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Situational Analysis

When considering setting up a Women's Health Hub (WHH) providers may question why change is required, the gathering of related data can be used to demonstrate to ICS/PCN boards and primary care in general where there are gaps in current provision and why it is worth developing a WHH.

Contributors:
Dr Anne Connolly MBE
Lesley Wylde

With thanks to Liverpool City Council and Commissioning Lead Sexual Health James Woolgar for granting permission to use resources resulting from their work: Primary Care Networks LARC Inter-Practice Referral Model – Liverpool 'Developing Women's Health Hubs'

SITUATION | SOLUTION | SUCCESS

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A situational analysis helps to determine the current state in a local area. A range of information needs to be gathered and analysed to:

- Identify where there are gaps in provision and funding of services
- Understand how local rates compare to national averages.

Using the situational analysis template below will help you to identify the demand for services that need developing in your locality, including access to LARCs, community gynaecology, and menopause services.

COMMISSIONING & FUNDING

Determine which women's health services are currently formally commissioned across the area and who is responsible for the funding? (LA and/or CCG Commissioners will hold this information.)

Commissioned services	Contract Holder (Responsible person and organisation address)	Commissioner funding the service	Renewal date/s
Integrated Sexual Health Contract (CaSH service)			
GP Contracts for LARCs			
Other funding for contraception (i.e. pharmacy)			
Funding for contraception for non-contraceptive benefits			
GP Contract for Community Gynaecology			
Consider any other funded services i.e. ring pessary fitting/ GnRH analogues			

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ENVIRONMENTAL DATA

To collect the environmental data, resources are available such as **PHE fingertips**, where you can find information categorised by local authority. The figures below are given as an example only, to illustrate what a completed environmental data analysis may look like.

Total population		
Female population (15-49 years)		
	Regional Average	**England Average**
Total prescribed LARC* (per 1,000)		49.5
GP prescribed LARC* (per 1,000)		29.2
SRH prescribed LARC*(per 1,000)		20.3
<25 LARC* uptake (per 1,000)		27.6
Total abortion rate (per 1000)		18.7
Teen pregnancy rate <18s conception rate		16.7

**LARC methods excluding injections*

GENERAL PRACTICE PROVISION OF LARCs
(to be completed by the stakeholder/s)

	No. of practices
Total no. of practices	
No. of practices fitting LARCs	
No. of practices fitting both	
No. of practices fitting implants only	
No. of practices fitting IUS/IUD only	
Non fitting practices	

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LARC FITTING FEES

Fill in the table below with costings for services in your local area to determine the financial viability of offering a range of women's contraceptive services in a Hub.

	Cost
Implant fit	
Implant removal	
IUS/IUD fit	
IUS/IUD removal	
Plus device cost of implant, IUS or IUD	
Any other information / fees paid	

SEXUAL HEALTH / CONTRACEPTION SERVICE PROVISION
(to be completed by stakeholder/s)

No. of Contraception Hubs	
No. of Contraception Spokes	
No. of Termination services & providers	
No. of Maternity services	
No. of Community Gynaecology clinics /services (hubs)	
No. of Implant Fitters	
No. of IUS/IUD Fitters	
No. of Primary Care Practitioners with a special interest in Women's Health	
FSRH Registered Training Programme/s	
FSRH Training Programme Director/s	
No. of FSRH Registered Trainers	

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Total No. LARC in general practice (Prescribing analysis and cost tabulation (PACT) data (national data set) or local data sources can be used to complete this section)	
Implants	
IUS/IUD	
LARC fits (Implant/IUS/IUD)	**No. of practices**
>300	
>200	
>100	
>50	
>12	
<12	

CONTRACEPTION AND SEXUAL HEALTH PROVISION

(Sexual Reproductive Health Activity Data (SRHAD) data can be used to complete this section)

No. of female contacts (000s)		
Implant %		
IUS %		
IUD %		
Injectable %		
User dependant %		

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NO. OF 'COMMUNITY GYNAE' REFERRALS TO SECONDARY CARE

(HES data can be used for completing this section)

Examples of common gynaecological procedures that can be carried out in primary care include:

- **HMB** (ICD-10 code N920)
- **Menopause** (ICD-10 code N95)
- **PCOS** (ICD-10 code E28.2)
- **Vulval dermatology** (ICD-10 code L90)
- **Ring pessary fits** (OPCS-4 code P262)
- **Removal of cervical polyps** (ICD-10 code N84.1)

Using the HES data to consider the numbers of patients being referred into secondary care for common gynaecological procedures is a useful exercise. In addition to looking at numbers of referrals, the HES data can be used to give an indication of costs of various procedures when performed in secondary care. This information can be used in a business case to demonstrate the benefits of reducing unnecessary referrals to secondary care.

EXAMPLES

The local situation data from the analysis can be displayed in various forms. The following graphs and illustrations are examples taken from the Liverpool model where data has been used to demonstrate local demographics and local structure of current resources in relation to developing a business case for improving Women's Health services across the locality.

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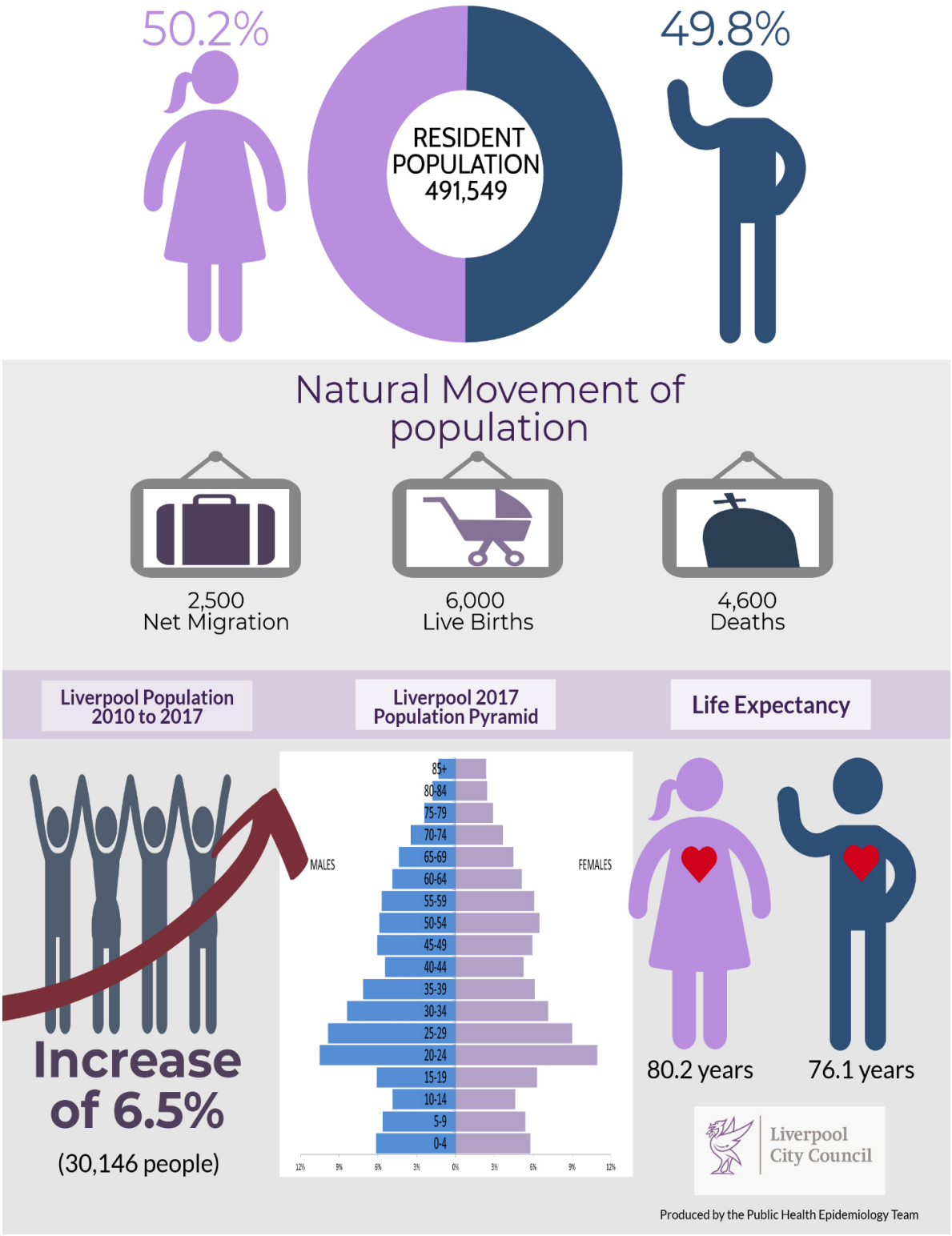
Liverpool 2017 population



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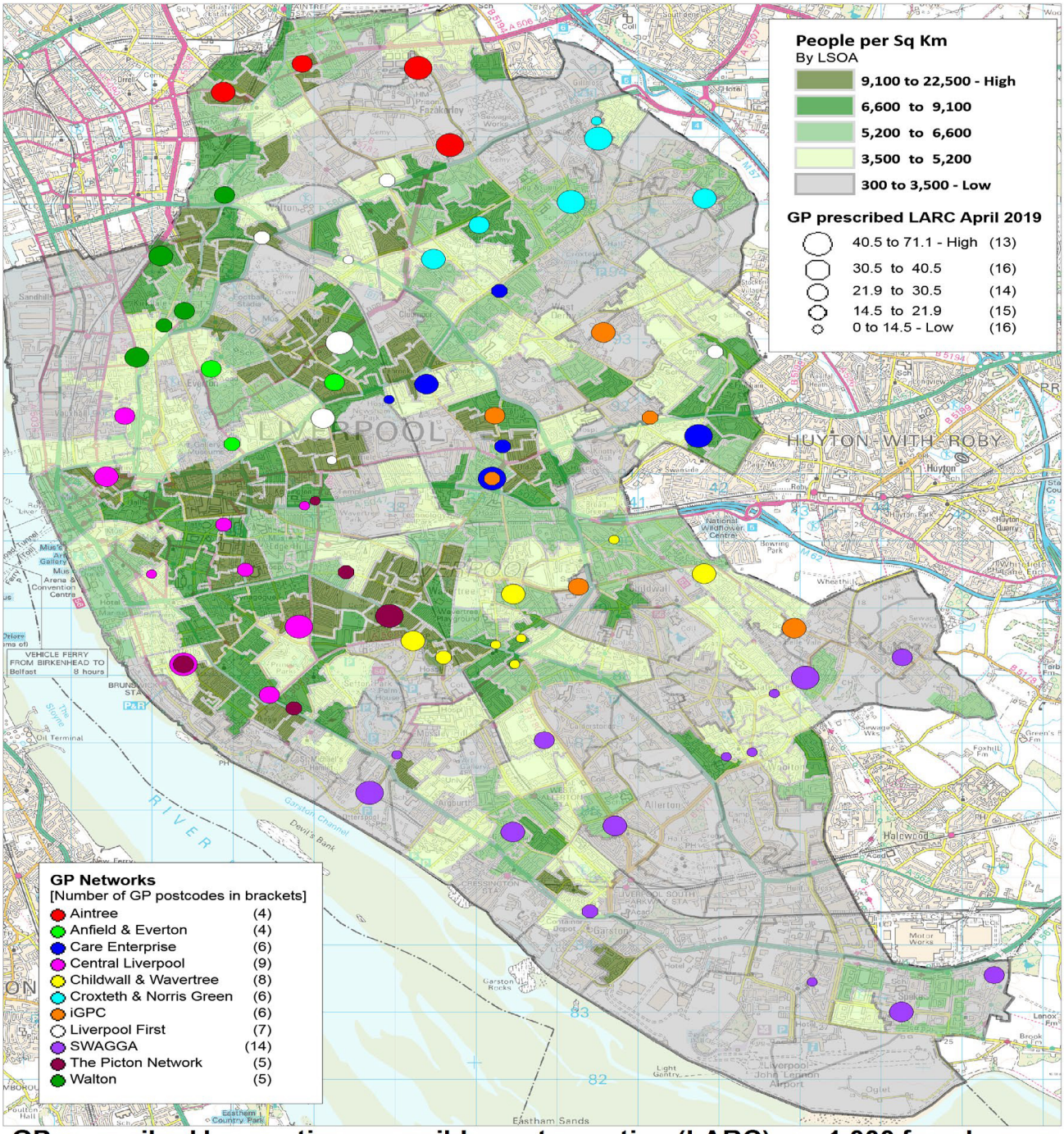
Hub & Spoke model in line with GP networks



GP prescribed long acting reversible contraception (LARC) per 1,000 females aged 15-44 years by GP Network and Population Density

Source: Liverpool CCG EMIS; ONS mid-2017 Date created: October 2019
Liverpool City Council I 4th Floor Cunard Building I Pier Head I Water Street I Liverpool I L3 1DS
Public Health Liverpool I E: sophie.kelly@liverpool.gov.uk

Liverpool City Council

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ADDITIONAL USEFUL DATA SOURCES AND INFORMATION FOR CONSIDERATION WHEN LOOKING AT THE CURRENT SITUATION INCLUDE:

- Public Health England Reproductive Health programme and tools (updated July 2021)

Public Health England's (PHE) *reproductive health (RH) programme* takes a life-course approach from menstruation to menopause and provides a national framework to support regionally and locally-led action. The programme aims to drive improvement across 3 core ambitions underpinning good population RH.

These are:

- fulfilment of reproductive choice
- reproductive wellbeing
- early identification of reproductive morbidity.

PHE recognises that 'reproductive health data is derived from multiple sources and is currently not collected in one place. Some indicators may be available but are not currently part of routine analyses and reporting. In other areas such as General Practice there is a lack of good RH data altogether. Improved data is needed to measure population need and evaluate the delivery of new policy'.

Workstream 2: data and evidence is 'focused on the development and implementation of a new set of core indicators to monitor RH at a regional, local, and national level. The workstream also supports whole population-based improvement and local decision making across the full scope of RH by developing new tools and resources'.

PHE recommendations on improving data collection

PHE recommends that to gather all the data needed to determine local need and gaps in provision, a revised indicator set is needed to recognise the data available from services that reflect a holistic approach to RH across a locality.

Its *Measuring population reproductive health: Developing a new indicator set* report states that currently, measurement of population RH and assessment of trends 'do not capture the breadth of issues, nor do they represent data from primary care and other sources where the majority of RH care activity takes place. In addition, there are relevant routine data already collected such as birth outcomes and health-related behaviour at booking appointments, which are available and relevant for RH but are only referenced as part of cervical screening or maternity data releases at present, limiting their scope.

'**A revised indicator set will enable the indicators that are available and relevant to holistic RH, to be brought into consideration and highlight where good measures do not exist and what the priorities for new indicator development should be**. For the first time it will consider which user reported measures are best suited to measure RH and how these can be captured in future datasets.'

FURTHER ADDITIONAL AVAILABLE RESOURCES FOR CONSIDERATION INCLUDE:

- Bayer Data Tools:
  - Financial impact of reducing referrals for HMB
  - Primary Care Practice Level data
  - Sexual and Reproductive Health Analysis Data
  - Impact of unplanned pregnancies on local budgets
  - Abortion statistics
- Organon (MSD):
  - Business planning templates (financial viability)
  - Patient pathway mapping

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