

SCRUTINY REPORT

Health and Scrutiny Board

MEETING:

DATE:

SUBJECT: **Womens Health Hub
Rachele Schofield, Primary Care Lead (Bury)**

REPORT FROM:

Dr Catherine Fines

CONTACT OFFICER:

1.0 BACKGROUND

- 1.1 The [Women's Health Strategy for England](#) sets out the 10-year ambitions for boosting the health and wellbeing of women and girls, and for improving how the health and care system listens to women. The strategy encourages the expansion of women's health hubs across the country to improve access to services and health outcomes.
- 1.2 Women's health hubs bring together healthcare professionals and existing services to provide integrated women's health services in the community, centred 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.
- 1.3 Hub models address fragmentation in service delivery with the aim of improving access, experiences and outcomes. Hubs reflect the [life course approach](#) to women's health, where care is not limited to interventions for a single condition, but instead is wrapped around the needs of an individual woman, which in some cases may be multiple needs. For example, hubs can provide management of contraception and heavy menstrual bleeding in one visit or integrate cervical screening with other aspects of women's healthcare such as long-acting reversible contraception (LARC) fitting or removal.
- 1.4 Hubs are in the community, often working at the interface between primary and secondary care. They provide intermediate care, where services are more advanced than typically seen in primary care, but are for health issues which do not necessarily need a referral to secondary care. Hubs do not have to be a building or specific place; they may employ digital resources to provide virtual triage or consultations, or alternatively they may make use of existing facilities, for example GP surgeries or community centres which are:
- delivering care closer to home
 - improving patient experience
 - tackling health inequalities
 - reducing pressure on secondary care and waiting lists

2.0 Women's Health Hub Core Services

- 2.1 The Core services to be offered in the WHH are:

- 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
- preconception care
- breast pain assessment and care
- pessary fitting and removal
- cervical screening
- screening and treatment for sexually transmitted infections (STIs), and HIV screening

3.0 Timelines & Financial Envelope

3.1 It is the expectation that at least one hub is to be established in every ICB and that, 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 and, 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.

3.2 All localities in GM have received £35K for 2024/25 to establish a WHH.

4 Bury Women's Health Hub:

4.1 Given the limited funds available for the establishment of WHH, Bury has set up a MDT WHH Steering Group who have reviewed the data available and established that, in order to reduce health inequalities locally in particular the lack of LARC offered by General Practices across the Whitefield Neighbourhood/PCN, that we will offer LARC to patients of Bury.

4.2 This service goes live on 1 October 2024, delivered via the GP Federation operating from Fairfax Medical Centre on Sundays with the aim of ensuring those patients who are currently on waiting lists to receive the service are offered an appointment at that clinic. We know that by specifically targeting patients of Whitefield, we will be able to offer care closer to home whilst reducing secondary care waiting lists which currently has 129 patients who have waited up to 4 months to be seen (split by 103 waiting for a coils and 26 waiting for an implant).

4.3 The clinic will be open to all patients registered with a Bury GP however, this targeted approach will ensure those who have waited the longest will be proactively approached for an appointment in the WHH.

5 CONCLUSION

5.1 Once the service is operational, the WHH Steering Group will review progress and assess next steps in terms of feasibility of expanding the WHH offer to include the remaining 9 Core Service Specification procedures.

5.2 We ask that the Committee receive this report for information noting that, once the service is operational, the WHH Steering Group will review progress and assess next steps in terms of feasibility of expanding the WHH offer to include the remaining 9 Core Service Specification procedures and a further update will be provided later in the year.

List of Background Papers:-

N/A

Contact Details:-

Rachele Schofield
Primary Care Lead, Bury

Executive Director sign off Date: _____

JET Meeting Date: _____