APPENDIX

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

An update on the Women's Health Hub Pilots

Joint Health Scrutiny Committee

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

Women's Health Hubs – why is change needed?

Case for change:

- Women experience poorer health outcomes
- Live longer but in poorer health
- Women do not feel they have access to HCP's who understand their needs
- Women want better access to a range of services

Women's Health Hubs are to bring together healthcare professionals and existing services to provide integrated women's health services in the community, centered on meeting women's needs across the life course.

Hub models aim to improve access to and experiences of care, improve health outcomes for women, and reduce health inequalities.

What could we achieve?

Aim:

- Provide integrated women's health services in the community, cantered on meeting women's needs across the life-course.
- Improve access to health services for women
- Improve women's experience in a healthcare setting
- Improve health outcomes for women
- Reduce health inequalities

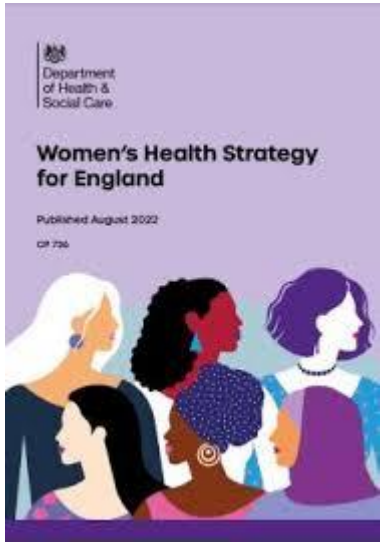
Governance:

- ICB Contract delivery and evaluation group
- LLR's Women's System Partnership
- Also internally reported within LLR Senior Leadership governance for assurance

Expected outcomes for this pilot:

- The shift of unnecessary **LARC** appointments from Secondary Care to Primary Care
- Reducing waiting times for appointments – particularly for LARC
- Increase **Cervical Screening** uptake – targeting areas of low uptake in particular
- Improve access to **menopause** care
- Reduce duplication of appointments and **release capacity in Primary Care**
- Improve **women's experience** in healthcare settings (reducing multiple appointments included)
- Provide a Primary Care+ service with health professionals who have the **skills and expertise** to support women.
- Implementing a 'getting it right first-time' policy.

How does this model support other recommendations, targets and initiatives?



Supports the NHS Long Term Plan, NHSE Women's Health Strategy and LLR Women's Health Programme

Scope and pilot a financially sustainable model for Primary Care to support women's health

Supports place-based plans in boosting health outcomes

Support the NHS England 2024 Operational Planning Guidance

Potential to "unlock" clinic capacity, to support other services with longer than acceptable waiting times – Darzi

Supports the wider elective care strategy

Supports the LLR Cancer Elimination Strategy

Supports the Women's Health Strategic aims

So, what is the Project Model?

Area: City
- Open 7 days a week
- Across 3 clinic sites in 3 areas
- GP and Sexual Health Nurse led

Area: County
- Menopause specialist hub
- Open 5 days a week (weekends included)
- Across 2 clinic sites
- GPs / WSI
- ANPs / Nursing associates / HCA / PNs

Area: Rutland

Covers Melton and roving van scheduled
- Open 6 days a week
- GP Specialist in gynae led
- Advanced practitioners
- Practice nurses

CORE SERVICES:
- **Menstrual problems assessment and treatment,** including but not limited to care for heavy, painful or irregular menstrual bleeding, and care for conditions such as endometriosis and polycystic ovary syndrome
- **Menopause** assessment and treatment
- Contraceptive counselling and provision of the **full range of contraceptive methods** including LARC fitting for both contraceptive and gynaecological purposes (for example, LARC for heavy menstrual bleeding and menopause), and LARC removal, and emergency hormonal contraception
- **Pessary** fitting and removal
- **Cervical screening**
- **Screening and treatment** for sexually transmitted infections (STIs), and HIV screening

Holistic:
- Longer appointment times (20 min minimum) with multiple issues addressed in 1 appointment
- Walk-in and group consultations available
- Diet and weight management
- Menopause and Mental Health cafés
- Outreach into communities such as councils, food banks and women's groups/shelters
- Local campaigns for women's health through gyms, libraries etc.

Reviewing what works and what doesn't work for women and their health!

What has been our approach to evaluation?

LLR ICB Women's Health Hubs Pilot 1st year mid-point review				
KLOE	**Source**	**Cross reference with national driver 2024**	**Gaps identified for improvement / barriers still present**	**Evidence against KLOE**
IMPACTS				
Access Improve womens experience of accessing care and reduction in health access inequalities	**Women's Health Hub Core Specification 2023: Aims for women and girls:** • better access to services, including preventative healthcare and early intervention, and reduced unmet need for healthcare • improved patient experience, with care being delivered in one appointment where possible • improved health outcomes and reduced health inequalities • improved access to health information, in a range of formats, and supported patient self-management where appropriate	Women's Health Strategy 2022		• *User experience rating - feedback* • *Availability – have there been changes in the availability of the service? Different methods for service access? Tailored approach? Extended hours? More locations?* • *Ease of access – what barriers did users face previously and have these been addressed?* • *Demographics – are there specific demographics that report improved access? Data to support.* • *Feedback mechanisms and utilisation of feedback* • *Target populations – which populations were previously underserved and how has the service targeted these groups?*
Community Improve care closer to home and therefore choice for women	**Women's Health Hub Core Specification 2023: Aims for women and girls:** • better access to services, including preventative healthcare and early intervention, and reduced unmet need for healthcare • improved patient experience, with care being delivered in one appointment where possible	Women's Health Strategy 2022		• *Heat maps – health inequalities / WHH in situ / access from postcodes* • *Service availability – appointments offered / appointment utilisation* • *Accessibility – has the proximity of care options changed for patients? Are there more options for remote care? Has this been effective?* • *User feedback – What have patients said about the convenience of accessing the services?* • *Information access – what information is provided to help users make informed choices/decisions about their care? Diversity in types for catering to different needs and preferences?* • *Difference in models used and any adaptation to these? Showing 'no one size fits all'*

Fig 1: KLOE document utilised to support review

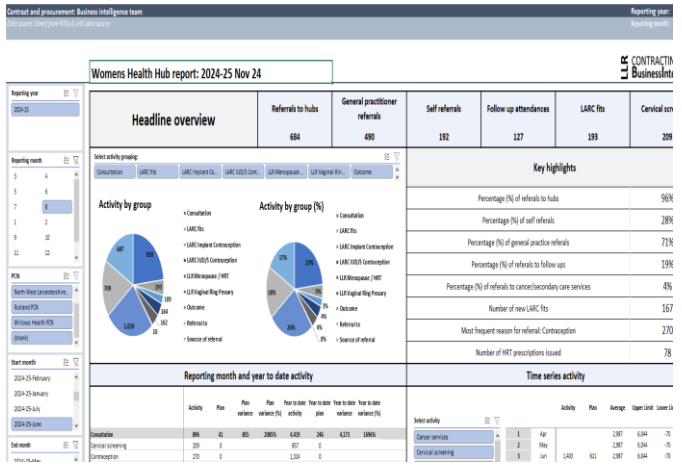
Structured and methodical

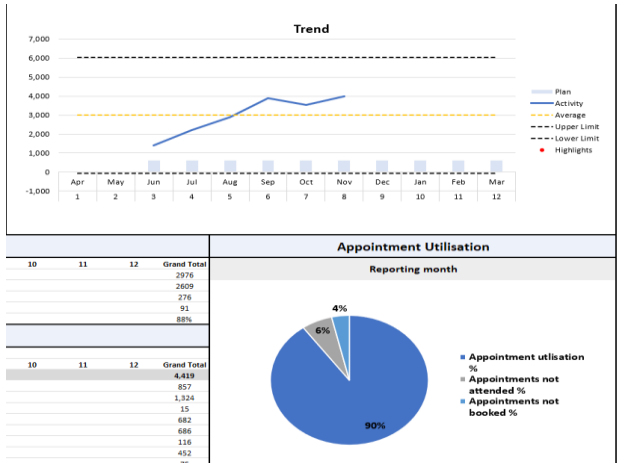
- Plan-Do-Study-Act (PDSA) cycle to plan, implement, evaluate, and adjust interventions at incremental periods.
- Monthly informal reviews against qualitative and quantitative data
- Two stages with formal Mid-Point and End Point evaluation
- KLOE style document developed to gather narrative on dashboard intelligence

Benefit driven

- Design, build and pilot benefit realisation dashboard
- Create a benefits realisation workbook
- Named support in ICB to supply timely data to ensure data quality

Fig 2 and 3: Benefit realisation dashboard – updated monthly





Transparent / learning culture

- Acknowledge that pilots don't always get everything right the first time; adapt, learn and embed learning

What are our findings so far?

- ✓ Overall Principles: Including workforce, training, communication, documentation (business case/project brief), processes
- ✓ Objective Evaluation: Including current trajectory to achieving objectives within pilot period (against Qualitative and Quantitative data)
- ✓ Overall Analysis: Including evaluating risk, quality checklist and opportunities to scale model

The key return from this pilot will be the improved health outcomes due to improved access and improved satisfaction with reduced appointments; therefore, implementing a 'getting it right first-time' policy. An additional aim to scope cost-efficiencies in the system, which is not always easy to demonstrate.

We said…	City did…	County did…	Rutland did…
The shift of unnecessary LARC appointments from Secondary Care to Primary Care	Increased LARC fits and removals - 424 LARC fits and removal - (Includes 52 IUD/S removal + 28 coil checks)	330 new patients accessed LARC services for the first time since WHH launch with the 27-36 age group showed the highest uptake This is a newly commenced focus due to the hub starting with menopause as a focus – activity and demand growing	Number of appts increased- an additional x 5 IUCD procedures and x 3 implant procedures per week – 123 new LARC procedures Specific contraceptive advice clinic x 4 additional appts per week
Increase Cervical Screening uptake – targeting areas of low uptake in particular	Targeted clinic roll-out to address areas of low prevalence (1 abnormal smear detected so far)	Across 2024, 6440 smears completed, identifying 6 abnormal cases compared to the 5,988 screenings performed in 2023 with 3 abnormal results. A key achievement was reaching women who had not participated in cervical screening for an extended period. Specifically: 9 women aged 57–64 attended their first-ever smear test 18 women aged 47–56 who had never previously been screened came forward. 30 women aged 37–46 who had never had a smear test also participated.	Number of appts increased – providing an additional 90 appts per month. Additional initiatives in place through direct booking links sent to pts for Saturday clinics and Drop-in 'no pressure' clinics initiated Targeted messaging to previous non-responders and first-time patients
Improve access to menopause care	Benefit/impact has not yet been tracked as volume is lower than expected - below planned target -131 end Dec 24 Hub approach allows more activity per apt, evidenced by 67 menopause activity versus 57 funded by WHH hub.	June-November 2024 seen 3,941 HRT prescriptions reached. 89 monthly appointments now available compared to 37 monthly appointments prior to WHH implementation. A total of 942 appointments.	Number of appointments increased x5 to 25 per week with a Menopause café implemented
Reduce duplication of appointments and release capacity in Primary Care	1071 activities provided over 825 appointments, showing multiple issues addressed through appointments.		667 GP appts saved

What are our findings so far? Continued…

We said…	City did…	County did…	Rutland did…
Provide a Primary Care+ service with health professionals who have the skills and expertise to support women / Implementing a 'getting it right first-time' policy.	Expanded staffing group and regular clinical governance meetings with case study reviews. Working with business stakeholder Besins Healthcare - 2 educational training sessions provided in local GP surgeries by Specialty Dr Onboarding of Saffron PCN to expand the WHH pilot further across the City	Enhanced menopause capabilities through key courses: RCOG+BMS, BMS, BMS MCPC. 5 staff members trained	Increase from x 1 lead GP and x 1 ANP to and additional x 1 ANP, x 2 Nurses and x 1 Nursing associate – trained by lead GP One ANP completing advanced certificate in menopause care and dedicated WHH care co-Ordinator in place Workforce resilience programme in place PCN wide training sessions delivered to clinical and non-clinical staff
Empowering patients to make the right choices for their needs and signposting patients to the relevant services utilising education resources developed.	Usage of Aristotle and pop. health management to identify proactive outreach for vulnerable cohorts. Exploring the wider integration of Social Prescriber activities and usage of Joy.	Funded the 'active menopause' programme and campaign - provides valuable knowledge about menopause care, emphasizing the connection between physical health and menopause well-being. Works with patient participation groups across 12 surgeries.	Holistic elements provided within the Rutland WHH to include a mental health café, weight management and carers support.
Providing Women's Health Hub services closer to home for the service users, including: Clinic times at convenient times for the patients Offering a blend of appointments such as Face to Face, Telephone, Virtual, Group Consultations and outreach appointments	Open 7 days a week with a 'no turn away policy' across 3 sites/areas	Clinics, group consultations and digital methods available	Walk in clinics, weekend appointments and group consultations implemented within the model to provide access and choice.
Further integrated working between General Practice, NHS, Local authorities and the Voluntary and Community Sector	Initial discussion with Community Pharmacy to create Emergency Contraception advise line, direct to Specialty Dr. Inc. late night advice. Activity planned for local community hall, working with broader voluntary sector, linking existing food bank to population health screening.	NLW have engaged with a small cohort of patients in partnership with County Council to ensure women with 'repeat removals' (children) have LARC provided prior to re-introduction back into the home – this has been additional activity and allows a reduction in waiting times.	Close collaboration with Rutland County Council Health & Social Care Teams to deliver targeted approach for disadvantaged and 'hard to reach' communities.

Benefit realisation – Outcomes high-level review (Year 1 – 8 months)

Reduction **in overall waiting time** for first face to face Menopause Appointment From 2 weeks to 2-3 days

- 78.57%

Reduction in overall **follow-ups** for women decreased from 72% to 14%

- 62%

DNA rate for **cervical screenings** reduced from 22% to 10%

- 12%

LARC

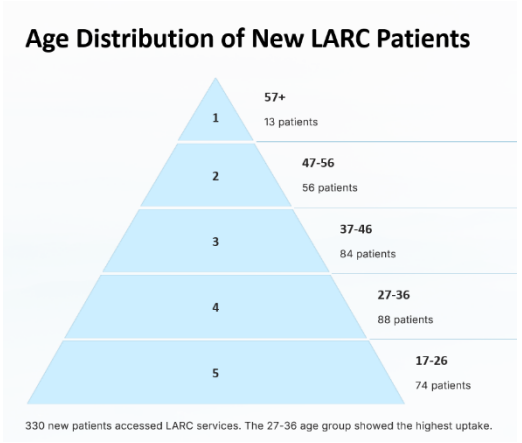
Reduction in waiting times from 2-3 weeks for LARC advice to 1 week

Reduction in waiting time from 2-3 months to 2 weeks for LARC procedures

Increase in **HRT prescribing** on previous 2024/24 figures of 3,793.)

+ 3.90%

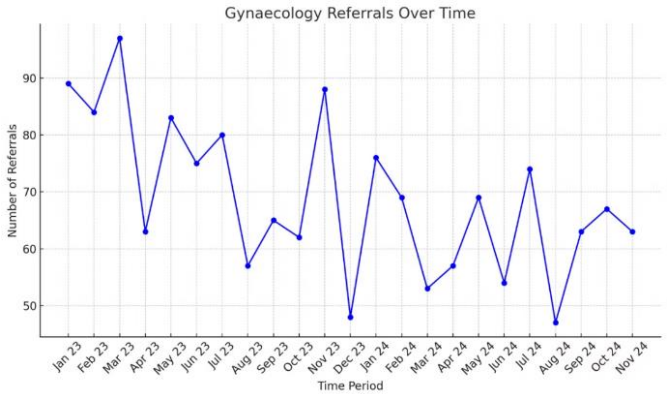
+ 58.5% increase in **menopause** appointment capacity



Increase in **cervical screenings**, doubling abnormality detection rate

+ 7.5%

2024 marks the highest number of smears conducted in recent years.



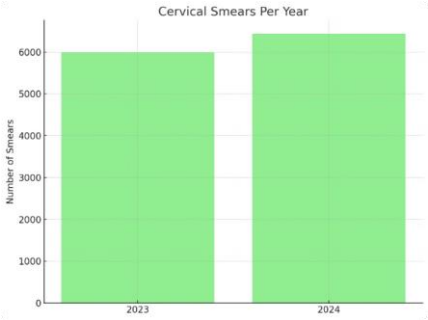
Reduction in referrals to **gynaecology**

- 24.1%

Since January 2024

- 4.73%

Since June 2024



Multiple activities (1071) conducted across 825 appointments - efficiency

+ 22.9%

General overview (Dec 24)

Total referrals to Women's Health Hubs

3738

35% self-referred

33 referrals from secondary care

2339 appointments available

3081 appointments attended

848 follow-ups

968 cervical screenings

941 LARC fits

Health inequalities review and benchmarks

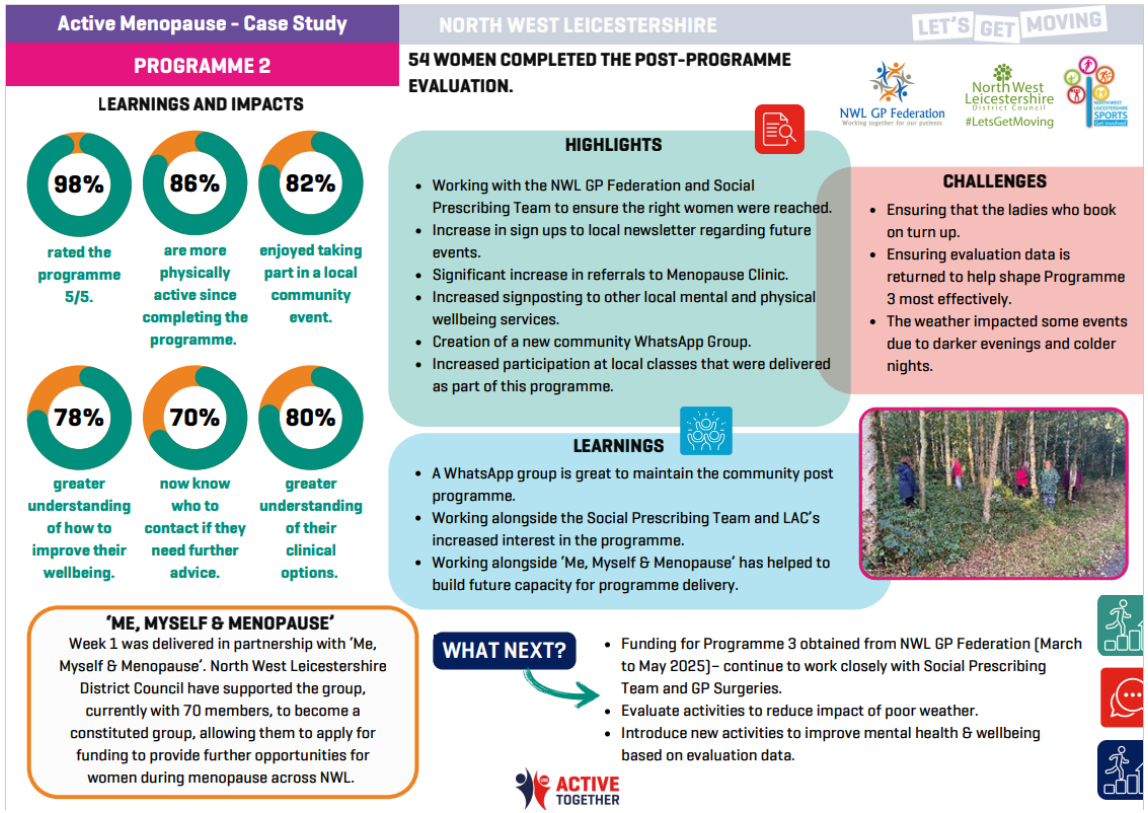
Due to the ‘small’ figures in terms of Health Inequalities, the data has been suppressed.
MLCSU, LHIS and ICB BI are continuing to scope a solution in how we can report against place.

- LARC
- Screenings
- Access rates comparison

Case reviews

"To whom this may concern,
I would like to highlight the value of the service provided by Dr Wake. From a strategic analysis point of view, had I been referred to her clinic by my GP 5 years ago, the NHS could have save the costs of a colonoscopy and 5 gastroenterology consultations, a tilt-test, 3 cardiology consultations with ECG, and several GP consultations.
From a personal point of view, I lived with a plethora of physical symptoms that no-one could find a reason for the past 5 years. I did not feel like myself anymore. My cognitive functions were impaired and this significantly impacted negatively my work and my relationships with my family, and also led to a shattering of my self-confidence.
Having been seen by Dr Wake and prescribed oestrogen patches, I regained my cognitive function to the level it was at 5 years ago in less than a month!
This makes me realise how underestimated the seriousness of the perimenopause currently is in the NHS and how crucial the role Dr Wake and her clinic are. For me it was simply a lifeline and I am unsure of what the future would look like without it.
Dr Wake herself is a very skilled doctor, and her relationship with her patients inspire trust and confidence in her knowledge. She is able to listen without judgment and communicate with her patients at their level, explaining the role of HRT in detail and answering any questions honestly. I cannot recommend her enough. I would describe her impact as life changing.
I do hope that the voice and evidence provided by her patients like me will be taken seriously and considered as a key part of the decision process. Please ensure that her clinic can continue and even expand in the future. Women need access to comprehensive peri and menopause services, as it has significant life altering effect on their health. And the NHS can save money by addressing the issues at the source."

Through a new **targeted WHH initiative to increase cervical smears** for those who either haven't attended for some time or never at all:
A woman who was 8 years overdue her first smear. She presented to one of the new Saturday smear clinics and went ahead with the procedure. The result has come back abnormal. The patient is also known to MH and safeguarding, so it is significant that she attended, having ignored all previous reminders.



Cost overview - BENEFITS

LARC

Assumed: For every £1 spent on LARC saves £4

IUD/IUS fitting implants - 344 procedures performed, generating £23,325 in revenue.

IUS/IUD fittings: 24 procedures performed, generating £2,160 in revenue

Implant services: 10 fittings and removals, contributing £410 to total income

Removals: 6 IUD/IUS removals completed, adding £120 to clinic earnings.

£27,000 saved months 1-7
With activity increasing, estimated Year 1 system savings £65,000

Abnormal smear

Assumed: Reducing movement through cancer pathways

1 abnormal smear detected – awaiting SC results

6 abnormal smears detected

X 5 abnormal smears detected in first month of Saturday access clinics

These numbers are not system wide but only for hub practices.

Menopause/bleeding

Assumed: Saving 2 appointments per 1 activity which equates to £60

£27,000 saved months 1-7
With activity increasing, estimated Year 1 system savings £65,000

These figures are not 'cash releasing'

GENERAL

Assumed: WHH will scope financial efficiencies through bringing revenue into 1 place

£38k total direct rev. Generated from various clinic activities and support services.

£42k total direct rev. Generated from various clinic activities and support services.

SECONDARY CARE COST SAVING

With the 29% reduction in secondary gynae referrals

(assumed 1 appt per saved referral: 1 gynae consultant OP single professional appt - £185)

Circa £11,655 savings

Longer appointments

The more activity per longer appointment, the bigger the cost increase saved

In summary, what have we learnt?..

✓ Year 2 includes continuing to deliver on the services already provided in Year 1 with demand continuing to grow, seeking to improve upon benchmarking in this 1st year. WHH will also:

Longer appointments means efficiencies

Impact: 42% increase on avg. Jun-Dec across WHH hub funded and other sources of funding

Recommendation: Co-ordinate funding pots and streamline cashflow some monthly, some quarterly, some non recurrent (WHH)

Patient's are not scared of smears

Insights show that poor uptake on smears are due to not being able to get an appointment, not due to behaviour

Resolution: Additional capacity / weekend clinics / engaging with non-responders for cervical smears

DO NOT underestimate demand

Huge demand for services and especially menopause.

Recommendations: To ensure links into system strategies to scope improvements for access

Expansion of group consultations and support groups to reduce need for individual f2f and freeing up additional capacity

An additional clinic added. Impact on service delivery costs as the menopause support does not generate a short term direct income - more a medium to long term positive impact

Further clarity over income sources

Demonstrate how WHH funding has been specifically utilised, e.g. LARC is self funded, CBS, as this helps develop future self funding based upon activity.

Recommendation: Co-ordinate funding pots and streamline cashflow some monthly, some quarterly, some non-recurrent (WHH)

Ability to trial services before officially launching

LARC trialled for weekend services which provided insight to developing a service which provides a quieter environment and on weekends

Equality

Equality assessment - exclusion criteria men, does not work in this environment (LGBTQ+) access for transgender (men and women).

Recommendation: Review wording of exclusion criteria and engagement plans as part of changes

COST OUT FROM SECONDARY CARE

Impact: Money saved through reduced referrals to gynae will be significant.

Resolution: Scope how to left-shift funding with activity to sustain women's health hubs

Implementing policies that benefit patients

Impact: this means a DNA - no pay. Drives positive approach to a) appointment bookings / numbers seen / capacity and management of late apt. attendance.

Improved patient outcomes – no turn away approach

Risk of practices not renewing LARC contracts across County

Impact: Growing demand on the County WHH's with a decrease in HCP skills – negative impact on patient's and outcomes

Resolution: Work with County PH to understand position across the County and work with practices on their concerns. Ensure pt's have LARC pathway for those who are not able to receive in their practices

…and what is next?

✓ Year 2 includes continuing to deliver on the services already provided in Year 1 with demand continuing to grow, seeking to improve upon benchmarking in this 1st year. WHH will also:

Widen the scope - sustainability

- Review lessons learnt with PC leads
- Support PC to adopt and embed models of WHH

Evaluate success of HCP education

- Review tracking of outcomes of GP 'upskilling'; success of embedding learning, HCP voice and feedback.
- Utilise WHH MDT to look at opportunities

Improve data metrics

- An improved focus on Health Inequalities

Women's Health Needs Analysis:

- Seek to support the recommendations following the published LLR Women's Health Needs Analysis

Maternity

Further engagement with maternity and midwives to support pathways.

Improve process for patient voice

- Outline detailed strategy for wider engagement for inclusivity; BAME, LGBTQIA+
- Style of engagement to flex wider than questionnaires – aligned to health inequalities

BAU state and begin to focus on Gynaecology

- Develop polypectomy from cervix service
- Left-shift of menopause activity from Secondary Care
- Develop Community Diagnostic Hub pathway
- Embed GPwSI within WHH

Community work and VCSE

- Operationalise the activity planned within community halls and foodbank
- Analyse further population health management tool to understand areas of need
- Develop the pathway through community women's groups into WHH

Place plans

- CYP
- Dementia
- Breast Screening

Cancer

- Additional activity for cervical screening to increase
- Understand how WHH link into wider Cancer Elimination strategy

Plan, plan, plan!

- Improved planning & go/no go approach
- Maintain evaluation process and roadmap approach to ensure control remains

The Hubs are a valuable service… take it from the patients!

"Just really pleased with a specialist who knew so much about side effects and had an answer"

"If every single nurse and practitioner would be so caring and attentive to their patients as mine today then I believe the number of missed appointment would be much smaller. I had numerous things addressed within my appointment and do not have to wait any longer"

"This service is not advertised well enough in social media and other place"

Improvement made: An engagement strategy is now in place with a review of engagement and advertising methods

"Very good service, came late for appointment and still seen. Doctor was very good"

"Walked in to see if I could book an appointment, and was seen on the day, wonderful thank you so much, didn't expect that."

"Just really pleased with a specialist who knew so much about side effects and had an answer"

"My nurse made the whole appointment about me. Noticed I had a big birthday coming up and remembered last time I had been upset about work and was very considerate – asked about this. Would never get this with my normal GP service. Excellent service from start to finish"

"It seemed I was playing second fiddle to what she was reading on screen with long pauses"

Improvement made: Rutland are piloting an AI tool to support clinicians with administrative duties whilst in consultation

"The advice was superb. I was presented with options that balanced my needs with my lifestyle"

"I've not been to gp surgery for several years, was called to attend bp check on Sunday, yes Sunday - amazing. Arrived slightly late, but no problem, staff lovely and was seen, then was offered a health check, there and then, also my wife came with me asked about appointment for her concerns, and onsite, on a Sunday was a women's health clinic, she was seen, and highly delighted, so was I. Can't thank you enough, amazing you have staff working Sunday and they all so helpful and happy, you have restored my faith in the NHS, thank you. We work full time, and look after parents, so attending in week so difficult, you have given us a freedom we didn't know, dr, staff, all amazing, thank you."

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