



www.whh.pcwhf.co.uk

Developing the Northern Ireland Women's Health Pathway: A Case Study

Charting the challenges and
successes of developing women's
health services in Northern Ireland.

Contributors:
Dr Helen Brown,
Clinical Lead for Gynaecology
Eastern Federations
& Dr Eimear McLaverty,
Clinical Lead for Gynaecology
Northern Federations.

SITUATION

SOLUTION

SUCCESS



LOCATION: Northern Ireland, covering Belfast, Northern, South East, Southern and Western

SERVICE: GP FEDERATIONS ELECTIVE CARE SERVICE

Background

Northern Ireland has some of the longest outpatient waiting lists within the UK. In 2017 GP Clinical Leads in gynaecology were appointed through GP Federations in Northern Ireland, to explore how access to primary care gynaecology could be improved. Initial data suggested 10% of referrals to secondary care were for common gynaecological problems such as long-acting reversible contraception (LARC) requests, uncomplicated heavy menstrual bleeding (HMB) and Hormone Replacement Therapy (HRT)/perimenopausal problems.¹ The birth of the GP Elective Care Service (GPECS) facilitated building primary care capacity through locality-based gynae hubs, enabling improved access and primary care management of women with common gynaecological conditions noted below.

The service

The service deals with four main clinical issues:

- Menorrhagia in the under 45 age group
- Perimenopause and hormone replacement therapy
- Provision of LARC
- Vaginal ring pessary fitting and replacement.

Across Northern Ireland, there are 17 GP Federations (serving approx 100,000 patients) which have been established by GPs to support general practice and facilitate the transformation of health and social care in a primary care setting. Each federation area identified a Hub Practice and GPs with enhanced skills (GPES) to provide clinic services in addition to peer support and education to their locality colleagues.

Hubs are local GP practices which are fully equipped to support clinics with administrative and nursing teams. One of the many benefits of a federation-based service is that each locality hub is commissioned in an identical manner with identical governance, procurement, logistics and HR.

There are currently 18 gynae hubs across Northern Ireland with 33 GPs employed through their local Federation Support Unit on a sessional basis to deliver the service.

Since November 2018 – May 2022 there has been over 15,000 referrals to the gynae service, with just over 13,500 patients seen. The current monthly average of referrals is 500 over the 18 gynae hubs and 80% of the referrals to the service are for LARC, for all indications.

1. Based on author's own research - Strategic Planning and Performance Group NI (2016)

Education and training

The Elective Care Education and Training project aims to increase the confidence of GPs to manage common conditions at the right time, place and by the right person and reduce the rate of referral to elective care services and secondary care.

This has been achieved by a number of innovative approaches.

- 1. Treatment guidelines:** A series of treatment guidelines that have been developed and agreed at a local federation level by GPs with enhanced skills. These guidelines are embedded in practice systems and examples are available on the elective care website www.gpecs.easternfsu.com. The guidelines act as educational and diagnostic 'tools' to support GPs with the most up to date guidance at the point of care decision making. The aim of the guidelines is to upskill GPs in diagnosing and treating common conditions in their own practices, thus reducing demand to elective care services and secondary care.
- 2. Webinars:** The Elective Care leads have developed a series of accredited "Confidence in" webinars identifying high referral routine topics as part of the course curriculum. The training was accredited by the Northern Ireland Medical & Dental Training Agency (NIMDTA). The webinars are available on the Elective Care Website and achieved an Exceptional Educator Award in 2021. The aim of the webinars is to upskill and support primary care in the management of these common conditions. They were delivered collaboratively between both primary and



secondary care colleagues which demonstrates a new type of education and training between the disciplines. The webinars are available to view on demand to all Primary Care Health Care Professionals in Northern Ireland and are hosted on the elective care website www.gpecs.easternfsu.com/education. Attendees register to access the training. Information is captured at registration on the profile of the viewer and multiple choice questions are displayed at the end of the training videos. On successful completion of the questions, all attendees are issued with a certificate which will contribute to their CPD.

- 3. Accredited practical training:** GP colleagues wishing to train and certify in LARC techniques can do so through the Gynae Federation Service. The purpose of these training opportunities is to increase the skill mix within primary care, consequently reducing overall demand into our service and secondary care and increasing our capacity within the service. Practical training in LARC is offered through the clinics. The theory training is completed by the GP in advance of the practical sessions and the GP must have evidence of this before applying for training. The theory training is self-funded. On average, five sessions should suffice for training Letter of Competence Intrauterine Techniques (LoC-IUT) and three sessions for Letter of Competence Subdermal Implants (LoC-SDI). The FSRH logbook is used to record the progress of the GP in training and ensures all competencies are met. The service employs both Primary and Secondary Trainers in LARC who can sign off the training GPs. The service trains at least 20 GPs per year in LARC. The training has been accredited by NIMDTA.

Who is it for?

This training is for GP trainees, sessional GPs intending to provide LARC services to practices/family planning, GP partners, portfolio GPs and Practice Nurses. Anyone expressing an interest in receiving practical training through the elective care service is sent a link, enabling them to complete a form. This link is also available on the elective care website. Priority is given to those who do not already have a service within their own practice. Trainees provide feedback to ensure any learning points are adapted into the service for future trainees.

Facing a challenge

As the demand for local practical training has currently outstripped our capacity to provide this, and in order to continue to build capacity and meet this demand, an ongoing recruitment process for primary and secondary care trainers has also been developed by the elective care service. Primary and secondary trainers have been recruited to provide convenient training for: Diploma FSRH (provided by primary trainer), LoC-IUT (provided by primary and secondary care trainers), LoC-SDI (provided by primary and secondary care trainers). Anyone expressing an interest in becoming a primary or secondary trainer for the elective care service is invited via an online link to complete a form.

GPES training

The service also focuses on continued professional development for our GPES through funded education. They have had the opportunity to attend the PCWHF Conference, the FSRH Conference or the BMS Hot Topics Menopause Café. It is exceptionally important to the elective care service that our GPES provide the most up to date evidenced based practice.

This combination of service provision, ongoing education and upskilling of the primary care team has allowed almost 14,000 women to benefit from treatments which otherwise would not have been available in the current secondary care services. This is largely due to the fact that, post pandemic, no patients referred into secondary care are being offered appointments due to extensive waiting lists.

The education provided ensures stability and continuity of this service to our female population.