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Setting up a Women's Health Hub in Durham A CASE STUDY

How one doctor started a Women's Community Gynae Hub which has grown to serve more of the local community, taking pressure off secondary care and reducing waiting times.

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SITUATION

SOLUTION

SUCCESS



LOCATION: DURHAM

SERVICE: DURHAM GYNAE WOMEN'S HEALTH HUB

Background

I started my career as a Junior Doctor, with training including contraception and obtaining my Diploma DRCOG. Following this I became a General Practitioner with a special interest in Women's Health and Gynaecology, trained to fit intrauterine methods and subdermal implants.

Not long after I started work as a part-time GP I could see that there was a gap in the services provided for women; many women were being referred to hospital for treatment when they should have been cared for in a community setting. I wanted to be able to expand my skill set to offer more community gynaecology, so I approached a local Consultant in Obstetrics and Gynaecology to be my mentor. He was extremely supportive and was not threatened by my desire to offer more community gynaecology to patients in primary care. He could see the benefits for patients of a collaborative approach between primary and secondary care, whereas a number of the Obstetric and Gynaecology Consultants believed that the hospital services would be threatened by this type of model.

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Overview of activity

I took my proposal to a Primary Care Trust (PCT) board who supported and agreed to fund the proposed service. To deliver the service would require additional training so I enrolled and completed the Bradford Diploma in 18 months.

By this time the PCT was no longer a provider organisation, so to deliver this community gynaecology service for patients in Durham I set up as an independent provider, creating a partnership GP model with consultant support.

I then approached the PCT as commissioners, and they wrote a service specification, while I provided a business case outlining what the service would provide and how it would be delivered. It took 18 months to get approval, involving an enormous amount of paperwork, risk assessments, and CQC accreditation.

During those 18 months I completed the FSRH Special Skills ultrasound course, then initially set up in primary care delivering one clinic on a Thursday morning once a month. I took referrals for heavy menstrual bleeding, difficult coil fits and lost threads, cervical polyp removal, menopause and prolapse from general practices across Durham.

This service became a 'one-stop-shop' service where new patients were given a half-hour appointment during which time they had history taken, examination, investigations as required, biopsy if necessary, fit/removal of coils etc.

Durham Gynae started off as a 'one-doctor-service', where I did everything including completing templates, reading letters, typing up letters, ordering stock, booking venues



Key benefits/successes

Benefits of this model included:

- An improved patient pathway; I could see and treat patients or refer on to secondary care where necessary.
- I was offered support from my Clinical Supervisor.
- Good learning opportunity for healthcare professionals.
- Reduced waiting lists.
- Improved time frame in which patients could be seen.

The number of clinics was increased to include an afternoon session at a second venue in a new location, and more recently we introduced an evening clinic at another practice.

Financial Viability

Durham Gynae is funded by North Durham Clinical Commissioning Group on a payment by result tariff using key performance indicators and outcome measures, for example:

- Patient satisfaction questionnaires (we received good evaluations).
- Target times from referral to treatment.
- Monitoring of staff through CRB checks and other HR issues.

Durham Gynae started off as a 'one-doctor-service', where I did everything including completing templates, reading letters, typing up letters, ordering stock, booking venues and so on. However, over time I have recruited a team including a Secretary, a Finance Officer, and Nurse support to run the clinics. The service offers a training resource for nurses and GPs wanting to upskill – for example we currently have a ring pessary trainee.

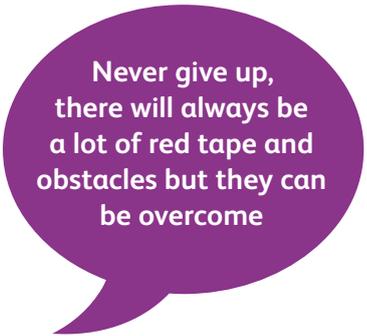
Key Learnings

Never give up, there will always be a lot of red tape and obstacles, but they can be overcome. What I am most proud of is the positive feedback I receive from patients demonstrating to me that the service meets their demands and requirements.

Next steps/Future expansion

Durham comprises of three areas - Derwentside, Chester le Street and Durham. I would like to provide six Hubs in total, two in each area. So far we have one in Derwentside and one in Durham.

My vision is to split the hubs into two levels where the initial level service deals with straightforward gynaecological cases such as ring pessaries, coils and implants, with the more complex issues being referred on to me at the next level so that I can utilise my skill set efficiently.



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