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Improving practice for women's reproductive health in Liverpool

A CASE STUDY

A case study demonstrating how a 'hub and spoke' model improved access and uptake of LARC methods for women in Liverpool.

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SITUATION

SOLUTION

SUCCESS



LOCATION: LIVERPOOL

SERVICE: IMPROVED PRACTICE FOR WOMEN'S REPRODUCTIVE HEALTH – LARC SERVICES: LOCAL PROGRESS COMMISSIONER-LED CASE STUDY

This case study demonstrates how a 'hub and spoke' model improved access and uptake of LARC methods for women in Liverpool closer to home via GP provision.

The model has allowed 20 extra appointments to be made available per month

The challenge

Uptake of LARC (subdermal implants and intrauterine methods for contraception excluding injections) in primary care was much lower in Liverpool than both the regional and national average. 20 of the 52 general practices with contracts for fitting LARC were fitting less than 12 per year, in contrast to the guidelines set forth by the Faculty of Sexual and Reproductive Health (FSRH) which stipulate 'a minimum of 12 intrauterine systems or devices (IUS/D) per year per fitter'.

Overview of activity

Driving increased uptake of LARC in primary care through a Primary Care Network (PCN) model.

Method of approach

An inter-practice referral model for LARC taking the form of a 'hub and spoke' model across the 10 PCNs. 'Hubs' were identified in each of the new PCNs, which were to undertake most of the LARC fitting in their respective networks. 'Spoke' practices within the PCN were responsible for the referring and booking of LARC appointments. A business plan was used to prepare the activities, along with data analysis.

The big success

In the first PCN that it went live in, the model allowed 20 extra appointments to be made available per month, doubling its previous offer and reducing waiting times in specialist sexual health services as a result.

The lesson learned

Developing EMIS interoperability with NHS Informatics Merseyside was essential to ensure that women can easily be booked into clinics and notes can be shared across the network.

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Financial viability

The LARC strategic group modelled sustainable fit and removal fees for LARC, which is under continuous review to ensure financial viability. In fact, the cost of providing a whole 'service' and clinic offer was modelled and appropriate budget applied. Device 'replacement' tariffs were added, along with Did Not Attend (DNAs) for hubs and telephone consultation fees for initial counselling.

Use of IT

EMIS interoperability has been established to ensure record-sharing functionality, an improved coding system supporting a more streamline payment process. In addition, EMIS templates are being used across the PCN as a contraceptive counselling tool.

Training arrangements

New fitters were provided with training, and admin staff were 'informed' about the EMIS pathway and booking process. All healthcare professionals were 'supported' to be confident in counselling women on contraceptive methods.

Monitoring of project outcomes

Outcomes are being monitored via the Liverpool County Council Public Health SRH dashboard, which looks at LARC rates city-wide, per PCN, and measures impact upon aspects such as referrals to the acute trust for gynaecology care (aim is to reduce those referrals).

Next steps

The model will be rolled out in the remaining 10 PCNs, with the aim of actualising this within 18-24 months. In addition to this, there are plans to expand the hubs from LARC hubs to Women's Health Hubs and offer 'smear tests, menopause management, and support for heavy menstrual bleeding'.

For further information and results on the Liverpool model read our resource: [An example of success from Liverpool](#).