Women's health hub: Case for change in Kent and Medway

Appendix 5

Kent and Medway Integrated Care System

What women told us: five key things to prioritise when improving women's health (quality, cultural, operational and clinical change)

- Better training for GPs and clinicians on women's issues, improved listening and a more holistic approach. Education of GP practice staff on women's issues, especially menopause. Specialist women's health clinics staffed by clinicians with training and expertise in women's health
- Women are having multiple appointments with GPs before being referred to long waiting lists resulting in them waiting years for diagnosis, treatment and support.
- Provide one stop-shops/ women's health hubs, or direct access to a specialist women's health physiotherapist/ practitioner/GP/champion, access to contraceptive and non-contraceptive LARC in primary care and community
- Make it easier to get appointments to discuss the all concerns around women's health and well-being
- Reduce waiting times and length of time women are suffering and unnecessary convoluted pathways into secondary care

It is important to recognise:

Education about women's health issues needs to take place in schools and colleges

- There's a stigma around women's health issues and many women feel uncomfortable talking about it
- Access to support and advice for women's health issues is not consistent and leads to poor health outcome and quality of life
- Improved access to mental health support and advice and support for women throughout the life course on women's health issues.
- Cost benefit analysis has shown that for every one pound spent, there is nearly a six times of benefit and impact on socio-economic health of society.

NHSE expect at least one hub to be established in every ICB.

By the end of July 2024 ICBs are expected to have:

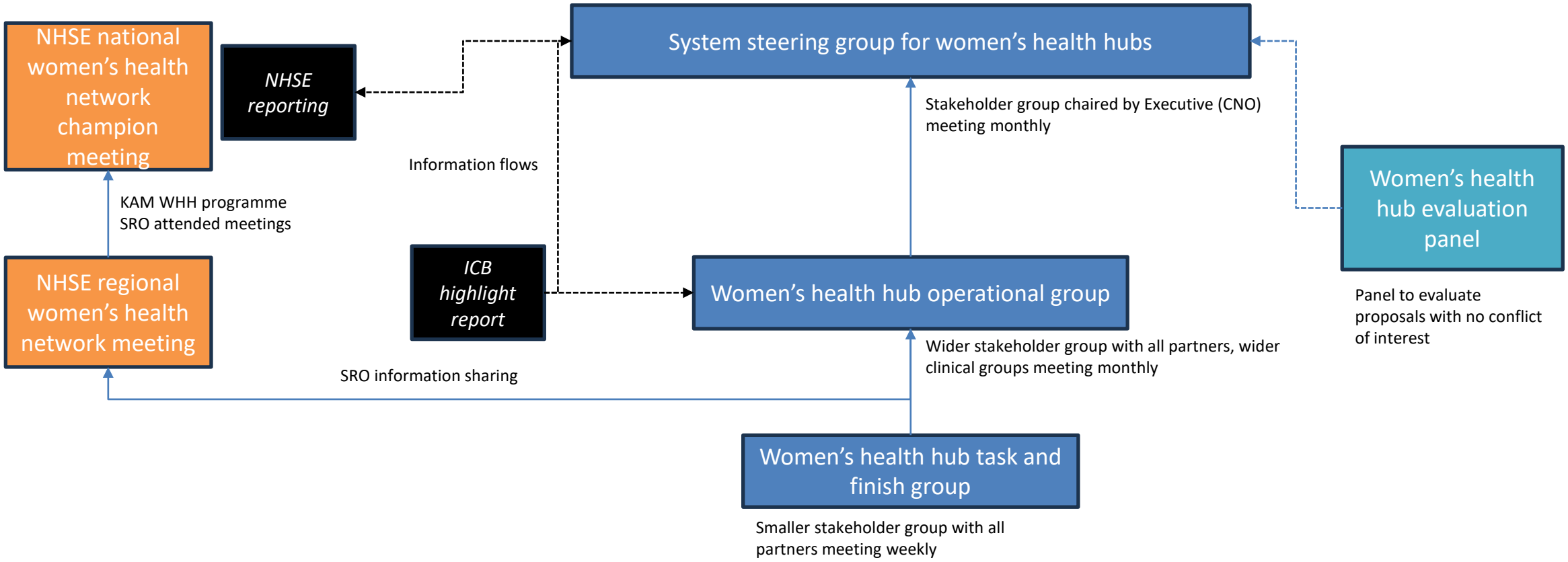
- at least one hub that is operational and provides clinical support and consultations/triaging against at least 2 core services from the core specification.

By the end of December 2024 ICBs are expected to have:

- at least one hub that is operational and provides clinical support and consultations/triaging against all core services from the core specification.
- There is no 'one size fits all' approach as hub models must be tailored to local population needs. They should be wrapped around women and girls' health needs across the life course. Evidence from existing hubs show that hub models may start with an initial service offer which is then expanded over time - with a long-acting reversible contraception (LARC) service often the first building block.

Women's health hubs governance structure

Kent and Medway Integrated Care System



Highlight report for WHH

Programme Name	Women's Health Hub	NHSE budget	£595K (non-recurrent)
SRO	Aparna Belapurkar with oversight from Paul Lumsdon	Plan	£595,000
Month	June 2024	Actual	

NHS
Kent and Medway

UPDATES FROM PREVIOUS MONTHS

- Engagement/ stakeholder events:
  - An initial primary care info from 5 PCNs on the women's health services delivered within their premises captured in Nov 2023
  - January 2024 survey for women analysed with report on KAM website. Focus group and virtual engagement session with women held in Feb 2024and feedback received with top 5 priorities drawn up
  - Women's health innovation event held at Kent and Medway Medical school in Mar 2024; discussion menopause, mental health, cardiovascular disease, and pelvic health
- Data collation: women's health services delivered by AHPs in secondary and community, Non contraceptive and contraceptive LARC, Pessaries fitting, Secondary care activity around IUD fitting
- Reset of the operational and task& finish group with stakeholders from PH, PCNs, ICB, comms lead, community and secondary care.
- Data and vision for Women's health hub, NHSE ask with timelines, options appraisal drawn up and action plan shared with the groups for co-production and buy-in
- WHH slide pack with criteria on which proposals would be evaluated shared with all HCP PCN Medical directors and individual sessions held for clarifying purposes.
- Vision for WHH and plans shared with PH and local authority to explore KAM wide coordinated pathway for women's health and well-being
- Proposals from 4 PCNs received so far with a fifth request for training. All HCPs engaged and submitted a proposal or funding request. All proposals present a sustainable service after the pilot. Evaluation panel set-up on 7th June with key stakeholders and criteria shared for evaluation. Agree pilot sites, funding and seek additional clarity on outcomes and metrics, access routes for women
- Discussions with secondary care around trainer and training providers to explore a KAM-wide phased training- menopause, LARC, Cervical screen assessors

OBJECTIVES FOR THE MONTH AND NEXT STEPS

- Reset the TOR for the task and finish group, operational delivery group. Ensure representation across four HCPs and equitable access to information and progress on the WHH work and training
- Develop MoU with the two hubs to go live in July 2024 with agreed funding schedule following receipt of KLOEs
- Work with stakeholders and agree a list of training- that is available within different areas, that is already commissioned with the waiting times and that needs to be commissioned as a one-off
- Work with digital leads and HIKSS around a KAM wide solution to link the hubs and work across HCPs
- Work with other two proposals to support and develop them further. Work with West Kent to understand their model.

Risk	RAG	Impact High/ medium/low	Mitigation
There is a risk that the proposals will not be up and running by July 2024		Medium	We will have agreed sites for WHH and their KPIs to demonstrate deliverables. They are to deliver min 2 specs by July that is doable
There is a risk that proposals have not considered the recurrent costs as the NHSE fund is non-recurrent.		Medium	Proposals were judged on the criteria to demonstrate sustainability without additional impact on ICB and LA
There is a risk that we do not have sufficient trainers to get the hub run optimally		High	Work with the training providers, map out trained resources and agree a training plan around women's health

WHH programme objectives

NHS
Kent and Medway

- To increase access to women's health services across all HCPs and reduce the health inequalities
- To improve experience of care
- To improve health outcomes for women and girls
- To deliver women's health hub through a PCN networked model in at least two of the four HCP areas with greatest deprivation, that improves access, experience and quality of services for women across Kent and Medway
- To build knowledge of women's health conditions in primary care
- To provide a range of professionals in primary care and community with the skills and competencies to undertake the assessment and treatment of select women's health conditions within the community closer to patients home where possible.
- To share learning and spread skills through the development of a community of practice

Criteria to evaluate Women's health hubs proposal

Kent and Medway Integrated Care System

Number	Criteria for judging WHH proposals	Score out of 10 for each area	Comments/ suggestions (evidence or the lack of etc.)
1	Understanding of the NHSE and ICB ask- core specs and 10 objectives (access and process included)		
2	Clear scope, scale and achievable timelines for delivery-July and Dec targets		
3	Sustainability beyond the pilot clearly articulated		
4	Impact on deprivation and heallth inequality considered		
5	Innovation and digital enablers embedded (workings in the doc.)		
6	Value for money (activity, cost-benefit analysis)		
7	Metrics on impact and outcome		
8	Resource/ admin costs (own vs through funding)		
9	Training costs presented and numbers to be trained		
10	Skill- mix in the training and service delivery presented		
	Partnership working considered beyond own PCN and HCP (bonus points in case of a tie)		
	Costs (total)		
	Total score		

Core specifications for WOMEN'S HEALTH HUB in Kent and Medway

Area of Women's health	Deliverable in WHH by July 2024 Yes/ No/ Maybe	Deliverable by Dec 2024 Yes/ No/ Maybe	Where is it delivered?	How/ who delivered?
LARC: Contraceptive counselling and provision of the full range of contraceptive methods including LARC fitting for both contraceptive and gynaecological purposes (LARC for heavy menstrual bleeding and menopause), and LARC removal, and emergency hormonal contraception	Yes	Yes	Womens health hubs +PCNs (hub and spoke model)	GP's and Nurse practitioners and MDT trained up in LARC fitting and removal for contraceptive and non-contraceptive
Pessary fitting and removal	Yes	Yes	Womens health hubs +PCNs (hub and spoke model)	GPs, Nurse practitioners
Menopause: Menopause assessment and treatment, support	Yes	Yes	Womens health hubs +PCNs (hub and spoke model)+digital	Digital scaling up and linking PCNs across all four HCPs?
Cervical screening	Yes/Maybe	Yes	Womens health hubs +PCNs (hub and spoke model)	GPs, Nurse practitioners
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		Yes	Womens health hubs +PCNs (hub and spoke model)+ digital	GPs, Nurse practitioners
Preconception care		Yes	Womens health hubs +PCNs (hub and spoke model) +digital	GPs, Nurse practitioners, health coaches?
Breast pain assessment and care		Yes	Womens health hubs +PCNs (hub and spoke model)+ digital?	GPs, Nurse practitioners
Screening and treatment for sexually transmitted infections (STIs), and HIV screening		Yes	Public health (MCC and KCC), can this be linked to the hubs + digital?	In hubs? Digital link and signposting?
Digital network and use of AI in women's health for advice and guidance	No	Yes	KAM HCP wide PCNs provided digital support	Kam wide
Pelvic health clinic in community and primary care network or women's health hubs	No	Maybe	IN CDC's or WHH or Community by Pelvic health physios/ practitioners?	Digital and AHPs
Advocacy: domestic, sexual abuse and other women's health issues	No, could be links	Yes	Public health and PCNs? Voluntary org?	Health coaches and digital
Sexual health support	No, but could be links	Yes	PH? WHH?	Digital support

10 NHSE OBJECTIVES FOR WOMEN'S HEALTH HUB IN KENT AND MEDWAY

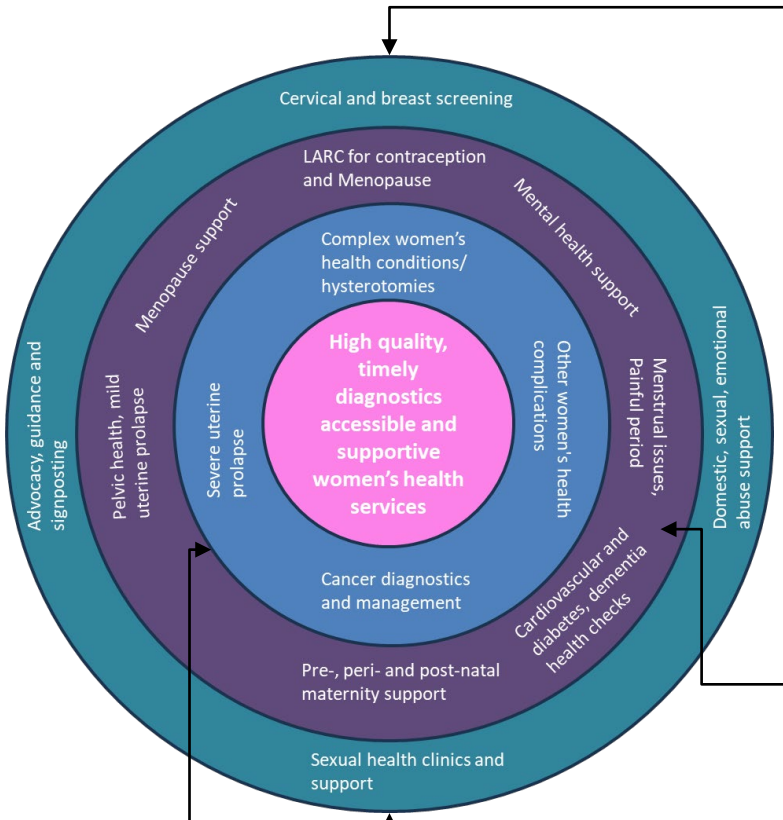
Kent and Medway

NHSE Specified objective for Women's health hub	Deliverable by July 2024	Deliverable by December 2024	Comments
Better access to services, including preventative healthcare and early intervention, and reduced unmet need for healthcare	Working towards	Yes	
Improved patient experience, with care being delivered in one appointment where possible	Working towards	Yes	
Improved health outcomes and reduced health inequalities	Working towards	Yes	
Improved access to health information, in a range of formats, and supported patient self-management where appropriate	Working towards	Yes	
Optimising the skills of multidisciplinary teams through joint working and training opportunities	Working towards	Yes	
Improved workforce experience and retention	Working towards	Yes	
Improved communication and partnership working between primary, community and secondary care	Working towards	Yes	
Screening and treatment for sexually transmitted infections (STIs), and HIV screening	Working towards	Yes	With additional funding could this be offered through General practice online? The providers/contracts are in place but could you then purchase partner notification / treatment from the ISHS?
Greater efficiency, through care delivered at the right time, in the right place, and by the right person; fewer unnecessary secondary care referrals; and collaborative commissioning to make best use of resources	Working towards	Yes	
More integration and partnership working between health system partners - NHS, local authorities, the voluntary and community sector, and patients - so that services better meet the needs of women and girls	Working towards	Yes	Medway has a Sexual Health Partnership (recently re-established) that could be tasked with overseeing the integration in Medway / Swale.
Better collection and use of data by commissioners and providers to understand women's health needs and improve service provision and outcomes	Working towards	Yes	Good data collection from ISHS. Could commission a Health Needs Assessment which will identify existing data and data gaps.

The national WH strategy ask and what women and system partners have told us in Kent and Medway so far.. a proposed vision for Kent and Medway

Kent and Medway Integrated Care System

Women's health



Where is it delivered?

Mechanism and location of delivery

Who and how it is delivered

Public health

Primary care

Acute/ Secondary care Community and CDC

Public health delivered services/ schools

Existing GP practices through LES

Buddy PCN women's health hub pilot sites within each HCP: (2 PCNs, one in a deprived area and other higher performing joined up), offering at least 2 core specs:

- LARC, cervical smear training
- Pessary fitting and removal
- Menstrual support

Primary care Networks through LES

Community sites

Tech/ digitally enabled pathways and support

Health coaches/ champions/ WH advocates

Public health specialists

Expert patients/ support groups/ Charities

Generalist GPs Specialist GPs

Specialist AHPs- Physiotherapist

Nurse practitioner/ other practitioner/ Midwives

Consultants in Obs & Gynae and Women's health

Acute

PH

PC/ community

Proposed WHH model KAM

Women's health hub: process pathway, service considerations for phasing and add-ons

Kent and Medway

Phase 1 (July-Sept 2024)

Phase 2 (Oct-Dec 2024 and beyond)

Women book into their usual PCN/PC digitally/telephone/ walk-in

EMIS? Visibility of waiting times Single point of access system picks up read code to direct into WHH

Women self-refer into WHH directly

Data collation and noting outcomes and patient feedback

Sexual health clinics

PCNs/ practices

Referrals into WHH at admin triage (ideal) or first appointment

WHH PCN
Opening hours:
8-8pm
7 days?

Contraceptive and non-contraceptive LARC fitting and removal

Pessary fitting services

Menopause advice support and guidance

Capture demographics on attendance

Menstrual problems assessment and treatment, care for heavy, painful or irregular menstrual bleeding, care for conditions such as endometriosis and polycystic ovary syndrome

Commissioning discussions

Consultant / MDT led Urogynae/ Incontinence services in WHH

Breast pain assessment and support service

Pelvic health service by Physio as ARRS/ FCP

Advice and guidance from secondary care consultant

Cervical screening

Preconception care

Cost-benefit analysis for additional clinics and sustaining WHH to next year

Screening and treatment for sexually transmitted infections (STIs), and HIV screening

Community delivery

Onward referrals and links with secondary care for all other serious WH conditions

Secondary care

Maternity services/ hubs

ICB/ICS to support and coordinate

Communication to primary and secondary care and patient and public

Digital app: NHS app, others that have women's health pathway signposted

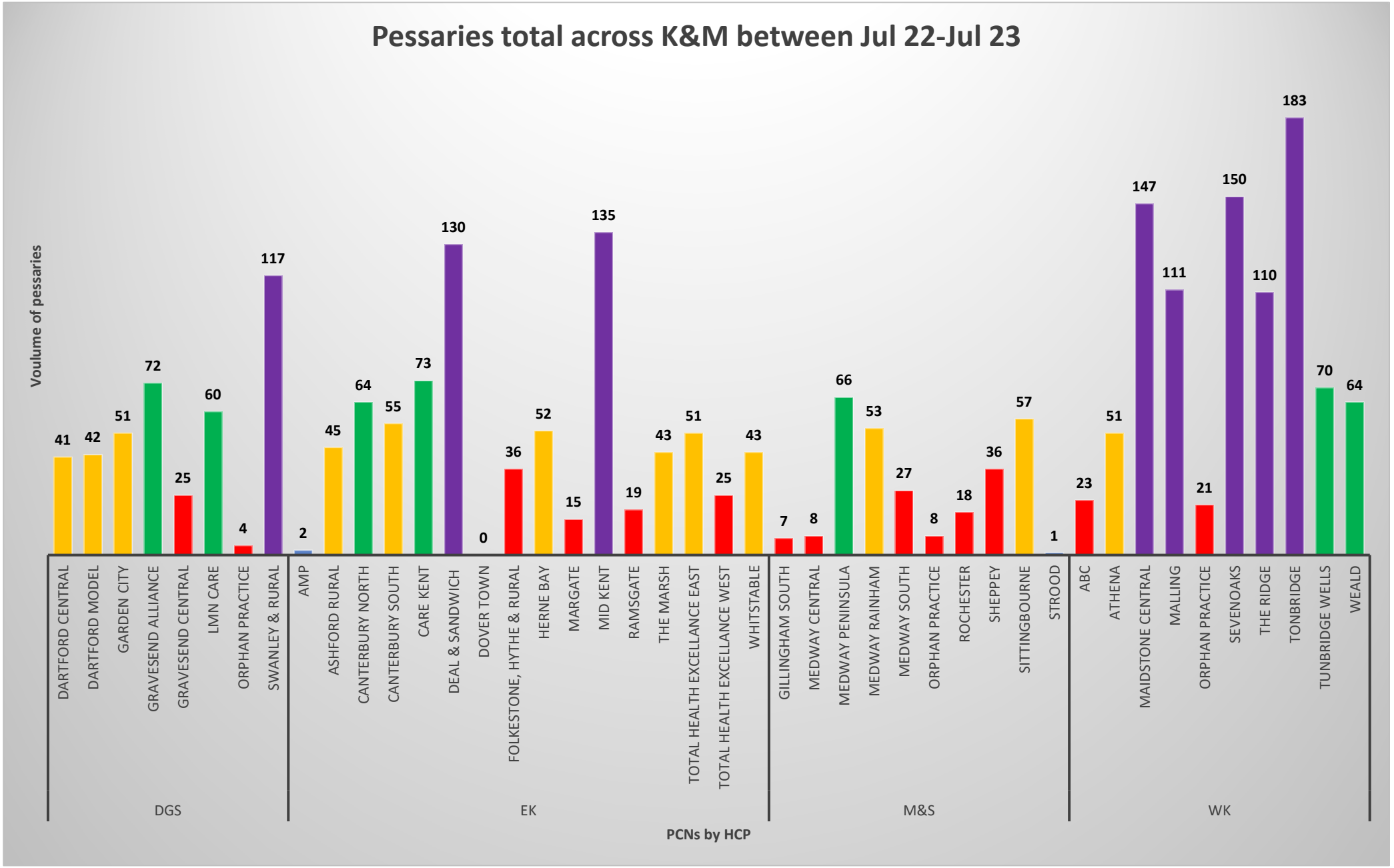
Work with the providers around co-ordination of training of LARC, cervical screening assessors and menopause training

Criteria when considering proposals for Women's health hubs within KAM

Kent and Medway

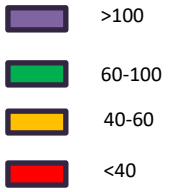
No.	Criteria for consideration within proposal and use of non-recurrent NHSE funding of £598k
1	This funding will not remunerate what is already funded through various sources-bundled and stand-alone areas within LES, GMS or paid for by Medway and Kent county councils. There will not be funding for activity.
2	Proposal will demonstrate how the model will become self-sustainable and BAU, through cost-benefit analysis, reduction of unnecessary activity in the secondary care, as there will not be any additional or recurrent funding
3	Proposal will consider training costs for LARC fitting and cervical assessor training. and provide training to diverse GP and non-GP staff across the PCNs in the four HCP areas. Consider train the trainer model going forwards. This should improve the skill-mix of staff that deliver women's health services through training, upskilling and extended roles.
4	Proposal will consider sharing learning with PCNs and areas that are demonstrating low activity and are in deprived areas.
5	Proposal will demonstrate how digital, and innovation will be an embedded enabler within women's health and well-being pathway across the system. It should aim to reduce fragmentation across PCNs/ HCPs and access. Hubs can explore scaling up of one digital solution that supports more than 3 areas of women's health lifecycle and explore pathway navigation through existing resource.
6	Proposal will embed metrics that look at quality, improved access, skill-mix in staff, and activity uptake. This could be done via existing data/ It resources and captured through friends and family test/women's feedback via iPLATO
7	Proposal must deliver at least 2 core specs by mid-end July 2024 and can demonstrate progress and collaborative working to achieve the remaining specs and all the 10 objectives set by NHSE by mid-Dec 2024
8	Proposal will articulate how cross organisation partnership working with the support of the ICS and ICB, will help improve and coordinate women's health pathway.
9	Hubs may buddy-up and work with other PCNs within the HCP and outside to level up through their vanguard programme and share responsibilities through the network and spokes.
10	ICB can support the hub to communicate and signpost women across the Kent and Medway system using various tools and media in a coordinated way and sweat existing assets like buses etc used for women's health.

Appendices: Data

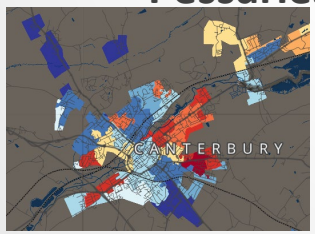


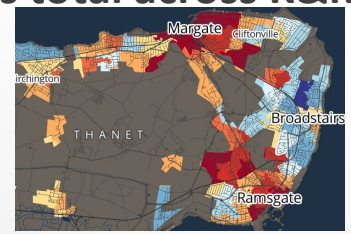
Analysis and assumptions:

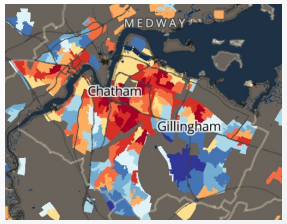
- WK PCNs appear to offer higher activity on pessaries than any other
- Medway and Swale appear to have lower activity followed by DGS
- Unsure if Medway and Swale have outsourced the activity to other PCNs in their HCPs or send higher activity into secondary care
- Lowest activity of pessaries in M&S PCNs
- The graph doesn't provide a comparison on the gaps and unmet needs or between systems in SE or nationally
- Secondary care data based on HRGs for this activity isn't currently available



Pessaries total across K&M between Jul 22-Jul 23







Index of Multiple Deprivation

Legend | Filter

CDRC Harmonised 2019 IMD

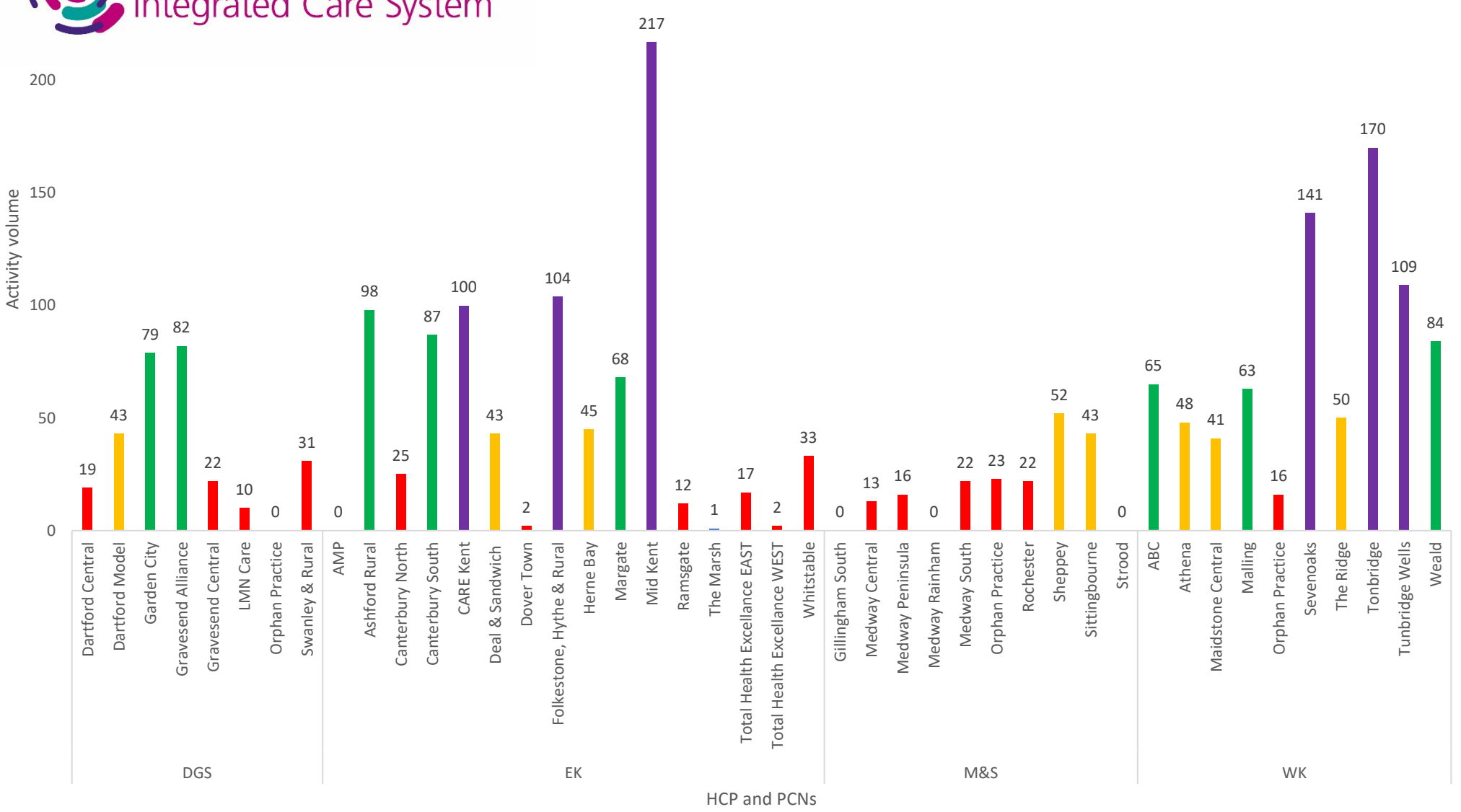
CDRC Harmonised 2019 IMD

- No data
- Most deprived decile
- 2nd
- 3rd
- 4th
- 5th
- 6th
- 7th
- 8th
- 9th
- Least deprived decile

- >100
- 60-100
- 40-60
- <40

Kent and Medway Integrated Care System

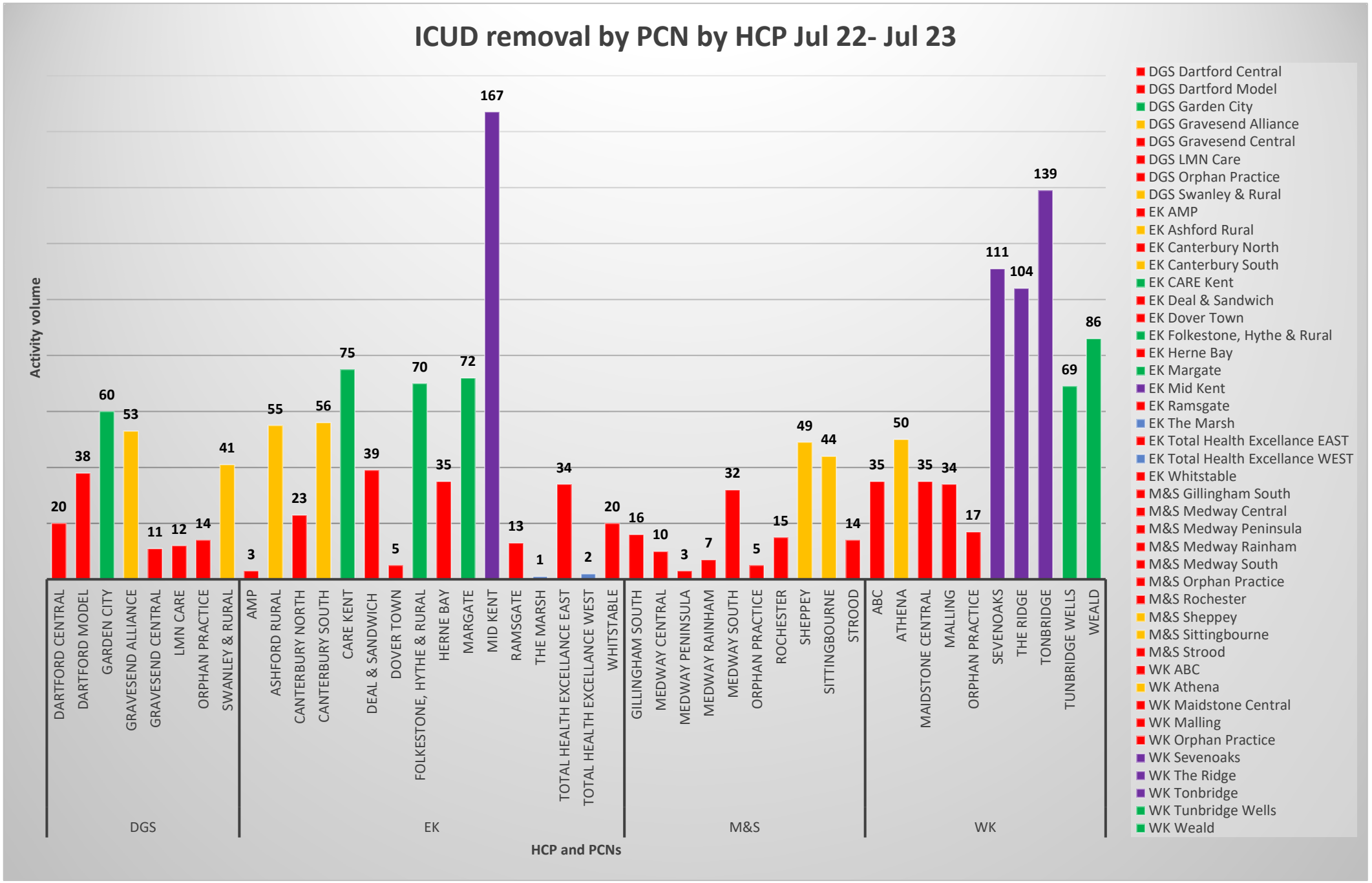
ICUD insertion and reviews by HCP and PCNs Jul 22-Jul 23



Analysis and assumptions:

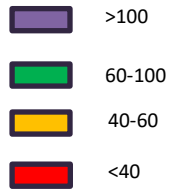
- WK and EK PCNs appear to offer higher activity on ICUD insertions and reviews than other HCP, with highest performing being Mid Kent PCN followed by The Ridge in EK and WK resp.
- Medway and Swale appear to have lower activity followed by DGS
- Unsure if Medway and Swale have outsourced the activity to other PCNs in their HCPs?
- Do M&S and DGS send higher activity into secondary care for ICUD
- Lowest activity of ICUD insertion and reviews in M&S PCNs
- The graph doesn't provide a comparison on the gaps and unmet needs or between systems in SE or nationally
- Validate secondary care referrals by HCPs

>100
60-100
40-60
<40



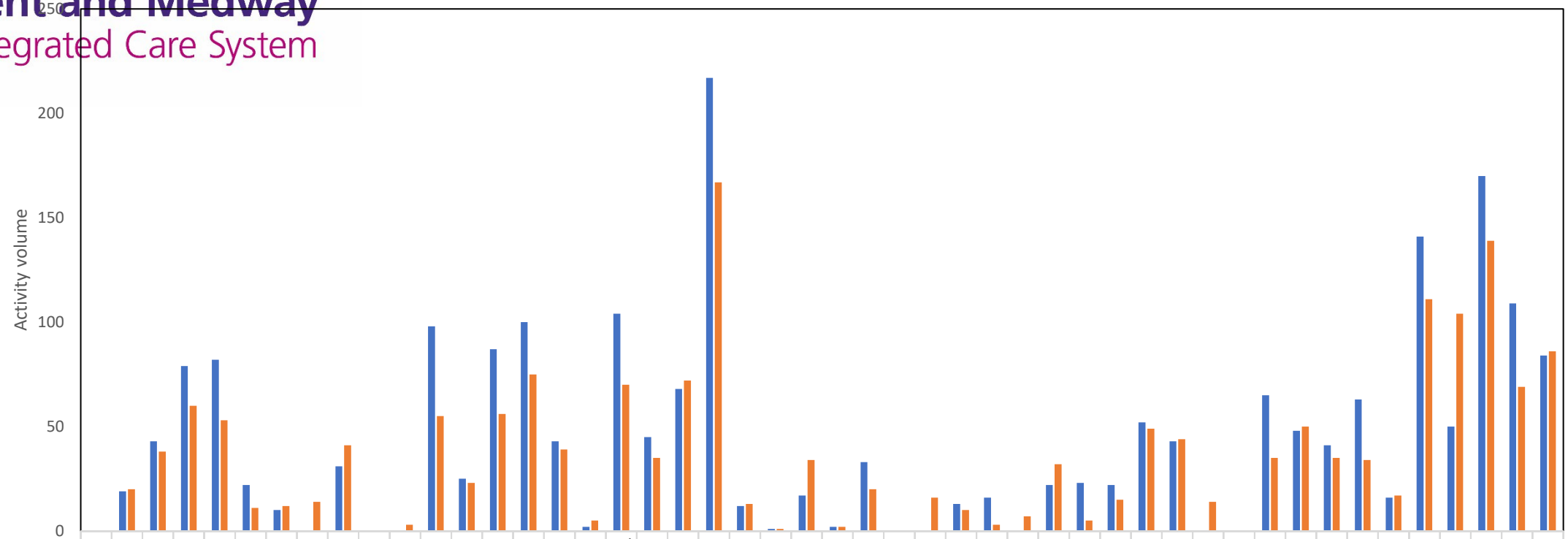
Analysis and assumptions:

- WK and EK PCNs offer ICUD removals that is somewhat consistent with insertion and review volumes- Mid Kent PCN followed by Tonbridge in EK and WK resp.
- Medway and Swale appear to have lower activity followed by DGS
- Unsure if Medway and Swale have outsourced the activity to other PCNs in their HCPs?
- Do M&S and DGS send higher activity into secondary care for ICUD removal too?
- Lowest ICUD removals PCNs in M&S
- The graph doesn't provide a comparison on the gaps and unmet needs or between systems in SE or nationally
- Validate secondary care referrals by HCPs



Kent and Medway Integrated Care System

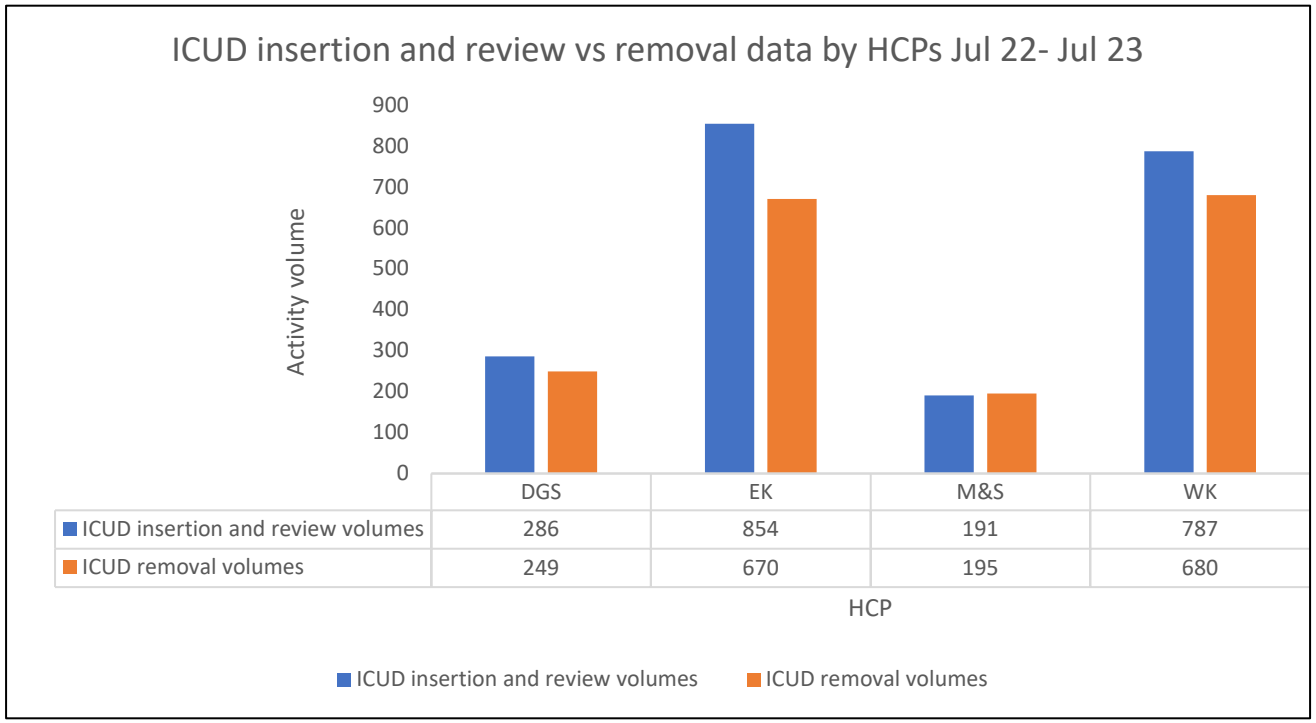
ICUD insertion and review vs removal by HCP and PCN Jul 22-Jul 23



	DGS										EK																M&S											WK									
	DGS	Dartford Central	Dartford Model	Garden City	Gravesend Alliance	Gravesend Central	LMN Care	Orphan Practice	Swanley & Rural		AMP	Ashford Rural	Canterbury North	Canterbury South	CARE Kent	Deal & Sandwich	Dover Town	Folkestone, Hythe & Rural	Herne Bay	Margate	Mid Kent	Ramsgate	The Marsh	Total Health Excellance EAST	Total Health Excellance WEST	Whitstable		Gillingham South	Medway Central	Medway Peninsula	Medway Rainham	Medway South	Orphan Practice	Rochester	Sheppey	Sittingbourne	Strood		ABC	Athena	Maidstone Central	Malling	Orphan Practice	Sevenoaks	The Ridge	Tonbridge	Tunbridge Wells	Weald
ICUD insertion and review		19	43	79	82	22	10	0	31		0	98	25	87	100	43	2	104	45	68	217	12	1	17	2	33		0	13	16	0	22	23	22	52	43	0		65	48	41	63	16	141	50	170	109	84
ICUD removal		20	38	60	53	11	12	14	41		3	55	23	56	75	39	5	70	35	72	167	13	1	34	2	20		16	10	3	7	32	5	15	49	44	14		35	50	35	34	17	111	104	139	69	86

PCN by HCP

ICUD inserted, reviewed and removed data by HCPs in Kent and Medway



Data summary:

- Please note that the activity data doesn't reflect the individuals that comes to get ICUD fitted and removed in the same year. These are likely to be different women that get the procedures done in the PCN
- There is variation amongst the PCN around volumes of ICUD insertions and reviews, with some showing high activities and some nil.

Kent and Medway Integrated Care System

Contraceptive LARC for 22/23 for primary care for Medway (NB not including Swale) in aggregate

Row Labels	IUD / IUS fitted	Sub-dermal implant	Total LARC fitted	Six week check	Six week check declined	Sub-dermal implant removal	MEN with IUD / IUS fitted	Six wk check with Menorrhagia recorded ever
2018-2019	535	288	823	71	0	242	149	7
2019-2020	555	298	853	97	0	250	144	14
2020-2021	46	51	97	18	0	32	0	0
2021-2022	223	157	380	30	0	105	0	0
2022-2023	243	151	394	20	0	103	0	0

Data summary:

- **Small increase in the IUD/IUS fitted between 21-22 and 22-23- unsure how this compares with population growth?**
- **Seen only a small increase in total contraceptive LARC in Medway between 21-22 and 22-23**
- **There has been a reduction in six-week check year on year- understand the reasons for this?**

HRG Code	HRG Name	Outpatient procedure (£)	Combined day case/ordinary elective spell (£)	Ordinary elective long stay trim point (days)	Non-elective spell (£)	Non-elective long stay trim point (days)	Per day long stay payment (for days exceeding trim point) (£)	Reduced short stay emergency adjustment applicable?	% applied in calculation of reduced short stay emergency adjustment	Reduced short stay emergency adjustment (£)	BPT applies to HRG or sub-HRG level	Area BPT Name applies (see also tab '6a.BPTs')	Where BPT applies: NE = Non-elective spell DC/EL = Day case/ordinary elective spell OP = Outpatient procedure	SUS will automate which BPT price (BPT or non-BPT price)	The price automated by SUS	BPT Flag
MA32Z	Diagnostic Hysteroscopy with Biopsy	421	421	5	444	5	392	NO	-	-	-	-	-	-	-	-
MA42Z	Transvaginal Ultrasound with Implantation of Intrauterine Device	256	256	5	308	5	392	NO	-	-	-	-	-	-	-	-
MA52A	Surgical, Abortion or Miscarriage Care, under 14 weeks Gestation, with Insertion of Long-Acting Contraceptive	1,135	1,135	5	1,199	5	392	NO	-	-	-	-	-	-	-	-
MA55A	Medical, Abortion or Miscarriage Care, from 9 to under 14 weeks Gestation, with Insertion of Long-Acting Contraceptive	746	746	5	788	5	392	NO	-	-	-	-	-	-	-	-
MA56A	Medical, Abortion or Miscarriage Care, under 9 weeks Gestation, with Insertion of Long-Acting Contraceptive	645	645	5	682	5	392	NO	-	-	-	-	-	-	-	-
MA34Z	Diagnostic Hysteroscopy with Implantation of Intrauterine Device	480	480	5	507	5	392	NO	.	.	.	.	.	.	.	.
MA35Z	Implantation of Intrauterine Device	265	265	5	296	5	392	NO	.	.	.	.	.	.	.	.

Data

Activity within secondary care of select HRGs

NHS
Kent and Medway

		MA32Z	MA42Z	MA52A
		Diagnostic Hysteroscopy with Biopsy	Transvaginal Ultrasound with Implantation	Surgical, Abortion or Miscarriage Care
Dartford, Gravesham & Swanley H&CP	1 - Ordinary admission	2	-	-
	2 - Day case admission	60	-	3
	Outpatient Appointment	287	3	
Dartford, Gravesham & Swanley H&CP Total		**349**	**3**	**3**
East Kent H&CP	1 - Ordinary admission	29	-	2
	2 - Day case admission	631	1	5
	Not Coded	2	-	-
	Outpatient Appointment	618	1	-
East Kent H&CP Total		**1,280**	**2**	**7**
Medway & Swale H&CP	1 - Ordinary admission	8	-	-
	2 - Day case admission	168	-	10
	Outpatient Appointment	323	18	1
Medway & Swale H&CP Total		**499**	**18**	**11**
West Kent H&CP	1 - Ordinary admission	5	-	-
	2 - Day case admission	127	-	2
	3 - Regular day admission	1	-	-
	Outpatient Appointment	701	3	-
West Kent H&CP Total		**834**	**3**	**2**
K&M Total		**2,962**	**26**	**23**

- Data covers the period 1st April 2023 – 31st March 2024
- Of the five HRGs - MA32Z, MA42Z, MA52A, MA55A, MA56A – only three were recorded in the datasets.
- All inpatients were under a consultant lead. No personnel data recorded as to who performed any procedures. (This is the case for all inpatient data, not just for these HRGs).

Current map of some of Kent and Medway WH services

Kent and Medway Integrated Care System