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The Women's Health Service in Guildford & Waverley

A CASE STUDY

The following case study explores the development of a GP-led women's health service for the patient population of a CCG in South West Surrey.

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

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

LOCATION: GUILDFORD AND WAVERLEY

SERVICE: COMMUNITY GYNAECOLOGY SERVICE

The following case study explores the development of a GP-led women's health service for the patient population of a CCG in South West Surrey.

The challenge

- To improve access to women's health services by enabling women, traditionally seen in a consultant-led hospital clinic, to be seen in a GP-led community setting.
- To reduce secondary care referrals and as such reduce the burden on the acute trust and improve waiting times.
- To improve cost efficiency and patient satisfaction by delivering a one-stop model of care for certain conditions (such as pelvic pain and complex coils).
- To upskill GPs to provide holistic Tier 2 level care for gynaecological problems, which also brings career satisfaction.
- To provide improved training and communication with local GPs.

Overview of activity

Our Community Gynaecology Service started in 2014 as a pilot and became a fully contracted service from 2017. We see a range of gynaecological problems including menopause/hormonal problems, pelvic pain, complex coils, vulval problems, psychosexual problems, bleeding problems, cervical polyps etc. Two of our GPs are competent in ultrasound scanning, one has psychosexual training, we all fit complex coils and we have all had additional menopause training. We offer ring pessary fittings as a part of a buddy service (through a locally commissioned service (LCS)), to those local practices who do not have a GP able to do this.

Method of approach

We are a GP-led and GP-provided service, the provider contractually is Shere Surgery, a rural GP practice in Surrey. We have a team of three GPSIs and run four clinics a week from two GP practices; on average we see 20 to 25 patients a week. We take referrals from all 21 practices in our CCG.

Financial viability

Whilst we are a separate provider, we are contractually integrated with the local hospital. We have a good relationship with the consultant team, with contractual governance arrangements in place including a named lead liaison consultant, attendance at gynae departmental clinical meetings and regular meetings with the senior leadership of the department to review clinical pathways and activity data. The service is funded by the CCG, with the Community Gynae activity being included in the overall funding provision for out-patient gynaecology care. We have agreed tariffs for new and follow-up patients, and ultrasound. We also have funding from the County Council for coil fittings (via the Buddy Scheme).

Use of IT

Referrals are made via the Electronic Referral Service (ERS). All gynae referrals for our CCG are submitted into a Clinical Assessment Service on the ERS, which enables us to triage all gynae referrals for our CCG electronically. This enables us to ensure that the right referrals go to the right provider. Not only does this mean the Community Gynae Service sees the right patients, it also enables us to ensure local referral pathways are adhered to for all gynae referrals. Using a Clinical Assessment Service to triage referrals on the ERS allows us to also give feedback and advice to GPs, which is a great opportunity for education. Within the service we use several systems including EMIS and Viewpoint.

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Gynae training/accreditation of HCPs running the service

The GPSIs working within the service have all had additional training and clinical experience. We don't have set criteria for accreditation as we have all had different journeys and have differing areas of interest. Examples of the women's health qualifications we hold are:

- MFSRH/ DRCOG/ DFSRH
- PGDip Gynae (Bradford)
- LoC in SDI & IUT
- FSRH Certificate in ultrasound/Masters in ultrasound
- Membership of The Institute of Psychosexual Medicine
- BMS & FSRH Advanced Menopause Certificate (BMS Menopause Specialist)
- FSRH Trainer
- GP Trainer
- Course Director and Course Presenter for Women's Health GP Update courses.

We also have a SPIN (Salaried & Portfolio Innovation) New to Practice Fellow – this is a newly qualified GP who is learning a special interest, with the special interest session being funded by Health Education England (HEE).

The SPIN New to Practice Fellowship scheme is a great opportunity for training. As it is properly funded it is a great investment for the service, enabling growth and succession.

The big success

In 2018 we won the Women's Health Initiative Award at the National GP Awards.

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Lessons learned

Our journey has not always been easy; setting up and maintaining the service has taken a lot of work and commitment, and over the past seven years there have been some challenging renegotiations of contracts and pathways. However, over time we have developed very strong working relationships with the Acute Trust, which has enabled great collaboration and innovation. At times we have involved the Local Medical Committee (LMC) in contract negotiations, which has been hugely helpful. Having the support of the CCG, and a clear shared vision, has also been key. The role of electronic referral triage for ALL gynaecology referrals has been crucial to ensure that we see all those who are appropriate and reduce inappropriate referrals. The service has had great feedback from patients and the referring GPs, and we are extremely proud of what we have achieved so far.

Current challenge

Our current challenge is preparing for the possibility of a block contract funding model, and developing this in a way that will continue to enable growth and innovation.

Next steps

I am hopeful that the current drive to progress Women's Health Hubs will bring even more momentum and strength to our service and our vision, as we hope to increase locations (ideally a clinic in each of the four PCNs) and bring other MDT members on board such as a women's health physiotherapist. Our CCG/STP is passionate about moving work out of the Acute Trust and into primary care.

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