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Fast Assessment, Start Treatment (FAST): a service model for conservative pelvic floor care

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Abstract
Fast Assessment, Start Treatment (FAST) is a new service model that has been developed by a team of specialist physiotherapists. The initiative focuses on providing patients with a shortened first assessment, and commencing treatment soon after their referral. From the outset, the interventions take the form of targeted self-help training. The FAST model replaces a 3–5-month wait for a longer, more in-depth assessment. In a pilot study, the team found that half of the patients whom they see are able to manage their conditions with self-care, and recover more quickly by starting self-treatment immediately. As a result, throughput in the pelvic floor clinic increased by approximately 50%. Furthermore, 48.1% of patients required only one appointment. All women are seen by one of five specially trained women's health physiotherapists. This paper describes the piloting of the FAST service model, and the routine procedures involved in this management initiative.

Keywords: FAST assessment, pelvic floor dysfunction, physiotherapy, self-help training, service model.

Introduction

Pelvic floor dysfunction has significant costs in terms of both its socioeconomic impact and healthcare expenditure. In a scoping study of service provision in the UK, interprofessional collaboration and future management priorities, Davis *et al.* (2010, p. 1661) stated that: ''An improved service delivery model has the potential to improve outcomes through better interdisciplinary collaboration and efficient use of resources.'' Furthermore, Wells *et al.* (2011, p. 8) identified the need for ''[e]arly identification and treatment of symptoms'', ''[i]mproved access to specialist assessment, investigation and treatment'', and ''[c]ost-savings associated with therapeutic interventions rather than containment''.

Fast Assessment, Start Treatment (FAST) is a new model of conservative care for patients with pelvic floor problems. It was developed by a team of specialist physiotherapists at Poole Hospital National Health Service (NHS) Foundation Trust (PHNHSFT), Poole, UK, and a pilot study demonstrated that it cut waiting times and improved outcomes (PHNHSFT 2013).

The FAST approach is based on shorter assessments for patients, which take place soon after referral, and immediate treatment, rather than a 3–5-month wait for a longer, more in-depth assessment. Individuals are given tailored treatments (mostly self-help and pelvic floor muscle training) at their first clinic appointment.

The team in Poole found that patients are responsive to a self-help approach, and are also more motivated to comply with appropriate exercises, and fluid and dietary changes. As a result, 48.1% of cases required no further follow-up or treatment. This, in turn, freed up more time for follow-up appointments, increasing throughput.

Informal feedback from general practitioners suggests that patients are pleased that waiting times have been reduced.

The following patient outcomes were recorded in the pilot study:

- Clinic throughput increased by approximately 50%, but only 7 h of additional staff time were required per week.

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- Twenty-seven per cent of patients were seen in 21 days or less, and the vast majority of the rest were seen within 4–6 weeks, as compared to previous waiting times of 3–5 months.
- Some 48.1% of patients were only required to attend a single FAST appointment.

In terms of value for money, all patients who had been referred before the introduction of FAST would have spent an average of 5 h with a specialist physiotherapist, which would have cost approximately £150. With 48.1% of cases now only requiring from 30 min to 1 h of physiotherapist time, costs of care per episode have been dramatically reduced.

With regard to encouraging the distribution of the FAST service model, the new approach required only a few changes to be implemented in Poole, and the team believe that it can easily be adapted to suit local needs in other areas. They are convinced that the spread of this service model across the NHS is a realistic goal.

The initiative was highly commended in the Reducing Avoidable Attendances in Primary Care category of the NHS Innovation Challenge Prizes (NHSICP 2013). These awards aim to identify and promote innovations from frontline staff that will help to solve some of the biggest challenges that the NHS faces today.

Funding

The FAST trial was funded by the Strategic Health Authority, which provided a grant of £8000. The money was made available in 2012 as part of the NHS Innovation Challenge.

Because the pilot was so successful, the PHNHSFT continued the funding for 7 h of extra Band 7 clinical time.

Logistics

The Poole FAST service is run within the hospital clinic setting, and the specialist physiotherapy team are fortunate to have a gynaecologist working on the same corridor. This allows for collaboration and reciprocal clinical support.

The FAST clinic could easily be run from within the Physiotherapy Department of PHNHSFT.

Management of the FAST clinic

The PHNHSFT Women's and Men's Health Physiotherapy Service runs eight, 30-min slots back to back. These take place at 08:45, 09:15, 09:45 and 10:15 h, followed by a 15-min catch-up slot at 10:45 h, and then at 11:00, 11:30, 12:00 and 12:30 h.

The specialist physiotherapy team devised a simple assessment form with minimal text required to accelerate the evaluation process (see "Appendix 1"). The present authors welcome the adoption of this form by other physiotherapists, and encourage those who do so to adapt it to suit their local needs.

A FAST appointment usually consists of a short objective assessment, a vaginal examination and the provision of key self-help advice relevant to the problem.

Of note was that, if FAST clinics were booked up 2–3 weeks in advance or if patients could not make the given FAST clinic (which was a Friday), they would be accommodated in a FAST "slot" in the regular women's health outpatient list, i.e. for 30 min on any day of the week. Therefore, this approach also responded to peaks in their referral rates.

Initial FAST assessment

A vaginal examination is an integral part of the initial FAST assessment. This allows patients to commence targeted self-help training that is individually tailored and correct for them from the outset. Routine urine dipstick testing is undertaken where indicated. Women are told that the initial assessment is a short appointment that is intended to ascertain the right thing for them to practise or follow while they are "on the waiting list" for follow-up. The members of the specialist physiotherapy team promote the idea that this waiting time is productive and worthwhile. All patients have been very receptive to the concept, as well as delighted with having been seen so promptly.

The other idea behind the initial FAST assessment is that, since there are some common things that specialist physiotherapists do with all their patients, why not introduce these as early as possible, and then concentrate on the details when they return later? This is what the team at Poole tried and it has worked very well. The present authors believe that those patients who come back for another appointment need focus, detail and attention, and are seeking more help.

Vaginal examination

Because the initial FAST assessment lasts for a total of only 30 min, the vaginal examination has to be performed rather more quickly than is usual in specialist physiotherapy. However, it is

the verbal subjective assessment that has been significantly condensed in order to enable this examination to take place with appropriate consent and sufficient time. This is why, in the present authors' opinion, this clinic should always be staffed by experienced specialist women's health physiotherapists, and should not be run by junior or inexperienced staff.

The aim is to begin the vaginal examination as early as possible in the assessment, which is why the form presented in "Appendix 1" consists of a checklist. Points requiring immediate attention can be marked with an asterisk, and those issues that the physiotherapist wants to return to later can be listed as the clinician gains an overview of the problem. It becomes very clear very quickly if patients need an examination to establish correct technique so that they can follow a tailored home programme while on the waiting list, which is the case for the majority of women who undergo the assessment.

During the early part of a vaginal examination, it also becomes clear to an experienced specialist physiotherapist if a slower, more detailed check-up is indicated at a future appointment, and the patient can be advised of this.

There are always cases in which an examination needs to be deferred in lieu of addressing other issues as a priority (e.g. constipation, diet, fluids, voiding habits, commencement of a frequency–volume chart and an invitation to an advice group), or times when a patient requests the deferment of or declines to undergo a vaginal examination.

Nevertheless, there is usually enough time during a FAST assessment for a short objective assessment, a vaginal examination and the provision of key self-help advice relevant to the problem.

Male patients and digital rectal examination

Male patients have also been seen via FAST, and it is not unusual for a female patient to require a digital rectal examination as well.

Complex cases and further treatment

Complex cases can still be provided with first-line advice and help at a FAST appointment, and these patients can also be specifically advised about likely treatment options when they attend again for follow-up. What might be achieved by further treatment and potential time frames for recovery/improvement are outlined by the physiotherapist. The aims of treatment can be agreed with the patient at this time, and where indicated, neuromuscular stimulation or biofeedback can be discussed.

Follow-up appointments last either 40 or 20 min (see below), but physiotherapists have the option to allocate 1 h if this time is needed in order to deal with a complex case.

All members of the specialist physiotherapy team know that they can sanction a follow-up in the next week or so if it is very obvious that a longer wait prior to treatment escalation is inappropriate.

In fact, the 1-h follow-up slot and the urgent commencement of treatment are rarely needed, but it was vital to build these options into the service so that clinicians have the autonomy to be responsive to their patients' needs.

Group treatment sessions and FAST appointments

Comprehensive advice regarding the bladder, bowels and pelvic floor is also available to women at group treatment sessions. Time is also allocated for patients' questions and the requisite answers. A total of 1.25 h is allowed for the whole session.

Group sessions and FAST appointments take place on different days. The specialist physiotherapy team investigated the possibility of running a group session and then asking patients to stay on for a quick vaginal examination, but local practicalities made this impossible. The FAST initiative helped to solve this problem locally.

The present authors' physiotherapy service used to run one "prolapse" group and one "gynae" (gynaecology) group, which were held in the same week once a month so that patients were triaged into "FAST or group, whichever is soonest". This made the wait to join a group lengthy at certain times of the month. Two "combined" groups are now held in the first and third weeks of every month. This has reduced the wait to join a group at any given point of the month, and if possible, women are triaged to the group first, unless this appears to be inappropriate.

A patient attending a FAST appointment is "quicker" if she has been to a group first. However, many women do not want to join one. Others may experience circumstances that prevent them from going to a group, such as the need to work or being unwell on the day that it

is held. Therefore, joining a group is not essential, and the specialist physiotherapy team have to be flexible.

In some cases, the referral suggests that a member of the team should meet the patient first. Therefore, the woman is triaged into the FAST clinic for a 30-min first contact. After that, she may then be asked to attend a group while she is waiting for treatment. Crucially, the waiting list is ordered from the date when the referral was made, and coming to the group will not delay a patient's place on it.

Follow-up

Patients are currently followed up 4–5 weeks after their first FAST appointment or group session, although this wait was previously 6–8 weeks. The timing depends on referral volume and staff leave, and the team sees peaks and troughs. Prior to FAST, there was a 3–5-month wait for a first assessment.

For some patients, a follow-up appointment at 4–5 weeks is too soon, and this is deferred in accordance with their symptoms and initial treatment plan.

Occasionally, it is evident at a FAST assessment that only 20 min is required for a follow-up appointment, provided that this is with the same clinician.

After FAST, the patients' notes are filed in order of referral date to "wait" for a follow-up appointment approximately 6–8 weeks later. Once patients reach the top of the waiting list, they are sent a letter inviting them to phone and make a follow-up appointment with a physiotherapist. At this point, 48.1% do not make any further contact.

The specialist physiotherapy team did not have either ethical approval or patient consent to approach individuals in order to ask exactly why they did not make a follow-up appointment. However, many women phoned directly to decline one because they felt so much better after the FAST assessment.

When the present authors applied for funding at the outset of this project, their aims were to increase throughput and to reduce the waiting list, which have clearly both been achieved by the FAST pilot. Their hypothesis was that patients who do not make a follow-up appointment when contacted may fall into the following categories:

- those who find that they have been provided with a solution to their problem at the first contact;
- those who feel better;
- those who no longer see a follow-up appointment as a health priority because they have been reassured;
- those who do not want to engage with treatment once they are made aware of what is required (pelvic floor recovery usually involves active cooperation and participation from the patient, and is not a passive recipient treatment); and
- those who have undergone a change in social circumstances that means that further treatment is not convenient.

The present authors are now planning an audit to capture these details.

Is this approach suitable for junior staff to run?

The success of this model of care lies with the experienced specialist clinicians who staff the service. Even the appropriate triage of paper referrals into a group or FAST assessment can make care more efficient. Bringing the experts to the frontline for this initial triage and treatment optimizes realistic recovery times and confident onward referral.

A very junior women's health physiotherapist might initially struggle with the short time frame for the FAST assessment, lack the clinical confidence to empower the patient to undertake self-help, not have experience of interpreting vaginal examinations, and be unsure about expected outcomes and onward referral. However, it is a varied and dynamic experience for a junior to shadow a specialist physiotherapist, and after training, work in tandem with an expert (as would a registrar in clinic with a consultant nearby). Specialist physiotherapists can arrange for junior staff to conduct longer first appointments until they have gained clinical competence and have confidence in this approach.

Future developments

The specialist physiotherapy team at PHNHSFT is currently exploring direct referral to consultants for a surgical opinion for the 20% of patients who require access to secondary care so as to reduce waiting times for this group.

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Appendix 1

The FAST assessment form appears on the following pages (pp. 35–36): (SUI) stress urinary incontinence; (UUI) urge urinary incontinence; (MUI) mixed urinary incontinence; (PVD) post-void dribble; (FI) faecal incontinence; (ODS) obstructed defecation syndrome; (DWC) difficulty wiping clean; (ED) erectile dysfunction; (PFC) pelvic floor contraction; (FLUTS) female lower urinary tract symptoms; (ICIQ-VS) International Consultation on Incontinence Modular Questionnaire – Vaginal Symptoms; (SF-36) Short Form (36) Health Survey; (FIQoLS) Fecal Incontinence Quality of Life Scale; (PERFECT) power (or pressure), endurance, repetitions and fast (1-s) contractions, with every contraction timed; (EAS) external anal sphincter; (PR) puborectalis; (PFMEs) pelvic floor muscle exercises; (FVC) frequency–volume chart; (IBS NICE) irritable bowel syndrome, National Institute for Health and Care Excellence clinical guideline; and (HEP) home exercise programme.

Fast Assessment, Start Treatment (FAST) Assessment Form

FAST date: ..... *Patient sticker:*

Referral date: .....

Referral source: General practitioner Consultant Other

Group date planned/attended: .....

Referral diagnosis:

.....

Symptom list/reason for FAST appointment:

Vaginal bulge, drag, heavy SUI UUI MUI Bladder urgency Bladder frequency

PVD incomplete empty Nocturia Dyspareunia FI ODS Bowel urgency

Bowel frequency DWC Soiling ED Pain, hesitancy, blood Unsure of PFC

Bowel habit:

Bowel opening: ..... week *Type:* Constipation Incomplete emptying

Mechanics of opening: Normal Strain Manual Laxatives

Fluids and diet:

.....

Complex and/or multiple problems, body mass index, previous physiotherapy?

Obstetric history and surgery of note, including relevant medical history:

.....

Audit tool:

Bladder FLUTS	Prolapse and dyspareunia	ICIQ-VS
Colorectal SF-36	Cleveland Constipation Score	FIQoLS

Examination:

Has anything happened to your body that you were uncomfortable with, and/or that might be contributing to your problem and might affect your examination?

.....

I agree to have a vaginal/rectal examination. I have had the procedure explained to me, and understand that it is necessary to enable the physiotherapist to fully assess the strength and function of my pelvic floor/sphincter muscles and draw up an individual treatment plan for me.

Signed:..... Signed (physiotherapist): .....

Print: ..... Print (physiotherapist): .....

Date: ..... Date: .....

Date: *Patient sticker:*

Findings:

Vaginal:	P E R F E C T	The Knack?	Toner
EAS:	P E R F E C T	Toner	Resistance 1 2 3 4 5
PR:	P E R F E C T	Toner	Paradoxical contraction?

Plan agreed with patient at FAST appointment:

Gynaecology group Prolapse group SOS Group and one-to-one (waiting list)

One-to-one only Discharge Other

Analysis:

.....

Handouts:

PFMEs EAS Prolapse Bladder training FVC Bladder urgency/frequency

Loperamide Fibre Brace and bulge Male PFMEs Bowel diary

Wind and smells Holding on IBS NICE Probiotic information Vagifem

Advice regarding:

HEP The Knack Toner Bladder training Decrease stimulant drinks

Increase fluid intake Trial loperamide Alter fibre Start bowel diary

Practice bulge brace Keep fluid volume diary Vagifem

Audit information:

Time spent with patient at every appointment: ..... minutes

Date of discharge:

Referred on from physiotherapist?

If so, to where?

Signed: .....

Print: .....

Date: .....