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Women's Health Hubs

A deep dive into current models

Highlighting variation in the currently identified models of Women's Health Hubs and showing examples of work being done across the country.

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SITUATION | SOLUTION | SUCCESS

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Amongst the opportunities and access to funding for those who are interested in setting up their own Women's Health Hub, there are still myths surrounding the establishment and execution of one. This resource highlights variation in the currently identified models of women's health hubs and shows examples of work being done across the country to improve the health of women and girls.

WOMEN'S HEALTH STRATEGY FOR ENGLAND - A RECAP

Despite women in the UK on average living longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men[1].

The Women's Health Strategy stated a clear 10-year ambition to boost health outcomes for all girls and women by taking a life course approach and listening to women's voices and experiences.

The strategy encourages the expansion of Women's Health Hubs and other models of 'one-stop clinics', bringing essential women's services together to support women to maintain good health and create efficiencies for the NHS. One initiative was to invest £25 million in Women's Health Hubs, allocated to integrated care boards (ICBs) to implement.

WOMEN'S HEALTH HUBS

As an extension of primary care, Women's Health Hubs are understood as a model of care working across a population footprint and are not necessarily a single physical place[2].

Reflecting a life course approach to women's health, care is not limited to interventions for a single condition, but instead is wrapped around the needs of an individual woman, which in some cases may be multiple needs. For example, hubs could provide management of contraception and heavy menstrual bleeding in one visit or integrate cervical screening with other aspects of women's healthcare such as long-acting reversible contraception (LARC) fitting or removal in another.

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WHAT SHOULD I DO IF I AM TASKED WITH DEVELOPING A WOMEN'S HEALTH HUB?

Step 1

Don't focus too much on the terminology 'Women's Health Hubs.' A Women's Health Hub is a model of care that is developed to meet the local need and improve women's health outcomes, so there is no single example of what a hub should look like and no one specific way to set up or develop a hub.

Step 2

Assess the local needs of your population and use these findings to form your initial objectives and priorities. Look at what is already on offer to women in your local health system, and gain an understanding of current waiting list times, the barriers that women trying to access provision face and the inequalities affecting different groups within your population. Involving women and asking for their feedback and personal perspectives will be invaluable in this process.

Objectives could include:

- Provide new or additional women's health services.
- Reduce unnecessary secondary care referrals/make secondary care services more efficient.
- Integrate services/reduce fragmentation.
- Achieve financial efficiencies.
- Reduce waiting times.
- Increase uptake of LARC.
- Reduce number of unplanned pregnancies.
- Improve pregnancy outcomes for all women.
- Improve women's experience of accessing care.
- Reduce inequalities in access and care for women.
- Reduce the number of appointments women require for a problem by enabling multiple issues to be addressed in the same appointment.
- Provide care closer to home.
- Improve choice for women.
- Provide holistic care to women.
- Improve/increase focus on prevention in women's health.
- Address current gaps in local women's health promotion.
- Educate and empower women to self-manage and seek help as needed.
- Improve women's health outcomes in general.
- Educate/upskill local HCPs in women's health.

Not all of these aims need to be established from the outset, or at all, start small and tailor the service to prioritise the needs of your local patients. For example, consider starting with a LARC service offering a community gynaecology element (i.e. fitting for all indications to include treatment of heavy menstrual bleeding and menopause).

Remember to always incorporate the voice of local women into your planning.

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Step 3

Look at current Women's Health Hubs.

VARIATION IN SERVICES OFFERED BY HUBS

Figure 1* (below) demonstrates the services provided across 17 hubs across the UK that met the defined criteria and were active in 2022–2023. Results showed that the majority of hubs provided LARC services for gynaecology and contraception, with a number of hubs offering treatment and counselling for heavy menstrual bleeding (HMB) and menopause.

SERVICES OFFERED

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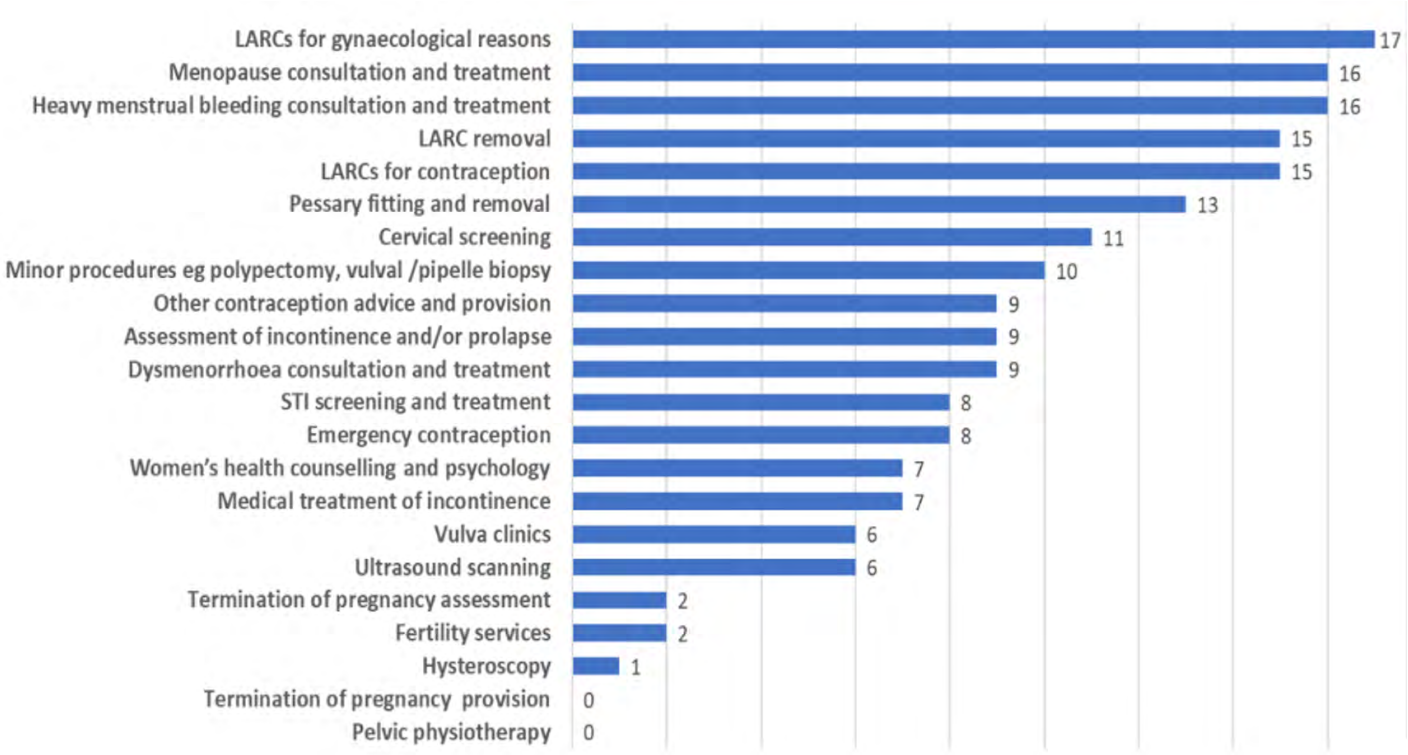

Source: NIHR BRACE Rapid Evaluation of Women's Health Hubs.

Please note – at the time of writing, the evaluation report was under peer review and not published and therefore may be subject to change. When available, the final report will be published here **https://fundingawards.nihr.ac.uk/award/NIHR135589**

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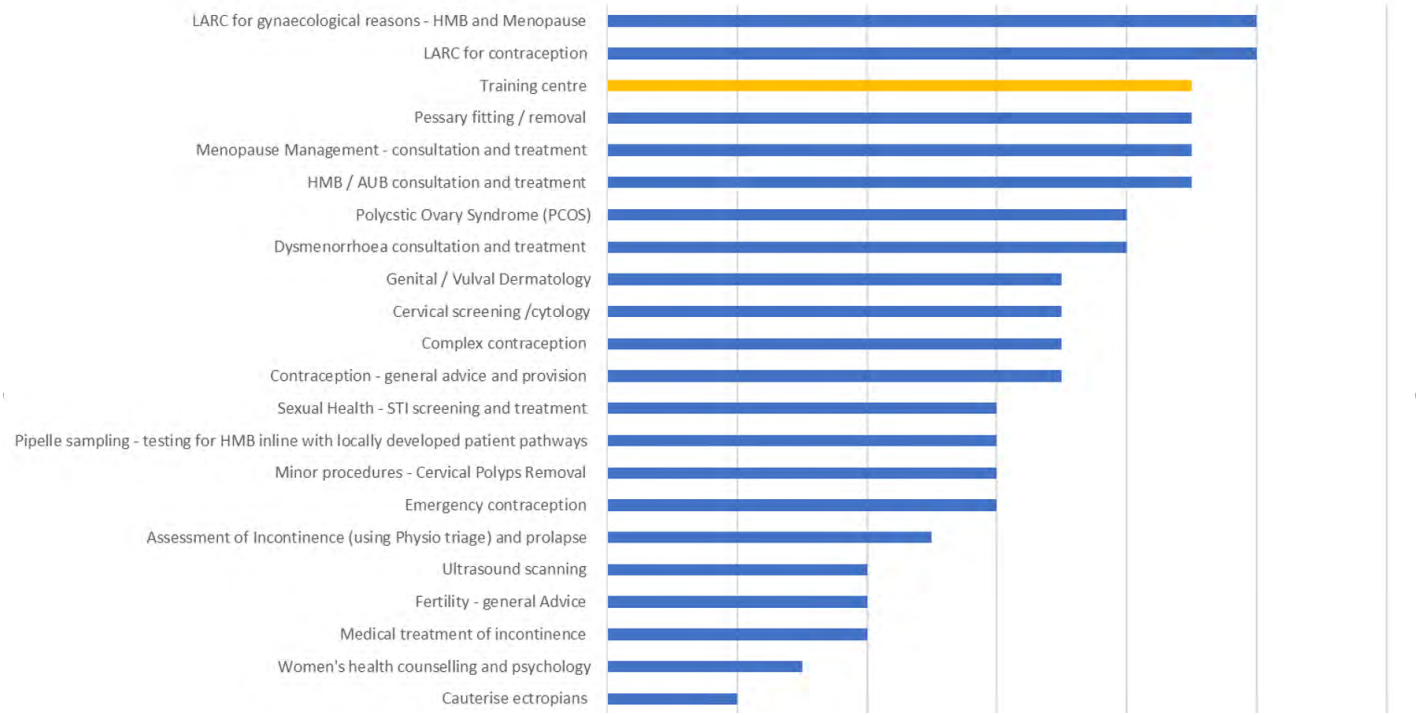
Figure 2 (below) highlights the variation of services across different Women's Health Hubs, with data taken from 10 toolkit case studies featured on the Primary Care Women's Health Forum.

SUMMARY OF VARIATION IN SERVICES OFFERED ACROSS 10 CASE STUDIES FEATURED IN THE PCWHF TOOLKIT



Look at the established examples of Women's Health Hubs and take inspiration from them. **This toolkit of case studies** contains information on identifying need in your local area, creating a business plan, assessing financial viability, making it happen and assessing success[3].

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EXAMPLE 1

A Women's Health Hubs started by utilising Extended Access Monies

Devizes Case Study, as described by Dr Katherine Zakhour & Dr Natalie Freeman – Southbroom Surgery, Devizes Primary Care Network (PCN).

A women's health clinic (hub) developed through working together across Devizes Primary Care Network, piggybacking an existing framework which delivers urgent care across the four practices, using established links and working relationships to provide women's healthcare.

Model of care:

The clinic was set up through extended access monies – we offer the same clinic one evening every week and occasional Saturday mornings. Using extended access monies enabled us to get off the ground quickly and develop the hub in the way we wanted to suit our PCN needs.

Services:

Contraception, gynaecology (menstrual problems, prolapse etc), HRT/menopause, smears, and LARC.

Workforce:

Staffed by interested clinicians from each of the practices across the PCN. Doctors, nurses, physician associates and HCAs opt in to staff the clinic instead of, or in addition to, their core hours. To date, the clinic has never been short staffed, proving popular with patients and staff alike.

Patient feedback:

Overwhelmingly positive – we met the demands of our local population by providing this service and offering female centred healthcare appointments outside normal working hours (information taken from the Healthwatch survey findings).

Next steps:

According to Katherine: "By providing the service within the Extended Access framework, we were able to adapt our standard appointment slots, etc, which has been beneficial – especially for the longer HRT discussions. We give the women more time and it tends to reduce the need for further appointments down the line. However, it is so popular we are booked up six weeks in advance as we have limited appointments available within the Extended Access model (6.30–8pm). We plan to extend the model to either make existing appointments more efficient in order to add more patients in (e.g. consenting patients prior to LARC procedures) or to add additional clinics during the normal working day to meet the ongoing increasing demand.

"In the near future we are planning a webinar for our local patients about HRT and menopause, which we hope to expand to other female and more general health concerns. We now have so much more to offer in terms of services and patient education."

"I found the PCWHF webinar on the Liverpool model last year incredibly helpful and inspiring and while we didn't build a case study etc in the same way, it was the knowledge that the model existed, and was successful, that motivated us to push ahead with this one, the extended access model provided the quick means to do this."

Dr Katherine Zakhour, Southbroom Surgery, Devizes Primary Care Network.

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EXAMPLE 2

Bradford Districts and Craven – plans for DHSC funding

Bradford Case Study, as described by Dr Amy Tatham - GPwSI Gynae, The Ridge Medical Practice, Bradford and Associate Clinical Director for Maternity Care and Women's Health, Bradford Districts and Craven HCPs.

In 2023, the government in England announced an investment of £25million across 42 areas, resulting in £595,000 per ICB to be shared amongst partnerships. Bradford Districts and Craven received £100,000, with 75% available in 2023/24 and the remaining 25% in 2024/25.

The money was to be used to accelerate progress, with a service which was recurrently affordable. The ultimate aim was for a hub in each ICB, to support wider expansion.

Chosen areas of focus in Bradford Districts and Craven HCP

- Menstrual problems – Pain/HMB/endometriosis/PCOS.
- Menopause care.
- Improving contraception (including emergency) and LARC provision.
- Preconception care.
- Cervical screening.
- Pessary change.
- Breast care.
- STI/HIV screening.
- Encouraging 'one-stop' appointments, e.g. incorporating the management of heavy bleeding, STI screening and increasing smear uptake with a consultation.

Other suggested specific services

- HPV vaccine.
- Incontinence care.
- Pelvic organ prolapse/pelvic physiotherapy.
- Pelvic Pain assessment.
- Recurrent UTI.
- Vulval dermatology.
- Sexual health services/psychosexual services.
- Fertility assessment.
- Perinatal mental health support.
- Breast pain.
- Abortion services.
- Osteoporosis assessment/care.
- Improve pathways and access to services – DV/FGM/Mental health services/social, prescribing/social services/obesity, smoking and alcohol services.

Opportunities:

- Good time to look at current service and what is provided.
- Improve existing service provision.
- Great opportunity for collaborative working.
- Identify vulnerable groups of women in the local area and working closely with community groups to support their needs.

Barriers to delivery:

- Appointment length and funding/affordability.
- Increased demands and workload in primary care.

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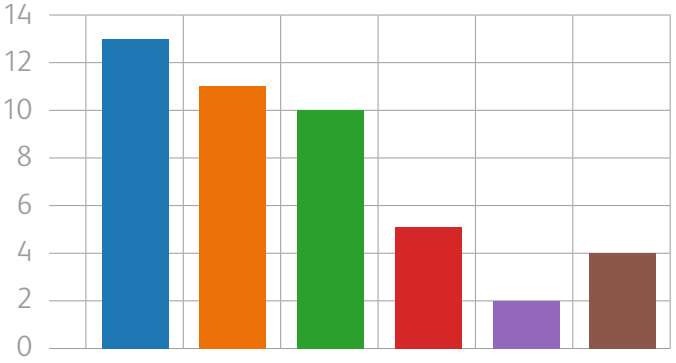
LARC provision

Recent developments

- Over the past 12-18 months, PCN based LARC services have been delivered.
- Collaborative working with Local (CaSH service)/ primary care/local authority.
- PCN women's health leads network.
- Tailored to local need – due to high rate of termination of pregnancy, aim to improve LARC uptake.
- Increasing number of coils requested for menstrual disorders/for HRT.
- More trainers and training needed.
- Development of a pilot site.

Identified barriers preventing increasing LARC deliver within Bradford practices



Time	13
Funding	11
Number of staff trained to deliver	10
Clinic space	5
None of the above	2
Other	4

Assessing the benefits and barriers

- Able to identify gaps in current provision.
- Good provision between PCNs.
- Lots of interest/desire to provide more.
- Lots of recognition of need for provision in the community.
- Main issues include:
  - Funding/time
  - Lapsed skills/training
  - Extended access
  - High demand.

Menopause provision

Recent developments

- Improved education for clinicians already underway.
- Development of Assist pathways for management of the menopause.
- Remote consulting.
- Improved access to information for women.
- Development of specialist service.
- Possible 3 tier service.
- Educational resources for patients.
- Primary care provision of basic menopause care.
- Specialist level clinic for complex cases.

Next Steps

- Proposal on how to spend the £100,000 allocated has been submitted.
- Not enough to set up a service – non-recurrent funding.
- Money could be used to help support work already going on:
  - Pilot site – focus on specific areas.
  - Improving LARC training and education.
  - Identifying more potential trainers for LARC fitting.
  - Menopause education.
  - Development of patient resources.

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1 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/healthstatelifeexpectanciesuk/2018to2020

2 https://www.gov.uk/government/publications/womens-health-hubs-information-and-guidance/womens-health-hubs-core-specification

3 https://whh.pcwhf.co.uk

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