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## Development of a Regional Urogenital Pain Network: Sharing Good Practice

Ogbonmwan D, Graham Y, Hotonu O, Hussey J

Dear Editor,

We wish to share with you the development of a regional urogenital pain network and our framework may encourage others involved in managing this group of patients to set up similar network meetings. Within our Genito-Urinary Medicine department we have seen an increasing number of complex patients presenting with urogenital pain. Many of these patients we are seeing are under the care of multiple consultants, having to attend multiple hospital appointments, which is not ideal. Our aim was to develop a forum where we could openly discuss complex patients alongside streamlining the patient journey and sharing knowledge on the management of urogenital pain.

Chronic pelvic pain is as common as the prevalence of asthma worldwide, with around 4-8% of the population affected.<sup>1</sup> National guidelines for chronic pain, including the BSSVD guidelines for the management of vulvodynia, recommend a multi-disciplinary team (MDT) approach to achieve the best outcomes for patients due to the complex nature of the disease.<sup>2,3</sup>

In the North East of England, we have therefore established a multi-disciplinary regional urogenital pain network meeting. Eleven different healthcare specialities are involved. The aim of the network is to share expertise in the management of, enhance quality of care of, and improve outcomes for patients experiencing urogenital pain. The meetings are held quarterly and consist of an educational component, including a speciality specific management of urogenital pain programme, discussion of complex cases, reports from relevant conferences, and a business component including the development of regional guidelines and pathways and scoping of research into the management of these complex patients.

The discussion of cases during the meeting reduces the need for referral and therefore streamlines the patient journey, whilst also being cost effective. An e-mail network also acts as a forum for advice on cases that need more early intervention. The meetings are attended by consultants, trainees and specialist nurses from a wide range of specialities including Gynaecology, Pain team, Urology, Dermatology, Psychiatry, Clinical Psychology, Gastroenterology, Sexual Health, Psychosexual Therapy and Physiotherapy. This multi-speciality model ensures a biopsychosocial approach to care is maintained.

After two years of running the multi-disciplinary urogenital pain meetings, we carried out an online survey of people who regularly attended to assess the impact and usefulness of the meetings. Responses from 11 different specialities were received. 94% of people found the meetings useful and wanted them to continue, and 86% wanted the format to stay the same. 57% of people had no specific training in the

1 management of urogenital pain and 57% stated they had gained knowledge during  
2 the meetings which had led to a change in their practice. Comments included  
3 “Meeting with colleagues gives you the confidence that you are providing the best  
4 care”, “Safe environment for raising seemingly trivial issues that have far reaching  
5 impact on the patient”.  
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8 The regional urogenital meeting is now in its third year. The group objectives are  
9 regularly reviewed to ensure they address the needs of the group and reflect our  
10 aims. Overall, the meeting provides a platform where patients with challenging needs  
11 can be discussed; sharing best practice in a multidisciplinary setting ensures  
12 excellent patient outcomes are met. As the majority of specialities involved have not  
13 had specific training in the management of urogenital pain, the meetings provide a  
14 way of continuing professional development, peer support and may act as a form of  
15 clinical supervision. We would recommend that others consider setting up a similar  
16 network to raise standards of care for this often clinically difficult group of patients.  
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