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Setting up a Community Gynaecology Service in Birmingham

A CASE STUDY

This case study examines the design and implementation of a community gynaecology service established to improve the patient pathway.

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SITUATION | SOLUTION | SUCCESS

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

LOCATION: BIRMINGHAM

SERVICE: MODALITY GYNAECOLOGY SERVICE

Background

In March 2015, Modality Partnership was announced as one of 14 multi-speciality community provider (MCP) vanguards in NHS England's national New Care Models programme. The initial vanguard pilot covered a population of just over 160,000 across the Sandwell and West Birmingham area. The Connected Care MCP model comprised of several component work streams and projects, with a focus that spans from initiatives targeting population wellbeing and supported self-care, through to those which are redesigning services and pathways across the community-acute interface. Funding from the new care models programme ended on 31st March 2018 and the existing services secured ongoing funding from local acute trusts.

Setting up Modality Gynaecology service

Prior to the Vanguard MCP, I had been developing an interest in women's health as a GP registrar starting off with providing a long-acting reversible contraception (LARC) service with my training practice, I soon became the go-to person for women's health but felt the need for more training. I had already got the DRCOG (Diploma Royal College of Obstetricians and Gynaecologists) and DFSRH (Diploma for the Faculty of Sexual and Reproductive Health Care) under my belt but went on to complete further diplomas in community gynaecology and diagnostic hysteroscopy from Bradford University. Being credible was at the forefront of my mind.

My experience whilst completing this training helped me identify what I felt were the gaps in caring for women. In particular, I wanted to improve the patient pathway by focusing on more patient-centred care, reducing waiting times and the multiple contact points. I also wanted to ensure that the women coming through the service had access to key diagnostics which meant that if they did need further intervention, they were referred after the appropriate work up and at the right time.

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It's not been about just shifting the hospital model out into the community. It is about actually redesigning the whole service end to end.

I was fortunate enough to have experts in healthcare at my disposal whilst designing the service. All of a sudden, I was talking a language that I had never spoken before. Process mapping, patient pathways and costing each type of clinic to sense check viability. I am glad that we had the opportunity to do this as it has meant that the service was built on a solid foundation. We use the same methods when expanding the service.

The remit of the service is essentially all gynaecology issues excluding fertility concerns, complex paediatrics and two week wait referrals. There are three centres and referrals are triaged within a target of five days. These referrals can come from anywhere within the Midlands area. Where a referral is rejected, advice and guidance is given. **We also offer training in community gynaecology and share our skills with others.**

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Challenges to implementation and delivery

The main challenge in implementing the service was ensuring that practices in the area knew who we were and supported a change in referral practice. This meant that once the service was launched, I regularly visited practices to introduce myself and the concept of our new community clinic. I was also available to offer advice and guidance more readily too. This is something the team continues to do to date.

Integration and communication with secondary care has remained a challenge but has most definitely improved. Some consultants have been highly supportive whereas others remain sceptical. Perseverance is the key, as well as having a thick skin!

Patient views and experiences

We are proud to have maintained consistent positive feedback from our patients who have attended the service. Our patients' comments broadly fall into one of three themes relating to service convenience, the clinic environment and the consultation experience. We have maintained short waiting times in locations that are 'closer to home.' The patients commented that the setting for the clinics felt more welcoming and less intimidating then the "impersonal" and "busy" environment of the hospital. We have also been acknowledged by our patients on our consultation style which reflects the primary care style of consulting. There is an emphasis on communicating effectively with our patients, providing them with information to make an informed decision. And most importantly involving women in the decisions about their care.

Where are we now?

As the service has expanded, we have a number of clinicians with subspeciality interests. We are now able to offer direct subspecialities appointments for menopause, urogynaecology and endometriosis. We are looking to expand the diagnostic hysteroscopy service to include polypectomies and ablation.

Telephone consultations and the use of Accurx has helped us stay in contact with our patients particularly for follow up and review of care.

Currently, we are busier than ever supporting local hospitals with the post-pandemic backlogs. No matter how much we grow and how many centres we establish, our core values will always remain the same.

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