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Funding for Women's Health Hubs

Your questions answered

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Funding for Women's Health Hub
Your questions answered

PRIMARY CARE WOMEN'S HEALTH FORUM
The Women's Health Hub Toolkit

The PCWHF hosted a webinar on the topic of funding for Women's Health Hubs on Thursday 7th December 2023. Inundated with questions, our speakers Dr Julie Oliver, Dr Fiona Lemmens, Dr Amy Tatham and Dr Steph Cook have taken some time to answer those queries that they were unable to respond to during the webinar.

Question	Answer
Is there any action being taken to ensure the monies allocated to the ICBs is ring-fenced for the development of women's health hubs?	Each Integrated Care Board (ICB) should have an audit process in place in order to feedback to the DHSC where the money has been spent and justify its use. This will need to be submitted back to the Department of Health and Social Care (DHSC). Sadly, we are aware that some areas are not taking the money as they have nobody to lead on the work and in some areas, the money is not being allocated as intended.
Can you please advise about some hub services provision in Scotland?	This is the https://www.gov.scot/publications/womens-health-plan-interim-progress-update-2023/ published by the Scottish government about their Womens Health Plan. Each section has some detail on the progress made in each area. There are 59 action points with some explanation of progress. There were three references to funding in this document, all small amounts for small projects. A second annual progress report https://www.gov.scot/publications/womens-health-plan-second-annual-report-progress-january-2024/pages/8/ was published in January 2024, highlighting key areas of work that have been progressed since the publication of the 2023 interim report.
How do you see women's health hubs supporting the integrated neighbourhood team model that is supported by the Fuller report?	There is potential for WHHs to be part of the integrated neighbourhood teams especially if they are co-located. This will be for local places to determine, depending on the type of model the integrated teams they are pursuing.

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Question	Answer
How does our PCN obtain the funding if it's the ICB that has submitted a proposal for nationally allocated funding?	Find out who is involved in the WHH work in your ICB, there will be at least one women's health lead appointed and possibly a clinical lead. Plans should already be underway to spend the funds and these leads will be aware of how the monies are being allocated. It would be helpful to express an interest and find out how/if you can be involved in the plans in your area. The £595k provided to each ICB is non-recurrent and is intended for two years with no guarantee of further funding. One example of approach to allocating funding:
Aside from the £595k, is there any evidence that ICBs are considering/ beginning to move funds into primary care from secondary care to resource the clinic activity at hub level for long term sustainability?	This will be up to individual areas to decide and will come down to a decision by ICBs as to which services are delivered by secondary care and what can be provided at a hub level. It is still early days for the ICBs. Unfortunately the prospect of moving funds from services that are already financially struggling seems unlikely. However if new emerging services are able to form concise, strong business cases and demonstrate the financial viability of shifting funds to primary care, there will be a greater chance of this happening. Commissioners are being encouraged to be more collaborative in their approach and to consider cost savings across the whole system, not just in one area and so the first step to enabling this process is showing the potential cost savings across the system.

Programme Management support	60k
GP Clinical Leadership	60k
Tariff fees for IUD non contraceptive use	445k Collaborative commissioning model with Local Authorities
Contingency	30k
Total	£595k

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Question	Answer
As a GP (LARC fitter), I moved to a practice that wasn't fitting LARC and was excited to start a service. However, Public Health have not allowed us to move forward with this as they are restructuring their commissioning services. Is there another way we could start the service in the practice?	Find out who is responsible for the funding costs and how they are reimbursed to ensure any service set up is financially viable including the fitting costs and the device costs. In addition, approach the WHH lead appointed by the ICB to discuss your proposals and highlight the issues you are facing as a practice.
I'm a GP and my practice currently fits LARC and pessaries. Will there be any funding coming from the health hubs for pessaries specifically as currently there is no funding for this locally?	Our understanding is that this would require a discussion with secondary care along with finding out how pessaries are currently funded - is it a block contract with gynaecology? This task is about untangling the current funding streams so that some money can be redirected to your service. A good example of recent funding for fitting pessaries is the Liverpool service where all practices should have access to the Liverpool Local Authority LES document which contains payments for practices and PCNs https://whh.pcwhf.co.uk/resources/an-example-of-success-from-liverpool/.
Do you have any experience of offering group consultations for women's health e.g. menopause and can you give some advice on how to set them up/advertise them to women? We have funding to get training but not much in the pot to implement it.	This is something that we are looking into, we are aware that there is a lot of interest in offering group consultations particularly for Menopause. We are also aware that a number of areas have started to introduce this type of session i.e. using their extended hours. You will need some IT and administrative support to get this model up and running. Sessions are advertised through websites and social media, along with the receptionists signposting. Feedback is that the sessions are proving very popular. One of the barriers is cultural and language barriers that may make this form of consultation more difficult. It may be worth looking at the NHSE information. NHSE-MenopauseToolkitResources | Group Consultations, the concept of reaching a lot more patients within the one consultation is certainly interesting & some areas have found it a useful way to reduce outpatient waits (especially in secondary care).

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Question	Answer
I am a GP and run a menopause clinic with extended hours but I'm really struggling to get specialist training - how can I move forward with this?	Find a trainer through the FSRH or BMS, they both have comprehensive information on the training sections of their websites. The FSRH training can be delivered virtually so may be a possibility if you do not have a trainer locally. The bottleneck tends to be locating a trainer.
Pelvic Health Physiotherapy Specialists appear to be missing amongst the champion roles - can you explain why?	The list of roles is not exhaustive and there is no obvious reason why Pelvic Health Physiotherapy Specialists can't be included in the list as they are a valuable resource when it comes to dealing with bladder and prolapse problems. This professional group would be ideally placed to lead and provide services in WHHs. However, it is down to local areas to determine the local needs and, where appropriate, include this group and find funding for their services. WHHs are all about multi-disciplinary teams depending on local requirements.
I have recently started a pelvic health clinic in our PCN (I am a musculoskeletal health (MSK)/pelvic health first contact physio) and have been offered a 6-month pilot - where do you suggest I go from there in terms of accessing funding post pilot? I imaging it is liaising with our ICB women's health champion?	This sounds like an incredible asset to any WHH. It is recommended that you go to the ICB women's health champion to ensure they are aware of your pilot. It would also be beneficial to be auditing your work with your patients and producing a business case. Consider service evaluation (patient feedback), any measurable KPI such as reducing waiting times, numbers through the service so far and what has been learnt through the model. It may be helpful to approach secondary care gynaecology services along with finding out who the commissioner for gynaecology services is in the area. You need a supportive manager and may find it helpful to look at https://whh.pcwhf.co.uk/ for further information which may help you.

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Question	Answer
As a pelvic health physiotherapist working in primary care, it has been really exciting to hear about the development of WHHs, and good to hear colleagues mention that pelvic health physiotherapists can be helpful for pelvic pain. It is disappointing however that none of the Hubs that I have heard presenting to date have included an advanced level PH physiotherapist within their hub. I wonder if you have considered including us in a first contact practitioner role like our MSK colleagues have been used?	At PCWHF we are keen to develop closer connections with Pelvic Floor Physios and are looking into further collaboration with POGD colleagues POGP (thepogp.co.uk). If any one has developed a service like this and is interested in sharing more information please contact the Dr Stephanie Cook through the PCWHF This is one area of many that could easily sit in primary care models of health and could act as a triage/referral service.
So, who is going to treat women with prolapse, incontinence, or pelvic pain who come for LARC or menopause advice but divulge other issues too?	We need allocated dedicated appointments with appropriate healthcare professionals for separate issues within the hubs. For example, if a patient attends for a coil but is noted to have a prolapse, the ideal pathway is to be able to book that patient for a follow up pelvic floor examination or assessment. Good clinical pathways are needed as well as some form of income stream to develop a service. Many areas are using extended access funds as a way to put on new services that have not been directly commissioned with a new tariff. There is a difficult balance to be struck between wanting to deliver more and more for patients but without an additional income. We need to show how primary care is ideally situated to develop new services but at the same time take care not to do more and more with no additional income, and without clear clinical governance and pathways.
Are there any opportunities to access funding for menopause services within NHS Occupational Health Services for NHS staff specifically?	As far as we are aware, there is no available funding for this for staff specifically. It might be worth asking your Occupational Health departments about staff wellbeing and what time/energy and money is being invested in menopause support for your area. Your local ICB women's health lead should know where the funding streams have been allocated and you would need to be networked to have any chance of getting hold of some of that money.

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