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Setting up Primary Care Women's Health hubs in Sheffield

A CASE STUDY

This case study examines the commissioning and implementation of Sexual and Reproductive Health and Community Gynaecology hubs in primary care for women across Sheffield (August 2019–April 2022)

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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.

LOCATION: SHEFFIELD

SERVICE: SEXUAL AND REPRODUCTIVE HEALTHCARE AND COMMUNITY GYNAECOLOGY HUBS IN PRIMARY CARE

Background

In Sheffield, several motivating factors led to the decision to design and commission a new model for Sexual and Reproductive Health (SRH) services incorporating access to community gynaecology:

- Evolving population demographics, notably a large, fluctuating, and international under 25 student population and growth in the migrant population.
- Increased and changing demand on services. Prescribing activity showed an increase in contraception activity in primary care and reduction in specialist SRH clinics (creating a pressure on the primary care budget each year).
- The SRH budget had been reduced by 30% in recent years, due to national cuts to the Public Health Grant potentially compromising access and impacting upon outcomes, despite an increase in STIs in line with national trends.
- Stark health inequalities existing within the city, which reinforced the need to provide an equitable model of sexual and reproductive health services. This would increase access and reduce the need to travel across the city, which is particularly challenging for vulnerable women.

Method of Approach

Steps to developing and implementing a new model

In 2019 Sheffield City Council (SCC) took the decision to serve notice on their existing contracts with:

- The provider of the integrated sexual health service
- General practices
- Community pharmacies

In August 2019 a new service was reprocured under a newly commissioned model based on a population health needs assessment. The new model aimed to:

- improve access and equitability
- promote choice
- reduce fragmentation
- maximise use of available resources

Figure 1: **Sheffield model of care prior to procurement**

Prior to the procurement process, the commissioning of SRH services was largely concentrated in the specialist integrated sexual health services, with some activity in general practice and minimal activity in community pharmacy and outreach. The key aim was to maximise use of available resources, develop the workforce and to deliver an improved and sustainable service for the future'.

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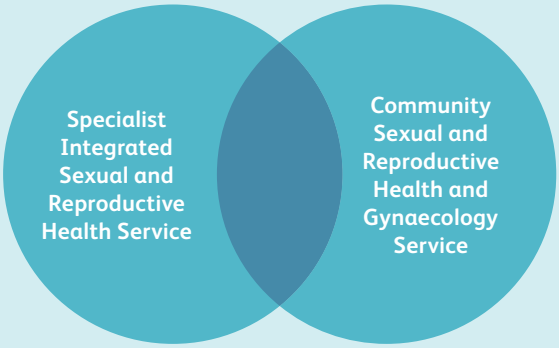
Figure 2: **New Model of Service in Sheffield**



The new service model involved a redistribution of the budget to increase investment in community provision via two lots, with an overlap of partnership working, support and good communication between the two services.

The service specification was collaboratively developed and refined with feedback from stakeholders, including potential bidders.

In order to encourage collaboration across the provider/s, including secondary care, some of the key performance indicators in the contract were system wide.

Providers were able to bid for one or both lots.

Lot 1 – Specialist Integrated SRH Service

A Specialist Integrated SRH Service was commissioned to provide an integrated model of Contraception and Sexually Transmitted Infections (STI) provision. Delivery of level 1 and 2 services proposed to be nurse-led wherever possible, with specialist support made available for patients with complex needs, as well as vulnerable and at-risk groups. The specialist service was to have responsibility for:

- Taking the lead role in quality and clinical governance, capacity building and workforce development.
- Leading on the development of clinical referral pathways and a single point of access to triage patients, referring to community-based services provided via general practice and community pharmacy (lot 2) where appropriate.
- The management of all positive STI results, contact tracing, partner notification and support for patients to access STI treatment.
- The management of complex/level 3 contraception.

Lot 2 – Community SRH and Gynaecology Service

Provision of sexual, reproductive and community gynaecology health services in general practice, with access increased using a hub and spoke model.

Between four and six lead GP practice hubs were established, located in areas of the city which promote equity whilst also ensuring that additional services are available in the areas of greatest need and located within or within easy access to areas with high deprivation. These hubs were commissioned to provide enhanced services, with a basket of sexual and reproductive health services developed, including some CCG-commissioned gynaecology services. These hubs take referrals from the lot 1 service and other GP practices, supporting the full network of general practice delivery. These practices will become expert primary care sexual and reproductive health providers, providing training, and teaching for GPs, practice nurses and community practitioners working in collaboration with the specialised provider.

A wider network of GP practices across Primary Care Networks (PCNs) are to provide the 'spokes', providing enhanced sexual health services to ensure citywide access and coverage. The new model aims to increase and develop commissioned activity in community pharmacy, with a particular focus on city centre provision and community provision located near to secondary schools, supported by a training programme to support the wider workforce. A digital front door is to be developed to increase access to services and signpost patients to the service most appropriate for them.

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Contract sustainability

To ensure the new service model is sustainable, the contract awarded was for five years (commencing in November 2019), with the opportunity to extend up to ten years. Commissioners included the 10-year option to allow time for the model to be implemented and demonstrate success.

Funding

Lot 1

As of August 2019 the Local Authority (LA) commissioned Sheffield Teaching Hospital Foundation Trust to provide the integrated specialist SRH service.

Lot 2

In August 2019 the LA and Clinical Commissioning Group (CCG) awarded the contract to Primary Care Sheffield (PCS) to deliver community sexual and reproductive health and gynaecology service respectively. (For contractual purposes the CCG are the Commissioners with the LA being an Associate Commissioner. LA funding is on a block contract, whereas CCG implement a cost and volume tariff*).

***A review of tariffs is anticipated to ensure that providers are appropriately incentivised to deliver the services and to ensure alignment between contraception and gynaecology services.**

Lessons learnt and challenges encountered

- **Relationships and communication are key**
  SCC worked closely with the CCG, local medical council (LMC) and expert stakeholders to design, develop and commission the service, this proved particularly useful with PCS having local stakeholders in primary care.
- **Delays have implications**
  Any delays in the procurement process, no matter how small, often have implications such as requiring extension of the current contracts, which at times were challenging to manage. Political support from the Elected Member with responsibility for Public Health and SRH services has been crucial to ensuring progress is made.
- **Making a case for investment**
  The procurement process helped to make the case for investment in sexual and reproductive health services by demonstrating the need to provide adequate levels of investment. As a result, SCC increased the sexual health budget to ensure that services were adequately resourced.

Overview of Success

Setting up the hub model in primary care

Primary Care Sheffield have introduced six hubs to provide long-acting reversible contraception (LARC), one of which includes a community gynaecology service. The hubs are run and managed by PCS staff some of whom were transferred over from the Specialist Contraception and Sexual Health Service.

- Woodhouse Health Centre
- The Flowers – this is both a Sexual health hub and Gynaecology hub
- Fairlawns MC
- University Health (going live again soon following closure due to Covid)
- White House Surgery
- Sloan Medical Centre – also LARC PCN plus hub

The development of PCNs provided an opportunity for the model to be introduced and delivered across the emerging networks. There are currently 15 PCNs all with 55 practices/ groups of practices providing LARCs, the majority of which, are in addition to the hubs.

The development of six hubs provides a 'safety net' of provision and offers a sustainable service for patients.

For example, if a practice loses its LARC fitter due to maternity leave, there is now a pathway in place for patients to be referred to a hub, whilst a new LARC fitter can be trained up in the practice to continue to offer a LARC service both during and after maternity leave.

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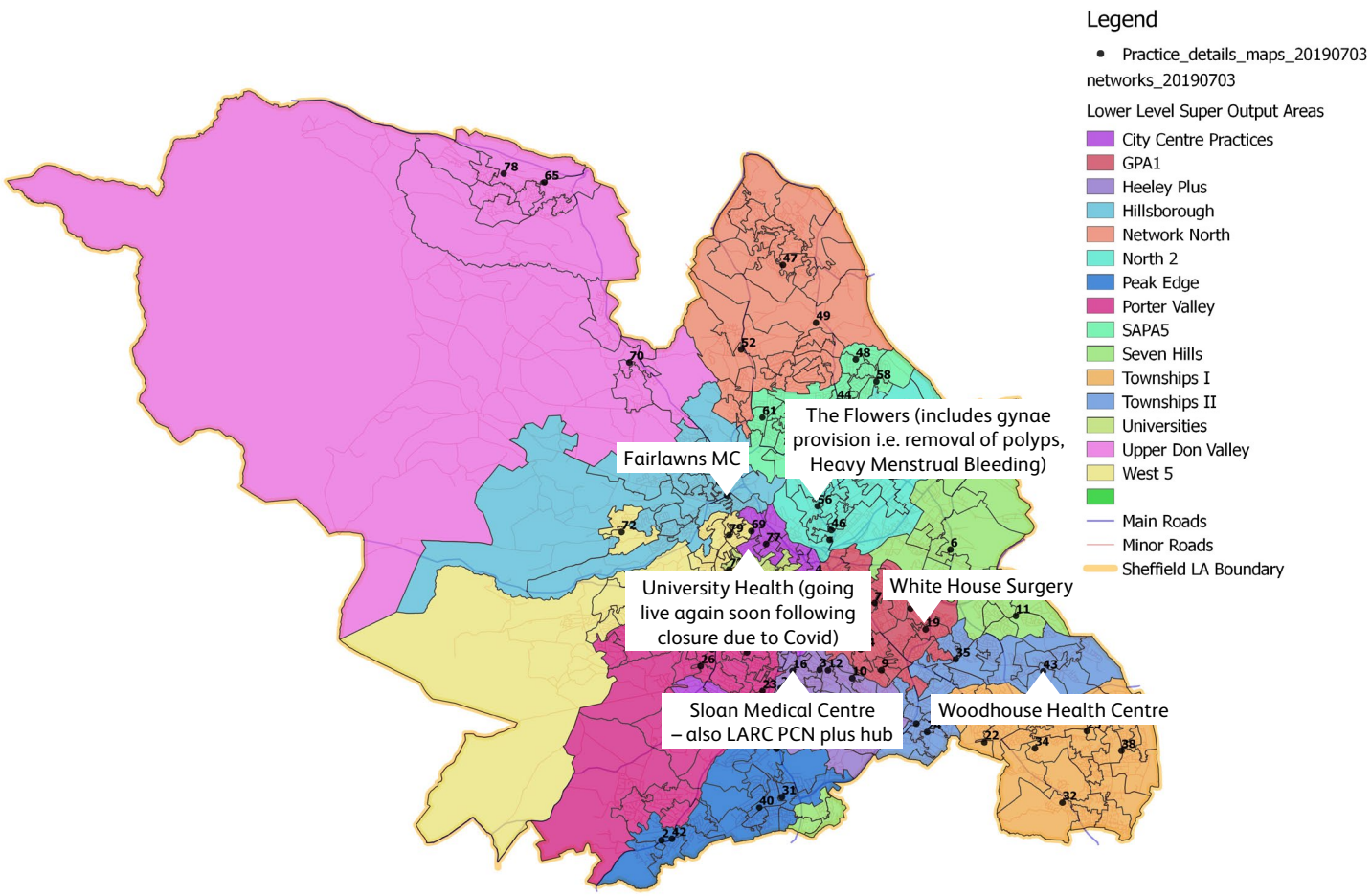
Primary Care Sheffield City hubs within primary care networks



Measuring success

The plan was for activity to be monitored against projected demand across the service model to ensure that it is meeting the need of their population. SCC anticipated working with the providers to monitor and respond to service demand. In order to encourage collaboration across providers, including secondary care, some of the key performance indicators in the contract are system wide.

When the contracts were awarded in August 2019, KPIs were in both contracts as a measure of success, however, these were put on hold due to Covid as commissioners felt the priority was to support the services to keep them running.

As a result of this strategy, services were kept open and continued to see patients throughout Covid, LARC provision continued and the emergency contraception pathway was maintained and expanded for those patients who required emergency access to contraception.

One example of flexing resources during Covid was a decision to close the University Hub when students returned home and move the healthcare professionals to where they were required to deliver services. When students began returning, the University Hub started back up again.

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Relationships and key stakeholders

The two contract holders, Sheffield Teaching Hospital Foundation Trust and Primary Care Sheffield, worked together to create sound patient pathways including a single point of access for patients, one telephone number and one website. This not only avoids repetition it overcomes boundaries for patients who may have been seen in the service before.

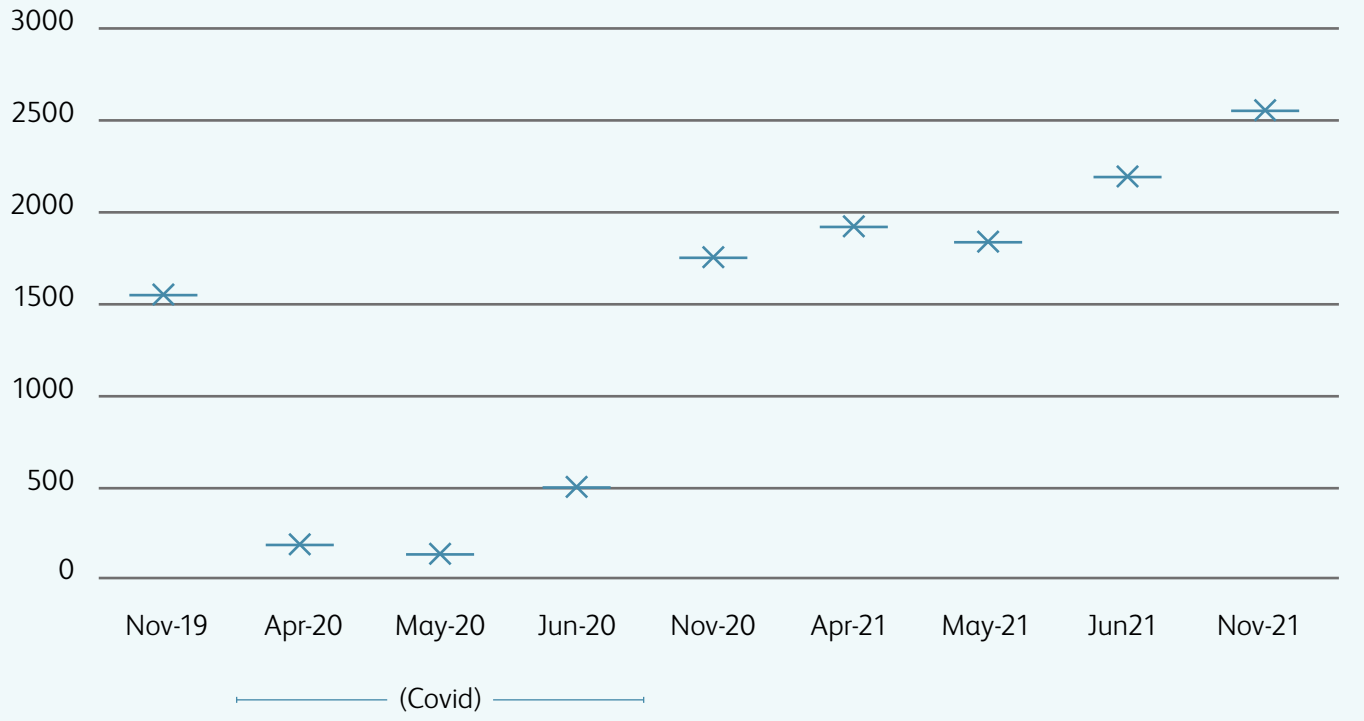
Teething problems included an initial 'tentative' relationship between primary and secondary care stakeholders. However, through good communication, regular meetings between key stakeholders, and the benefit of diverse skills and different perspectives, relationships improved and professional respect came to the fore.

The two contract holders worked together to create sound patient pathways

Examples of success include:

- Prior to Covid an increase in the number of patients accessing the Primary Care Sheffield service was seen between November 2019 and March 2020.

Patients accessing Primary Care Sheffield services within first two years



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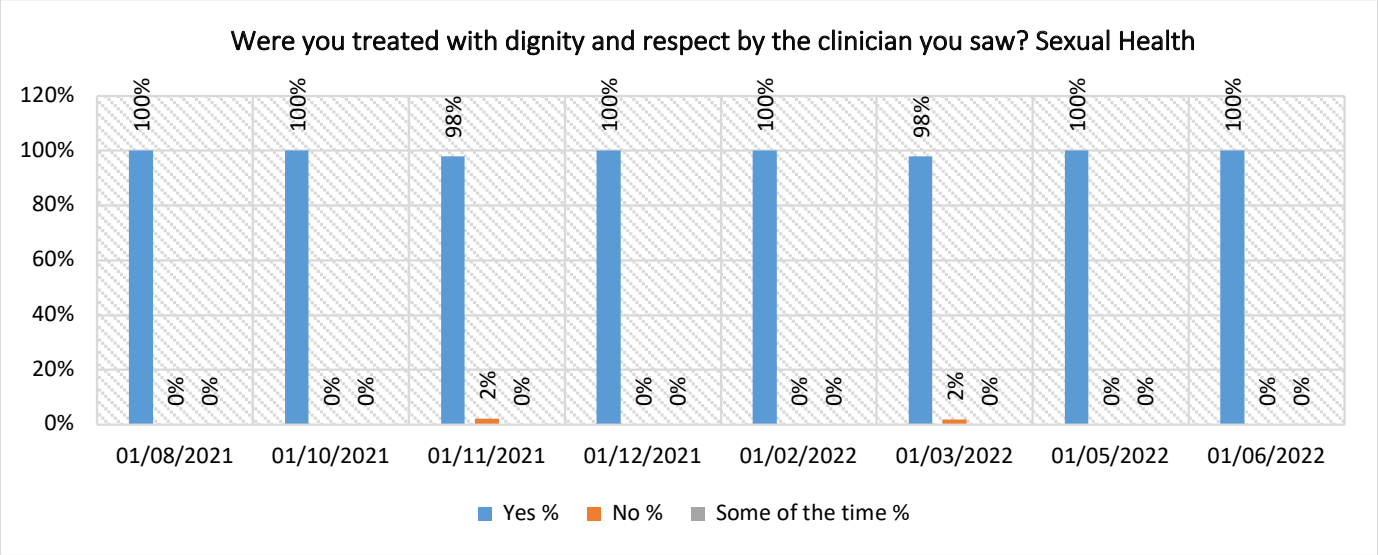
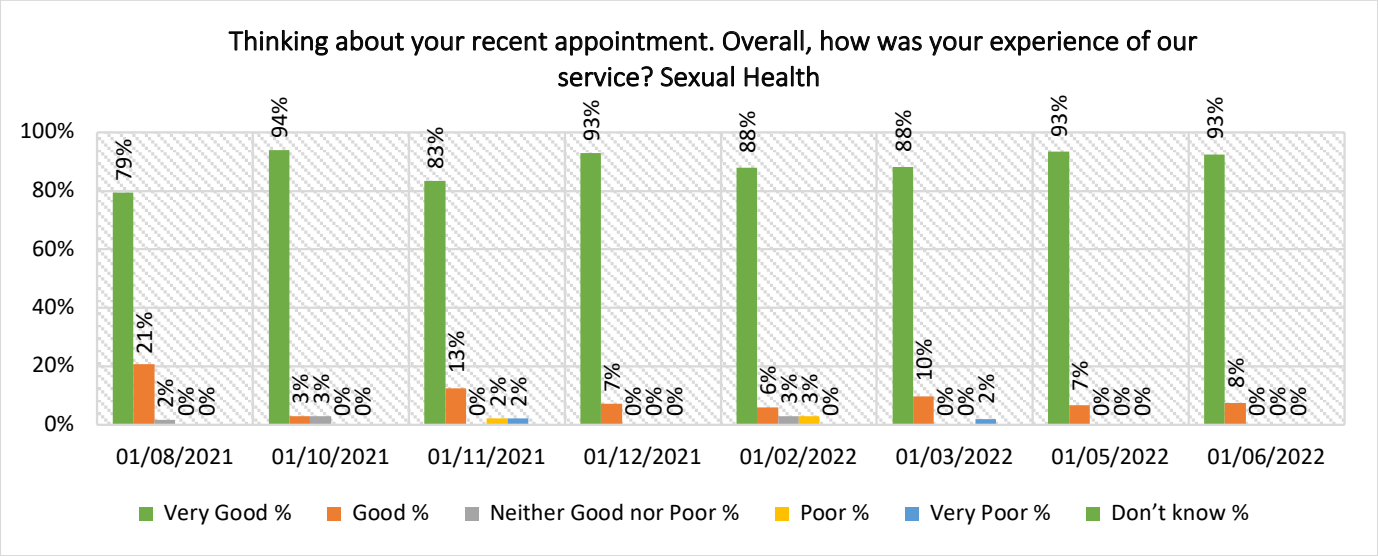
- High response rates of patient satisfaction surveys with virtually no complaints.





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- Reduced waiting times across Sheffield – a three month wait for an implant has been reduced to approximately two weeks, a similar picture in IUD/IUS fits.

Training

A Contraception Specialist and Trainer from the specialist integrated SRH service moved across to work in the hubs and provided training for nurses in general practice for the LOC implant and IUD/IUS. This gave them confidence and certified qualification to increase provision closer to home for women and now gives women a choice to be seen locally at their usual practice which is sometimes a barrier.

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Next steps

Address unmet need

Collaboration between the LA, CCG and two providers, Sheffield Teaching Hospital Foundation Trust and Primary Care Sheffield must continue. It is a priority to ensure all services are in collaboration, including the specialist integrated SRH service, abortion services, and maternity services to improve the patient journey.

To improve patient journeys it will also be important to review demographic data, the pathway for vulnerable women and patient flows to analyse gaps in provision and access. Evaluating the ethnicity of patient groups is also essential to understand why patients may not be attending services, perhaps due to religious reasons.

PCS have started to work on this dataset and plan to locate services in areas of high ethnic populations.

- **Expand on current provision** – Continue to provide services out of hours.
- **Focus on community sexual health** needs and increase activity through an advertising campaign. Carry out research to find out who is not attending and why and aim to set up targeted clinics in the areas required.
- **Focus on community gynaecology** and increase activity around this. Use data from the Cases* and Sexual Health Service to analyse who is attending clinics and what symptoms they are presenting with and gaps in pathways into specialist services.
  ***Cases is an advice and guidance tool.**
- Improve access to coil fitting for common gynaecological problems and menopause. Look at who can provide this in primary care and consider contract variations to improve current three month waits.
- Improve current pathway and increase access to more hubs at times of need. Ideally, a patient presenting to general practice with a common gynaecological problem will be referred using an electronic referral system to either a hub or Sheffield Teaching Hospital Gynaecology Service.
- Review demographic data, the pathway for vulnerable women and patient flows to analyse gaps in provision and access. Evaluating the ethnicity of patient groups is also essential to understand why patients may not be attending services, perhaps due to religious reasons. PCS have started to work on this dataset and plan to locate services in areas of high ethnic populations.

For more information about the Sheffield case study, please contact:

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