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Setting up a Community Gynaecology Service in Oxfordshire

Examining how a Community Gynaecology Service reduced waiting times and eased pressures on secondary care.

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SITUATION | **SOLUTION** | **SUCCESS**

This resource has been developed with the support of a Grant from Bayer PLC, Organon Pharma (UK) Limited and Viatris UK Healthcare Limited. Bayer PLC, Organon Pharma (UK) Limited and Viatris UK Healthcare Limited had no editorial control or scientific input.

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Background

In recent years, referrals from primary to secondary care gynaecology have risen with an associated rise in waiting times. GP commissioners recognised that a proportion of non-emergency secondary care referrals could be managed in primary care by GP specialists working in community settings. A pilot was launched in early 2020 within Oxfordshire which reviewed all non-two-week-wait referrals from General Practice within Oxford City and North Oxfordshire practices and aimed to manage a proportion of these with GP specialist input reducing waiting times and pressure on secondary care. There was a hiatus during the COVID-19 pandemic with the loss of some routine secondary care pathways, however the pilot was successful and in Autumn 2020 the service expanded to include the whole of Oxfordshire and Principal Medical Limited (PML) was commissioned by Oxfordshire Clinical Commissioning Group (OCCG) to provide a Community Gynaecology Service. PML are a not-for-profit healthcare provider run by local GPs delivering NHS primary healthcare contracts in Oxfordshire and Northamptonshire for local patients.

The service is now commissioned and funded by Berkshire, Oxfordshire, and Buckinghamshire Integrated Care Board (BOB ICB), who have replaced OCCG.

The Community Gynaecology Service initially employed a Clinical Lead, Dr Katie Barber, and two additional GPs, over the last two years this has expanded to 11 General Practitioners with a special interest in Gynaecology, two of whom are Accredited Menopause Specialists with the British Menopause Society and one who is a GPwSI Menopause who also works at the John Radcliffe Hospital in the Menopause Clinic. Skill sets of the GPwSI's vary with many holding the DFSRH, Letters of Competence in Intrauterine Techniques and Subdermal Implants and previous experience working in community-based gynaecology settings and also secondary/tertiary hospital clinics. This includes experience in early pregnancy, urogynaecology, pelvic pain, fertility, and menstrual clinics.

About the service

The majority of doctors working in the service also have roles as locum, salaried or GP partners across Oxfordshire, Berkshire and Buckinghamshire.

The service receives all non-two-week-wait referrals from general practices across Oxfordshire. All referrals are triaged by a GP specialist within 72 hours and appointments are offered if appropriate (telephone/face to face) at one of the six Hubs in Didcot, Long Hanborough, Banbury, Kidlington, Oxford City and Bicester. Appointment times are 20-30 minutes depending on complexity and whether they are carried out on the telephone or in person.

The main office for the model is in Bicester. Administrative support to run the model includes a full-time Operations Lead and a full-time Administrative Assistant.

Service Level Agreements are in place with the various locations where services are provided and the agreements with practices can include:

- A building with nurse input and equipment provided by the host premises with GP provided by the community gynaecology service or,
- A building where the host premises provides their own GPs, nurses, HCAs and equipment to deliver the gynae hub model.

As part of the contract, targets are set to measure success and efficiency by BOB ICB for example:

- Measured by number of referrals via ERS system, GP triage and outcomes. Referrals are triaged by GP specialist within 72 hours of receiving request. Referrals received are 30-50 a day (up to 1000/month).

Currently there are 25 clinical sessions per week, a fifth of these are face to face sessions, with the rest being split approximately 50:50 between telephone consultations/triage (this is flexed depending on demand with sessions being utilised fully).

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Referrals

It was originally anticipated the community service would see 20% of the patients, with the remaining 80% still going to secondary care. However, the Community Hubs are managing between 45-55% of patients with approximately 45-55% being referred on to secondary care[1].

For example, an average month this year saw 650 referrals, 285 telephone contacts and 100 face to face consultations.

Examples of referral include:

- A 32-year-old with a dermoid cyst increasing in size – referred on to gynae. This model ensures that routine referrals with high cancer risk can be expedited on to secondary care gynae services.
- A patient whose HRT was not alleviating symptoms. Through simple EMIS record sharing, it was established that the solution would be to increase the dose, with a note sent to the GP to request this.

Appointments include face to face appointments and telephone consultations. Using laptops and telephone triage, GPs can work from home, their own surgeries or office based at one of the sites.

On average 6-8 cases are seen per hour by GP triage, if necessary, this can be flexed to suit the individual GP and patient requirements.

Services available

Services available include:

- Triage – either arrange telephone review or face to face assessment, refer to secondary care gynae team or discharge back to GP with guidance.
- Telephone consultations or face to face consultation (20-30 minutes).
- Management of pelvic pain, menstrual disturbance, ovarian cysts.
- Coil fit for non-contraceptive purposes, counselling on phone (selection of coils and equipment required for fits kept at each location).
- Smear tests.
- Vaginal pain/vaginal symptoms.
- Ring pessary fits (stock of each size of pessary at every location).
- Menopause referrals.
- Uro-gynaecology.
- Cervical polyp removal.
- Cervical cautery (ectropion).

The service is modelling Testosterone initiation – blood tests required, prescribing in addition to HRT and then review and discharge back to GP for ongoing prescription once stable.

Training

At present there are two Accredited Menopause Specialists, however, the other GPs have all been upskilled to deal with routine menopause queries.

If practical training is required for any of the GP specialists to be able to provide the services on offer, they can be referred to local specialists i.e. pessary fitting with a uro-gynae specialist nurse at John Radcliffe Hospital. Other specialist skills such as polyp removal/cervical cautery can also be provided with in-house training and specialist secondary sessions.

Education and teaching includes monthly events with consultants/specialists from secondary care across a range of topics, including:

- Colposcopy
- Menopause
- Female Genital Mutilation (FGM)
- Pelvic pain
- Prolapse
- Psychosexual

These include question and answer sessions to 'ask the experts' and are recorded for those who can't attend and uploaded centrally to Microsoft Teams.

Training also includes 'lunch and learn' in local practices to help with upskilling healthcare professionals (HCPs) (on request or offered if learning needs are identified from referral patterns).

1 Oxford Menopause (2022) Internal Reporting Data

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Resources

Clinical Lead has developed patient information leaflets i.e. What to expect on polyp removal, IUS fitting, ring pessaries, cervical cautery.

Videos and YouTube presentations will also be available, with more resources planned in the future as one of the GPSI's has a keen interest in supporting practical education for patients.

The service is planning a large 'Women's Health Study Day' in May 2023, open to HCPs across Berkshire, Oxfordshire and Buckinghamshire with an exciting line up of specialists covering a variety of topics such as menopause, endometriosis, bone health and vulval dermatology. Working with a consultant gynaecologist at Oxford University Hospitals, the Clinical Lead is arranging this event to improve Women's Health education across the ICS.

Governance and sustainability

- Audit skill sets. Three months after starting – national quality standards score out of 22 – 17+ is classed as high quality. Followed by annual appraisals.
- National Quality Requirement (RCGP model) is used to assess the GPSI's, with an annual appraisal after three month review. NQR includes:
  - assessing the reason for referral
  - excluding serious/more urgent issues that may require urgent review
  - taking a detailed history
  - following guidelines/pathways (local and national)
  - appropriate prescribing, patient empowerment and involvement in decision making.
  - appropriate use of IT and recording of notes, appropriate management plans.
- Managing complaints – the service received very few complaints overall, some from GPs who were expecting a Consultant Gynaecologist opinion as opposed to a Community GP specialist, as this is a relatively new service.

Lessons learned

- Excellent relationship between secondary care (Oxford University Hospitals) and community model established.
- Monthly meetings attended by representatives from both parties including Operations Manager from John Radcliffe Hospital, Gynaecology Clinical Lead, Consultant Gynaecologists and the Operations Lead and Clinical Lead from PML.
- Operations Manager is key to smooth running of the services, with knowledge of responsibility of roles and processes. A second administrative assistant has been appointed to assist full-time.
- Continuity of service, so the same doctor delivers the service at each location.
- Community gynae service has multi-disciplinary team (MDT) meetings every Friday, lasting 1.5 hours long. All 11 GPs encouraged to attend – the time is blocked out or they are paid overtime to attend if they are not at work. GPs add patient cases to the MDT list as they arise, and they are discussed and documented.
- Service follows pathways such as NICE, RCOG, FSRH, BAD and BMS.
- Positive patient feedback from surveys has cited reduced waiting times, good parking at clinical sites, good length of appointments and not feeling rushed.

Next steps

- Expand to deliver additional services to free up the capacity to see complex gynaecology cases in secondary care.
- Reduce waiting lists in areas such as:
  - Vulval dermatology service
  - Outpatient hysteroscopy
  - Pipelle biopsy and sampling – clear guidelines – who can be seen in primary care, who requires hysteroscopy.
- Widen referrals from Berkshire and Buckinghamshire as only Oxfordshire GPs can refer at present. Other localities have recognised the benefit of this model and approached the service to share best practice and knowledge. Kettering are currently exploring a similar model.

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