



POGP statement following the report “First do no harm”

POGP welcomes the publication of the report of the Independent Medicines and Medical Devices review by Baroness Cumberlege and is pleased to note that the voice of physiotherapy was heard, thank you to those who were part of that. POGP agree with the statement from Karen Middleton Chief Executive of the CSP on the day of publication, *“This report is damning and highlights the traumatic complications thousands of women have endured as a result of the vaginal mesh”*.

Having read the report in full and considered the best way forward, POGP hopes that the report will be a starting point for a number of initiatives to increase the role and relevance of specialist physiotherapists involved with women seeking care for stress urinary incontinence and pelvic organ prolapse. There are a few points to highlight within the report that POGP specifically welcomes.

Point 5.59

- *Conservative measures must be offered to women before surgery.*

It is positive to see this reinforces the NICE NG123 guideline recommendation leading to greater awareness and implementation of the NICE Guideline recommendations.

- *“We are concerned that specialist pelvic floor physiotherapy cannot match the demand; further resource is needed **In our view it is for the service commissioner to identify gaps in the workforce and to notify specialist clinicians, professional organisations and Royal Colleges. A co-ordinated strategy can then be developed to remedy the gap.**”*
- Natalie Beswetherick, Director of Practice and Development at the CSP said in the report “We know that the size of the workforce, the specialist workforce, is insufficient to provide pelvic floor muscle training in all those who require it, so current service provision is limited. We’re aware of that – and variable across the NHS in the UK.”

POGP will support the CSP to target workforce planning, to advise commissioners and local health boards to develop appropriate numbers of specialist physiotherapists in their locality

Point 5.103

- *It was expected following the interim report that "final service specification will include psychosexual counselling, pelvic pain clinics and physiotherapy". The hub and spoke model for the specialist mesh centres should be used to spread expertise. But specialist centres are in addition to, and not a substitute for, these services being provided as standard by Trusts.*

POGP supports the development of additional specialist services that can support the care provided as standard by Trusts

Point 5.1213

- *Prevention is better than cure. Open frank discussions on pelvic floor disorders and incontinence normalises these issues and reduces stigma. Using the correct terminology equips women with the language they need.*

POGP supports the promotion of education to the public with plans for a campaign within schools.

POGP are currently involved in NHS plans to develop best practice guidance on the provision of the maternal postnatal GP check at 6-8 weeks the Advanced Clinical Practice (ACP) Credentials framework for Post Natal Pelvic Health. and the Postnatal Physiotherapy Reference Group which sits within the Supporting Local Transformation work stream reporting to the Maternity Transformation Programme. POGP supported by the CSP are leading the Pessary use for Vaginal Prolapse Clinical Guideline document group to support further evidence-based nonsurgical options for women.

We look forward to implementing these recommendations and supporting our members to provide care to women with these distressing symptoms.

Katie Mann HCPC MCSP
Chair of POGP



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