

PE1517/AA

THE CHARTERED SOCIETY OF PHYSIOTHERAPY SCOTLAND

49 North Castle Street, Edinburgh EH2 3BG

www.csp.org.uk

Tel 0131 226 1441

Email scotland@csp.org.uk

CSP Scotland Briefing

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Pelvic Health and Physiotherapy in Scotland

Pelvic Health and Urinary Incontinence

Pelvic health is essential to everyone's quality of life, but one in three women, and around 13 percent of men, will suffer from bladder incontinence. It is estimated that around 300,000 adults in Scotland have significant problems with urinary continence, or up to nine percent of the Scottish population.¹

Problems such as incontinence may go untreated because it remains a taboo subject, and a lot of messages in various media emphasise help with concealing rather than treating incontinence. Evidence suggests that people may suffer in silence for years before seeking help. However, physiotherapy can be effective in up to 80% of cases of stress urinary incontinence (SUI).

Studies of women with incontinence have revealed that:

- 50% of women reporting incontinence were moderately or greatly bothered by it
- 27% were unwilling to visit places if they were unsure of the availability of toilets
- 31% dressed differently because of the problem
- 23% said it affected their sex life
- 23% said it reduced their activity levels
- 25% described feelings of frustration and/or embarrassment.²

Mesh implant surgery

The option for surgical intervention to treat organ prolapse and stress urinary incontinence has increased with the development of transvaginal mesh and tape implants (*Polypropylene Transvaginal Mesh (TVM)*) in the 1990s. It is estimated that about 1,850 women undergo surgery for stress urinary incontinence (SUI) and organ

¹<http://www.scottish.parliament.uk/parliamentarybusiness/28877.aspx?SearchType=Advance&ReferenceNumbers=S3W-10555&ResultsPerPage=10>

²Koch LH. Help-seeking behaviors of women with urinary incontinence: an integrative literature review. *Journal of Midwifery & Women's Health*. 2006; 51(6):39-44.

prolapse each year in Scotland³. Concerns have emerged over complications resulting TVM surgery for a number of patients, which were raised at the Scottish parliament public petitions committee in 2014. Harrowing evidence from campaigners 'Scottish Mesh Survivors – 'Hear Our Voice' revealed the life-changing complications when mesh surgical procedures go wrong, which can be devastating, leaving many women facing disability and a life on, or fighting for, disability benefits and multiple operations.

The Scottish government has since advised health boards to suspend mesh implant surgery⁴ and has established both an expert group to advise on policy and an independent review into procedures. The independent review is focussed on the issues of adequate patient consent, proper reporting procedures when things go wrong and aspects of safety and quality in acute care. However, CSP Scotland is concerned that pathways and services are adequate to ensure patients are referred for conservative management prior to or in place of surgery.

Physiotherapy treatment

Physiotherapists that specialise in pelvic floor dysfunction offer a unique service to treat incontinence and prolapse. However, necessary skills are only acquired as a post graduate qualification and therefore appropriately trained clinicians are limited in number. Appropriate management by specialist physiotherapists has been shown to significantly reduce the requirement for any further medical management, including surgical intervention, in 75% of women presenting with prolapse related symptoms.⁵ Even where referral to surgery is necessary, pre-operative physiotherapy can improve patient outcomes following surgery.

The suspension of surgery over the review period has added considerably to the pressure on services which are already struggling to meet demand, reflecting a lack of sufficient NHS physiotherapy capacity.

Waiting times can range from 8 weeks to 35 weeks in some health board areas.

³ <http://www.scottish.parliament.uk/ResearchBriefingsAndFactsheets/Petitions%20briefings%20S4/PB14-1517.pdf>

⁴ CMO letter to NHS boards and Medical Directors (10 April 2013, 11 July 2013 and 20 December 2013) regarding the management of urinary incontinence and pelvic organ prolapse, including the management of patients with vaginal mesh and tape products.

⁵ Individualised pelvic floor muscle training in women with pelvic organ prolapse (POPPY): *The Lancet*, **383**(9919) pp.796-806. <http://www.nmahp-ru.ac.uk/2014/05/01/hagen-s-stark-d-glazener-c-dickson-s-barry-s-elders-a-frawley-h-galea-m-logan-j-mcdonald-a-mcpherson-g-moore-k-norrie-j-walker-a-and-wilson-d-2014-2/>

The suspension of mesh implant surgery also raises wider general questions of access to healthcare, and whether there is sufficient capacity to adequately offer conservative management from specialist physiotherapists, as many patients may not require surgery following physiotherapy.

Referral to physiotherapy prior to surgery

In offering some context to the issue, a leading expert in the field, Ms Sohier Elneil, (*Consultant in urogynaecology and uro-neurology at University College London Hospital NHS Foundation Trust*), highlighted that offering surgical intervention before an appropriate trial of conservative management by physiotherapists may result in operations being carried out unnecessarily.⁶ Physiotherapists are concerned that lack of access to specialist physiotherapy services will increase the move towards earlier surgical intervention; perhaps less than appropriately.

The SIGN 79 Guidance for urinary incontinence⁷

The Scottish intercollegiate guideline for the treatment of urinary incontinence fully recognises the value of physiotherapy, but recommends direct referral to secondary care for pelvic organ prolapse. This is ambiguous as not all Health Boards have embedded physiotherapy into the patient pathway in secondary care. The guidance is now ten years old and requires review to address the lack of clarity regarding the physiotherapy component of the pathway. In Health Boards where access to specialist physiotherapy is limited due to capacity this again may result in patients undergoing surgery unnecessarily.

The financial cost

Affecting people of all ages, incontinence is largely treatable or preventable; however, in some cases poor continence care can lead to unnecessary catheterisation, associated urinary tract infections, and pressure ulcers which alone caused 51,000 hospital admissions in the UK in 2008-09 and are estimated to cost the NHS £1.4 - £2.1 billion each year. In comparison, continence services cost the NHS £112 million– a relatively small amount.

Self referral

CSP Scotland supports the development of self referral for continence and pelvic health conditions. Self referral is a system of access that allows the patient to refer themselves directly to a physiotherapist without being referred by GP or other health professional. A recent project evaluating the benefit of self referral for women with bladder or pelvic floor problems was shown to:

- Deliver a more responsive service with wider access

⁶ <http://www.dailymail.co.uk/health/article-2528600/Victory-Mail-surgery-left-thousands-agony-Hospitals-ordered-warn-patients-incontinence-operation-cruelly-wrong.html>

⁷ <http://www.sign.ac.uk/pdf/sign79.pdf>

- Empower service users and achieve greater levels of attendance
- Be well accepted by service users, who reported high levels of satisfaction⁸

CSP Scotland calls for action:

CSP Scotland is calling for action from the Scottish government and NHS health boards to:

- **Review current capacity and access pathways to pelvic health and women's health physiotherapy services in health board areas and the patient demand.**
- **Invest in services, including funded training and career pathways, to increase the number of specialist clinicians in Pelvic, Obstetric and Gynaecological Physiotherapy.**
- **Update the patient pathway to routinely refer patients (including those with prolapse/stress urinary incontinence) for conservative physiotherapy management before referral for surgery.**
- **Invest in the development of self referral pathways to access specialist clinicians in pelvic, obstetric and gynaecological physiotherapy.**

By ensuring a sufficient number of qualified specialist physiotherapists are in place to provide adequate access for health board areas, patient care will be considerably improved for all patients suffering from incontinence and prolapse.

In view of the small number of physiotherapy clinicians involved (around 40 in NHS Scotland), by far the best option for patient care, and by far the more cost effective for NHS services, would be to invest to increase the number of specialist physiotherapists. This is likely to reduce the number of patients requiring surgery, and may reduce the risk of complications following surgery.

While health boards vary in size and comparative capacity, CSP Scotland estimates that even a modest increase in additional specialist physiotherapists in pelvic dysfunction on a full time basis in each health board area would offer a genuine option of providing adequate conservative management to patients before electing for surgery, a reduction in referral for surgery, and much improved quality of care. This would also enhance access for other patients, including, for example for men for post laproscopic radical prostatectomy therapy.

⁸ <http://www.csp.org.uk/publications/project-evaluate-patient-self-referral-womens-health-physiotherapy-pilot-sites>