

# Seizing the opportunity to improve patient care: pelvic floor services in 2021 and beyond

Patients requiring pelvic floor and functional urological, gynaecological and coloproctological surgery were viewed as a low priority even before COVID-19. A consensus report outlines recommendations to improve care and encourage clinicians to help bring about positive changes for patients with pelvic floor problems

## Introduction

The global COVID-19 pandemic has placed unprecedented strain on the NHS. Those with urgent and life-threatening conditions have rightly been prioritised, while elective procedures have taken a back seat, particularly during the peaks of infection (COVIDSurg Collaborative, 2020).

Pelvic floor dysfunction affects people of all ages and genders and does not respect circumstance. In the UK, approximately 6.5 million people live with bowel issues and 14 million people live with bladder problems. In the first year after a vaginal delivery, 27% of women experience anal incontinence and this figure remains fairly consistent at 5 years post-delivery (Gray et al, 2019). A staggering 85% of adults with bowel incontinence have not communicated this to their GP and 50% of adults with an overactive bladder do not seek help (NHS England, 2018).

Essentially, this means that a significant proportion of the UK population has been socially isolating since long before COVID-19 led to a government mandate to do so. They have been prevented from leaving their homes for fear of the consequences of their condition and the embarrassment associated with it. This isolation has a significant impact on mental health and wellbeing, yet these patients face long delays before receiving the specialist care they need.

Patients requiring pelvic floor and functional urological, gynaecological and coloproctological surgery were viewed as a low priority even before COVID-19. However, the stark reality is that patients with pelvic floor conditions often waited more than 6 months for surgery even before the COVID-19 pandemic. It is time to think differently about how patients living with pelvic floor disorders are treated and ensure that a new, better normal is created for patients who need surgery for pelvic floor dysfunction.

A report was published by the Pelvic Floor Society (2021), following consensus discussions of a panel of specialist healthcare professionals working across the compartments of the pelvic floor. The panel included consultant colorectal surgeons, gynaecologists and urologists, as well as specialist nurses and patient advocates, from across the UK. This document set out to address pre-pandemic inequalities in healthcare services for patients with pelvic floor disorders, make recommendations to improve care and encourage clinicians to seize the opportunity to bring about positive changes for patients with pelvic floor problems.

## The problem

Pelvic floor services have long been at the back of the queue for funding and prioritisation and the issues raised in this document are not new. Community continence services across the country are under-funded and under-resourced, with patients facing stark inequalities in care, depending on the region in which they live. A lack of 'joined-up' care of patients with multiple continence issues leads to inefficiencies in the system as well as frustrations for patients. Patients with more than one area of the pelvis (compartment) affected may wait even longer while they are reviewed by multiple specialists, including urological surgeons, colorectal surgeons, urogynaecologists, pelvic floor physiotherapists and continence nurses. Furthermore, the inquiry by Baroness Cumberlege (2020) has highlighted some of the concerning issues of quality and safety of care being faced by this sector as a consequence of under-funding and neglect (Francis, 2013).

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COVID-19 has magnified these pre-existing inequalities, with waiting lists for routine operations soaring across England (COVIDSurg Collaborative, 2020). The latest referral to treatment statistics (NHS England and NHS Improvement, 2021) indicate that of the 5.5 million people who were waiting to begin treatment at the end of June 2021, 304 803 patients were waiting more than 52 weeks for routine operations and procedures. The impact of this wait and lack of timely treatment on patients is profound and can affect entire families, including partners, parents, grandparents and sometimes a new baby.

There are also economic and societal impacts to be considered. Patients suffering from pelvic floor and continence disorders may be unable to work. The elderly or those with severe health issues are particularly affected, and incontinence is often cited as the reason for admission into residential care. This is an example of the impact of delayed treatment on the already strained health and social care system. Delayed treatment may also need to be more intensive, bringing with it further resource and financial costs (All-Party Parliamentary Group for Bladder and Bowel Continence Care, 2011).

## The solution

Pelvic floor disorders and obstetric injuries, while life-changing, are often treatable, and patients deserve timely access to treatment as well as promotion of self-help options. Patients need to be made aware that their symptoms can, and should, be improved as early as possible with appropriate care and that even severe symptoms may be sufficiently reduced with specialist care.

The report calls for changes in seven key areas at a national level, listed below.

1. Empowering and educating patients and beyond: a national campaign and widespread public education are required to address the taboo associated with pelvic floor disorders, to empower patients to understand the options for care and to present earlier to their GP, emphasising prevention of progression of pelvic floor dysfunction.
2. Making the most of technology: COVID-19 has accelerated the adoption of digital platforms to communicate with patients and colleagues. People living with pelvic floor disorders face barriers to attending in-person appointments, particularly in relation to travelling. A choice of telemedicine and in-person consultations is recommended based on patient and physician needs, such as for physical examination. Particular efforts are required to make consultation and treatment accessible to hard-to-reach communities. Online questionnaires allow accurate patient histories to be collected in advance, making clinics more efficient. Accessibility of and signposting to high-quality supportive patient information and resources is important. Patients may benefit from the use of apps or websites to take ownership of their condition and find additional support; however, as it stands, online resources are often challenging for patients to find. Furthermore, they may not know which sources are evidence-based, and not all patients have access to the internet.
3. Integration of experience: technology now allows virtual multidisciplinary team meetings. This increases attendance, allowing participants to join from different sites, as well as allowing patients from a local multidisciplinary team to be discussed with regional teams. This will also enable the development of a hub-and-spoke model to make the most of available expertise and dissemination of this expertise to all patients, regardless of postcode.
4. Looking again at surgical procedures: selecting certain surgical procedures, previously offered under general anaesthesia, to be offered under local or regional anaesthesia, and enabling staff to perform them in clinical areas outside of the traditional operating theatre will free up space and help reduce waiting times.
5. Developing the pelvic floor surgeon to treat all three compartments of the pelvic floor, in order to avoid multiple consultations and procedures.
6. Making the most of our teams: training and supporting allied health care professionals, including specialist nurses and empowering them to deliver selected protocol-driven procedures, will reduce in waiting times for patients.
7. Considering collaborations: with continually growing waiting lists and the ongoing problem of COVID-19, collaboration with private institutions and premises could help to address specific capacity challenges. However, it is important to carefully consider the potential challenges that may be encountered, including staff availability, patient selection, quality assurance and follow-up care.

## Key points

- The wait from referral to treatment for patients with pelvic floor disorders has always been lengthy.
- Waits have significantly increased as a result of the COVID-19 pandemic.
- The impact of waiting times on mental health and wellbeing is significant.
- A change in the model of care is suggested to effect change and improve outcomes for this group of patients.

## Conclusions

The report's authors aim to effect positive change for these patients by addressing the recommendations listed earlier. In addition, the evolution of sustainability and transformation partnerships into integrated care systems provides a platform for pelvic floor patients to be better treated, providing an opportunity for health promotion and prevention of bladder and bowel problems, maintenance of quality of life in older years and a focus on addressing health inequalities. With the right support, pelvic floor medicine is perfectly positioned to take advantage of the digital revolution currently taking place across healthcare, which could help to find efficiencies to meet resourcing challenges. This would lead to the better delivery of outpatient therapy for pelvic floor dysfunction, with reduced reliance on hospital beds.

The response to COVID-19 within the NHS has demonstrated that when there is an urgent need and everyone is focused, change can happen quickly and effectively for the benefit of all. Now is the time to think differently about how patients living with pelvic floor disorders are treated and to create a new and a better 'normal' for patients who need surgery for pelvic floor issues.

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