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Project Plan

This template can be adapted to form a personalised project plan for creating a Women's Health Hub in your locality. Fill in the blank sections of each table to complete the document.

SITUATION | SOLUTION | SUCCESS

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Contents

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1. EXECUTIVE SUMMARY

Background and Context

There are a high number of referrals for gynaecology, with 3,690,908 outpatient attendances in 2017/18, comprising almost 4% of all outpatient attendances[1]. The NHS Long Term Plan is to 'provide alternative models of care to avoid up to one-third of outpatient appointments'. Planning and developing the Women's Health Hub model will introduce interventions to improve care for women so they will be seen by 'the right person, in the right place, first time'.

According to the Long Term Plan, 'One-size-fits-all statutory services have often failed to engage with the people most in need, leading to inequalities in access and outcome.' There can be no parity of healthcare without improving how women access the healthcare they need, when they need it.

The Women's Health Hub model addresses fragmentation of services by breaking down the barriers between institutions, teams and funding sources that can affect access to women's healthcare. It fulfils the Long Term Plan's objectives to create a health service that is:

- More joined-up and coordinated in its care.
- More proactive in the services it provides.
- More differentiated in its support offer to individuals.

This project plan takes you step-by-step through the process of setting up a Women's Health Hub, from identifying the need in a locality to expanding the offer as the Hub becomes established. This plan should be used in conjunction with the additional resources in the Women's Health Hub Toolkit, which expand on how to action each step.

1. Transforming elective care services: gynaecology, NHS England and NHS Improvement. https://www.england.nhs.uk/wp-content/uploads/2019/06/gynaecology-elective-care-handbook.pdf. Accessed September 2021.

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2. PROJECT PLAN OVERVIEW

Overview	
Outline the identified need *Hint: What are the local problems with access to women's healthcare that need to be addressed?*	
Vision of the improved model of care (What do you want to achieve? The solution) *Hint: Keep the vision simple – start small with a view to expanding the model if necessary. For example, start with improving LARC services or community gynaecology services and then 'bolt' on other provisions once the initial model has been introduced.*	
What will implementing this vision lead to? *Consider:* *Benefits to patients* • *Better choice for women in terms of where they can access services (closer to home).* • *Improved patient knowledge of sexual and reproductive health.* • *Greater appointment availability.* • *Reduced wait times in primary care (include current wait times).* • *Reduced wait times in specialist health services.* *Benefits to healthcare system* • *Use latest PHE figures.*	

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3. IDENTIFY THE CURRENT STATE USING DATA ANALYSIS

This section focuses on outlining the current state of services provided for the local female population by carrying out a 'situational analysis' using national and local data sources.

To complete this section, you may wish to consider using the situational analysis template provided in the toolkit to determine the types of information currently available, for example:

- Gynaecology referral rates to secondary care (HES data).
- LARC rates across the community (primary care prescribing/ Sexual and Reproductive Health Activity Data Set (SRHAD) data).
- PHE fingertips data (to compare local data to regional and national rates).
- Abortion statistics.

Planned outcome *Hints:* • *Use local data to define problems and issues to provide a vision of the service(s) to be developed or improved.* • *Present the data as evidence to frame the issue you wish to address.* *For example, if the identified need is to improve LARC provision across a PCN, include a review of LARC uptake rates across the area in GP Practices (fitting centres and non-fitting centres), contraception services etc.*	
Actions associated to deliver *Present and analyse the locality uptake rates, map PCNs and create an action 'target list' for the roll out of the plan.*	
Timeline/Duration of phase *Hints: Identify the week(s)/ day(s) this phase will take.* *Further gathering of data to build the suite of indicators can take place after the initial assessment, depending on the 'need' identified.* *Consider:* • *Numbers of community gynae/HMB referrals – cost and impact of referral.* • *Impact on number of Termination of Pregnancies/unplanned pregnancy resulting in live births.*	

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4. IDENTIFY THE CURRENT AVAILABLE RESOURCES

Planned Outcome *Understand the current provision of Women's Reproductive Health Services across the Integrated Care System/Primary Care Network.*	
Actions associated to deliver *Map out the current services and resources available, for example:* • *Integrated Care System boundaries* • *Primary Care Network boundaries* • *No. of general practices* • *No. of general practices offering substantial Women's Reproductive Health Services, e.g. LARC fitting practices and the no. of LARC fitters* • *Contraception and Sexual Health Services – including main centre and satellite clinics* • *Community Gynaecology Clinics* *Identify where there are gaps in provision for patients or where improvements can be made, e.g. LARC services, HMB treatment, cervical screening, menopause.*	
Timeline/Duration of phase *Identify the week(s)/ day(s) this phase will take.* *This section of the Project Plan should be completed at the same time as the data analysis and prior to establishing an operational group.*	

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5. ESTABLISH AN OPERATIONAL GROUP OF KEY STAKEHOLDERS

To agree and deliver the plan across ICSs or identified PCNs

This section focuses on establishing a group of key stakeholders who will be required to ensure 'buy-in' to the concept of the project, to implement it, and drive it forwards.

To complete this section, you will need to consider the following information:

Planned outcome *Hint: Identify a group of key stakeholders that are in place and in agreement to develop 'the model', analyse and assess the economic decisions, consider value for money, and talk through the vision to gain buy-in and commitment to deliver.*	
Actions associated to deliver *Step 1 – Identify who needs to be involved – consider the following roles: Local Authority/CCG Commissioners; ICS Leads; PCN Development Manager; Practice Manager; GPs; Lead Nurses.* *Step 2 – Agree what the overall aim is. Develop and agree a business plan identifying levels of responsibility and a timescale.* *Step 3 – Hold regular monthly meetings with key individuals.* *Step 4 – Mobilise any other support available in the industry. This could include organisations such as Organon, Bayer – useful for data intelligence and training offers.*	
Timeline/Duration of phase *Schedule a minimum of one Operational Business meeting per month to push forward key actions and develop an individual business plan for identified PCNs.*	

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6. DEFINE 'THE MODEL' TO BE DELIVERED

(including specification adjustments/requirements)

This section focuses on ensuring the specification for the new model of care is clear and meets the identified needs of the local population.

Planned outcome *Produce a clear business case outlining what will be included and the proposed structure to deliver the defined Women's Health Hub model. This can be a new draft or an updated version which summarises the proposed local plan.* *Hint: There is an example business case being released on the Women's Health Hub Toolkit.*	
Actions associated to deliver *The business case/specification should have clear aims, objectives and outcomes.* *To develop these, you will need to gather the following information:* • *Aim – what does the model include?* • *Role of the contract holder* • *Financial viability case* • *Methods of data collection and monitoring/reviewing coding requirement – IT* • *Interpractice/clinical referrals (patient pathways)* • *Workforce sustainability* • *Training plan including funding* • *Key performance indicators and monitoring requirements*	
Timeline/Duration of phase *Consider that this will be an ongoing process throughout the project – work with LMC/the ICS board/identified local funders/decision makers to submit as many times as necessary to gain agreement as appropriate to move forward with the plan.*	

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7. FINANCIAL VIABILITY

This section focuses on ensuring provision of a Women's Health Hub is financially viable to the ICS/the Primary Care Network/ Practices within the network.

Planned outcome *Work through the proposed plan to identify and estimate the budget required to deliver a financially viable and sustainable model.*	
Actions associated to deliver *Hint: Ensure this is discussed and actions agreed by adding a financial viability agenda item during operational business meeting(s).* *Key information to gather:* • *Ensure relevant fees are assessed and that PCNs (hubs identified to provide the care) are protected and rewarded for the procedures undertaken, for example a LARC fitting service for all indications - review the fees and consider 'fair fitting fees' to ensure provision is financially viable and sustainable.* • *Consider the costs of providing a ring pessary service or a menopause clinic (include the savings made through provision in primary care).* • *Consider the costs of indemnity for developing the service.* • *Consider including additional payments, for example:* *PCN Uplift Bonus Incentive added* *PCN DNA protection added* *Advanced roles and responsibilities (identify new roles to improve the service offered)* *DES schemes (for additional clinics).* • *Consider what additional costs may need to be factored in.*	
Timeline/Duration of phase *Consider that this will be an ongoing process throughout the project – work with LMC/the ICS board/identified local funders/ decision makers to submit as many times as necessary to gain agreement as appropriate to move forward with the plan.*	

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8. INFORMATION TECHNOLOGY INTEROPERABILITY

This section focuses on the importance of ensuring the information technology (IT) is in place so that patients can access available services through clear pathways across the PCN, while ensuring that patient records are accessible to the provider and coding is in place to support a streamlined system for recording a treatment and claiming relevant payments.

Planned outcome *When planning your IT requirements consider the following:* • *IT has the capability to make the inter-practice referral model and booking into clinic slots in hubs as simple as possible.* • *Coding of treatment for monitoring and evaluation along with a system for claiming/making relevant payments.*	
Actions associated to deliver • *Identify your existing IT systems. What are their benefits and disadvantages?* • *Liaise with IT/EMIS or an appropriate system expert to discuss options for improvement.* • *Contact the nearest NHS informatics leads.*	
Timeline/Duration of phase • *5–6 months to complete.* *Hint: Arrange for your IT lead to be in any consultation meetings with the operational group at relevant stages of the project, so that they can understand the approach and discuss concepts.*	

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9. COMMUNICATION, COMMUNICATION, COMMUNICATION

This section focuses on the importance of communication, which is key to delivering a successful new model.

Workforce briefing	
Planned Outcome *All identified aspects of the workforce across the PCN/practices to be signed up and fully involved with the project, to ensure they understand and buy-in to the overall goal (i.e. to promote LARC as the most effective method of contraception for women) and be confident in booking/admin and delivery.*	
Actions associated to deliver *Consider the following:* • *Organise a minimum of 2 x communication events.* • *Training offer to healthcare professionals and explanation of new model and approach.* • *Training offer to non-clinical staff, booking process and IT.*	
Timeline/Duration of phase • *2–3 months – these sessions can be put in place once all the model details are confirmed and ready to launch properly.* • *6–8 months into the development work, this should be considered as a required element.*	

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This section focuses on raising awareness and promoting the availability of the service(s) on offer to patients.

Communication with patients	
Planned Outcome *Ensure all eligible female patients across the area are made aware of the Women's Health Hub model, i.e., what is available, who is eligible, how to access, where and when to book in. This aims to increase access and eliminate a postcode lottery of services.*	
Actions associated to deliver • *Develop a plan of effective communications across the PCN to promote local services to all registered patients (eligible women).* • *Create a clear narrative to ensure all residents know what Hubs offer and how they can access them.*	
Timeline/Duration of phase *2-3 weeks to update the relevant sites and put robust communications out.*	

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10. PATIENT PATHWAYS

This section focuses on the importance of developing robust patient pathways to make sure that the patient journey is seamless. We should aim to ensure women's reproductive health services are accessible to the local population, including those who are vulnerable or high risk.

Planned Outcome *Map patient pathways out and document, highlight key parts of the journey depending on the service(s) provided.*	
Actions associated to deliver • *Devise the most effective and clear pathways possible for each PCN to improve patient journeys whilst reducing cost base (consider the consultation time needed).* • *Ensure pathway and process is understood and promoted to all providers in the locality.*	
Timeline/Duration of phase *4 weeks*	

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11. WORKFORCE AUDIT AND TRAINING PLAN (TO DEVELOP A SUSTAINABLE MODEL)

This section focuses on completing an audit of the workforce and developing a training plan to ensure the model is fit for purpose and sustainable.

Planned Outcome • *Workforce planning: develop a plan to ensure the sustainability of the model of care in the future.* • *Review roles, consider succession planning and identify potential new roles.* • *Incorporate as part of the training needs assessment and training plan.*	
Actions associated to deliver • *Establish Training & Education Steering Group* • *Complete a training needs assessment - identify roles and training required by various roles to deliver the model.* • *Build in costs to cover training and back-fill.* • *Make various training routes/offer clear to interested healthcare professionals and promote value of undertaking training to deliver a sustainable service.* • *Hold regular training for co-ordination groups.* • *Introduce a forum to support local clinicians, provide expert input, guidance and advice via keynote speakers, i.e., a LARC fitter forum to support a LARC model.* • *Assess the number of GPs/Practitioners required to deliver the model (consider numbers currently available).* • *Identify GPs/Practitioners interested in training to deliver the model, i.e., LARCs/fitting ring pessaries/treatment of HMB/menopause.* • *Identify training providers – complete training needs analysis and pathways.* • *Map lapsed providers – consider retraining interested and keen PCNs to create traction.* • *Understand numbers across practices and identify hubs/spokes.*	
Timeline/Duration of phase • *2-3 weeks to understand current picture – this process can run alongside the epidemiology/analysis of the need and vision.* • *Look to develop a training group.*	

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12. EVALUATION AND MONITORING

(Include key performance indicators and monitoring requirements)

This section focuses on the importance of setting up a process to measure and monitor the success of the new model of care.

Planned Outcome *To demonstrate that the service is meeting the aims and objectives, and that the patient journey is improved whilst reducing costs and number of appointments, referrals to secondary care.*	
Actions associated to deliver *Example of outcomes could include a register of services provided across ICS / PCN to measure the increase in the number of new services.* • *Record the no. of patients accessing services – including any reduction in referrals to secondary care (HES data).* • *Increase in treatments/advice (look to set up a robust data collection system.* • *Audit patient satisfaction.*	
Timeline/Duration of phase • *Baseline 12 months after start of the project – consider utilising resources such as PHE fingertips / abortion data / financial claims data / prescribing / HES.*	

TOP TIP:
Remember to start small, you can review the model implementation and build on it over time, adding services as required.

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