Nursing, Midwifery and Allied Health Professions Research Unit

PROlapse and PFMT: implementing Evidence Locally

PROPEL

Background:

Pelvic Organ Prolapse (POP) is estimated to affect 41%-50% of women aged over 40 who have given birth. A multi-centre randomised controlled trial of individualised pelvic floor muscle training (PFMT), found PFMT was effective in reducing symptoms of prolapse, improved quality of life and showed clear potential to be cost-effective[1]. Despite this evidence, provision of PFMT for prolapse has continued to vary across the UK, with limited availability of specialist physiotherapists to deliver PFMT.

Aims and objectives:

The aim of the PROPEL project was to study implementation and outcomes of different models of delivery to increase service provision of PFMT; and to conduct longer term follow up of treatment outcomes for the original trial participants.

Design:

A Realist Evaluation based on three case studies of implementation; an observational prospective cohort study, comparing outcomes pre- and post-intervention; and a long-term follow-up study linking trial participants to routine NHS hospital data.

Setting:

- Realist evaluation (RE) - pelvic floor muscle training service delivery models in three case study sites.
  - Site 1 PFMT via specialist physiotherapists in women's health
  - Site 2 PFMT via Urogynaecological nurses
  - Site 3 PFMT via MSK physiotherapists and nurses
- Outcomes study - pelvic floor muscle training service delivery models in five sites.

Methods:

Qualitative data was collected at four time-points (rounds 1-4) in three case study sites to understand implementation models, uptake, adherence and outcomes. Round 1 included focus groups with women currently receiving treatment for POP. Data from these focus groups was used to inform the planning of the new service delivery models locally. Interviews involved service managers/leads, consultants, staff delivering PFMT, and women receiving PFMT[2].

Patient outcomes were collected at baseline, six and 12 months across 5 sites including: the Pelvic Organ Prolapse Symptom Score (POP-SS); health-related quality of life (EQ-5D-5L); prolapse severity (POP-Q); urinary incontinence (ICIQ Short Form); and need for further treatment.

Staff trained:

Twenty six clinicians across 5 (outcomes study) sites were trained to deliver the PROPEL PFMT intervention. This group of clinicians included musculoskeletal physiotherapists (MSK), specialist women's health physiotherapists, district nurses, Urogynaecology nurses and general physiotherapists. These clinicians ranged from band 5-7 (AfC). Each clinician delivering the intervention received a full day of bespoke training to prepare them for their participation in the study. Of the 26 clinicians trained 6 withdrew prior to treating any women.

Target number of women:

It was intended that 120 women would be recruited to the outcomes study to enable comparison of outcomes across different models of delivery. After an extended recruitment period we were able to recruit 102 women across five sites.

Early focus group findings:

The focus groups collected data from 21 women receiving treatment for POP at our three RE sites. Three themes emerged relating to women's experiences of a) Evaluating what is normal b) Hobson's choice of treatment decisions, and c) The trial and error of treatment and technique. Women often delayed seeking help for their symptoms due to lack of awareness, embarrassment and stigma. When presented to GPs, their symptoms were often dismissed and unaddressed until they became more severe. Women reported receiving little or no choice in treatment decisions[3]. Greater awareness, by women and GPs, of alternative treatment options is needed. Women need to be offered better information about treatment choices.

nmahp-ru
Nursing, Midwifery and Allied Health Professions Research Unit
Improving health through research
CHIEF SCIENTIST OFFICE

Stakeholder events: Identifying further barriers and facilitators to delivery of PFMT:

Two events were held - one in London and one in Glasgow with 72 and 48 participants respectively to discuss PROPEL findings and their relevance for local service development. The participants constituted specialist physiotherapists, physiotherapists, consultant urogynaecologists, women's health fitness instructors and nurses.

Most barriers were also conversely reported as potential facilitators to up-take/adoption of PFMT. As found above, one of the key barriers is the lack of awareness by GPs and women of PFMT for prolapse. Other barriers/facilitators included: sufficient staff and resources including dedicated time and clinic space for delivering PFMT; having a local enthusiast/champion; sufficient training and supervision (by specialists); and better multi-disciplinary team working and care pathways where PFMT was recognised as an appropriate first-line treatment; and overall management support.

Main findings:

The PROPEL study final report was submitted to the funder in March 2019. We anticipate full publication of the PROPEL study findings by the end of 2019.

References:

1. Hagen S, Stark D, Glazener C, Dickson S, Barry S, Elders A, et al. Individualised pelvic floor muscle training in women with pelvic organ prolapse (POPPY): a multicentre randomised controlled trial. The Lancet. 2014;383(9919):796-806.
2. Maxwell M, Semple K, Wane S, Elders A, Duncan E, Abhyankar P, et al. PROPEL: implementation of an evidence based pelvic floor muscle training intervention for women with pelvic organ prolapse: a realist evaluation and outcomes study protocol. BMC Health Services Research. 2017;17(1):843.
3. Abhyankar P, Uny I, Semple K, Wane S, Hagen S, Wilkinson J, et al. Women's experiences of receiving care for pelvic organ prolapse: a qualitative study. BMC Women's Health. 2019;19(1):45.

Funder:

NIHR HS&DR (Grant 14/04/02).
The views and opinions expressed herein are those of the authors and do not necessarily reflect those of the HS&DR Programme, NIHR, NHS or the Department of Health.

PROPEL team:

University of Stirling: Professor Margaret Maxwell, Dr Karen Berry, Dr Edward Duncan, Dr Purva Abhyankar, Dr Joyce Wilkinson and Eileen Calveley
Glasgow Caledonian University: Professor Suzanne Hagen, Professor Doreen McClurg, Andrew Elders, Professor Helen Mason
University of Northumbria: Dr Sarah Wane
University of Leicester: Professor Douglas Tincello
NHS Greater Glasgow and Clyde: Karen Guerrero

Contact details:

General contact Stirling:
Unit 13 Scion House
University of Stirling Innovation Park
Stirling
FK9 4NF

01786 466341

nmahp.ru@stir.ac.uk

General contact GCU:
6th floor Govan Mbeki Building
Glasgow Caledonian University
Cowcaddens Road
Glasgow
G4 0BA

0141 331 8100

nmahpruadmin@gcu.ac.uk

Twitter: @nmahpru

www.nmahp-ru.ac.uk