

FINAL REPORT TEMPLATE: Spreading best practice

1. Project Abstract

Please provide a brief high-level summary (No more than 500 words approx) that highlights the key achievements from your dissemination project. Please describe

- What were the key activities?
- What outcomes and outputs have been achieved and produced? What impact have they had?
- Who have you influenced as part of this work? Have any key stakeholders shown interest in adopting the initiative?

We may use this section of your report to update your project pages on the Website

Vaginal pessaries offer an effective alternative to major surgery for many women with pelvic organ prolapse (POP). In the UK it is standard practice for women using pessaries to have their pessary changed at least twice a year by a healthcare professional. Many women are managed within primary care and have their pessary changed by their GP or practice nurse, and a number are managed within secondary care and have their pessary changed by a doctor. The original POP Home project showed that self-management can represent a significant improvement for the patient (89% of self-managing patients reported changing their pessary was comfortable compared to 53% of doctor-led care patients) and have found that for every patient that moves onto a self-management pathway there is a year on year saving through reduced spend on pessaries and hospital appointments.

Through the spreading best practice project we aimed to :

- Develop a network of professionals across the East of England who are interested in offering pessary self-management to their patients and assess if different staff groups would need different models of training.
- Deliver training to healthcare professionals across the region that will then be able to adopt the practice and train their own patients in pessary self-management.
- Evaluate the optimum model for spreading pessary self-management across the region, and provide an assessment as to the impact and cost effectiveness of this model
- Share this learning with commissioners across the UK to develop a call to action to begin self-management beyond the East of England

Four Cambridgeshire based pessary study days were run, and eleven GP practices were visited. In total 102 clinicians have attended pessary training. Twenty-seven GP practices, six acute trusts and four CCGs have engaged with the project. There are now seven sites in the East of England that provide pessary self-management. The training improved confidence in fitting, insertion and removal, and teaching self-management.

We have created a good relationship with our key stakeholder Cambridgeshire and Peterborough CCG. A conservative prolapse pathway has been created and the service is commissioned as part of this to run from Addenbrookes. This will ensure its sustainability beyond this project. We are working closely with Cambridgeshire Community Service (CCS) to enable referrals between the two establishments.

Our project has also created interest from physiotherapists wanting to design a pessary service including self-management in areas beyond the East of England including Ireland, Birmingham, Powys, Nottingham and Chichester.

- **Update on project**

Please provide an update on final progress against your planned activities or methods as listed below.

Quarter 1

Key contacts have been made in two East of England hospitals and a commissioning GP lead has expressed interest. It is likely these will be our pilot areas. A mapping document has been completed highlighting the target areas of pessary use. From this document we can plan future communication strategies. Abdul, Commissioning support manager from CUH, has emailed all CCGs in the East of England for a contact name (either project manager or clinical lead in urogynaecology). The training day has been booked for the 24th October and Claire is working on the training day teaching materials. A flyer has been produced and soon to be disseminated. A policy for physiotherapy and pessary management has been completed and is being passed through CUH. This will be passed to physiotherapists wishing to start pessary management.

Quarter 2

Two "Training the trainer" study days have been delivered by Rohna and Claire. This training event was advertised via email through the specialist interest group for GP practices. Within the first week we had over 50 delegates register their interest. In total we now have 71 delegates who have registered a wish to attend the training. Twenty-five places were available on each study day. Twenty-one of 25 registered participants arrived for the first day (24/10/14), and twenty for the second date (14/11/14). The professional mix of the groups consisted of 22 GPs, 2 physiotherapists, and 17 nurse practitioners.

General feedback from the day was very positive. In particular attendees universally welcomed the opportunity to discuss prolapse and pessary management. Interestingly all stated that they had never received any formal training before in pessary management. Thirty three attendees reported that they are very likely or likely to offer and teach self-management to their patients. Thirty attendees stated the training was excellent, 9 as good.

After the first training session feedback indicated that it would be preferable for the training to be concentrated into a half-day session as many felt that would be adequate and would interfere less with their clinical schedule. Consequently the planned training day in January will be delivered in a morning instead of over a whole day. Other feedback included a desire for more education on the pathophysiology of prolapse. Attendees came from a wide geographical area across East Anglia. This highlighted the diversity of pathways (all informal) for managing women with prolapse symptoms. These pathways ranged from all women presenting with prolapse being referred to secondary care, all women being offered pessary management initially in the GP practice without the option of surgery being discussed, and referring women for pessary management to GPs with a special interest in gynaecology. Many GPs felt that there existed a pressure to deliver prolapse care in the community without being adequately supported by education or a prolapse pathway linking into secondary care. Group discussion revealed a strong feeling that the local commissioning groups needed to be involved in developing the pathway for prolapse to include self-management option for pessary users so that clinicians had an economic incentive to teach self-management.

The next CCG identified is the West Suffolk CCG. RK contacted the lead consultant for urogynaecology at West Suffolk Hospital (WSH) regarding the project who is keen for the urogynaecology team at WSH to be involved in promoting pessary self-management. Claire has met with commissioners and the urogynaecology team from WSH and after an encouraging meeting, Claire is organising dates to visit individual GP practices to provide teaching. Peterborough Women's Health Physiotherapy team have been in contact to book a training date, and Claire is meeting with AHP Suffolk on 21/11/14 to discuss their training needs. A meeting has also been scheduled with the urogynaecology team from Hinchingsbrooke Hospital for the 2/12/14.

Claire is now the team lead for the Women's and Men's Health physiotherapy service at Addenbrookes. This leadership role will help promote the Spreading improvement project, pathway development and sustainability. To date 110 patients have been referred to Claire at Addenbrookes and 76 are self-managing their pessaries.

Quarter 3

Since the last report training has been delivered to Peterborough hospital (2 physiotherapists and 1 urogynaecology specialist nurse), and two GP practices in West Suffolk. (The Rookery medical practice and Woolpit health surgery.) The attendance included a specialty mix of GPs and nurses.

We have also delivered our third pessary training day in Cambridge to a group of 22 physiotherapists, nurses and GPs.

Future training dates have been booked for Angel Surgery (Bury St Edmunds 19/3/15) Norfolk Physiotherapy specialist interest group (12/2/15) and Brandon Medical practice have been in contact to arrange a date for teaching.

A group of Irish Physiotherapist have contacted us requesting pessary training.

We have met with the gynaecology lead for the Cambridgeshire and Peterborough Clinical Commissioning Group who has reviewed the prolapse management pathway that we have designed. This pathway includes the option of self-management for pessary users. A further

meeting is scheduled between the Commissioning group and the gynaecology lead at Addenbrookes, Mr Hackett, to clarify whether a community service can be established for pessary care and how this will integrate with hospital led care.

Cambridgeshire Community Services (CCS) with our support has submitted an initial proposal for community based physiotherapists to deliver pessary self-management. Concerns were raised regarding the cost effectiveness of this service for CCS and Claire is liaising with them and putting them in contact with the lead GP Jyoti Sharma for commissioning so that further developments can be coordinated under the one commissioning umbrella.

Quarter 4

Training has been delivered to Cambridgeshire and Peterborough, West Suffolk, and South Norfolk CCG. Contact has been made with all other CCGs in the region without further engagement. Contact has also been made with the Norfolk and Norwich University Hospital Foundation Trust, West Suffolk Hospital, Hinchingsbrooke, and Peterborough hospital.

Feedback from the smaller sessions showed an improvement in people’s confidence to fit, remove and inset pessaries and teach self-management.

Skill	Average improvement in confidence scores (VAS 0-10)
Insertion/removal	3.5
Fitting	4.7
Teaching self-management	5.5

More nurses attended the smaller training sessions (17), compared to GPs (13) and physiotherapists (7). The sessions were attended by equal number of clinicians currently changing pessaries (21) to not changing pessaries (21). Most locations visited had some pessary provision and ranged from some nurses or GPs trained to look after pessaries to just nurses being able to remove and insert but not fit, or done by consultants. Most clinicians saw self-management as acceptable, one person said no and seven were unsure, but all changed their mind at the end of the training session. All clinicians wanted to learn about self-management. Feedback questionnaire were given at the beginning of the teaching session. Clinicians highlighted they needed extra training on:

- Fitting
- Removal
- Complications
- Type of pessaries
- To have a clinician to contact
- More experience

- Sizing
- Refresher in the future if the clinician had not started their new service

Obstacles thought to prevent teaching self-management included:

- Time
- Elderly patients
- Support of the consultants
- Patients perspectives
- Feeling inexperienced
- Funding

One participant said two of her current patients are self-managing.

Cambridgeshire and Peterborough CCG have engaged well with the project, and have developed a conservative pessary management pathway which incorporates pessary self-management . Discussion has been between Cambridgeshire Community services and Addenbrookes to deliver this pathway jointly. Please see appendix one of the proposed pathway.

Total Number of GP Practices within Cambridgeshire and Peterborough CCG	Number of Practices engaged with the training	Offering SM
75	27	6 (Oundle Surgery, Sawston, Nuffield, Barley Surgery, Buckden and Little Paxton Surgery, and Theatre Royal (Dereham))

Total Number of Acute Hospitals within the East of England	Number of Hospitals engaged with the training	Offering SM
16	7	3 (Addenbrookes, NNUH, Peterborough and Stamford)

Total Number of CCGs within the East of England	Number of CCGs engaged with the training	Offering SM
19	4	3 (Cambridgeshire and Peterborough, West Essex, and South Norfolk)

Quarter 5

The training delivered over the past year has enabled 6 GP practices, 3 acute hospitals and 3 CCG to offer pessary self-management. At the time of collecting questionnaires many delegates reported back they are keen to still teach their patients pessary self-management, but a few have not yet had any pessary users to teach or new patients with prolapse.

We asked all delegated who attended training to answer the below four questions:

- 1) How has your practice changed following the training?
- 2) Have you taught any patients pessary self-management? If so how many and how successful has this been?
- 3) Do you believe a high quality pessary service can be delivered, including pessary self-management, in a community or hospital setting?
- 4) What is the risk in delivering a high quality pessary service? E.g. funding/education/patient safety/leadership

We had 35 replies from 94 delegates (37% response rate). Five of these replies did not specifically answer the above four questions, but thanked us for the training (please see delegates quotes in section 8).

Below are the results:

Seven delegates said the training had not changed their practice; however many commented this was because their environment meant they have been unable to start teaching pessary self-management, or they have not had the correct type of patients suitable.

Thirty delegates said it had changed their practice for the below reasons:

- I have now started fitting Gellhorn and the equivalent of Falk pessaries(from Bioteque)
- I have been able to discuss self-management fully and formally
- I have had a greater understanding, and I am more confident discussing options with patients
- I have started using silicone pessaries

- Local CCGs have opened discussions following the training (Cambridgeshire and Peterborough CCG)
- Our practice is changing back to 6 monthly pessary changes
- I give out the self-management leaflet
- I am now receiving referrals from GPs (Wales)
- I am more confident and aware of pessary types
- I encourage all new prolapse patients to have a pessary as first line treatment, and I sign post them to the Addenbrookes website. I am also more confident in trying pessaries.
- Every patient is offered self-management- most agreed, only 2 have declined (Cambridgeshire and Peterborough CCG)
- I am now aware of pessary self-management and pessary management
- I have a better understanding
- I am actively asking patients if you would like to learn SM
- I now do not push patients in their 50's or 60's to have surgery even if the pessary is working well for them
- I do not warm up the pessary anymore and I twist it
- I have now used two silicone pessaries if women experience pain with the PVC ones
- I found out I am the only once comfortable fitting pessaries and I therefore use the presentation to teach younger GPs in my surgery
- Ladies have been reluctant to change to SM but because I have told them about SM they are happy to push a dislodged pessary back up and this has reduced the number of urgent requests for appointments
- Following the training we feel very strongly that this is a service we would like to set up and provide. We have identified competencies we feel need to be signed off for us to be confident to assess these ladies and review them at possible future appointments
- I have now fitted 1 pessary and changed one and prior to attending I had no experience in these procedures
- I can now measure and fit pessaries

Ten delegates have reported they have taught patients self-management. In total 24 patients have been taught outside of Addenbrookes hospital. Three delegates believe the service can be delivered in a hospital setting, 14 in a community setting, and nine believe it can be delivered in both settings. Comments included “depends on staff and setting,” “I believe it can be delivered in both settings, but it seems unnecessary in a hospital setting,” and “staff need to work within their scope of practice.”

When delegates were asked “what is the risk in delivering a high quality pessary service,” many responded with funding as the main issue. One delegate stated it needs to be a paid procedure. Other risks were:

- Resistance to change
- Patients not changing their pessaries appropriately
- Time
- Support needed to the patients
- Support from the multi-disciplinary team (MDT)
- On-going training
- Competence
- Monitoring

- Appropriately resourced
- Motivation of staff
- Limited education opportunities, including a lack of accredited training programmes
- Aging population
- Recall of patients
- Becoming deskilled
- Initial wasted pessaries to get the sizing correct until more experienced but will then be more cost effective
- Need supervision for first few patients
- Need a contact person if problems arise
- continuity of care in the community

An article has been submitted to the POGP journal (ahead of print, please see Appendix 2). Claire and Rohna have delivered a conservative pessary management workshop at the 2015 IUGA (International Urogynaecology Association) conference in Nice. This workshop was attended 32 delegates mainly by Physiotherapists. A poster entitled; “The educational needs of healthcare professionals in caring for women with pelvic organ prolapse. A multi-professional survey,” was accepted as a non-discussed poster also at the conference, (see section 8).

Our project has also created interest from physiotherapists wanting to design a pessary service including self-management in areas beyond the East of England including Ireland, Birmingham, Powys, Nottingham and Chichester.

3. Impact from activities or methods

Please report against the measures of success that were outlined in your application (under evaluation) for each of your planned activities or methods, as well as any activities that were added or changed as the project progressed.

Please describe what the impact of the work has been – please list outputs and outcomes that have resulted.

Our original measures of success from the report were:

1. Number of staff accessing the ‘train the trainer’ programme
2. Number of staff contacted about accessing the training programme
3. Number of organisations offering self-management training to their pessary patients
4. Number of patients taught in self-management
5. Number of patients remaining in doctor led care
6. Train the trainer delegate evaluation data

1. 102 clinicians attended pessary training. Positive feedback from delegates reported clinicians plan to adopt SM as part of their practice.

2. It is not possible to measure the number of staff contacted regarding the pessary training as we targeted our advertisement to different organisations across the region.

3. Six GP surgeries are offering pessary SM (Oundle Surgery, Sawston, Nuffield, Barley Surgery, Buckden and Little Paxton Surgery, Theatre Royal), three acute hospitals (Addenbrookes, Peterborough and Stamford and NNUH), and three CCGs (Cambridgeshire and Peterborough; South Norfolk; West Essex). Most feedback from delegates reported

many plan to teach their patients SM however have been unable to due to a small turnover of pessary patients.

4. Total number of patients taught self-management 154 (Addenbrookes) plus 24 at new sites. We expect there are a greater number of patients who have accessed SM, but this is difficult to capture due to not all clinicians feeding reporting back to us. We would also expect the number of patients accessing self-management in new sites to continue to rise, as this would reflect the initial slow build up that we saw in Addenbrookes.

5. There are 98 patients remaining in doctor led care at Addenbrookes (this has more than halved since the introduction of the self-management pathway). We are unable to comment on patients in doctor led care in the community.

6. On a five point likert scale 37 delegates rated the training as excellent, 13 as good (out of 50 responses). Twenty-three people are very likely to teach self-management, 21 likely and seven delegates were unsure (out of 51 responses.) Three themes emerged regarding clinicians perception of SM:

- Patient benefit
- NHS benefit
- Obstacles (age/time/lack of confidence/lack of support from local work environment)

4. Learning

The Health Foundation is interested in capturing learning on how further dissemination and spread of ideas can be achieved so please share any thoughts from your perspective on the barriers and enablers you faced during the project; what went well? What did you find challenging? How did you go about overcoming challenges?

Please outline any other key learning points that emerged during the project, for example for individuals, the project team or the organisation.

We were surprised at the interest in the study days internal and external to the region. Clinicians showed the best of interests to teach patients SM, however some are struggling to implement it. Self-management politically works for the NHS as it reduces appointments and reduces costs, therefore we can see that there are financial as well as quality reasons for developing self-management pathways in a variety of healthcare settings.

Barriers to the project included not easily being able to communicate with the CCG as there is no 'go to place' for project leads for women's services. An observation is some CCGs did not know what department or who would need to oversee this project. This may be due to poor organisation or a lack of understanding on the subject. Occasionally the original email would be passed to five different people before the correct person was detected.

Another challenge to the project is the current environment of the NHS. Many trusts have already stretched resources and are focusing on saving money and time. At face value many clinicians see the project as extra work and something extra their department cannot take on. For the spread of pessary self-management to work it needs a motivated individual to take on pessary self-management in their work environment. Urogynaecology leads were

contacted at each trust. Some responded favourably (Hinchingsbrooke, West Suffolk), others commented that they did not oversee pessary care as it was community led (Ipswich) or supervised by specialist nurses (Norfolk and Norwich) and others did not respond. We are aware that the training we delivered was around the conservative management of prolapse. We feel that the SM aspect of pessary management may have been swept up with other training needs within prolapse management; however by providing training around all of pessary management we felt this was more attractive to the clinicians.

We were surprised at the low numbers of patients being seen in primary care for pessary management compared to the acute hospital. This was contrary to our understanding from the Shine project. We had understood from personal feedback from GPs that more pessary care was undertaken in the community than in hospital outpatients but the experience of the spreading improvement project contradicts this. Data regarding numbers of pessary care in primary care is not possible to retrieve, in direct contrast to secondary care where Dr Foster reports the number of pessary related outpatient appointments in acute trusts. One cluster group of GPs (Cam health) reported that they had issued 6 prescriptions for pessary rings in 1 year, The original POP Home project demonstrated slow initial up take, even with an employed designated clinician to teach, therefore the up take will be slower in other settings. Primary care clinicians get fewer opportunities to practice and therefore the economical saving is less than at Addenbrookes. This therefore suggests patient safety and governance would be improved in a specialist centre.

Three main categories have evolved from our final feedback questions to all delegates.

Clinical education: Clinicians are worried about on-going training needs. There is no national pessary training programme; therefore clinicians feel they can become deskilled. In many institutions there is not a high turnover of pessary patients in one location. Therefore these patient may be more appropriate managed in 'expert centres' rather than at any GP surgery. This point was also highlighted from our questionnaire which stated GPs will change on average 5 pessaries per year.

Service provision: Local commissioning groups needed to be involved in developing the pathway for prolapse to include self-management option for pessary users so clinicians had an economic incentive to teach self-management. Clinicians feel if the service is not fully resourced with the necessary stock of pessaries, time dedicated to teaching patients, and having access to a recall system, the service may fail.

Local environment support: Clinicians feel they need the support of their consultants/MDT/managers/CCG for the service to work.

Our conclusion from the spreading improvement project was not anticipated at the outset. RK had expected that this project would engage with primary care to deliver a more holistic community led-pessary service. However our learning has shown that ;

1. Fewer patients have their pessary managed in primary care than previously understood
2. Primary care clinicians feel unsupported, under-resourced and insufficiently educated to deliver pessary care on a long term basis. Delegate feedback from the training days indicated that pessary care skills are decreasing amongst newer/younger GPs with this group perceiving that they needed formal training and support of a

consultant gynaecologist to deliver pessary care

3. The most effective pathway appears to be a hospital based pessary service, supported by a consultant gynaecologist which incorporates teaching self-management to improve efficiency, costs and patient experience. Involving pelvic floor physiotherapists or urogynaecology nurse practitioners will allow a one-stop appointment for prolapse and incontinence conservative management.
4. Further research is required to evaluate the impact of self-management compared with traditional care on a larger scale.

5. Stakeholder engagement and feedback

Please report progress with key stakeholder relationships and any important feedback or information relating to the wider system or organisational environment that will enable further dissemination/spread of your work.

CCGs: Cambridgeshire and Peterborough CCG have created a conservative management prolapse pathway. This includes pessary self-management. Throughout the project we have had two meetings, and in the third quarter the GP lead attended our training. The meetings were attended by specialist lead from Addenbrookes (Gerry Hackett), GP specialist lead (Joyti Sharma), project manager for CATCH (Signe Gundersen), and Claire. The development of the pathway was initially driven by the GP lead who has been using this project as part of her master's degree, which may have helped. The urinary incontinence pathway has recently been developed and it was suggested the prolapse pathway should sit alongside this. This may also have benefited the service being commissioned. The Hunts care partners LCG (within Cambridgeshire and Peterborough CCG) was contacted and initial email correspondence occurred but again nothing transpired.

All CCGs in the region were contacted via email or telephone. Many CCGs did not respond after initial contact. Norwich CCG responded with "Unfortunately at the moment we don't have the capacity to address projects outside of our current Operating Plan/work programme." West Norfolk CCG stated an interest but nothing transpired from this. Claire as also met with South Norfolk CCG, West Suffolk CCG and Mid Essex CCG. Training was offered to South Norfolk and West Suffolk CCG. The development of the relationship with these two CCG groups helped by having the local Urogynaecologists on board with the project and meeting them in person. The CCGs then advertised the training to their GP surgeries via email communications and a flyer (see Appendix 3). An initial meeting with Mid Essex CCG was held, but after this communication was lost as we were waiting to hear back from Mid-Essex's Medical Director and Primary Care Lead.

Acute Trusts: West Suffolk Hospital, Hinchingsbrooke, Peterborough and Stamford, Princess of Wales (Ely) and the Norfolk and Norwich University hospital (NNUH) engaged with the project. The engagement was through consultants or physiotherapists.

Claire met with the two Urogynaecology consultants at the West Suffolk hospital with their CCG. This enabled a good relationship between Addenbrookes and the WSH. Although teaching has been provided at three of their surgeries, no establishment have reported they have taught any of their own patients. However, Claire has received referrals from WSH to teach their patients SM.

The physiotherapist working at Hinchingsbrooke attended one of the training days, and Claire also accompanied her with an joint session teaching the patient pessary self-management, however the hospital state they need funding to get paid for the service/to have a pessary stock in the physiotherapy department and on-going training support to up skill their physiotherapist. A business case was put forward however it was rejected.

Training has been delivered at Peterborough and Stamford hospital to two physiotherapists and one nurse specialist. The nurse specialist now offers her patients SM and had taught five patients successfully.

The physiotherapist working at Ely hospital also works in CCS who attended a pessary study day, therefore if the service is commissioned in the future, Ely would be able to offer pessary SM. This physiotherapist feels confident and competent, although does not have a supply of pessaries.

Contact with the NNUH was made early on in the project as Claire also worked at this site. The consultant was contacted and a joint meeting was held with the physiotherapy manager and urogynaecology consultant. Email correspondence with the nurse revealed they teach SM to ring and cube pessary users and have used the SM leaflet produced in the POP Home project. Exact numbers of patients taught pessary SM are unknown.

Feedback from Urogynaecologists at the Ipswich hospital revealed pessaries are managed in the community. The Ipswich CCG stated they would liaise with their colleagues and get back to us.

West Hertfordshire hospital has recently asked about pessary self-management, and two nurses are likely to shadow Claire in the near future.

GP: Twenty-five out of seventy-five GP surgeries within the Cambridgeshire and Peterborough CCG engaged with the project. Clinicians from these surgeries attended a pessary training day, or Claire visited them and provided training at their practice.

Six GP surgeries are providing their patients with a SM service. This is being delivered by nurses.

A GP with an interest in gynaecology was contacted and an evening teaching session was to be arranged including four GP surgeries within the Cambridgeshire and Peterborough CCG. Unfortunately this did not transpire.

6. Communication and publicity update

Are there any communications or publicity relating to the project that you have released or have become aware of in this period, for example articles published or presentations made?

The award from the Advancing Healthcare Awards (Apr 2014) was reported in Addenbrookes Hospital Life magazine in the summer 2014 edition.

The original project findings were presented at the 2014 IUGA Washington Conference as on

oral presentation and a non-discussed poster.

A pessary self-management presentation was included at a Milex pessary study day in July 2014. This was attended by physiotherapists and nurses working at Kings Lynn, the Norfolk and Norwich hospital, and Ipswich.

Claire presented the pessary self-management project as part of the registrar's study day at the West Suffolk Hospital in January 2015.

Our original journal article submitted last year on the POP Home project has been cited in a non-discussed poster at the IUGA conference. This was entitled "Effectiveness of Self-management of pessaries for pelvic organ prolapse on quality of life and patients understanding." This measured patient's satisfaction levels using the SF-36 in Japan. (please see section 8 for full abstract.)

Claire is now a course tutor on the POGP Prolapse course.

7. Next steps

What are your planned next steps with this work? Please describe your plans for sustainability and any further spread post Health Foundation funding

Claire plans to continue to be a resource for clinicians who have learnt pessary self-management. We plan to scope the demand to run bi-annual courses in pessary skills and pessary self-management.

8. Please attach any materials/links you would like to share with the Health Foundation

Delegate Quotes:

It was a great session - thorough and informative. Clearly Claire was experienced in what she was teaching. A bit more hands on time would have been good for me but other than that I thought it was a good session.

Thank you for an interesting day, far away from the days when we boiled them in a saucepan and then, with too much KY, pinged them around the front room!

I think the course was very helpful and changed my approach and increased my confidence. I think it would be good to train up more practice nurses to fit and change pessaries.

Thank you very much for an excellent meeting about pessaries. Your talk was useful as well in terms of general info.

I found the POP training really useful, I went back to the GPs to discuss the use of silicon pessaries which whilst more expensive would be easier for patients to use at home. I had asked for some samples of the pessaries from the manufacturer to show the GPs and discuss further and I did get some correspondence from the pessary company but no samples. I have since left that job and am working in another surgery and I don't know if I have the energy to badger the silicon pessary company again.

I was terribly enthusiastic about it all at the time.

- Thank you very much. It's the first training I have come across for pessaries.
- Great idea to have instruction and practice, thank you.
- Good overview, thank you. I just need to go out and try it!
- Pity Dr Kearney is going away – she is excellent as always
- Would like to go to a clinic perhaps too
- Thank you
- Excellent thank you for a very stimulating study day
- Great day! Thanks.

Non-discussed poster at IUGA 2015 Nice:

Educational needs of healthcare professionals in caring for women with pelvic organ prolapse. A multi-professional survey

Introduction

Pessary management is offered to women presenting with pelvic organ prolapse symptoms as an alternative to surgery. While allowing those women to avoid or delay surgical intervention, pessary use requires at least two healthcare visits a year. Self-management (SM) of vaginal pessaries has been reported to be acceptable to many women when offered, and is associated with both an improved experience and economic savings to the health system (1). This allows women to personalize the use of their pessary with many women choosing to remove and reinsert the pessary more frequently to clean it or to reserve the pessary for occasional use. However in the UK SM is not routinely offered (2). We have observed that women are experiencing increasing difficulty accessing pessary care in the community. This is at a time when the health care system is being asked to provide more services in the community and to reduce hospital based care.

Objective

The objective of our study was to assess the current knowledge and training of healthcare professionals who deliver pessary care in the community so as to allow us to determine whether this is an area that requires delivery of extra educational resources and support. In addition we wished to explore the attitudes of these healthcare professionals to teaching SM and the obstacles that they may perceive in providing this option to their patients.

Methods

A survey was sent to community based nurse practitioners and women's health physiotherapists nationally. This survey was sent out by the professional organisations Pelvic, Obstetric and Gynecological Physiotherapy (POGP) and the Association for Continence Advice (ACA) to their members. Questions were asked regarding their length of specialty practice, training in pessary use, location of pessary provision services, educational needs and attitudes to SM. In addition the survey was sent to General Practitioners in our region attending a study day on pessary management. The responses were collated and reported according to each specialty group.

Results

228 POGP members and 447 members from the ACA were emailed an online link to the questionnaire. Responses were received from 89 physiotherapists (39%) and 30 nurses

(6.7%). Twenty-one GPs who attended a regional study day were also invited to complete the questionnaire. Eighteen GPs responded (86% response rate). All respondents were female.

Only 4% of physiotherapists currently change pessaries although 30% had either attended a course, received hands on training or had read articles on pessary fitting. Thirty-seven percent of nurses who responded were involved in pessary care and two thirds had received some training in pessary management. The majority of GPs changed less than five pessaries a year (57%). They had received training from observing colleagues or changed a pessary during their GP training rotation.

There was a wide variation in the location of pessary services. Clinicians reported 44% had pessary services in hospitals, 20% had services in GP surgeries, 15% had access to community services and 21% had no access to a pessary service at all.

Table 1 shows confidence levels of the different pessary groups in pessary management. 70% of physiotherapists considered SM a good option and 78% would like to be trained to teach SM. 94% of physiotherapists identified that they would need further training to do this and identified time, funding and lack of consultant support as obstacles to physiotherapist being involved in pessary care. 43% nurses considered SM an acceptable option but 82% indicated they would like to learn how to teach SM. Two thirds of GPs stated that teaching SM was a good option for their patients. However 88% perceived that they would need extra training, resources or support to deliver this. Obstacles identified included limited time and training.

	GP	Nurse	Physiotherapist
Fitting a pessary	5.4	6.1	1.9
Removing/inserting a pessary	7.9	7.5	2.4
Teaching SM	4.6	5.8	2.5

Conclusion

This survey highlights that a large portion of pessary care is still delivered in a hospital setting despite political pressures to relocate suitable services to the community. Over two thirds of physiotherapists and GPs considered that SM would be a good option for many women using pessaries and they would like extra training or resources to offer this to their patients.

References

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Reference of the POP Home project on a non-discussed poster IUGA 2015.

Presentation: NDP 331 - EFFECTIVE OF SELF-MANAGEMENT OF PESSARY FOR PELVIC ORGAN PROLAPSE; QUALITY OF LIFE AND PATIENTS' UNDERSTANDING

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Abstract: Introduction: Pelvic organ prolapse (POP) is the illness to inhibit the quality of life (QOL) of women. Pessaries have been used to treat POP patients conservatively (1), thus self-management of pessary treatment has been spread out recently. Self-management gets rid of a chronic physical discomfort of vagina and reduces an onset rate of complications such as vaginal erosion (2), although it cannot be said that a QOL evaluation about the self-management of pessary is investigated enough. Objective: We investigated the effectiveness for POP patients' QOL when they managed their vaginal ring pessaries by themselves. In addition, we also investigated patients understanding degree of bodily change due to POP. Methods: Forty-nine patients who managed ring pessary by themselves (SC group), and 42 patients who continued to manage pessaries by doctor (HC group) applied this study (Table1). There was no exclusion criteria. The questionnaire was composed SF-36; it is a comprehensive standard of QOL (3), and an original question which asked the understanding degree of bodily change due to POP. Results: About the SF-36, the 0-100 scores of the SC group were as follows: physical functioning (PF) 74±25, role limitation due to physical problems (RP) 76±20, bodily pain (BP) 67±26, general health (GH) 58±20, vitality (VT) 65±19, social functioning (SF) 83±20, role limitations due to emotional problems (RE) 77±26, and mental health (MH) 72±19, respectively. Those of the HC group were : PF 59±29, RP 60±26, BP 60±27, GH 49±20, VT 54±24, SF 73±28, RE 66±31, MH 66±20, respectively. The PF, RP and GH, which are physical health degree, were significantly higher in the SC group ($p = 0.0044, 0.0005, 0.020$, respectively) than those of HC group, VT and SF, which are mental health degree, were significantly higher in the SC group ($p = 0.011, 0.024$, respectively) (Figure1). About our original question, 48 patients (81%) of the SC group responded well and realized the disease, whereas 25 patients (46%) of the HC group did (Figure2). Vaginal erosion admitted 10 patients (20%) of the SC group and 22 patients (52%) of the HC group, incidence of vaginal erosion was obviously higher in the HC group ($p = 0.0014$). Conclusions: The self-management of pessary improves body image of the patients caused from the disease, and may impact on the QOL. References: (1)Pelvic organ prolapse. Lancet.2007;369(9566):1027-1038, 24(2)**Self-management of vaginal pessaries for pelvic organ prolapse. BMJ Qual Improv Report 2014 3**(3)Translation, adaptation, and validation of the SF-36 Health Survey for use in Japan. J Clin Epidemiol 1998; 51: 1037-44.