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Patient Pathways

A clear patient pathway is an essential tool to improve the patient journey and tackle both the financial and time costs of fragmented commissioning.

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SITUATION

SOLUTION

SUCCESS



Fragmented commissioning creates fragmented patient pathways, which results in unnecessary costs.

A clear and efficient patient pathway is an essential tool to tackle both the financial and time costs of this fragmentation, whilst maintaining and improving quality of care for patients. This resource firstly demonstrates how to streamline the patient journey, using a woman with heavy menstrual bleeding (HMB) as an example. This example is followed by a case study which shows how a GP Partnership offering a dedicated women's health clinic restructured services to improve patient pathways, creating a platform on which to build further women's health services.

It is possible to develop and implement efficient patient pathways for Women's Health Hubs to tackle existing hurdles, without the need for additional funding/commissioning. This resource is designed to help you gain confidence and demonstrates the need for creating clear streamlined patient journeys.

IMPROVING A PATIENT PATHWAY

Dr Julie Oliver

Using two different examples of pathways for a patient presenting with heavy menstrual bleeding (HMB) – a worst case scenario 'current' pathway, and the 'Women's Health Hub' model pathway – to demonstrate the significant reduction in unnecessary hand-offs and resulting savings in terms of both money and time on the latter example.

The patient

- 40yo
- Presents with HMB which is severely affecting quality of life

The worst-case scenario current pathway

1.	Phone consult with GP
2.	1 week later: Appointment for blood tests
3.	1 week after results come back: face-to-face appointment with GP to go through results and decide on management plan (assume not coil fit clinic)
4.	Referral to gynae
5.	16 weeks later: Patient seen in gynae outpatients
6.	6 weeks later: Gynaecologist ultrasound appointment
7.	3 months later: Patient gets GP appointment to go through results
8.	Listed for hysteroscopy and IUS fit back in hospital
9.	3 months later: Patient back in hospital for pre-op assessment
10.	3 months later: Back to hospital for surgery
11.	6 weeks later: Hospital follow-up and discharge

Costs of the current approach

Block contracts mean that there are no longer charges for each stage, however there are still financial costs, as well as those in terms of time for the woman and for the NHS.

For example, consider the cost in terms of:

- Anxiety for woman in waiting so long and being referred multiple times.
- At each hand-off there is a risk that things go wrong – tests go missing/no one actions the results and so on.
- The fewer hand-offs the more streamlined the process.



The Women's Health Hub patient pathway

1.	Phone consultation with GP/practice nurse – bloods taken at the same appointment.
2.	GP arranges for patient to be seen in a Hub for results, examination, to talk about management plan, IUC fit, USS if needed, hysteroscope if available and needed (most don't need this) – There are bolt-on capabilities.
3.	Discharge with open follow-up – only those with problems get seen again.

Benefits of WHH approach

- Reduced time cost to the woman, improved patient satisfaction.
- Cost to the NHS.

In contrast to the example of a current fragmented NHS pathway, the Women's Health Hub's holistic service allows the referring GP/practice nurse to triage and arrange basic investigation, saving patient time before referring to the Hub and most appropriate Clinician.



CASE STUDY

LOCATION: HAMPSHIRE

SERVICE: GP-LED WOMEN'S HEALTH CLINICS: TADLEY MEDICAL PARTNERSHIP

How a GP Partnership in Hampshire developed a Women's Health Hub, starting during the first lockdown in March 2020, to reorganise clinics and improve services for the patient population by ensuring that women were directed to the right clinician, first time.

With thanks to the Tadley Medical Partnership for granting their permission to publish their referrals data.

Background

The movement towards Women's Health Hubs offering easier, convenient access to basic women's health services including contraception, menstrual health, menopause and screening has been gradually building. This service creates a coordinated approach to women's health, using already established services in a more streamlined and accessible manner. This improves general population health, patient satisfaction and decreases cost. In order to move towards this model, established services will need to integrate and GP surgeries may want to change the structure of appointments that they offer.

We have now been running a dedicated women's health clinic at Tadley Medical Partnership for 18 months. This was borne from the practice's drive to improve women's health care and the practice's ability to embrace change and new ideas. The Practice took the opportunity to restructure clinics and services in March 2020 during the first COVID 19 lockdown. The idea was to reorganise clinics to better serve the patient population and to direct patients to the most appropriate clinician first time.

Overview of activity

Women's health and dermatology were identified as areas requiring specialist expertise and skill. Three GPs within the surgery were identified as having further qualifications and an interest in women's health. A specialist 'one stop shop' gynaecology clinic of five 20-minute appointments was set up on a Tuesday afternoon, Thursday morning and Friday morning. It was important for each GP to be involved in running their own clinic, thus the service does not rely solely on one clinician and is future proofed. Doctors in training and nurse practitioners are also encouraged to sit in on the clinics to gain experience.

Key benefits

Appointment times were carefully considered, and it was felt that a 20-minute appointment was required to facilitate a meaningful consultation where the problem could be fully assessed and managed. It was also important to offer an appropriate number of appointments through the week. 15

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Difficult cases are discussed between the women's health GPs, thus giving a more coordinated approach

appointments a week are currently available (excluding holidays). Appointments are always full but there is no waiting list; at most patients wait a week to be seen, often only a couple of days, therefore patients have good access to a specialist GP.

All appointments are currently telephone triaged by clinicians to ensure the appointments are filled appropriately with a focus on menstrual problems, urogynaecology, pelvic pain, pessary fitting or another presentation requiring a pelvic examination. Triage was felt to be important to ensure patients were booked into the most appropriate clinic. Telephone triage saves patient time, is flexible and ensures the patient is booked with the most appropriate clinician for their appointment. This avoids patients being booked for a routine GP appointment and then 'referred' on to the women's health clinic, thus easing pressure on routine GP slots.

Difficult cases are discussed between the women's health GPs, thus giving a more coordinated approach. One women's health GP also works as a GP with a special interest in gynaecology for one afternoon a week at the local hospital. The hospital clinic is used as both a learning opportunity to upskill (with knowledge cascaded to the other women's health GPs) but also to troubleshoot difficult cases thus avoiding an unnecessary secondary care referral.

Key results

Gynaecology referrals from the practice (list size 20,000) were audited for October/November 2019 and October/November 2021. Referrals in 2020 were not compared as it was felt that COVID-19 and the subsequent lockdown would skew referral data. In 2019, 58 gynaecology referrals were made compared to 28 in 2021, a 48% reduction in referral rates. After reviewing the referrals, even fewer would have been made had the GPs been upskilled in polyp removal and recognition and treatment of vulval problems, particularly atrophic vaginitis.

Learnings

The structure has been a success with GPs enjoying a clinic where they can focus their special interest and patients being offered a service where they see the right GP first time. The model is easily replicated and could be integrated with other services already available within the community.