Liverpool City Council

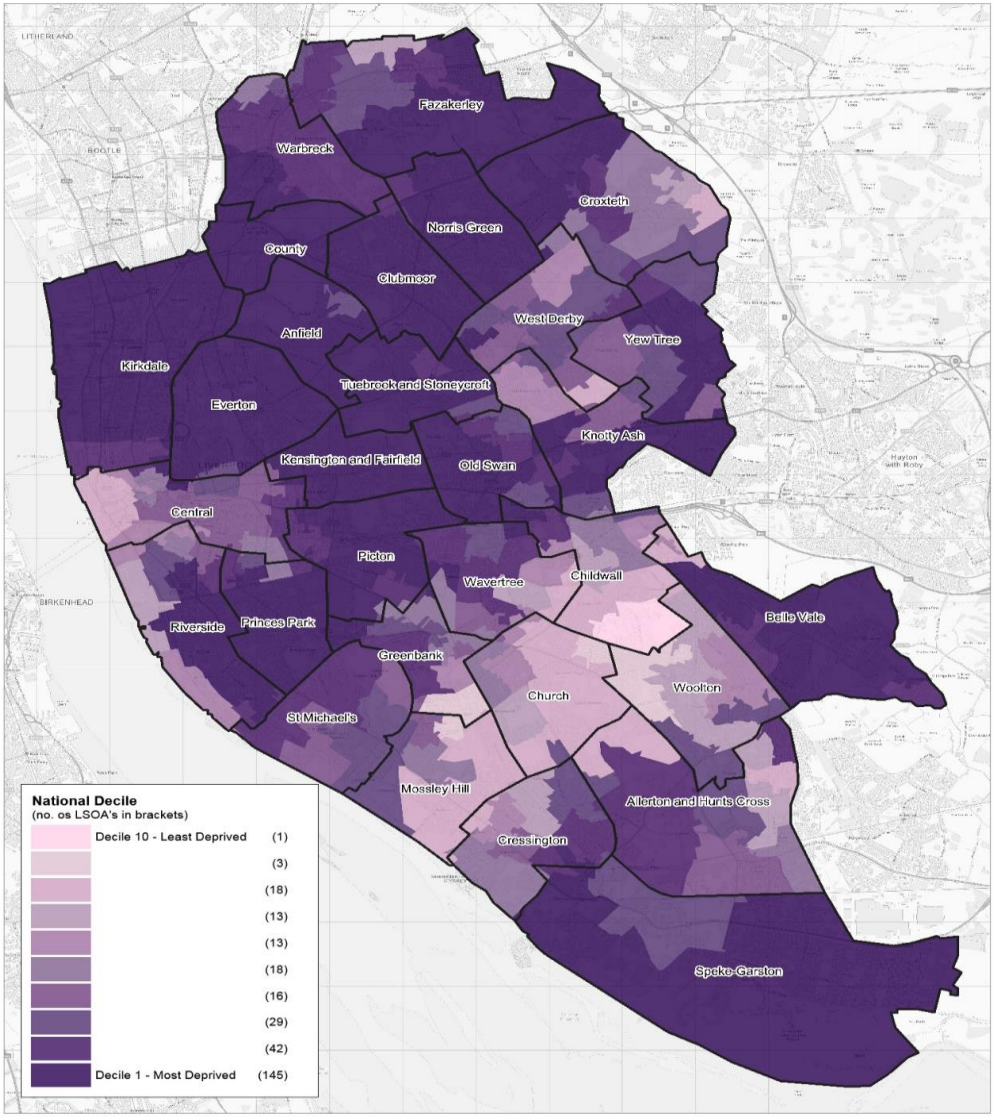
A guide to developing Women's Health Hubs "Liverpool PCN inter-referral model"

James Woolgar – Sexual & Reproductive Health Commissioning Lead
Current Chair English HIV and Sexual Health Commissioners Group (EHSHCG)

Key Areas -

Liverpool City Council

- **Background**
- **What did we do?**
  - Business Case
  - Service Level Agreement
  - Financial viability
    - True cost of fitting LARC in Primary Care
    - Mapped patient pathway to look for efficiency savings
    - Increased LES payments from the Local Authority
  - Pathways mapped
    - Training pathway
    - Clinical Pathways
    - Device pathway
  - EMIS inter-operability
    - EMIS Org
    - Template
    - Promotion of the service to patients
- **Benefits**
- **Results**
- **Future Opportunities – Levers/landing it**



Index of Deprivation 2019 - Overall Index National Rank Deciles (Decile 1 = Most Deprived)

Date created: April 2020

Liverpool City Council I 4th Floor Cunard Building I Pier Head I Water Street I Liverpool I L3 1DS

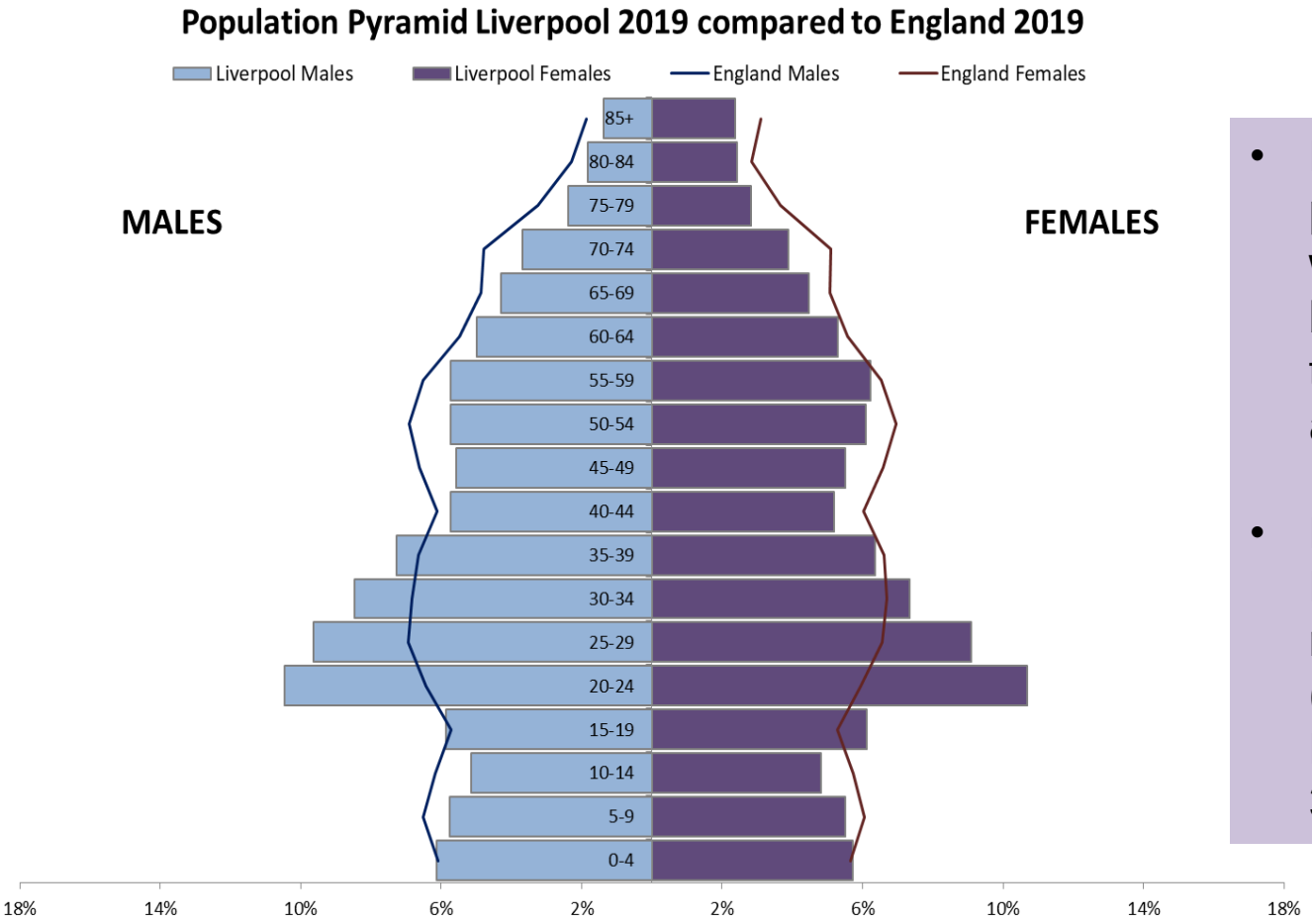
Public Health Liverpool I E: kate.scott@liverpool.gov.uk

© Crown copyright and database rights 2020 Ordnance Survey 100018351

Liverpool City Council

- England's 6th largest city
- Population now 498,042
- 12.6% rise since 2009
- Areas of deprivation largely mirror high teenage pregnancy rates/abortion rates

Liverpool City Council



- Liverpool has larger population of women of child-bearing age than the England average
- Despite this the GP Prescribed LARC rate was very low (13.0 per 1,000 vs England average of 30.0)

Liverpool population pyramid, 2019

Source: ONS mid-year resident population estimates

[1]

Overarching Vision

Liverpool City Council

- Initially to improve access and uptake of LARC methods for women in Liverpool

- Build GP provision of intrauterine systems to facilitate management of common gynaecological conditions closer to home – develop ‘women’s hubs’

- Expand scope of services in model (health hub illustration slide), develop peripatetic nature – patient flow

➢ Use of contraception, coils etc not restrained by specification or commissioning body

- Contraception
- HMB
- Endometrial component of HRT

Aims & Outcomes

Liverpool City Council

- Improved access, proximity and choice for women
- Greater appointment availability – increase system capacity – now ‘at least doubled’ appointments across many networks
- Reduce wait times (currently between 2 - 4 weeks) & improve consistency across the city with a nucleus of trained fitters per network
- Reduced fragmentation
- Better data recording/improved templates

Primary Care Network Model

Liverpool City Council

- 10 networks – 4 live (the other 6 will be live this year) with new specification that includes inter-practice referral, hub and spoke model, book into hub/fitting practice either via own GP or self-referral – much broader scope of offer:

  IUD/IUS/Implant - contraception

  Gynaecology – Pessaries, HMB

  Menopause Management (eg. Endometrial component HRT etc)

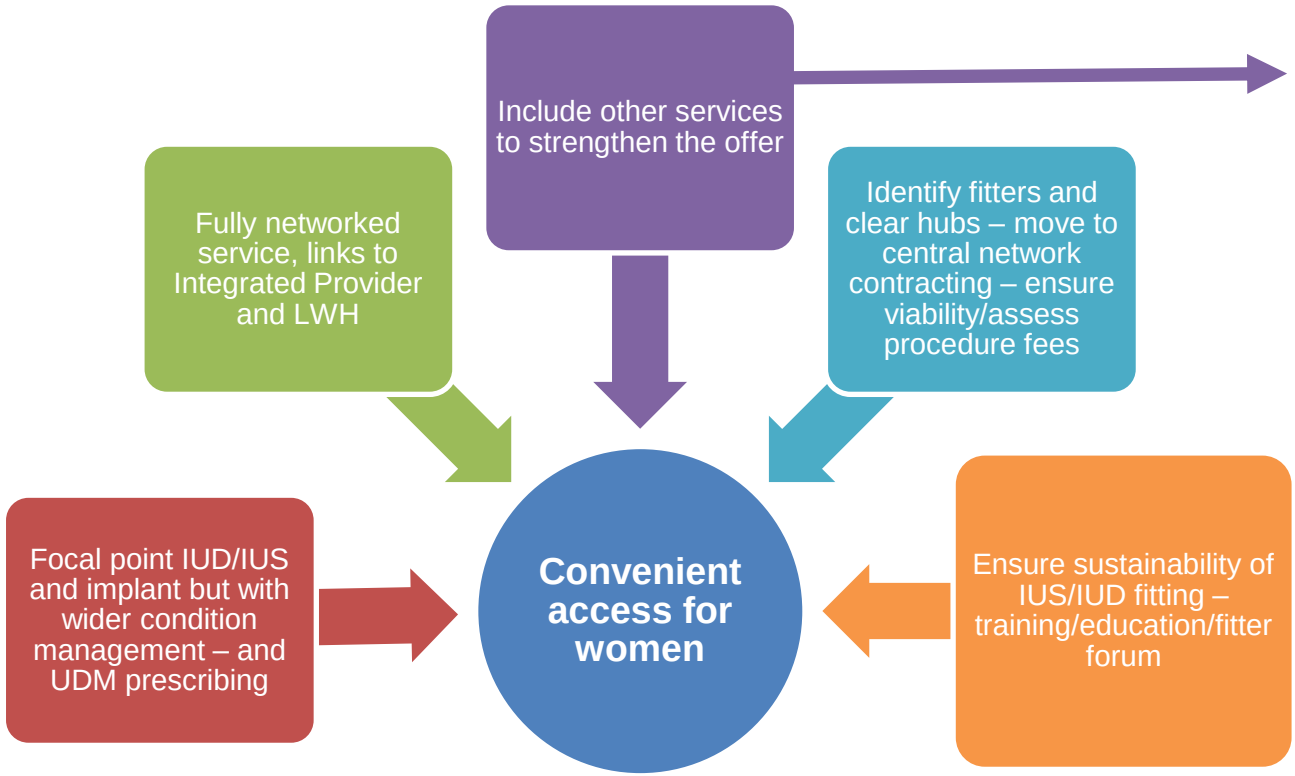
- Commission selected 'hubs' in each of the new Primary Care Networks - undertake the bulk of LARC fitting in that network

- 'Spoke' practices refer in via re-organised IT – single system EMIS

- Moved to network contract, separate sign up also still viable

Reproductive/Women's Health Hub Approach

Whilst bringing together four core services – contraception (inc. LARC), emergency contraception, menopause management and HMB treatment – the hub model can be, and is, flexible to the local system



Services currently include:

- Cytology – cervical screening
- Community gynaecology – HMB
- Menopause management
- Fitting ring pessaries (in some but not uniform as yet)

Other future developments pending/consideration of:

- Specialised menopause service
- Removal of polyps

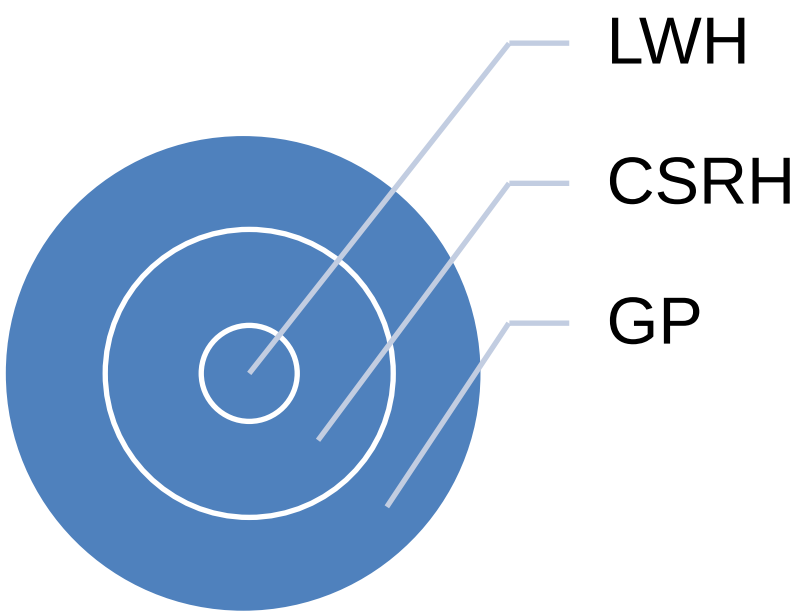
Links to other services to support Women's Health –

- Mental Health
- Healthy Weight/Physical Activity
- Lifestyle services

Pathways/Partnerships/Relationships:

Liverpool City Council

Working Group –
Integrated SRH provider
Liverpool Women's (Acute)
GP leads
Pharma
Commissioners
- Fitter/Training Forum (systematic upskill)
- Monthly newsletter



- Lower risk & common gynaecological conditions managed in primary care/community
- Complex/higher risk to LWH
- LWH to facilitate training & support to GPs via the city-wide education/training group

Why did we feel this was vital?

Liverpool City Council

- Latest guidance and policy direction –

  - RCOG ‘Better for Women’ Report (2019)
  - FSRH Position Statements, Integration: New Models of Care (2019)
  - PHE Women’s Reproductive Health Action Plan (WRHAP)
  - NHS Long Term Plan (2019)
  - 5-year Forward View (2014) – shift of care to Primary and Community, PCNs

- Recent All-Party Parliamentary Group (APPG) Inquiry into ‘Access to Contraception’ – opportunities:

  - PCNs welcome development, solution to fragmented delivery – swift referral between General Practice/Community clinics

Local to national drivers and collaboration

Liverpool City Council

- Facilitated by -

- One Liverpool Plan – partnership/collaboration across orgs to improve health & wellbeing outcomes for population

- Integrated Joint Commissioning Unit (JCG) – devise and develop common and collaborative plans at ‘Place’

- Movement to ICS’, shared budgets, ICPs offers even greater potential…..

- Liverpool based on a S75 recharge – LA procedures/CCG all prescribing – joint expansion of £200k (service total now way over £300k+)

Local to national drivers and collaboration

Liverpool City Council

- Facilitated by – S75 after business case –

Initial modelling – using ROI tool and HMB modelling suggested avert 25% acute activity – thus saving of £105,000

Business paper proposed to build on the contraceptive element already in clinics –

- LA supporting activity aspect, with CCG meeting prescribing bill in full – additional £200k put into model jointly – to cover usage of coils for their full intended benefit (as defined earlier)

- Next step on proposal tabled was to fully review uro-gynae activity/pessary usage and re-purpose monies to hubs out of acute

Making it Happen

Liverpool City Council

1. Audit
    - *Fitting and non-fitting practices*
    - *Hub identification*
    - *Trained and lapsed fitters*
    - *At later stage, formed city-wide education & training strategic group*

2. Gaining buy-in from the PCN Board

3. Financial Viability for Fitting Practices – Now reviewed and new LES April 21
    - *Costings, Fees, Incentives*

4. IT - EMIS inter-operability

5. Workforce
    - *Training (actual delivery) – Fitters*
    - *Non-fitters – confidence to counsel and refer to hub*
    - *Admin – booking in, process*

6. Effective Communications

Liverpool City Council

Audit

Audit

Liverpool City Council

Audit – increase capacity/skilled network

- Hubs identified according to current level of activity (via Public Health LES data for procedures) – plus assessment of willing practices in networks
- Mapping active & lapsed fitters – lapsed fitters could quickly get back up to speed
- Audit showed = 40 currently trained fitters with competencies across Liverpool
- Target of 12-15 additional fitters to create 53 total required to achieve the vision (shift) = just over 1 extra per network

Liverpool City Council

Gaining Buy-In from the PCN Board

- Business Case & Viability

Developing the Business Case

Liverpool City Council

North Liverpool PCN
Coil and implant service
Business case

1. **Current context**

- Ensuring that every child is wanted and born into an environment with the emotional and material resources needed to care for her or him well is a vital public health goal. The maxim 'children by choice, not chance' is as relevant today as it was during the genesis of the UK's family planning services in the 1920s. Contraceptives enable women to control their fertility and improve their lives, as well as those of their children and partners.
- The use of long acting reversible contraceptives (LARCs) such as IUDs and implants is lower than other methods of contraception.
- The limited time available and partial knowledge of birth control opportunities currently possessed by GPs and other health professionals are also thought to be a reason why LARCs may be being under-used. Some sources suggest that up to 50 per cent of GPs believe themselves to have inadequate knowledge of contraceptives such as implants (Wellings et al, 2007; Donnelly, 2015). We can see there are fewer GPs making use of LARC across North Liverpool.

The picture of LARC/contraception in Liverpool can be seen below (PHE Fingertips Data 2018):

  - Total prescribed LARC excluding injections rate/1,000 (Liverpool worse than the national average 31.9 vs 49.5)
  - GP Prescribed LARC excluding injections rate/1,000 (Liverpool worse than the national average 13.0 vs 29.2)
  - Under 18s conception rate /1,000 (Liverpool worse than national average 26.3 vs 16.7)
  - There were 2,631 abortions performed in Liverpool in 2019
    - Of these 2,304 were funded NHS abortions under 10 weeks
    - 30.2% were repeat abortions in women under 25 (www.gov.uk - Department of Health and Social Care, Abortion Statistics for England and Wales)

https://whh.pcwhf.co.uk/resources/guide-to-writing-a-successful-business-case/

Liverpool City Council

Financial Viability

Financial Viability for Fitting Practices

Liverpool City Council

- Increased fit and removal fees – modelled clinic costings using PSSRU guide and PA tariff – Manchester based work, now in PCWHF Toolkit

- Costed procedures/equipment and various clinic blend/mix – scenario planning to ensure ‘annual profits’ make sense/viable

- Figures developed showed what commissioner should pay as minimum for each procedure

- Liverpool invested/re-modelled – ensured all fees increase and meet costs of running clinic, DNAs, pre-procedure counselling fees added & failed fit fees included

Liverpool City Council

LES PAYMENTS – in line/or above the Manchester modelling

Increased LES payments agreed with the Local Authority as part of a new Local Enhanced Service specification – launched 1st April 2021

New payments/increased profit margins:

- IUD /IUS fit £100.00 (previously £80)
- IUD/IUS removal £38.09 (previously £0)
- Implant fit £60.18 (previously £40)
- Implant removal £63.20 (previously £40)
- DNA payment £24.83 (previously did not exist)
- Inter-Practice Referral fee £10.00 (previously did not exist)

- Inclusion of 'failed fit' fees (full amount per device used)
- Payment for removals critical – still vital clinical time and needs payment

Financial Viability for Fitting Practices

Liverpool City Council

BEST CASE SCENARIO (6 X REPLACEMENTS) WITH 100% OF ATTENDANTS FROM OTHER PRACTICES 3 hours

PROCEDURE	TIME ALLOCATED (HOURS)	APPOINTMENT TIME REQUIRED (MINS)	NUMBER PERFORMED	CONSUMABLES PER PROCEDURE	TOTAL COST OF CONSUMABLES	STAFFING COSTS (GP)	STAFFING COSTS (CHAPERONE)	LES PAYMENTS CLAIMED PER PROCEDURE	TOTAL LES PAYMENTS CLAIMED	TOTAL REIMBURSEMENT - LES - CONSUMABLES & STAFFING COSTS
Coil fit	1.5	30	3	£17.00	£51.00	£112.50	£25.37	£100.00	£300.00	£111.14
Coil removal	0	15	3	£5.00	£15.00	£-	£-	£38.09	£114.27	£99.27
Implant fit	1.5	30	3	£3.00	£9.00	£112.50		£60.87	£182.61	£61.11
Implant removal	0	25	3	£7.00	£21.00	£-		£63.16	£189.48	£168.48
Inter-Practice Referral fee for 100% of appointments in the clinic			6	£0.00	£0.00			£10.00	£60.00	£60.00
Total income per clinic										**£500.00**
Total Yearly (48 weeks at 1 clinic/week)										**£23,999.76**

BAD SCENARIO (50% DNAS) WITH NO PATIENTS FROM OTHER PRACTICES 3 hours

PROCEDURE	TIME ALLOCATED (HOURS)	APPOINTMENT TIME REQUIRED (MINS)	NUMBER PERFORMED	CONSUMABLES PER PROCEDURE	TOTAL COST OF CONSUMABLES	STAFFING COSTS (GP)	STAFFING COSTS (CHAPERONE)	LES PAYMENTS CLAIMED PER PROCEDURE	TOTAL LES PAYMENTS CLAIMED	TOTAL REIMBURSEMENT - LES - CONSUMABLES & STAFFING COSTS
Coil fit	1	30	1	£17.00	£17.00	£75.00	£16.91	£100.00	£100.00	-£8.91
Coil removal	0	15	1	£5.00	£5.00	£18.75	£4.23	£38.09	£38.09	£10.11
Implant fit	1	30	1	£3.00	£3.00	£75.00		£60.87	£60.87	-£17.13
Implant removal	1	25	1	£7.00	£7.00	£75.00		£63.16	£63.16	-£18.84
Inter-Practice Referral fee for 50% of appointments in the clinic			0	£0.00	£0.00			£10.00	£-	£-
DNA retainer			4	£0.00	£0.00			£24.83	£99.32	£99.32
Total income per clinic										**£64.55**
Total Yearly (48 weeks at 1 clinic/week)										**£3,098.52**

- Modelled ‘clinics’ and scenarios (blend of GP, ANP, sole GP etc) (with variety of fees/payments tested out within them) – to arrive at a balanced point of ‘buying a clinic’ and paying genuinely what makes this worthwhile

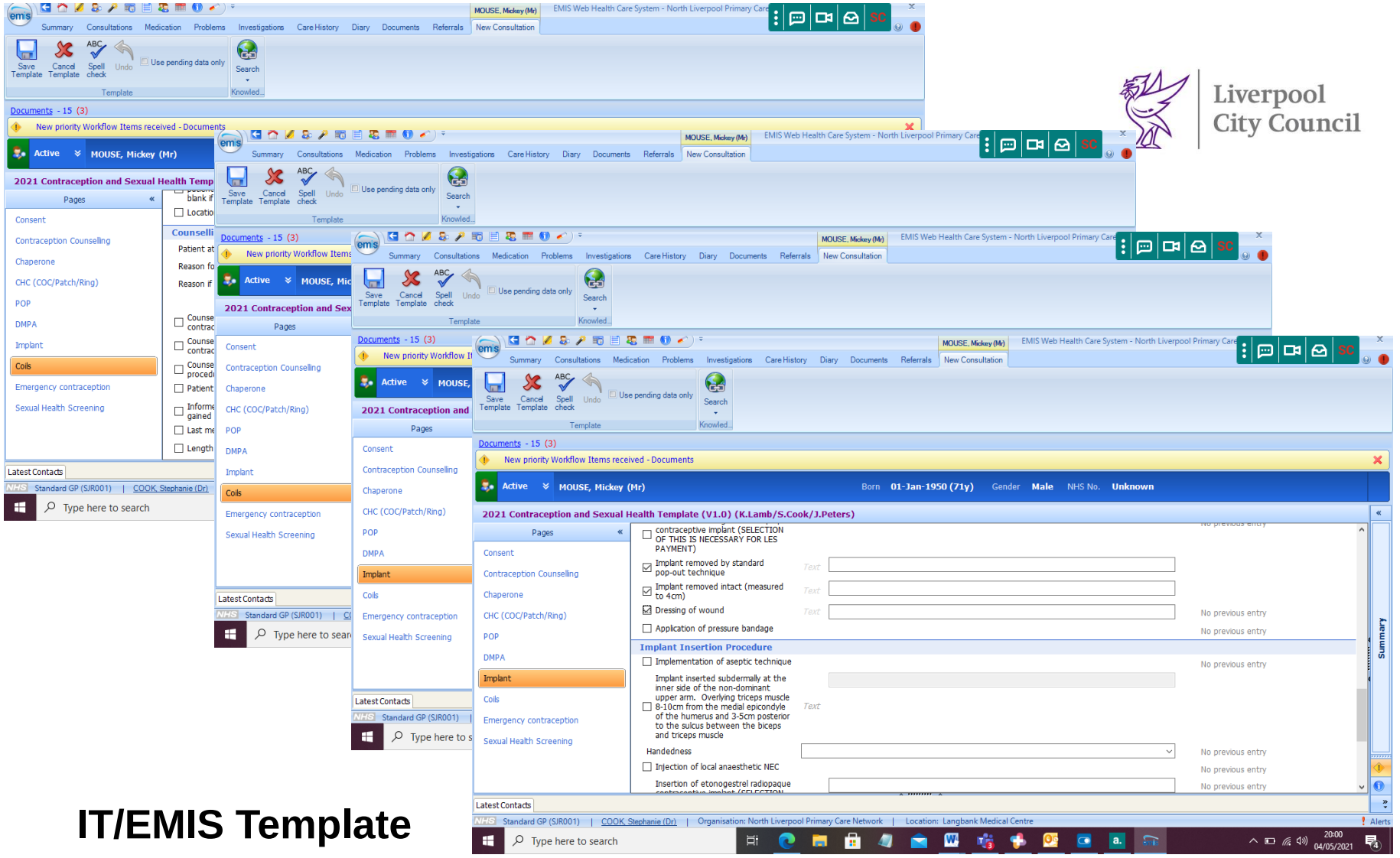
Liverpool City Council

IT Interoperability

IT – EMIS Inter-Operability

Liverpool City Council

- EMIS record sharing functionality devised
- Develop sharing agreements across PCNs for Clinical Data in Repository
- Remote functionality allows all practices to see appointment book and access clinical record
- Any practice can book into any slot
- GP/Clinician enters into records and appointment book info can be lifted back to patients registered practice



IT/EMIS Template

Liverpool City Council

Liverpool City Council

Workforce

Workforce

Training – Strategic Training Forum

- Supported by Axess, Liverpool Women's, Pharma – DFSRH, LoC SDI, IUT – and rotation to LWH to broaden skillset/improve knowledge

- Removal of barriers –

  Training Pathway mapped – associated costs and support available

  Payment of initial OTA registration for online assessment required by clinicians

  New integrated provider contract – minimum 30 places annually for GPs/GP trainees to gain competencies, free

Network Staff Support

- Non-fitters – confidence to counsel and refer to hub
- Admin – booking in, process

Liverpool City Council

Effective Communication

Effective Communications

Liverpool City Council

- Strategic training group – comms and newsletter across all – city-wide

- Promotional work – network led

- Liverpool Public Health communications – use of online ‘Liverpool Sexual Health’ to highlight new arrangements, fitting practices

- Clear communication around clinics/appts available across network – great examples from North Liverpool Network already:

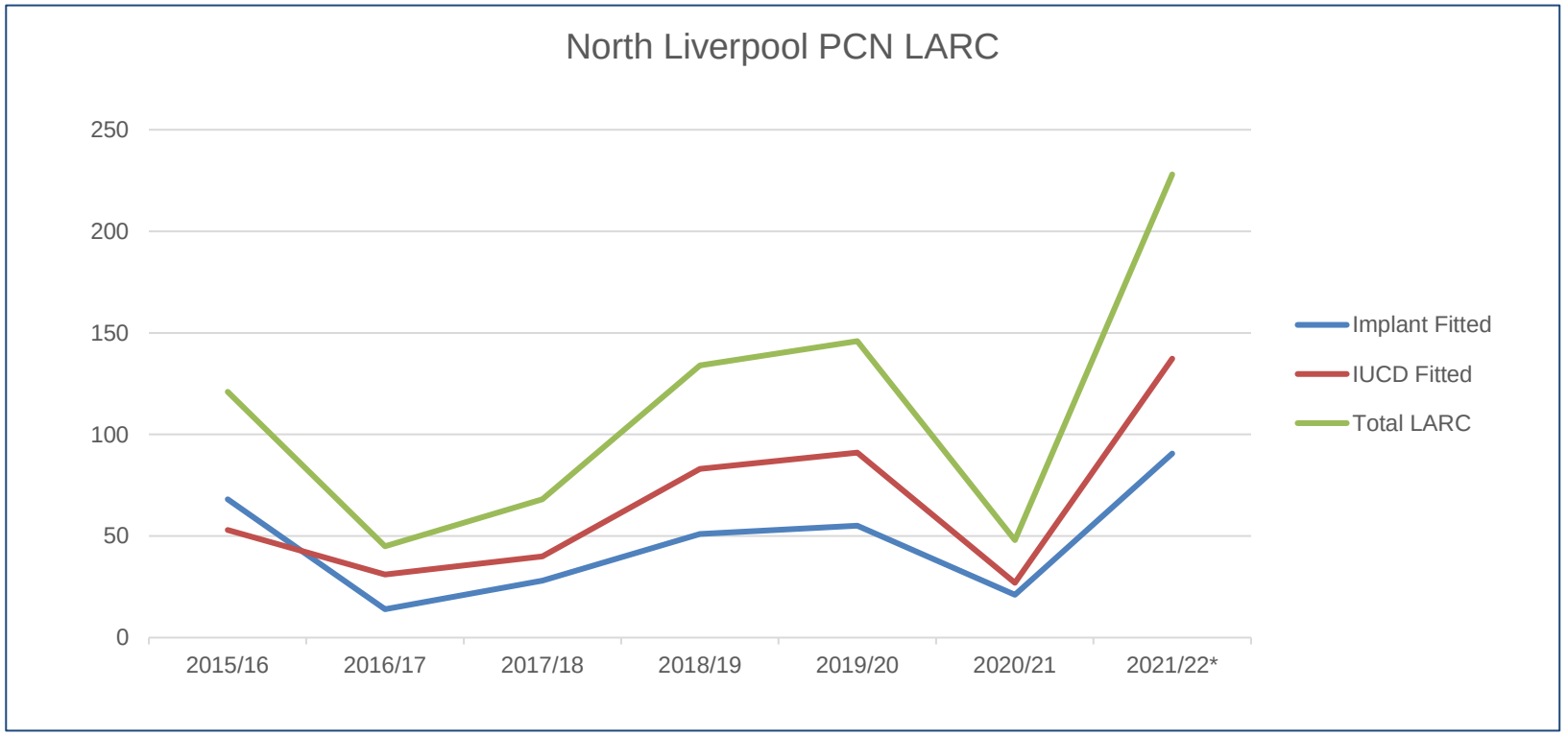
  - Posters
  - Leaflets
  - Text to patients to promote service
  - Initial target of those women currently on contraceptive pill to discuss benefits and possible switch

Liverpool City Council

Results to date…..

Outcomes – Impact to date…..

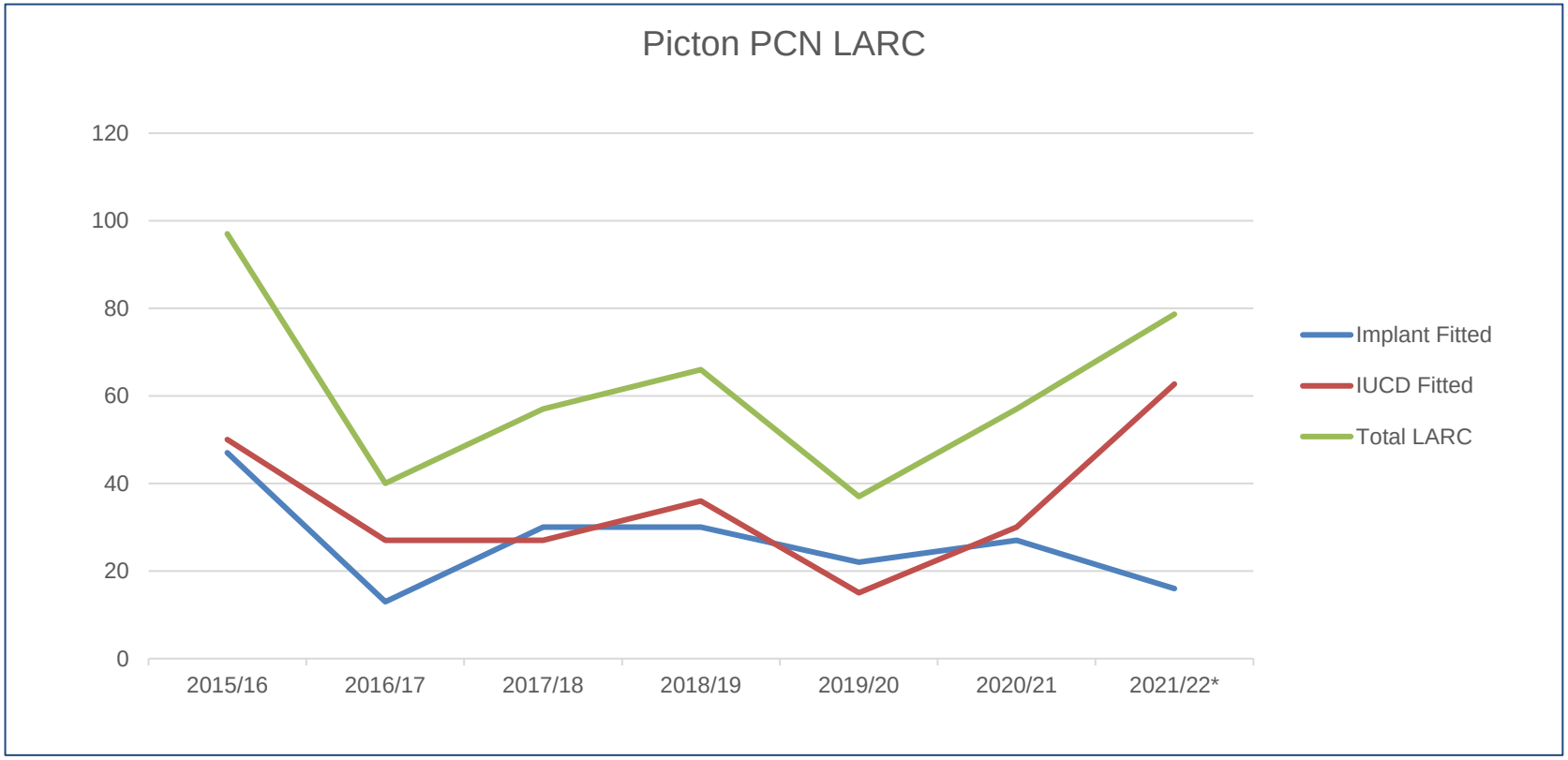
Liverpool City Council



56% increase from 19/20 to 21/22

Outcomes – Impact to date…..

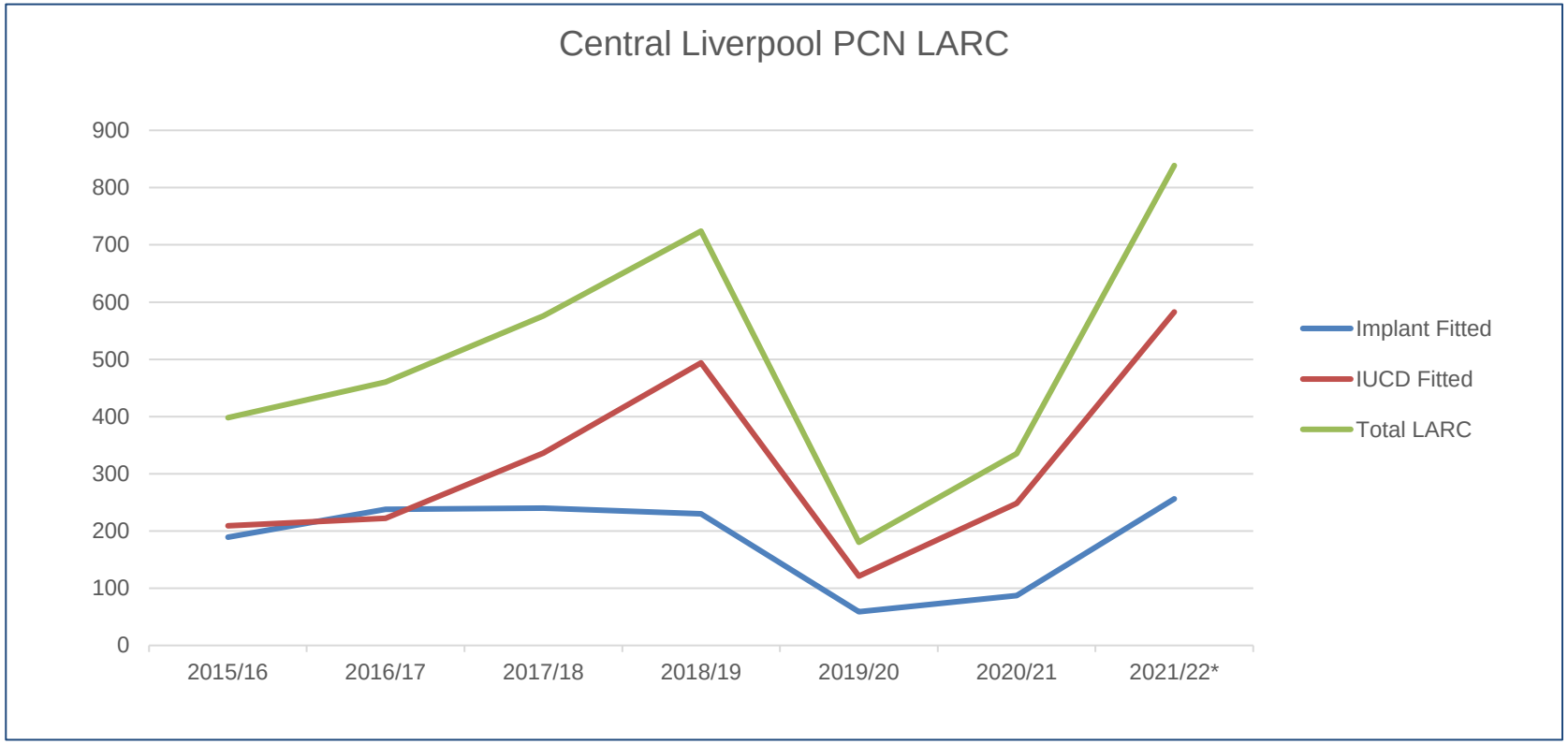
Liverpool City Council



113% increase from 19/20 to 21/22

Outcomes – Impact to date…..

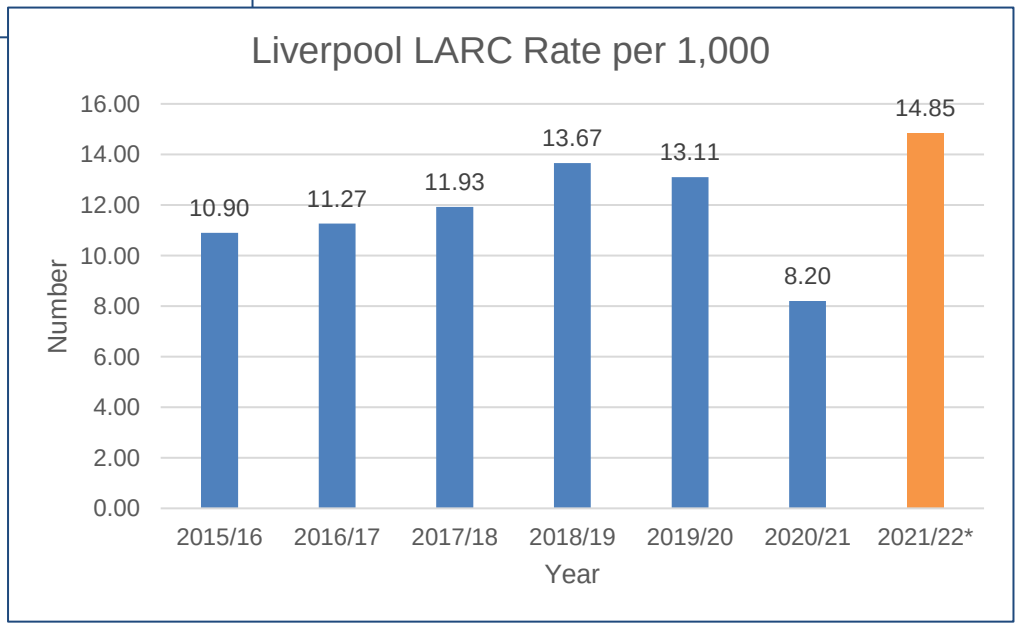
Liverpool City Council



366% increase from 19/20 to 21/22

Outcomes – Previous activity - Q1 2021-22 & Forecasts

Liverpool City Council



Liverpool City Council

Integrated care systems (ICSs)

Key planning and partnership bodies from April 2022

NHS England
Performance manages and supports the NHS bodies working with and through the ICS

Care Quality Commission
Independently reviews and rates the ICS

Statutory ICS

Integrated care board (ICB)

Membership: independent chair; non-executive directors; members selected from nominations made by NHS trusts/foundation trusts, local authorities and general practice

Role: allocates NHS budget and commissions services; produces five-year system plan for health services

Cross-body membership, influence and alignment

Integrated care partnership (ICP)

Membership: representatives from local authorities, ICB, Healthwatch and other partners

Role: planning to meet wider health, public health and social care needs; develops and leads integrated care strategy but does not commission services

Influence

Influence

ICP – LAs and NHS on 'equal footing' to devise and deliver services

Partnership and delivery structures

Geographical footprint	Name	Participating organisations
System Usually covers a population of 1-2 million	**Provider collaboratives**	NHS trusts (including acute, specialist and mental health) and as appropriate voluntary, community and social enterprise (VCSE) organisations and the independent sector; can also operate at place level
Place Usually covers a population of 250-500,000	**Health and wellbeing boards**	ICS, Healthwatch, local authorities, and wider membership as appropriate; can also operate at system level
	Place-based partnerships	Can include ICB members, local authorities, VCSE organisations, NHS trusts (including acute, mental health and community services), Healthwatch and primary care
Neighbourhood Usually covers a population of 30-50,000	**Primary care networks**	General practice, community pharmacy, dentistry, opticians

The King's Fund

Within each ICS, **place-based partnerships** will lead the detailed design and delivery of integrated services across their localities and neighbourhoods – ***Integrated Commissioning Boards, Joint Boards/H&WB Boards major places to land things***

Partner orgs brought together to –

- **improve outcomes** in population health and healthcare
- **tackle inequalities** in outcomes, experience and access
- enhance **productivity and value for money**
- help the NHS support broader **social and economic development**.

https://www.kingsfund.org.uk/sites/default/files/styles/gallery_thumbnail/public/2021-10/Health%20and%20care%20bill%20diagram.png?itok=D-ARpwZ4

What is the relevance of the new integrated environment for SH RH and HIV care?

What levers and opportunities might there be?

Liverpool City Council

Possible levers/landing it –

- Embed PH, prevention at heart of thinking – here we have opportunity to ensure SRH adequately funded at Place – impact on infertility, unplanned pregnancy, address 'Hatfield Vision' ambitions
- Above – offers a chance to frame this differently (relevance to NHS and cost-savings/ best pathways)
- Key boards/joint commissioning groups to take cases to – open collaboration
- Part of NHS priority setting in more effective way – LAs, DPH clearly linked
- Data join up – shared intelligence – to map gaps, assess need across a whole system and effectively commission at Place or PCN level