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# Setting up a Women's Health Hub in North Hampshire, **A CASE STUDY**

A case study demonstrating how a Women's Health Hub utilised the skills of healthcare professionals from both primary and secondary care.

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**SITUATION**

**SOLUTION**

**SUCCESS**



## LOCATION: NORTH HAMPSHIRE

### SERVICE: WOMEN'S HEALTH HUB

This case study shows how a Women's Health Hub utilised healthcare professionals' skills from both primary and secondary care to reduce referrals and streamline local provision.

### The challenge

To develop a Women's Health Hub (WHH) and provide opportunities for GPs with an extended role (referred to in this case study as an 'upskilling GP').

### Overview of activity

The WHH model was piloted for seven months at a Primary Care Network (PCN), at which the upskilling GP had previously undergone a 12-month mentorship in a gynaecology clinic in a secondary care setting.

### Method of approach

On a monthly basis, there was a clinic held by a professor in gynaecology, attended by a GP upskilling in women's health and observed by a women's health GP or a specialist nurse. GPs could book patients into these clinics after consultation with the upskilling GP. Furthermore, any complex patients could be discussed at a multi-disciplinary team (MDT) meeting with the professor.

Outcomes of the projects were monitored by comparing the relevant treatment and care of patients from the seven-month period that the model was piloted against that of the seven months prior.

Of the 80 patients reviewed in the WHH, 29 were seen and 'discharged' on the same day, reducing secondary care referrals by over one-third. In the seven months prior, secondary care referrals were at an average of 50 per month. Over the following seven months, referrals were lowered to an average of 30 per month, which is a reduction of 40%. They also elicited feedback from both patients and GPs, with positive results.

The clinics enhanced the valuable primary/secondary care working relationship. They also supported GP portfolio career development, the importance of which has been recognised in future recruitment and retention.

### The big success

Referrals to secondary care were reduced by 36% and patients were streamlined to a more local provision.

### The lesson learned

This model offers a means of assessing patients that ensures they are reviewed by the most appropriate medical professional, limiting redundant examinations and consultations, and allows consultants to focus on the complex patients.

### Next steps

This provider-driven model is being piloted in areas of medicine outside of gynaecology. Specialist clinics could be established and managed by specialist GPs to offer additional services such as pessary fittings, menorrhagia, and a specialist menopause service.

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For further information on what's happening in Hampshire read **Patient Pathways**, reorganisation of clinics to improve patient experience.