National Women & Infants Health Programme

A NATIONAL FRAMEWORK FOR THE IMPLEMENTATION OF PHYSIOTHERAPY-PROVIDED GYNAECOLOGY CARE PATHWAYS

Contact |
National Women and Infants Health Programme
Health Service Executive,
2nd Floor,
The Brunel Building,
Heuston South Quarter,
Dublin D08 X01F

Phone | 01 795 9983
Email | Nwihp.corporate@hse.ie
Visit | www.hse.ie/eng/about/who/acute-hospitals-division/woman-infants/

When this Framework talks about "women" it is intended in the most inclusive sense of the word. It is used as shorthand to describe all those who identify as women as well as those that do not identify as women but who share women's biological realities and experiences. In using this term, we seek to include not exclude. Using gender to inform health service Frameworks and Models of Care is just one way of creating more targeted, personalised health services for all people in Ireland.

ACKNOWLEDGEMENTS

Since its inception in 2017, the role of the National Women and Infants Health Programme (NWIHP) has expanded significantly beyond its original remit of overseeing and supporting the implementation of the National Maternity Strategy.

As its area of interest and responsibility grow further to encompass a range of women's sexual, reproductive and gynaecology health needs, NWIHP continue to recognise and identify clearly the critical and central role that women's health physiotherapy services play in optimising the health and wellbeing of women to enable better health outcomes by means of earlier intervention.

In publishing this National Framework, NWIHP would like to acknowledge the expertise, commitment and enthusiasm of the Physiotherapy Service Managers and the Clinical Specialist Physiotherapists who came so readily and willingly to develop this Framework. Their time, input, experience and professional insights have made this Framework possible.

In particular, NWIHP would like to acknowledge and record the specific input and help of Ms. Cinny Cusack, Physiotherapy Service Manager, Rotunda Hospital who has been steadfast in providing NWIHP with consistent, evidence based advice and input in the area of women's health physiotherapy services over the last number of years.

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INTRODUCTION

Physiotherapy is defined as services provided by Chartered physiotherapists to individuals and populations that seek to develop, maintain, and restore maximum movement and functional ability throughout their lifespan. Gynaecologic physiotherapy is a subspecialty of physiotherapy concerned with the promotion of women's health. The role of women's health physiotherapy is wide-ranging and includes conservative management of bladder and/or bowel dysfunction, prolapse, treatment of sexual issues related to pelvic floor muscle dysfunction and pelvic floor pain, postpartum recovery to prevent and manage pelvic floor dysfunctions, and to prepare or aid recovery after gynaecological surgery.

When addressing women's benign gynaecological health, physiotherapists can contribute significantly to assessing and treating women within a multidisciplinary approach. Societies such as the National Institute for Health Care Excellence (NICE), the American College of Obstetricians and Gynaecologists (ACOG), and the European Association of Urology (EAU) have developed guidelines recommending patient treatment within a multi-disciplinary setting. In fact, there is a growing body of evidence to suggest that providing a surgery-only approach to treating patients with complex symptoms is becoming less than ideal.

With the role of the physiotherapist well established within women's health, it is now timely to explore strategies to leverage this physiotherapy expertise for the betterment of women experiencing gynaecological issues. The Framework described herein will outline the development of an alternative triage and referral pathway for suitable gynaecological patients. This pathway will be designed for those women who would benefit from having their care managed either entirely by a physiotherapist or by a physiotherapist in conjunction with a consultant gynaecologist at secondary level. The design and implementation of such a framework will enable more timely access for women to appropriate treatment; be that treatment received from the physiotherapist, by the consultant or both.

CONTEXT

Historically, and partly owing to previous under-funding, demand in the area of gynaecology care has outstripped supply resulting in all gynaecological conditions, with very few exceptions, being managed as one grouping of conditions and hence draining funding from the same pool of resources. This has significantly impeded the ability of hospitals, their gynaecology teams and resources, to develop and implement streamlined and targeted treatment pathways for women presenting with specific gynaecological conditions.

Over recent years however, this has begun to change. Because of the negative consequences associated with long waiting times, identifying effective and efficient redesign strategies to reduce waiting times for outpatient gynaecology services is essential. The NWIHP in collaboration with the Department of Health, the Women's Health Task Force and the six maternity networks have commenced a significant work programme, which is targeting investment and increased capacity specifically within the area of gynaecological care for women.

Working with its key collaborators and stakeholders within the maternity networks, NWIHP has designed and invested in specific gynaecology services by developing and implementing Models of Care/Frameworks to improve timely access and the experience of women receiving care in our

health system. Funding has been targeted to equip and resource maternity units across the country in order to establish ambulatory gynaecology clinics. As of June 2024, there are 16 fully deployed ambulatory gynaecology clinics located across the country and 19 such clinics funded in total. Within the Ambulatory Gynaecology Model of Care, the importance of the role of physiotherapy in women's health is reflected in the allocation of 1.0 WTE Clinical Specialist Physiotherapist in women's health as an essential component to the overall pool of resources allocated to each ambulatory gynaecology unit.

To date, NWIHP have invested in 18 WTE physiotherapists specialising in Women's Health as part of the Ambulatory Gynaecology Model of Care. In addition, NWIHP have also invested in 3.0 WTE physiotherapists specialising in pain management across St Michael's Hospital Dun Laoghaire and Beaumont Hospital, as well as funding 3.0 WTE in the two specialist MESH services located in the National Maternity Hospital and Cork University Maternity Hospital. As part of the development of Postnatal Hubs, NWIHP have funded 3.0WTE clinical specialist physiotherapists, with additional physiotherapy resources expected with the further roll out of postnatal hubs. The role of physiotherapists in this context is envisaged to provide women with easier and more direct access to women's health physiotherapists for a period of up to 12 months post birth. In this way, women will be assessed and managed much earlier, thereby reducing if not eliminating the need for this cohort of women to access gynaecology services at a later stage in their lives.

NWIHP's development of a Framework for the Management of Endometriosis also identifies physiotherapists as essential in delivering complete, holistic care to this cohort of women. 4.5 WTE clinical specialist physiotherapists are currently in post funded via this Framework to manage women presenting with endometriosis in services across the country. Again, further investment in this area will see this likely see this number increase.

In total, this correlates to an investment of just over of €2.5 million recurring revenue funding targeted at improving women's access to pelvic floor physiotherapy and conservative management.

With the addition of this investment and the consequent increase in clinical specialist physiotherapy posts across the country, the NWIHP consider it timely to design and implement the proposed alternative triage and referral pathway for suitable gynaecological patients, and anticipate several advantages to this development.

Firstly, appropriately triaged women with conditions and symptoms responsive to physiotherapy intervention will receive care and management of their needs in a timely manner by the most appropriate member of the multi-disciplinary team. In many cases, this will reduce the time to suitable treatment. Consequently, women mandating initial medical review should also experience reduced waiting times. Physiotherapists will be positioned to take a lead role promoting advanced practice, with the opportunity for the profession to be at the forefront of influencing and enabling patient access to quality services. Simultaneously, the number of medical consultant reviews required may reduce as physiotherapists provide the full package of care clinically required by women, thereby generating additional capacity within the associated gynaecology service.

This concept of re-diverting patients to alternative healthcare professionals where appropriate and clinically safe to do so is not a new model. An improved model of service delivery that promotes both better inter-professional collaboration and a more efficient use of resources has the potential to improve patient outcomes. Such pathways have been embedded in health and social care and nursing, utilising senior professional skills to provide a high level of clinical assessment and care

for patients, while expanding service options to meet growing demand. One such exemplar is the introduction and subsequent expansion of the National Musculoskeletal Physiotherapy Triage Initiative here in Ireland. Internationally, such models have been implemented within gynaecology, most notably in Australia and New Zealand. In fact, the proposed referral pathway is already in place and functioning successfully in a number of gynaecology clinics throughout the country.

The development of this Framework complements work ongoing within the health service as a whole. In June 2023, the Health and Social Care Professional (HSCP) Programme launched the HSCP Advanced Practice Framework, with the expressed support of the HSE Chief Clinical Officer. This document provides the evidence-base to improve access to senior clinical-decision making and therefore, more timely access to care for people in Ireland.

The application of the Framework described here will support the fundamental principles of **Sláintecare**, with physiotherapists working to expand their scope of practice within the boundaries of their registration and to bridge the gap between healthcare needs and staff available to deliver the required services.

THE NATIONAL FRAMEWORK

The purpose of the described framework is to provide national guidance on the implementation of an alternative frontline service led by physiotherapists as well as a multidisciplinary care pathway whereby women are seen, assessed and managed by both the gynaecologist and the physiotherapy team. In devising this Framework and scoping the potential for it's realisation, the NWIHP collaborated with experts in the area of physiotherapy including physiotherapy service managers and clinical specialist physiotherapists in women's health. This stakeholder engagement has proven essential in devising a Framework that can be readily adopted, albeit to various degrees in the initial stages, within gynaecology services across the country.

The below pathway represents a collaborative design that will achieve the objectives as set out previously. Enablers, barriers and opportunities will be discussed below, as well as proposed measures to drive the implementation and mainstreaming of this Framework, as informed by the experience of those professionals involved in physiotherapy-led clinics nationwide.

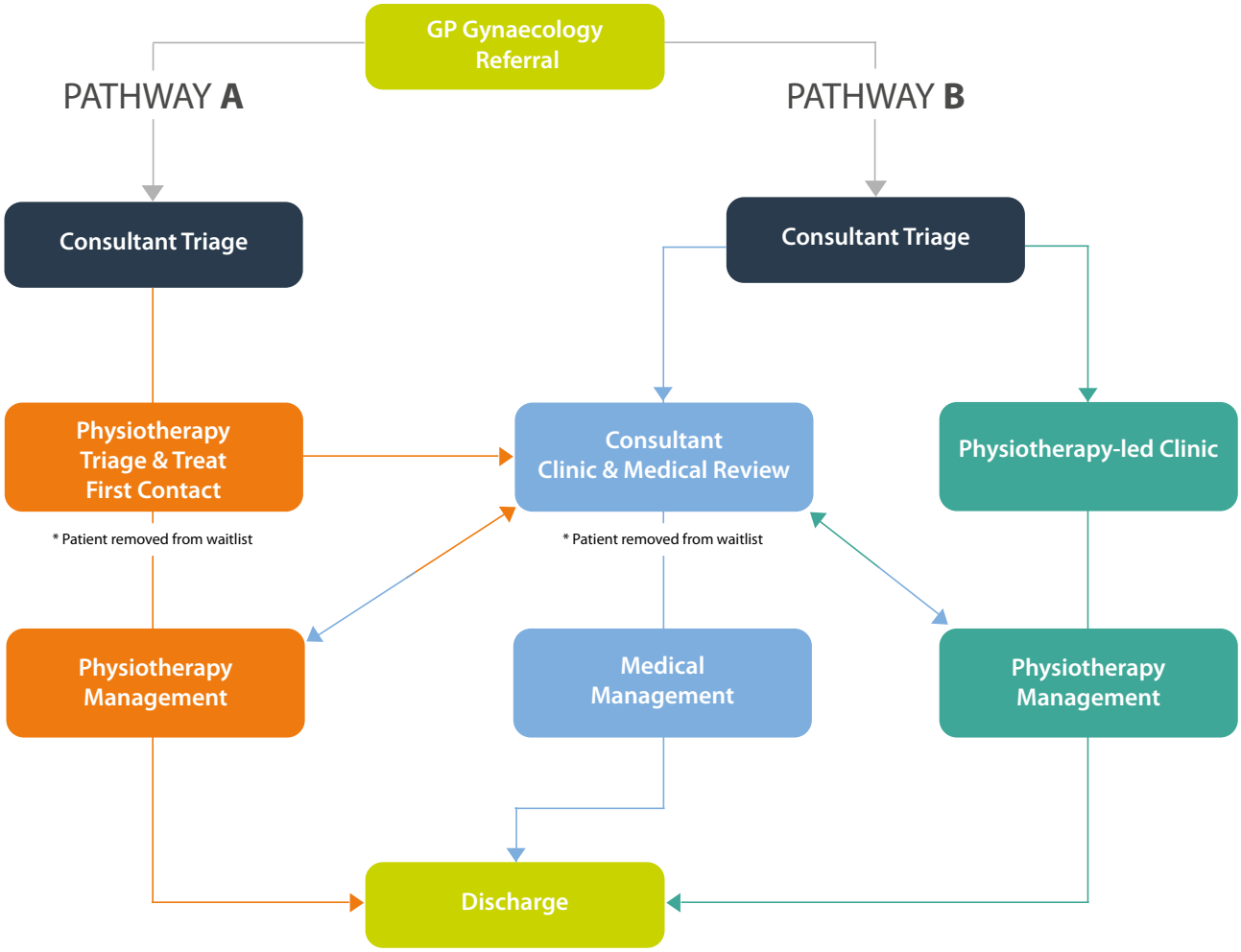

Figure 1 *Proposed National Framework Care Pathways*

The proposed Framework as above in Figure 1 depicts two new routes or pathways that will be available to a woman referred to a gynaecology service and requiring physiotherapy. Both pathways represent a shift from the traditional care pathway, where women referred would first wait for an assessment in a consultant-led clinic and then be referred onwards at a later date for a physiotherapy assessment.

THE CONSULTANT & PHYSIOTHERAPY COMBINED CARE PATHWAY

This pathway represents a complete multidisciplinary package of care, whereby the woman, further to the consultant's **paper or desktop triage** of the GP referral, is referred to the consultant's clinic for initial assessment and review. This Framework proposes that consultant clinics are designed in such a manner as to enable women to also be assessed by a physiotherapist during the same single visit. For some services, this will involve co-located clinics i.e. clinic rooms side-by-side or within close proximity. For others, recognising the physical and infrastructural challenges in some services, the physiotherapist and the consultant may see patients simultaneously during the same patient encounter can facilitate this combined approach to care. The advantages to this route of triage is that women will have access to the required professionals in a single visit and a comprehensive plan for the appropriate management of the woman's presenting issues can be formalised in a 'one-stop' approach. This represents a more efficient service to the conventional route for women, often requiring the woman to attend several hospital visits over a protracted period to attain the same outcome in terms of an agreed treatment/management plan.

THE PHYSIOTHERAPY-DELIVERED CARE PATHWAY

The Physiotherapy-delivered Triage & Treat Pathway describes an alternative frontline line care pathway led by clinical specialist physiotherapists. This pathway will be available to women who meet one or more criteria (see Table 1), indicative that a skilled women's health physiotherapist may manage their care suitably in the first instance and potentially solely. In practical terms, a woman will be redirected to a physiotherapist's clinic by the consultant further to their **paper or desktop triage** of the GP referral. The physiotherapy clinic remains under the clinical governance of the named consultant, but under a different clinic code, and the woman is removed from the outpatient waiting list (and the consultant's waiting list) at the time of this first contact with the physiotherapist.

It is acknowledged that the appropriateness of the outcome of the triage process is highly dependent on the integrity and validity of the information provided within the original GP referral. Sometimes information may be omitted in the referral or in some cases, important information relevant to the episode of care may not be disclosed by the patient until they are seen in an outpatient clinic. An important characteristic of this care pathway therefore, is the contingency that there must be capacity within service processes to enable the bidirectional flow of patients between both the Physiotherapy-led Triage & Treat Pathway and the MDT Pathway as clinically necessitated. **This is a key safety feature of this Framework** – ensuring that at any point, women can be redirected back to be seen by the consultant as clinically warranted and without needing to re-join a waitlist. NWIHP recognise that the practicalities of enabling this safety mechanism may vary from site to site but require that this be built into each services own pathway design. In these instances, it is recommended that women are booked in as follow-up or review appointments.

It is important to note that the objective of this Framework is not to promote that services should move towards operating the Physiotherapy Triage & Treat Pathway only. In fact, this Framework recommends the implementation of both care pathways such that there is a robust, clinically safe, and efficient, holistic service in operation. It is envisaged that services will commence with operationalising the MDT Pathway and in addition move to the Physiotherapy-led Triage & Treat Pathway when the service has become established in terms of process and team cohesion.

Equally of note, this Framework extends beyond recommending that physiotherapists take a lead

role in solely triaging patients to remove them from the waiting list – **the recommendation is that physiotherapists will both triage and treat**, recognising that within the realm of women's health, physiotherapists will usually initiate treatment in the first service-user encounter. Moreover, for some services, it is acknowledged that the continuum of care may be provided largely by one clinical specialist physiotherapist. In other services, with a larger pool of physiotherapy resources, a woman may be seen by other skilled physiotherapists within the associated department i.e. the capacity to see new patients on the Physiotherapy-led Triage & Treat Pathway will vary from service to service.

Target Population

A key step in the development of this alternative frontline service (i.e. the Physiotherapy-led Triage & Treat Pathway) is establishing the conditions that a specialist physiotherapist in women's health can successfully manage via, behavioural education, exercise programmes and manual therapy. Physiotherapy-led pelvic floor training is a highly effective treatment option for a number of pelvic floor conditions, including urinary incontinence and pelvic organ prolapse[1,2].

Urinary incontinence (which can be stress-, urgency-, or mixed urinary incontinence) is a prevalent condition. Women are more physiologically susceptible to developing urinary incontinence, with pregnancy, vaginal birth and menopause all being major contributors to both stress urinary incontinence and overactive bladder syndrome. Estimates indicate that 25-45% of women will develop urinary incontinence during their lifetime[3]. The incidence of pelvic organ prolapse is cited as high as 50% in parous women, with 1 in 10 women reporting their condition as bothersome. Both conditions, if untreated, can have a profound impact on a woman's quality of life, affecting both physical and mental health.

There is robust evidence to suggest that physiotherapists can play lead roles in the management and treatment of faecal incontinence, peripartum and postpartum pelvic floor dysfunction, pelvic floor myofascial pain, dyspareunia, vaginismus, and vulvodynia.

International guidelines recommend conservative management including pelvic floor muscle training or bladder training as first-line interventions for;

- urinary incontinence;
- stages 1–2 pelvic organ prolapse; and
- faecal incontinence[4].

Here in Ireland, recently published clinical guidelines for the assessment and management of both stress urinary incontinence (SUI) and pelvic organ prolapse (POP, stages 1-2) concur with international opinion and recommend physiotherapy with a skilled physiotherapist as a first line treatment[5,6].

It is understood that the scope of practice of an advanced practice physiotherapist may also incorporate the management of other gynaecological conditions. The NWIHP, working with a professional working group of women's health physiotherapists via a series of meetings and a working group workshop, has established a consensus on this referral criteria. This inclusion criteria is displayed in Table 1 overleaf, while the exclusion criteria is depicted in Table 2.

It is envisaged that this criteria provide guidance for services and that each unit work locally, in conjunction with the relevant consultants and clinical leads, to affirm criteria based upon their own internal factors. This local consensus should account for the comfort-levels and relevant experience of the identified clinical specialist physiotherapist as well as that of the consultant. NWIHP recommend a phased approach to the implementation of this physiotherapy-led pathway where required but with an overarching long-term objective of re-diverting all suitable women in time to this alternative frontline service.

The Physiotherapy-Delivered Care Pathway – Inclusion Criteria
• Age 16 and over • Stress Urinary Incontinence (SUI) • Faecal Incontinence/Constipation • Mild-moderate pelvic organ prolapse (POP) i.e. Stages 1-2 • Overactive Bladder • Urge Incontinence • Dyspareunia • Pessary Fitting

Table 1 *The Physiotherapy-delivered Care Pathway - Inclusion Criteria*

The Physiotherapy-Delivered Care Pathway – Exclusion Criteria
• Under 16 years of age • Consultant to Consultant referral • Medico-legal cases • Previous surgical patient of Consultant • Severe pelvic organ prolapse (stage 4) • Recurrent urinary tract infections (UTIs) • Polyp/cysts • Suspicion of endometriosis • Alterations in menstrual cycle/paravaginal/pararectal bleeding • Complex pathologies

Table 2 *The Physiotherapy-delivered Care Pathway - Exclusion Criteria*

IMPLEMENTATION

As previously cited, the NWIHP have in recent years invested significantly in the allocation of clinical specialist women's heath physiotherapists as part of the roll out of the Ambulatory Gynaecology Model of Care. The rationale behind this strategic investment is to optimise service delivery and to provide service efficiencies via the provision of appropriately and highly skilled professionals. Akin to all other service initiatives being led by the NWIHP, this initiative places the woman at the centre and seeks to both reduce time to treatment while also enhancing the woman's overall experience of the health system.

The recruitment of these new posts has been successful in many sites and is ongoing in others. The NWIHP foresee that the recruited clinical specialist physiotherapists will play a central role in the implementation of this Framework. It is anticipated that the appointed clinical specialists will work with the mandate and support of their service managers to drive this service, working closely with the relevant gynaecology consultants, clinical leads and clinical directors as required. NWIHP, having established a National Professional Physiotherapy Network, will continue to support sites and individual services in the roll out of this new service initiative.

The successful implementation of this Framework will be influenced by various factors, some that can be addressed at a national level, while others will need to be considered within the local context of individual services. These factors are discussed below.

TRIAGE PROCESS

As depicted in Figure 1, both care pathways begin with the consultant triaging the patient's referral. This is a paper or desktop triage and consideration of the inclusion and exclusion criteria outlined in Table 1 and 2 in addition to all other available and relevant patient information will determine the route the patient will be directed.

It is recognised that the associated triage processes may vary depending on whether the site operates an Electronic Healthcare Record (EHR) or employs a paper chart. In the case of either, the NWIHP recommend the development of a 'triage checklist' that incorporates the inclusion criteria for the Physiotherapy-led Triage & Treat Pathway, thereby signalling when a women meets the criteria to follow this route. Please see Appendix A as an example of a Triage Checklist that can be adapted for individual services.

As per the HSE's National Outpatient Waiting List Management Protocol (2022), when a referral is deemed suitable to be seen by an alternative HSCP, this referral is considered an internal redirection. The patient should remain on the appropriate speciality waiting list and the referral received date remains the day the referral letter was received and date stamped by the hospital. Patients should be selected and booked from the speciality waiting list to the appropriate HSCP-delivered clinic. In the context of this Framework, women deemed suitable for the Physiotherapy-led Triage & Treat Pathway should be booked to the physiotherapy clinic directly from the gynaecology waiting list and removed from the outpatient waitlist at this first contact (in person or virtual).

Some services may opt to conduct a multidisciplinary 'desk top' triage, including consultants, advanced nurse practitioners and the clinical specialist physiotherapists as relevant. The NWIHP very much endorse this approach but recognise that it may be difficult to adopt logistically on a long-term basis. In the short- to medium-term however, it is viewed as a mechanism through which to build relationships and enhance the triage process in the early stages of the adoption of this Framework.

PHYSIOTHERAPIST-CONSULTANT RELATIONSHIP

The interdisciplinary working relationships between the gynaecology consultants and the clinical specialist physiotherapists are the key enabler to the implementation of this Framework. It is acknowledged that in services already operating this approach, this relationship has been the critical success factor. A multidisciplinary approach to care is not a new or novel concept and this Framework envisages both professionals working in tandem to ensure that women are seen by the right person, in the right place and in as timely a manner as possible.

Several practices can promote this important relationship. As stated previously, conducting the 'desk top' triage as a team can be beneficial in the short- to medium-term in raising awareness of interdisciplinary working relationships between the gynaecology consultants and the clinical specialist physiotherapists are the key enabler to the implementation of this Framework. It is acknowledged that in services already operating this approach this relationship has been the critical success factor. A multidisciplinary approach to care is not a new or novel concept and this Framework envisages both professionals working in tandem to ensure that women are seen by the right person, in the right place and in as timely a manner as possible.

Several practices can promote this important relationship. As stated previously, conducting the 'desk top' triage as a team can be beneficial in the short- to medium-term in raising awareness of the physiotherapists skillsets and capacity for leading and/or contributing to the care of gynaecology patients. However, prior to the operation of the proposed care pathways, it is advisable that both professionals work together to establish and plan for the implementation of this Framework. NWIHP propose that each funded site identify a **Lead Consultant Urogynaecologist** who will support, enable and empower the clinical specialist physiotherapist to lead on the roll out of this Framework, with further support from their direct line manager. This roll out may be phased, allowing for the organic development of services and relationships alike.

In relation to the MDT Pathway and providing the woman with a full holistic package of care, NWIHP foresee that this be facilitated via a 'one stop' approach where possible. Harnessing the experiences of sites who have already established such services, co-location of clinics in terms of physical space or alternatively conducting clinical assessments together (consultant and physiotherapist) will drive this model of care. Such a structure supports relationships to development, facilitates mutual professional learning to occur, and importantly, enables the assessment of the service-user in an optimal environment.

The infrastructural challenges in relation to clinic rooms and space are recognised as a potential barrier, however, where possible, NWIHP recommend that provision be made for joint clinics to occur. NWIHP have invested significantly in the refurbishment of services within maternity units/hospitals across the country, particularly in the context of gynaecology services, with optimal patient flow being a prime consideration. Where such improvements have been supported, NWIHP encourage sites to consider how these reconfigured spaces could facilitate co-located or joint clinics.

COMMUNICATION

Communication is the bedrock of both interdisciplinary working relationships and the relationship between healthcare professionals (as a conduit for the health system) and the service-user.

A vital component to the operationalisation of this Framework is the provision of appropriate, accurate and consistent information across the paradigm of care. This applies to service-user information, as

well as the two-way communication of information between primary and secondary care. Equally as important are the internal communication processes within the secondary care services themselves.

Regular team meetings amongst the wider MDT to include review of the appropriate triage of patients will ensure the provision of a quality service.

Service-User Information

In relation to service-user information, it is of fundamental importance that women are fully appraised of the relevant care pathways and that where applicable, they are informed that their care has been deemed suitable for management by a highly skilled physiotherapist in the first instance. Again, looking to established services, a patient letter is an effective communication tool for ensuring that patients are informed that an outpatient appointment with a physiotherapist can be ***in lieu of*** an appointment with a gynaecologist. See Appendix B for example text of what a patient letter may include.

Primary Care Communication

A General Practitoner (GP) in primary care will be the first point of contact for the vast majority of women presenting with pelvic floor issues, with nearly all referrals for specialised management being instigated further to GP consultation. The role of physiotherapy in managing women's health, while well recognised, should be further promoted and communicated amongst GPs in this context. Within each hospital group or maternity network, it will be advisable to inform GPs within the referring catchment area of the implementation of this Framework. This can be facilitated via local GP Forums as well as channelled through the established communication networks between NWIHP and colleagues in primary care and the Irish College of General Practitioners. This communication will be important in managing service-user expectations and again ensuring that women are aware of the services available to them.

Internal Communication

Effective internal communication will be a key enabler to implementing this Framework and the associated care pathways. In the first instance, further to local consultation and engagement, it will be necessary for each site to develop and agree their own Standard Operating Procedure (SOP). This documentation of process will ensure consistency and allow professionals to operate within an agreed scope, while supporting the adoption of the Framework.

While this Framework provides high-level guidance, NWIHP recommend that each service develop their own SOP that will consider the context and influencing factors within their own particular service and that importantly, reflects local consensus on factors such as referral criteria etc.

Further to the development of an SOP, it is advisable to support the initial desktop triage process with the appropriate structures. As previously mentioned, a triage checklist (Appendix A) is recommended for those utilising paper charts. The design of a checklist should include reference to the triage criteria for either pathway and should unambiguously state the outcome of the triage process, providing clear instruction to enable the service-user's initial appointment to be booked correctly.

The outcome of the woman's first visit, regardless of the pathway to which she is triaged, is equally important and should be supported by clear documentation, in the form of locally developed Proformas or otherwise.

Information Sharing

NWIHP will support individual sites in the development of the aforementioned communication tools and documentation via facilitating the sharing of information through the established National Professional Physiotherapy Network.

KEY RECOMMENDATIONS FOR IMPLEMENTATION

- In order to move this Framework from concept to realisation, the NWIHP propose the nomination of a **Lead Consultant Urogynaecologist** in each site. It is envisioned that this consultant will act as a *Sponsor* and will work with and support the specialist physiotherapist and the physiotherapy service manager to roll out this Framework and the associated referral care pathways.

- Clear and unambiguous definitions of triage criteria will enable the appropriate and safe management of referrals. NWIHP, working with physiotherapy experts in women's health and with respect to the literature, have developed both inclusion and exclusion criteria for the Physiotherapy-led Triage & Treat Pathway (See Table 1 and Table 2).

- Local SOPs that consider the influencing factors and context of the associated service should be developed collaboratively.

- NWIHP recommend a multi-disciplinary joint 'desktop' triage of gynaecology referrals in the short- to medium-term. This will enable key working relationships to develop and ensure there is consistency and standardisation in processes.

- NWIHP strongly endorse multi-disciplinary joint clinics between the consultant and the clinical specialist physiotherapist. This structure has proven highly effective in driving both care pathways in the services already operating this Framework.

- NWIHP recommend that the co-location of physiotherapy clinics and consultant clinics are prioritised in terms of the allocation of footprint within existing infrastructure. Again, this facilitates the objective of providing women who are triaged to the MDT Pathway with a 'one stop' assessment of their condition and a consequent plan for their treatment and management.

    - Co-location of clinics that run concurrently will support inter-disciplinary communication and immediate referral between clinics as needed, ensuring a safe and effective service.

- Regular team meetings to include review of the appropriate triage of patients will ensure the provision of a quality service.

- A fully integrated system between both the physiotherapy-led and consultant-led clinics will ensure direct access back to the consultant as needed. It is imperative that such a structure is in place whereby a woman, having been referred to the physiotherapy-led clinic, can move directly back to the consultant for medical management without needing to be re-referred. These patients should be booked as follow-up or review appointments.

- The generation of clinic codes specific to the physiotherapist but under the clinical governance of the Consultant will be a key enabler of reducing outpatient gynaecology waiting lists and achieving the objective of generating additional service capacity.

- The NWIHP intend to support the development of **standardised information** for patients that will explain the possibility of a patient being referred to a physiotherapist as their first contact. It is essential that this change be communicated effectively. Women must be made aware and be suitably informed of the care and management physiotherapists can appropriately provide. Equally, women should be assured that their care will be managed within a multi-disciplinary structure that includes access to a consultant as and when clinically indicated.

- The development of the appropriate structures in relation to the documentation to support this framework should be prioritised e.g. development of triage checklist, Proformas etc.

- Each unit should collect, collate and review a suite of **nationally developed activity metrics,** an example of such is detailed in Table 3 and Table 4. This will facilitate continuous service evaluation and all for the identification of any improvements needed. It will also provide assurance that the referral pathways described in this Framework are achieving the objectives as outlined above.

- The NWIHP recommend the continuation of the already-established **National Professional Physiotherapy Network**. This network of peers will facilitate shared learning and will promote a consistent and high-quality standard of care across all sites nationally.

EVALUATION

A key component to assessing the impact of the implementation of this Framework, in the context of the perceived benefit to the relevant service-users, is the development of key metrics. The collation and analysis of data will be instrumental in providing proof of concept but also in demonstrating the impact of the significant investment that has been targeted in women's health physiotherapists by NWIHP and via the Department of Health over recent years. Moreover, key data can support the case for future investment to build on existing services, signifying potential for further improvement or point to a resource gap that is hindering the realisation of proved service-user benefits.

NWIHP, working with key stakeholders, have developed an agreed suite of metrics to roll out in line with this Framework. These metrics are shown in Table 3 and Table 4 overleaf. In this iteration, the metrics focus on activity data and for this primary suite, there is no defined target associated with each metric. This is for two reasons. Firstly, this Framework outlines a model of care that will vary in implementation across sites. This anticipated variation will be attributable to factors such as the physiotherapy resource level in the department, whether or not the service is located within a standalone maternity hospital or a general hospital, and the level of community physiotherapy resources available. Secondly, although there are some services already operating the care pathways described within this Framework, these services are located in larger units and have already been established for a few years. Therefore, a baseline benchmarked against these services could potentially impose unrealistic targets on other services.

NWIHP propose that the data in relation to the metrics outlined in Table 3 and Table 4 are collected by services on a monthly basis and returned centrally to NWIHP one month in arrears. The development of KPIs in time will promote accountability for resources and investment, providing assurances to the HSE and the DoH as to the appropriate allocation of resources. Additional KPIs may be added further to review and evaluation and may include qualitative metrics that incorporate the service-user experience.

TABLE 3 – ACTIVITY METRICS - THE CONSULTANT & PHYSIOTHERAPIST COMBINED CARE PATHWAY

Activity Metrics - The Consultant & Physiotherapist Combined Care Pathway		
	Metric Title	**Descriptor**
1	New patients seen	The number of new patients seen by the physiotherapist on the Consultant & Physiotherapist Combined Care Pathway, where the patient is triaged to be assessed by the both the consultant and physiotherapist, following initial 'desktop' triage process
2	% new patients DNAs*	The number of new patients who DNA their first appointment after being triaged to the Consultant & Physiotherapist Combined Care Pathway
3	0-3 month waitlist	The number of new patients triaged to the Consultant & Physiotherapist Combined Care Pathway and waiting for a first appointment between 0 – 3 months (- 1 day)
4	3-6 month waitlist	The number of new patients triaged to the Consultant & Physiotherapist Combined Care Pathway and waiting for a first appointment between 3 – 6 months (- 1 day)
5	6-9 month waitlist	The number of new patients triaged to the Consultant & Physiotherapist Combined Care Pathway and waiting for a first appointment between 6 - 9 months (- 1 day)
6	> 12 month waitlist	The number of new patients triaged to the Consultant & Physiotherapist Combined Care Pathway and waiting for a first appointment for 12 months or more

Table 3 *Activity Metrics - The Consultant & Physiotherapist Combined Care Pathway*

** A DNA is defined as a confirmed appointment but the person fails to attend or make contact in sufficient time so as to allow the service to reschedule or reoffer the appointment. Please refer to the HSE's National Outpatient Waiting List Management Protocol 2022.*

TABLE 4 – ACTIVITY METRICS – THE PHYSIOTHERAPY-DELIVERED CARE PATHWAY

Activity Metrics - The Physiotherapy-Delivered Care Pathway		
	Metric Title	**Descriptor**
1	New patients seen	The number of new patients seen by the physiotherapist on the Physiotherapy-delivered care pathway, where the patient is triaged directly to the physiotherapist following the initial 'desktop' triage process
2	% new patients DNAs*	The number of new patients who DNA their first appointment with the physiotherapist after being triaged to the Physiotherapy-delivered Care Pathway
3	% conversion rate back to the consultant from the Physiotherapy-delivered Care Pathway	The number of patients, originally triaged to the Physiotherapy-delivered Care Pathway, but redirected to the Consultant & Physiotherapist Combined Care Pathway following first contact and assessment with the physiotherapist.
4	Number of patients discharged directly by physiotherapists	The number of patients, triaged to the Physiotherapy-delivered Care Pathway, who remain on the Physiotherapy-delivered Care Pathway and are discharged directly by the physiotherapist.
5	0 – 3 month waitlist	The number of new patients triaged to the Physiotherapy-delivered Care Pathway and waiting for a first appointment between 0 – 3 months (- 1 day)
6	3 - 6 month waitlist	The number of new patients triaged to the Physiotherapy-delivered Care Pathway and waiting for a first appointment between 3 – 6 months (- 1 day)
7	6 - 9 month waitlist	The number of new patients triaged to the Physiotherapy-delivered Care Pathway and waiting for a first appointment between 6 - 9 months (- 1 day)
8	>12 month waitlist	The number of new patients triaged to the Physiotherapy-delivered Care Pathway and waiting for a first appointment for 12 months or more.

MAINSTREAMING

Further to the evaluation of a change in practice or in this context, the introduction of a new service initiative, it is pertinent to ensure that there are the necessary structures and processes in place to support the service initiative in the long term. NWIHP will continue to engage with sites and the National Professional Physiotherapy Network to help embed this service design. Akin to the evaluation of data and metrics, it will be prudent to re-evaluate this Framework after a period of implementation, seeking to enhance and improve service delivery.

ADDITIONAL CONSIDERATIONS

Unquestionably, there is a current shortage of qualified women's health physiotherapists in Ireland. The reasons for this shortage are many. Firstly, there is a deficit of physiotherapists in general and across all subspecialties due to high attrition rates in recent years as well as a recent increase in staff migration. Secondly, within the arena of women's health specifically, few physiotherapists hold the required additional qualifications in women's health. This is largely attributable to a gap in a home-grown, standardised postgraduate education programme. While many physiotherapists will have attained additional professional training in the UK, there are obvious barriers to this approach in the long-term as regards the freeing of staff in an already overstretched environment, as well as the costs associated with travel and subsistence added to the course fees.

It is acknowledged by NWIHP that structured domestic post-graduate courses in women's health/ pelvic health is an area requiring focus in the long-term, while there is an imperative to explore ways in which to address a more standardised approach to continuous professional education in women's health in the short- to medium-term. Equally, there is a need to promote the specialist role of women's health physiotherapists amongst under – and new graduates. NWIHP to date have provided once-off funding for NWIHP-funded physiotherapists under this work programme and as a first step to addressing this educational need. As a Programme, NWIHP are committed to working with relevant colleagues across the HSE to further support this requirement.

CONCLUSION

The Framework described herein aims to formalise patient care pathways for women with gynaecological issues that would benefit from the expertise and professional input of a specialist women's health physiotherapist. While there are currently referral pathways in place from the consultant gynaecologist to physiotherapy, such pathways can be associated with long waiting times and several hospital visits for the service-user. This Framework seeks to provide efficiencies to these pathways, facilitating women to be referred directly to physiotherapy subject to certain inclusion and exclusion criteria. This has the potential to reduce time to the treatment and the appropriate management for women, ensuring that a woman is seen in the right place, at the right time, by the right professional **and** in the first visit. Filtering referrals to the health professionals with the requisite skillset to most appropriately manage an episode of care creates a cascade effect that can generate additional capacity in other clinics. Essentially, a pathway that allows direct referral to physiotherapy enables women more direct access to care, reducing the burden of unnecessary hospital visits, while facilitating greater throughput in medical-led clinics.

Where a multi-disciplinary approach to care is warranted, this Framework outlines a vignette of recommendations to enable a 'one-stop' approach to care, whereby both the medical consultant and the specialist women's health physiotherapist assess a woman in the first visit. Again, this represents a woman-centred approach to care while enabling the system to deliver efficiencies in service delivery.

The significant investment made by NWIHP in women's health specialist physiotherapists, paired with recent substantial additional investment in the refurbishment of gynaecology departments throughout the country, provides the opportunity for services to implement the described Framework. The implementation of this Framework is timely, building upon the momentum of advanced practice roles within physiotherapy, while aligning to the fundamental principles of **Sláintecare**. Finally, the operationalisation of this Framework can reduce waiting lists and importantly, reduce time to treatment for women with gynaecological issues.

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APPENDIX A - EXAMPLE TRIAGE CHECKLIST

Urogynaecology Triage Checklist

This Triage Checklist should be conducted with reference to the relevant SOPs

Section A

Patient	Date Received

Referral Accepted: YES

NO (Please complete 'Referral rejected' section below)

Section B : *Inclusion Criteria*

Age 16 and over

SUI

Faecal Incontinence

POP Stage 1-2

Overactive Bladder

Urge Incontinence

Dyspareunia

Pessary Service

Section C : *Exclusion Criteria*

POP Stage 3-4

Consultant-to-consultant Referral

Medico-legal case

Previous surgery for same condition

History of Recurrent UTIs

Known Polp/Cysts

Suspicion of endometriosis

Abnormal bleeding (PV/PR)

Complex Pathology

Urogynaecology Triage Checklist

This Triage Checklist should be conducted with reference to the relevant SOPs

Triage Outcome:

Suitable for Physiotherapy-delivered Care Pathway ☐

Patient must meet one of the inclusion criteria outlined in Section B.

This pathway is not suitable if patient meets one of the exclusions criteria outlined in Section C.

Suitable for the Consultant & Physiotherapy Combined Care Pathway ☐

Referral Rejected:

Returned to Referrer ☐

Returned to Referrer with advice/care plan ☐

Redirected to other hospital ☐

Which: _____

Why: _____

Triaged by	
Signed	
Dated	

APPENDIX B - EXAMPLE PATIENT LETTER

Dear _____

We at [INSERT HOSPITAL] have developed a new care pathway for patients waiting on the gynaecology outpatient waiting list. This care pathway is being led and delivered by chartered physiotherapists who specialise in women's health and is available to patients currently on the gynaecology waiting list who meet certain criteria.

This new pathway has been developed to facilitate a more timely response to referrals received by the gynaecology department at [INSERT HOSPITAL].

What does this mean for you?

Referrals received for women who have certain symptoms, such as incontinence or pelvic organ prolapse, are being screened by the consultant gynaecologist. Where it is deemed appropriate and clinically safe, the consultant may decide that a woman can be seen and managed by a specialist women's health physiotherapist. In such cases, the woman will be contacted and offered a physiotherapy appointment. This appointment will be instead of an appointment with the consultant.

What will happen at my physiotherapy appointment?

At your clinic appointment, a detailed history will be taken by the specialist women's health physiotherapist to help decide the nature of your problem. An internal exam may be required to assess the pelvic floor muscles, bladder and bowel function and/or to assess and identify a pelvic organ prolapse.

If during this examination it is felt that you need to be seen by the consultant gynaecologist, this will be arranged for you. You will ***not*** *be put back on the gynaecology outpatient waiting list. If appropriate, a conservative course of physiotherapy treatment will be organised for you. This may involve several sessions of physiotherapy.*

This model has been developed to improve clinical outcomes and to reduce waiting times.

APPENDIX C -

PHYSIOTHERAPY SERVICE MANAGER & CLINICAL SPECIALIST FORUM MEMBERS AND WORKING GROUP MEMBERSHIP FOR THE DEVELOPMENT OF THE FRAMEWORK

(positions held at time of Framework development)

Name	Department
Elaine Gill	The National Women and Infants Health Programme, Business/Project Manager, Project Lead
Cinny Cusack	Irish Society of Chartered Physiotherapists Representative to NWIHP Physiotherapy Service Manager, the Rotunda Hospital, Dublin
Niamh Kenny	Clinical Specialist Physiotherapist, the Rotunda Hospital, Dublin
Clare Farrell	Physiotherapy Service Manager, the Coombe Women and Infants University Hospital, Dublin
Anne Graham	Physiotherapy Service Manager, the Coombe Women and Infants University Hospital, Dublin
Aine O Brien	Physiotherapy Service Manager, the Coombe Women and Infants University Hospital, Dublin
Mary Wrixon	Clinical Specialist Physiotherapist, the Coombe Women and Infants University Hospital, Dublin
Elaine Barker	Physiotherapist Manager-in-Charge III, Tallaght University Hospital, Dublin
Georgina Enderson	Clinical Specialist Physiotherapist, Tallaght University Hospital, Dublin
Eimear Lee-Moloney	Clinical Specialist Physiotherapist, Tallaght University Hospital, Dublin
Grainne Wall	Clinical Specialist Physiotherapist, Tallaght University Hospital, Dublin

Name	Department
Mary McCallan	Physiotherapy Service Manager, Our Lady of Lourdes Hospital, Drogheda
Sinead Boyle	Clinical Specialist Physiotherapist, Our Lady of Lourdes Hospital, Drogheda
Miriam Gamble	Clinical Specialist Physiotherapist, Our Lady of Lourdes Hospital, Drogheda
Orla Fahy	Physiotherapy Service Manager, Wexford General Hospital, Wexford
Eilis Wycherley	Clinical Specialist Physiotherapist, Wexford General Hospital, Wexford
Audrey O'Leary	Clinical Specialist Physiotherapist, Waterford University Hospital, Waterford
Eileen Long	Physiotherapy Service Manager, Waterford University Hospital, Waterford
Shirley Johnson	Clinical Specialist Physiotherapist, Waterford University Hospital, Waterford
Catherine O'Sullivan	Physiotherapy Service Manager, University Hospital Galway, Galway
Debbie Fallows	Clinical Specialist Physiotherapist, University Hospital Galway, Galway
Fiona McGrath	Physiotherapy Service Manager, Mayo University Hospital, Mayo
Sheila Kiely	Physiotherapy Service Manager, Sligo University Hospital, Sligo
Joanne Kilfeather	Senior Physiotherapist, Sligo University Hospital, Sligo
Mary Flahive	Physiotherapy Service Manager, UL Hospitals Group, University Hospital Limerick.

Name	Department
Colum Moloney	A/Physiotherapy Manager, UHL/UMHL
Emma O Kane	Clinical Specialist Physiotherapist, UL Hospitals Group, University Hospital Limerick.
Michelle Maher	Clinical Specialist Physiotherapist, UL Hospitals Group, University Hospital Limerick.
Charlene Hyland	Clinical Specialist Physiotherapist, UL Hospitals Group, University Hospital Limerick.
Dara Dunne	Clinical Specialist Physiotherapist, Letterkenny University Hospital, Donegal
Anne Lanigan Shaw	Physiotherapy Service Manager, Midland Regional Hospital Portlaoise, Co Laois
Susan McGovern	Clinical Specialist Physiotherapist, Cavan General Hospital, Cavan
Anne Ging	Physiotherapist Manager-in-Charge III, St Luke's Hospital Kilkenny & Carlow Kilkenny HSE CHO5
Rachel Clerkin	Physiotherapy Manager 1 Regional Hospital Mullingar, Westmeath
Judith Nalty	Physiotherapy Service Manager, the National Maternity Hospital, Dublin
Roisin O Hanlon	Physiotherapy Service Manager, Portiuncula University Hospital, Galway
Angela Radley O'Donovan	Physiotherapy Service Manager, Tipperary University Hospital
Barbara Long	Physiotherapy Service Manager, Tipperary University Hospital

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