471

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TENSION FREE URINARY CONTINENCE SERVICES – A FIRST STEP TOWARDS INTEGRATED CONTINENCE CARE IN NORTHERN IRELAND

Hypothesis / aims of study

Allocation of continence resources and services for female urinary incontinence across Northern Ireland (NI) is poorly understood by professionals outside their own Health Board. This lack of information makes it difficult for any professional body such as the Ulster Gynae Urology Society (a multidisciplinary forum for discussion, research, therapy and education in urogynaecology) to seek resources and encourage integration of the service. It was decided to establish the staff resources available in the four Health Boards in Northern Ireland. This information provides guidance to the Department of Health (DoH) to plan the service and information to the Ulster Gynae Urology Society to seek further resources. It also helps ascertain how far the recommendations of the Department of Health's document of 2000, entitled 'Good practice in continence care' have impacted on local services (1).

Study design, materials and methods

A questionnaire survey was undertaken during the months of October 2005 – March 2006. Documents were sent to each of the following in each Health Board's hospital and community trusts; Consulatant urogynaecologists (according to the definition described by the British Society of Urogynaecologists) (2), continence advisers and physiotherapists involved in continence care. Faecal incontinence services were not included.

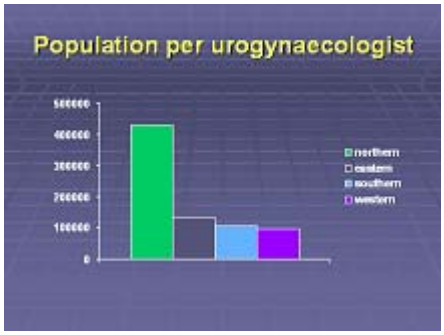
In addition to numbers of staff in each Health Board for each service provided, information was sought on the existence of a triage system to manage referrals, waiting times for consultant and continence advisory clinics, continence surgery and urodynamics, The numbers of personnel described were noted against the general population per health board and compared. Ethical approval was not sought.

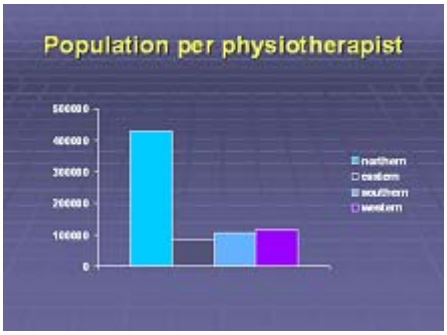
A previous population study in NI had established prevalence of urinary incontinence (3).

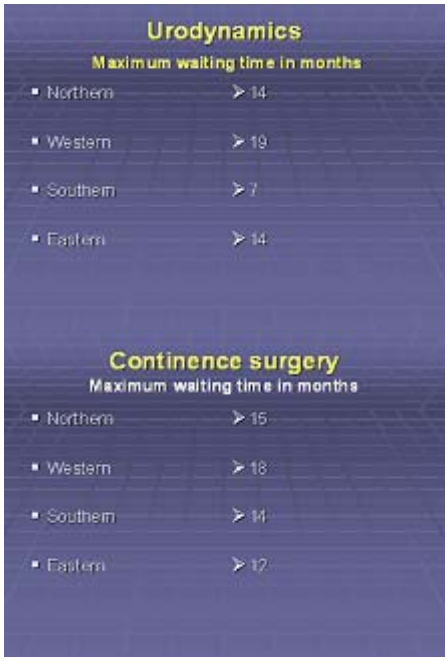
Results

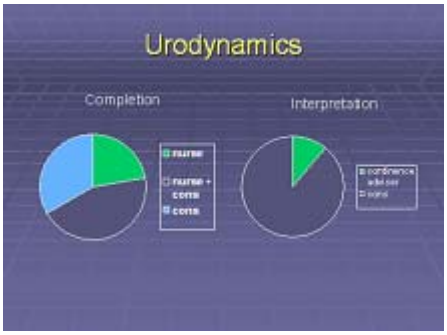
The total number of questionnaires sent was 18 (number of Trusts in NI, 2005/6) and the response rate was 15/18 (83.3%).

The results are shown in graphical form as below.









Interpretation of results

A system of referral other than the traditional 'Family Doctor to Consultant' model exists within 3 out of 12 units. Urogynaecology is ideally suited to an integrated pattern of referral. Often, the physiotherapist or continence advisor will successfully treat the condition without consultant involvement. Allocation of specialist personnel seems approximately equal within the province, save within the Northern Board. The prevalence of significant (i.e requiring sanitary protection) urinary incontinence in a Northern Ireland community aged 35 – 74 years is 12% (3) which allows calculation of workload. Waiting Lists are on a downward spiral since the time of study due to government initiatives with extra funding.

Concluding message

This study may be viewed as a benchmark of urogynaecological services within Northern Ireland. Good Practice in Continence Services (1) has been implemented in a patchy manner by the four Boards and lacks the coherent approach applied to other priorities such as Cancer Services in recent years. The measurement of existing resources may help target future allocation and heighten awareness of exactly how many professionals are integral to an effective continence care team.

References

1. Good practice in continence services. Department of Health, 2000.
2. Definition of Urogynaecologist, British Society of Urogynaecology, 2005.
2. Br J Urol 1999, 83: 760 –766.

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