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**Crisis faced across UK for millions of patients with pelvic floor conditions**

* *New report exposes under-funding and under-resourcing of the UK’s pelvic floor services*
* *Recommendations on six key areas for change to improve outcomes for patients*
* *Pelvic floor and continence patients have been neglected for years, say experts*

*London, 28 April 2021* - A new report, launched today, reveals significant short-comings in the care of patients with pelvic floor disorders (PFDs) and calls for urgent action to be taken nationally and locally to improve treatment and access to surgery for people living with PFDs.

“Patients with pelvic floor disorders have been neglected since long before the COVID-19 pandemic hit. The pandemic has worsened patient waiting times across the whole NHS, but pelvic floor services were already at the bottom of the pile in terms of funding, treatment prioritisation and access to surgery,” says Professor Charles H Knowles, Professor of Surgery at Queen Mary University of London and Consultant Surgeon at Barts Health NHS Trust. “Millions of people are suffering life-changing bladder and bowel problems that can, and should, be fixed. Our report puts forward six areas where small changes will make a big impact on services, enabling patients to receive the timely care they need.”

Fourteen million people live with bladder problems, and 6.5 million people suffer some form of bowel issue in the UK. PFDs are often treatable, but it can take as many as 10 years from initial presentation of symptoms to a GP, to receive an accurate diagnosis and appropriate treatment.

Developed by more than 30 pelvic floor and continence experts, the report highlights that a lack of ‘joined-up’ services for PFDs has led to inefficiencies in care and frustration for patients. PFDs and continence issues have long been neglected, but the COVID-19 pandemic has magnified pre-existing disparities in healthcare services and led to unacceptable and significant delays in access to treatment.

Delays to treatment for PFDs have a significant impact on patient’s mental health and wellbeing, as well as having far-reaching economic and societal impact. Where treatment to the pelvic floor is delayed, it becomes more intensive, requiring additional healthcare resource and costs. However, symptoms can, and should, be improved with treatment before they become severe.

The report *‘Seizing the opportunity to improve patient care: Pelvic floor services in 2021 and beyond’* is launched by The Pelvic Floor Society and endorsed by 10 health professional societies and patient organisations.\*

Six areas for change are outlined by the authors are:

1. **Awareness and education.** The taboo surrounding PFDs must be addressed, and patients empowered to present for treatment earlier
2. **Technology-enabled care.** Embrace new approaches to care supported by technology and accelerated thanks to COVID-19 including online clinics, diagnostic tools and signposts to online support
3. **Integration of expertise.** Expertise is dispersed across the country – a ‘hub and spoke’ approach would leverage expert hospital or community care depending on patient need
4. **Surgery procedures and premises.** Transitioning some surgical procedures to day-case theatres and using local or regional anaesthetic would help to increase capacity and reduce surgical waiting times
5. **Utilising human resource.** Where appropriate, services should be nurse-led and medical training should not silo future surgeons to specialise in one pelvic compartment
6. **Novel approaches to freeing up resources.** Make use of community-based and private healthcare facilities or premises to address capacity challenges and reduce the backlog of patients.

“Pelvic floor disorders can be complex and whilst patients wait to see a specialist, they have to live with a condition that often traps them inside their home and they are embarrassed to talk about. This doesn’t have to be the case. The detailed and considered recommendations in our new report would lead to efficient and timely patient care, paving the way for an under-served patient population to regain the quality-of-life they deserve.” explains Suzanne Evans, Business Director, Bladder Health UK.

Over 4.5 million people were waiting for non-emergency treatment on the NHS in November 2020, including those with continence issues. The report authors note that whilst COVID-19 has exacerbated patient waiting times, it has also offered an opportunity to change models of care and ways of working, for example, making use of telemedicine. The report offers national recommendations that call for health bodies and the Government to adopt changes, as well as locally actionable recommendations aimed at healthcare professionals working day-to-day with PFD patients.

To read the report in full, visit: [www.pelvicfloorreport.com](http://www.pelvicfloorreport.com)

**Notes to editors**

**About pelvic floor disorders**

A PFD occurs when the muscles or connective tissues of the pelvic area are weakened, stretched or injured. They affect the bladder, lower bowel (rectum and anus), and vagina. The most common PFDs are urinary incontinence, faecal incontinence, constipation and pelvic organ prolapse. PFDs are more common among older women.

* One in six adults over 40 suffer from overactive bladder, and nearly 50% of patients do not seek help.
* Over 10% of people live with symptoms of faecal incontinence, and 85% of adults with faecal incontinence haven’t discussed the problem with their doctor.
* Up to 20% of people live with symptoms of constipation; 57,000 hospital admissions in England were due to constipation in 2010/2011.
* Pelvic organ prolapse affects approximately 9% of women worldwide.

**About the report\***

The report *‘Seizing the opportunity to improve patient care: Pelvic floor services in 2021 and beyond’* has been developed by more than 30 pelvic floor and continence experts. It provides practical recommendations to address inequalities in care for patients with PFDs and to improve services for the future. Launched by The Pelvic Floor Society, it is endorsed by:

* The Association of Coloproctology of Great Britain and Ireland
* Bladder Health UK
* Bowel Research UK
* British Society of Urogynaecology (BSUG)
* The Florence Nightingale Foundation
* Mothers with Anal Sphincter Injuries in Childbirth (MASIC)
* The UK Continence Society (UKCS)
* World Federation for Incontinence and Pelvic Problems (WFIPP)
* The Scottish Pelvic Floor Network

Its recommendations are supported by the Royal College of Obstetricians and Gynaecologists.

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