

Women's Health 'Hub' development and implementation

1 National guidance on a 'Women's Health Hub'

Women's Health Strategy for England (2022)

The Women's Health Strategy for England sets out a 10-year ambition (2022-2032) for boosting the health and wellbeing of women and girls. It identifies the following priority areas:

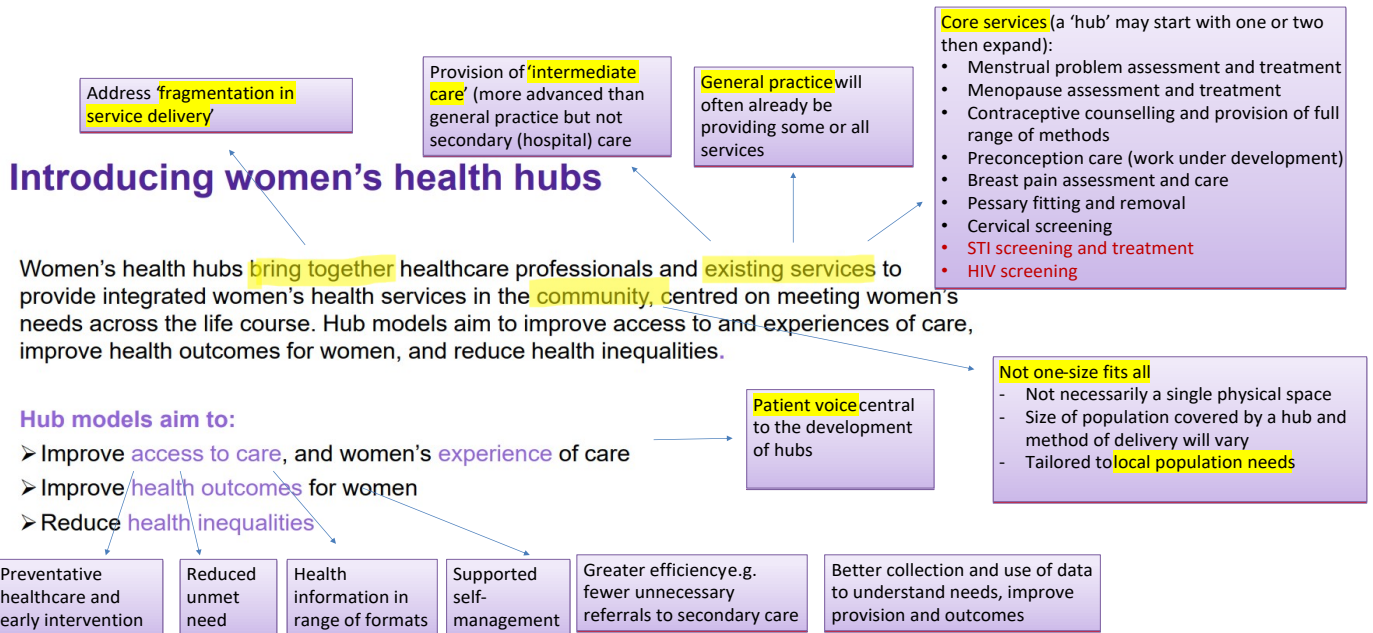
- Menstrual health and gynaecological conditions
- Fertility, pregnancy, pregnancy loss and post-natal support
- Menopause
- Mental health and wellbeing
- Cancers
- Health impacts of violence against women and girls
- Healthy ageing
- Long –term conditions

A top priority in the Strategy is the development and expansion of women's health hubs, which bring together healthcare professionals and existing services to provide integrated women's health services in the community, focusing on improving access to care and reducing health inequalities.

NHSE Guidance on Women's Health Hubs

There is one-off funding of £595,000 for each ICS to develop a Hub, to be spent by 31st March 2025.

The below visual provides a summary of the national core specification of a Hub. The full specification can be found on the [gov.uk webpage on Women's Health Hubs](https://www.gov.uk/government/publications/women-s-health-hubs).



Key points to note

- 1) Use of the term 'women' from the national guidance: 'While we refer to women, we recognise that some people who do not identify as women also require access to the services listed and may benefit from care in women's health hubs. These groups will also have specific needs and experiences which should be considered'.
- 2) The term 'hub' is being used with single quotation marks intentionally. This is because the interim evaluation report on existing women's health 'hubs' across England commissioned by the National Institute for Health and Care Research found that "Stakeholders, including women, have highlighted that the term 'hub' is being used increasingly across health and social care settings, with different interpretations, and considerable scope for confusion". We want to avoid confusion in BNSSG, and this may mean abandoning the term 'hub' altogether.
- 3) There is a deliberately broad scope for how a 'hub' is set up. This is to allow each area to make it work best for the population and to capitalise on existing provision and ways of working. For example, there is no absolute requirement for a 'hub' to be a physical place, and there is some scope for the services the 'hub' offers to be locally determined.
- 4) The specification is clinically focused, with many of the core services requiring delivery by qualified healthcare professionals. However, it has been recognised in BNSSG that there is an important role for non-clinical and self-management support for women. For example, managing the menopause, incontinence awareness and signposting to information and services. We also need to consider the importance of the VCSE sector who help meet the needs of specific groups of women, such as sex workers.

See Appendix 1 for a visual of a woman's reproductive life course.

2 Women's health needs, outcomes, and access to and uptake of services in BNSSG

BNSSG ICS serves the areas of Bristol, North Somerset and South Gloucestershire. It is comprised of ten partner organisations; three Local Authorities, two acute NHS Trusts, the mental healthcare trust Avon and Wiltshire Partnership (AWP), the Integrated Care Board (ICB), Sirona (community care) and One Care (representing general practice). The ICS's aim is to meet the challenge of improving poor health outcomes in our local population, which includes realising the Women's Health Strategy as part of a wider priority to address health inequalities.

Synthesis of existing quantitative and qualitative data on women's health

A significant amount of work has already been undertaken to understand the current situation for women in Bristol, North Somerset and South Gloucestershire. The qualitative and quantitative data from these sources has been synthesised into a 'one pager' – see Appendix 2. It provides a high-level oversight and understanding of how well we are meeting the needs of women across the life course, with a focus on those areas of women's health that form part of the national core specification for a WHH. It is recognised that there are limitations to the data we currently have (see Appendix 2 for further detail).

Emergent themes from the data synthesis

INEQUALITIES

1. There are health **inequalities for some cohorts** of women in terms of access to and uptake of services; especially women from ethnic minorities, women living in socio-economically deprived areas or with a Learning Disability.

ACCESS AND QUALITY OF HEALTHCARE

2. There is a **disparity of access to some women's health services in general practice**. e.g., LARC for contraception, heavy menstrual bleeding, Hormone Replacement Therapy (for menopause), pessaries for prolapse
3. The **quality and level of care in general practice** is variable for menopause and probably menstrual health due to training and expertise and pressure on general practice.
4. **Demand exceeds current capacity** for women's health services (e.g., long waits for LARC and secondary care gynaecology services).
5. There is a **gap in commissioning/provision** around some services e.g. Complex menopause, post-partum contraception.
6. Quality of care within integrated sexual health services is generally good, but **access to sexual health services** is problematic.
7. Commissioning and provision are **fragmented**. There is an **opportunity to better connect services** through the recommissioning of sexual health services.

OUTCOMES

8. **Sexually transmitted infections are rising**, and Bristol has relatively **high prevalence of HIV**.
9. **Teenage pregnancies** have been reducing for years but have recently shown an increase.

- 9. **Termination of pregnancy rates have risen significantly** in the last year.
- 10. We have not yet achieved the national ambition of 80% **cervical screening uptake and HPV vaccination levels could be improved.**

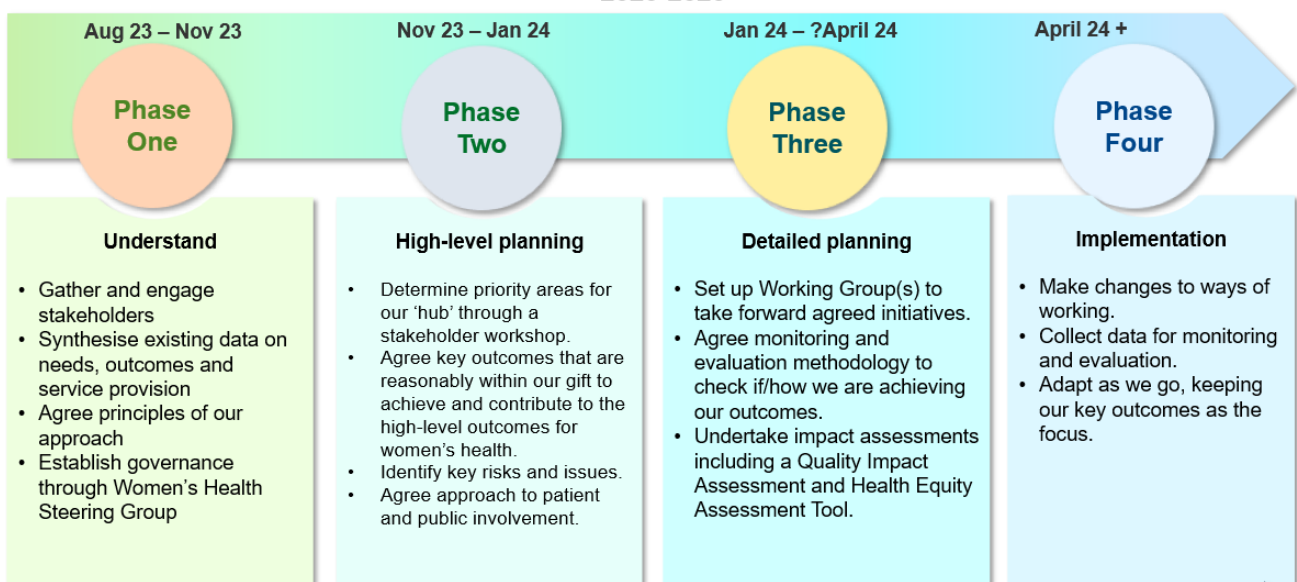
ENABLING WOMEN

- 11. There is an **opportunity to better enable women** to understand their health needs, know where to find high quality information to support self-care, when to seek medical help and have the confidence to do so. This is particularly notable for menopause, pelvic health and menstrual health.

3 BNSSG approach to developing and implementing a Women’s Health ‘Hub’

Phases and principles

Proposed Development and implementation of improvements to women’s health ‘hub’ services
2023-2025



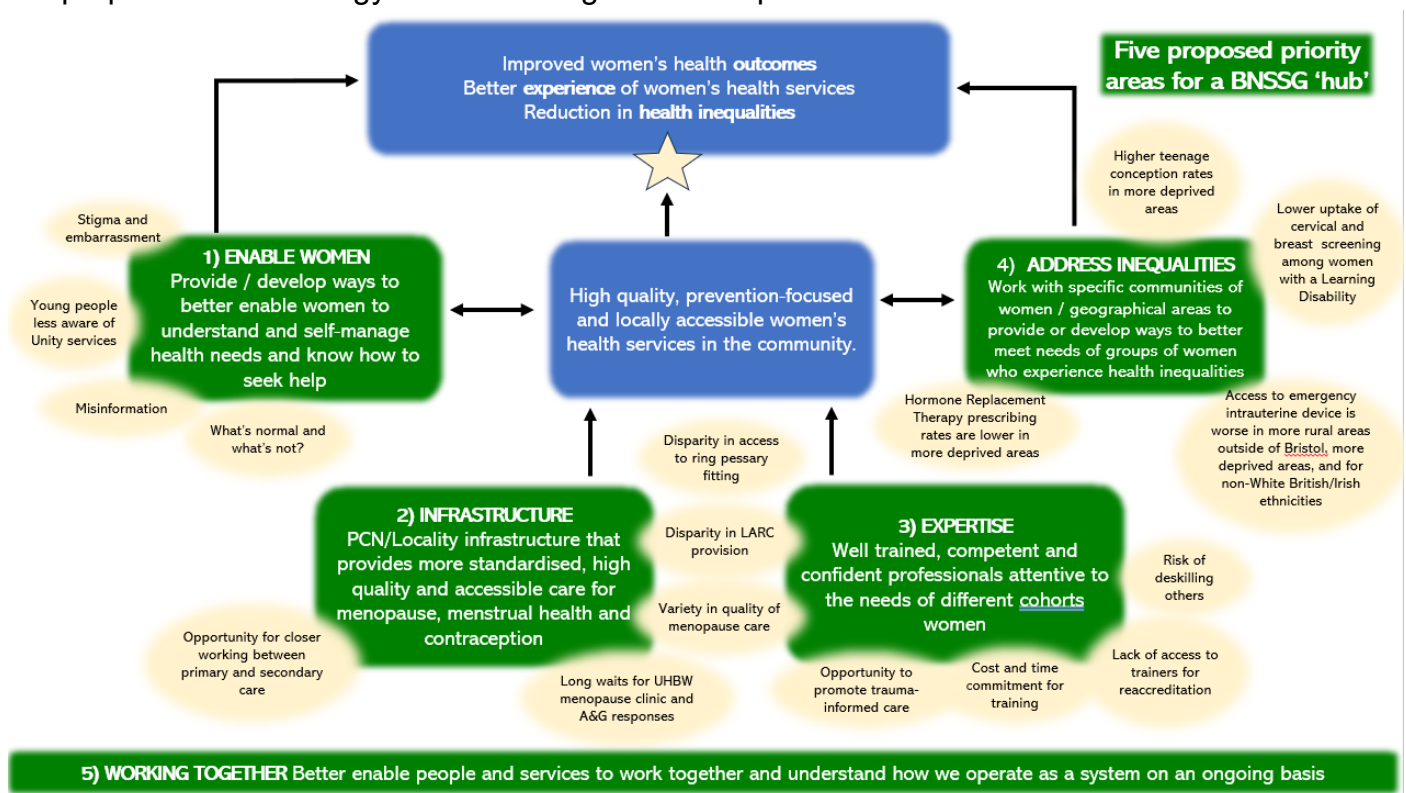
Healthier Together

Principles underpinning approach: (1) Clear and shared vision (2) Recognise complexity of healthcare (3) Must dos – specification, prevention, inequalities (4) Realistically aspirational (5) Sustainability and equity

Proposed priority areas for improving Women’s Health services

It is proposed that we meet the ambition to “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” through focusing on five complementary priority areas.

The below diagram shows the five priority areas in green boxes. The blue boxes are the outcomes we intend to achieve. The beige 'blobs' reflect some of the data and insights that have helped determine the proposed priority areas, and some of the challenges we face. See Appendix 4 for the proposed methodology for addressing health inequalities.



The stakeholder workshop in December 2023 is an opportunity to gather insights and ideas that will help test, refine and explore these priority areas.

The 'output' from the workshop will be collated and reviewed, and synergies and themes identified. This will be taken to the newly established BNSSG Women’s Health Steering Group, which will agree the outline approach to our ‘hub’. More detailed planning will then be undertaken through a new Working Group, which will include leadership from general practice, the VCSE sector, secondary care, and sexual and reproductive health. It will work closely with a Patient and Public Reference Group.

See Appendix 4 for a brief overview of the BNSSG Women’s Health Steering Group.

Appendix 1

Life course of women’s reproductive health



ADOLESCENTS AND YOUNG ADULTS
PUBERTY-24



MIDDLE AND REPRODUCTIVE YEARS
25-50



LATER YEARS
51+

| Reproductive health needs | | |
|---|-----------------------------------|-----------------------------|
| HPV vaccination | | |
| Menstrual health | | |
| Gynaecological conditions | | |
| | Cervical screening | |
| | Gynaecological cancers | |
| | Sexual health and wellbeing | |
| Contraception, pregnancy, fertility, pregnancy loss, abortion care, and postnatal support | | |
| | Pelvic floor health | |
| | Early menopause and perimenopause | Perimenopause and menopause |
| | | Breast cancer screening |

Highlighted = within core scope of a Women’s Health ‘hub’

Appendix 2 – Data synthesis

Access, uptake, experience and outcomes in BNSSG

A note on inequality and inequity in general

Some population groups and inclusion health groups (e.g. asylum seekers) have poorer access, uptake and experience of services, and poorer health outcomes due to universal barriers that are not specific to one area of health. For example, women who are experiencing severe and multiple disadvantage often avoid accessing the support that they are entitled to due to mistrust and a lack of trauma-informed care (Golden Key, 2019).

A note on gaps in the data

We recognise the gaps in the data and insights, both locally and nationally, and both for health conditions in general and in relation to health inequalities. This issue is noted in the Women's Health Strategy (2022), and it is a national priority to improve the quality of health and health service data collected.

Menstrual health (WHH core service)

- National data indicates a high prevalence of Heavy Menstrual Bleeding (HMB) and dysmenorrhoea in women. Menstrual disorders account for approximately 12% of referrals into gynaecology.
- There is a lack of information and awareness about what is 'normal' and what is not. Relatively few women seek treatment, partly due to stigma and embarrassment.

Sexual health and wellbeing (WHH core service)

Access to Unity Services

- Surveys indicate that quality of care is generally good, but access to services is an issue- clinic closures, waiting times and appointment availability.
- A recent Bristol Pupil Voice survey found that most young people had not heard of Unity services
- In Bristol, there is an under-representation in attendance at Unity from deprived residents and ethnic minorities.**

Sexually Transmitted Infections

- There is a higher proportion of new STI diagnoses in young people aged 15-24 across all three individual BNSSG councils compared to the England average
- STI data indicates that people from Black communities are either not accessing tests or are not being offered tests.
- Detection of chlamydia in 15–24-year-olds across BNSSG is low.
- Gonorrhoea cases in Bristol have risen rapidly in recent months and are now beyond pre-COVID-19 levels. This is a marker for unsafe sexual activity in a population. Syphilis rate rises are also a concern

HIV

- Bristol has relatively high rates of HIV and it is classified by NICE as an area of 'High' prevalence in 2021. However, the number of people diagnosed with HIV has continued to fall.
- In Bristol, HIV acquired through heterosexual sex disproportionately affects women of Black African heritage**
- HIV testing coverage in women in BNSSG in 2022 was significantly lower than the England average, with around 70% either not offered or accepting a test.

Conception under 18

- Teen conception rates have increased in Bristol/S Glos and in Bristol rates are now higher than the England average
- Hartcliffe & Withywood, Southmead & Filton wards, which have higher levels of deprivation, have the highest rates

Termination of pregnancy (ToP)

- ToP rates in BNSSG in 2021 are lower than England average.
- ToP rates rose significantly, locally and nationally in 2022
- Almost half of pregnancies are unplanned in UK

Contraception (WHH core service)

LARC

- LARC is twenty times more effective than pills or barrier methods and is highly cost effective.
- GP LARC in BNSSG exceeds national averages BUT significant disparities in no. of fittings between practices and there are long wait times in many. There are various issues around staff, capacity and access to training.
- Low rates of LARC in Unity services, especially uptake in young people services

Emergency contraception (EC)

- Emergency Hormonal Contraception (EHC) prescriptions have significantly fallen over several years. It is not clear why.

Access to emergency intrauterine device (IUDs) is worse in more rural areas outside of Bristol, more deprived areas, and for non-White British/Irish ethnicities

Condoms: Issuing of free condoms across community and SRH services and through the C-Card scheme has decreased significantly across BNSSG.

Post Partum Contraception is recommended by FSRH and RCOG and NICE but is not routinely given in BNSSG

Cervical screening uptake (WHH core service)

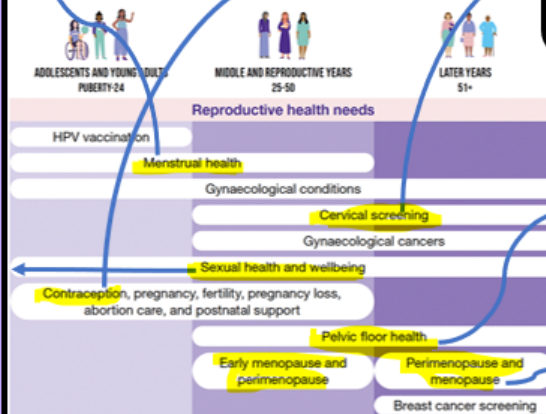
- Bristol is just under the England average for uptake, while S. Glos and N. Somerset are above the England average. All local authority areas, and England as a whole, are under the 80% ambition. (2022)
- Women with LD have lower uptake (c40% vs c70%25-49 age group)
- There is low HPV vaccine uptake across BNSSG (relative to England average). New recommendation that one dose is required not two.

Pelvic health (WHH core service: pessary fitting and removal)

- National data indicates that pelvic organ prolapse affects around 40% of women aged 40+. It's difficult to measure incontinence prevalence due to reluctance to disclose.
- There is a disparity in access: many GP surgeries do not offer ring pessary insertion.

Early menopause, peri-menopause, menopause (WHH core service: menopause assessment and treatment)

- There is high demand for UHBW menopause services: long waits for the menopause clinic and GP Advice and Guidance responses.
- BNSSG Healthwatch report (2023) outlines issues in quality and access of care: feeling nervous, awkward or confused in seeking support; concerns with symptoms being mistaken; not being given enough information. **There are racial differences in menopause experience.**
- Testosterone is currently an 'amber' drug in the BNSSG formulary and requires referral and initiation by secondary care clinicians



Key: Red text relates to health inequality data and insights

Box outline = covers a core need to bring under 'hub' care

A note on the limitations of BNSSG data:

The data we have only provides a partial picture of what is happening:

- 1) The data on Unity sexual health services is mostly from 2021 onwards and there are data quality issues with historical data.
- 2) The Covid pandemic has affected service and activity levels.
- 3) There are no known national benchmarks for good provision of pelvic health, menstrual health or menopause.

However, the national data is a useful starting point for identifying general issues.

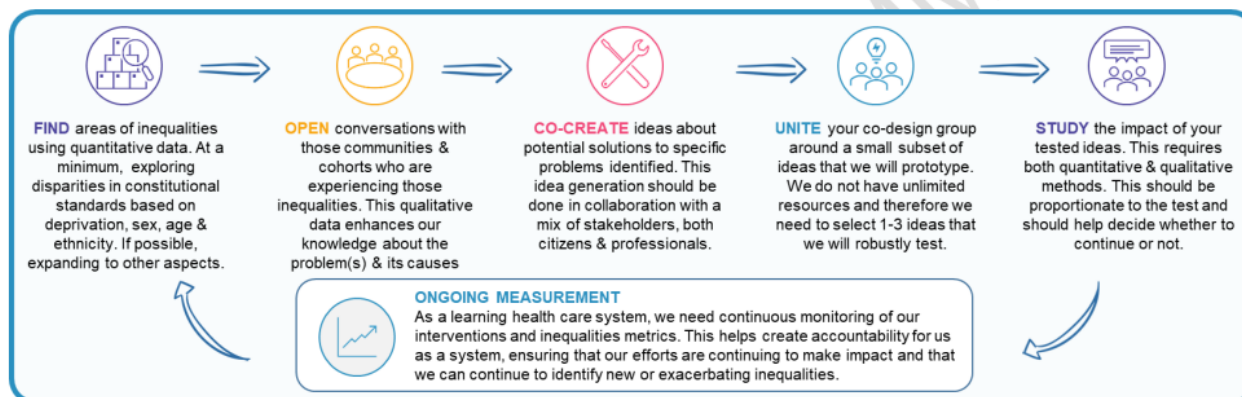
BNSSG-focused sources include:

- a) Bristol Women's Health Needs Assessment (2022)
- b) BNSSG Sexual Health Needs Assessment (in final draft, to be published in due course)
- c) Healthwatch Menopause report (2023)
- d) Long-Acting Reversible Contraception (LARC) Audit of General Practice provision (2023, internal report)
- e) Somali Women's Coffee Morning – discussion on women's health hubs (2023, grey literature)
- f) Create Open Health: Voices for Change - An open innovation project to initiate positive change for people affected by bladder and bowel continence conditions (2022)
- g) Bristol Women's Voice - Bristol City Listening Project 2020

The synthesis document will be updated as additional data is gathered.

Appendix 3: FOCUS-ON approach to addressing health inequalities

This approach is being taken by the BNSSG Strategic Prevention Oversight Group



Appendix 4 – BNSSG Women’s Health Steering Group overview

The BNSSG Women’s Health Steering Group will take a systemwide approach to women’s health:

- It will ensure commissioning and provision of services is joined up.
- It will steer and oversee transformational work and continual improvement of women’s health services across BNSSG.

Areas of focus may include:

- Developing and maintaining a better understanding of diverse women’s needs, outcomes and experiences of health and wellbeing. This will support with development of initiatives and capturing overall impact and impact on specific groups.
- Identifying/developing a framework to prioritise key areas in women’s health, in line with these identified needs, to improve women’s health and reduce inequalities whilst utilising the principles of prevention and value-based healthcare.
- Optimising existing pathways, services and assets across the ICS to build on good practice and manage cost pressures. This will include co-designing with people and partners.
- Agreeing a short (1-2 years), medium (3-5 years) and long-term (5 years +) ICS plan for Women’s Health.

Proposed core membership:

- ICB Chief Medical Officer
- Public Health lead for Sexual Health across BNSSG
- ICB Local Maternity Neonatal System Lead
- ICB lead for data improvement in women’s health
- Healthwatch
- NBT Head of Equality, Diversity and Inclusion
- NBT and UHBW clinical and non-clinical representatives
- GP Collaborative Board Medical Director
- Unity Sexual and Reproductive health clinical representative
- VCSE representative