrals was 65 v 47



Conclusions

- 💡 Successful – over 80% of G.P. referrals are from the pathway
- 💡 Continue to increase awareness of pathway and Pelvic Health Physiotherapy role through ongoing training / communication
- 💡 Monitor process measures i.e. Gynae referrals – due to waiting lists will take longer to see changes

Next steps

- 💡 Proceed to implementation of E-triage
- 💡 Continue to monitor success / problems – interview MSK / Gynae staff to see if less inappropriate referrals and less time to triage.
- 💡 Continue to engage with G.P's so they are aware of our other roles in the pathway – educational talks

Key Reference Materials



Pelvic floor dysfunction: prevention and non-surgical management



WHSC Pelvic Health Physiotherapy Leaflet



* WHSC Pelvic Physiotherapy 2018-2019: The 6 week postnatal G.P check and the understanding of Pelvic Health Physiotherapy - Questionnaire based survey. By Grainne Donnelly

Key Learning Points

- 💡 Biggest constraint in project was communication - Different people / services respond to different forms of communication.
- 💡 Learning invaluable for future projects – engaging with patients from their initial referral e.g. provide educational webinar.

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