

put the Plan into practice. But the important decisions about what services are funded, and how these will be designed will be made locally, by

commissioners and providers organised in Sustainability and Transformation Partnerships (STPs). During 2019 STPs are required to produce five-year plans setting out how they will do this. To achieve the potential improvements in pelvic health, physiotherapy needs a voice in

this.

within the NHS

Long Term Plan commitments on pelvic rehab

The Plan commits NHS England to improve access to

from childbirth, and improve training for clinicians

postnatal physiotherapy to support women recovering

"We will improve access to postnatal physiotherapy

to support women who need it to recover from birth. About one in three women will experience urinary incontinence after childbirth, one in ten faecal incontinence, and one in twelve pelvic organ prolapse. Physiotherapy is by far the most cost-effective intervention for preventing and treating mild to

CSP and POGP on local implementation

Key messages from the

• To best deliver for women, pelvic health clinics need to be properly resourced and set up, with active involvement of pelvic health physiotherapists in their design

consideration of surgical options.

treating women with pelvic floor disorders, must have a strong presence within multidisciplinary pelvic health clinics, to offer expert pelvic assessment and rehabilitation to re-educate pelvic floor muscles and restore function • Physiotherapy roles will be critical for sharing knowledge and skills to other healthcare professionals, improving the exercise advice on strengthening pelvic floor muscles for all

Physiotherapists, who have experience and specialised in

STPs are expected to conduct a local review of needs to inform their implementation plans. This includes needs shown in the national audit of cardiac rehabilitation (as well as audits for stroke, pulmonary rehab and hip fracture).

To achieve the expansion of women's health services required

what the need is in their area. This includes needs for common

comorbidities, such as data on mental health in pregnancy and

by the plan, physiotherapy clinicians must be able to show

postnatal wellbeing. Physiotherapy clinicians also need to demonstrate the impact of their service for women, and what the impact would be if they were able to develop and expand. Priority areas to demonstrate impact will include return on investment, cost effectiveness and data for pelvic health training.

All STP areas have a Local Workforce Action Board, and they will be developing workforce plans for delivery of the Long Term Plan in your area. Supporting the continuation of growth in physiotherapy education to supply the NHS and expanding posts needs should form part of local workforce plans. As important is investing in the existing workforce.

All pelvic health clinics will need an advanced practice

physiotherapist who has the expertise to assess pelvic floor

disorders. There are currently around 250 physiotherapists in the

UK who have this full level of expertise and this number needs to

physiotherapy graduates in England. This growth needs

to be translated into posts through gradual expansion

later date. What can you do?

• Find out how Long Term Plans are being developed in your

requirements to deliver the Long Term Plan will be available at a

Training also needs to be made available to support the wider rehabilitation, primary care and community workforce to provide the pelvic floor muscle advice and support for all those who need it. POGP provide training and accreditation for physiotherapists to gain the advanced practice skills required. They also provide 2-3

• Find out how your employer is feeding into Local Workforce Action Board plans and how to influence this Promote the <u>training and advice</u> developed by POGP • Find out if AHP clinical leads are part of these planning

Long Term Plan contact the CSP's Campaigns and Regional Engagement Team <u>cre@csp.org.uk</u> or see the <u>CSP's Long Term</u> **Plan** member briefing

If you want more information about taking forward the

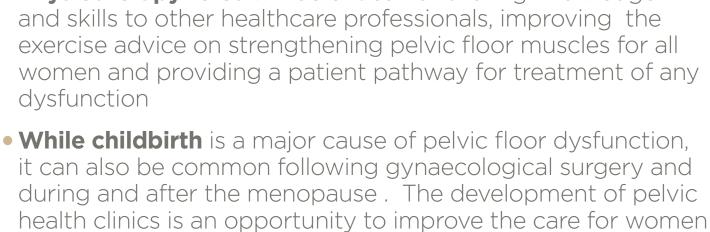
• Share case studies of service design through the CSP's

See evidence briefing <u>Physiotherapy Works for Urinary</u>

- PHYSIOTHERAPY
- If you want more information about POGP and how to get



moderate incontinence and prolapse. We will ensure that women have access to multidisciplinary pelvic health clinics and pathways across England via referral. Clinics can also provide training and support for local clinicians working with women, such as GPs and midwives." NHS England Long Term Plan para 3.17.



of all ages with pelvic health issues, and to ensure that all

women should be referred for pelvic floor re-education before

- Demonstrating
- Developing the rehabilitation workforce

Year on year there are growing number of

of the women's health workforce.

be increased.

STP area

including on *iCSP*

Incontinence.

CHARTERED SOCIETY

innovation Database

- day training programmes and guidance to the wider workforce on providing pelvic floor muscle advice. A more detailed briefing on the physiotherapy workforce
- processes and make contact with them to see how you can work together • Where AHP clinicians are not part of the discussion, push for them to be

• Share ideas with other CSP members through your networks

- involved see the **POGP** website.
- act local