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10th February 2023

Deputy Murphy
Dáil Éireann,
Leinster House
Dublin 2

PQ Ref 1206/23: To ask the Minister for Health the estimated full year cost to fund four additional continence clinics to tackle the wait list for surgery through specialised small units and enable general access to pelvic physiotherapy when required.

Dear Deputy Murphy.

The Health Service Executive has been requested to reply directly to you in the context of the above Parliamentary Question, which you submitted to the Minister for Health for response. I have examined the matter and the following outlines the position.

The NWIHP in collaboration with the Department of Health, the Women's Health Task Force and the six maternity networks have commenced a significant work programme, which is targeting investment and increased capacity specifically within the area of gynaecological care for women.

Working with its key collaborators and stakeholders within the maternity networks, NWIHP has designed and invested in specific gynaecology services by developing and implementing Models of Care/Frameworks to improve timely access.

Within the Ambulatory Gynaecology Model of Care, the importance of the role physiotherapists in women's health is reflected in the allocation of 1.0 WTE Clinical Specialist Physiotherapist as essential components to the overall pool of resources allocated to each ambulatory gynaecology unit. With the addition of this investment and the consequent increase in physiotherapy services in women's health across the country, NWIHP are now planning for the implementation of a new and alternative front line urogynaecology service for women referred with specific symptoms / clinical indications e.g. incontinence.

This new care pathway will see women triaged directly to the clinical specialist physiotherapist in women's health for management and care in the first instance, with onward referral for specialist medical input only if deemed clinically required and appropriate. This new pathway of care will not only support women accessing physiotherapy more quickly if that is clinically appropriate but will also further increase the capacity for new appointments within the associated uro-gynaecology service.

Many pelvic floor problems can be managed conservatively but it is essential that when problems are more complex these patients are not delayed in reaching expertise or in accessing surgery that can better deal with their condition and help them to return to normal life. Multidisciplinary approaches make the most of the expertise and knowledge available within services and nurse and physiotherapists can lead on

protocol-driven alternative front line models of care in order to improve service accessibility. Therefore the investment made by NWIHP to date in women's health physiotherapy services has been made as part of a multi-disciplinary approach to the management of pelvic floor challenges.

To support and drive this new care pathway, the NWIHP are working with women's health physiotherapists at a national level via peer networks, facilitating shared learning and increases overall acceptability of this new frontline service. On foot of this work, NWIHP will be shortly publishing a national framework which will describe and set out the road map for implementation of this new physiotherapy provided alternative front line service.

I trust this clarifies the matter.

Yours sincerely,



Mary-Jo Biggs, General Manager, National Women and Infants Health Programme