Evaluation of Women's Health Hubs

Information for professional stakeholders

Women's sexual and reproductive health services (e.g. for contraception, heavy menstrual bleeding, menopause) are often fragmented and some groups of women find it harder to access care.

To improve care, some NHS teams across the UK set up Women's Health Hubs (WHHs) and the Department of Health and Social Care is supporting their implementation across England as part of the Women's Health Strategy.

During 2022 and 2023 we carried out a rapid evaluation of established WHHs to inform the national roll out of these models.

Evaluation questions

- What are WHHs, where are they and how many are there?
- Why were they set up and what have they have achieved?
- What are the experiences of staff, women who have used WHH services, and women from under-served communities?
- How are WHH performance, outcomes and costs measured, and how might they be measured in future?

Methods

- Online mapping survey with hub leaders
- Regional and national interviews (n=22)
- In-depth work in four hubs (n=4)
  - Interviews with staff (n=40)
  - Interviews with women using hubs (n=32)
  - Focus groups (n=4) with women from under-served communities (n=48)
  - Documentary review

What did we find?

WHHs are integrated care models in the community at the interface between primary and secondary care, involving multiple services and organisations.

Most were not a completely new service, but were expansions of existing services, such as community gynaecology services or long-acting reversible contraception (LARC) hubs.

They aimed to improve access (e.g. reducing waiting times), quality (e.g. access to expertise), experience and address inequalities.

17 hubs were identified (13 in England, 4 in Northern Ireland, none in Scotland or Wales).

Hubs varied, in terms of model (e.g. hub and spoke or one-stop-shop), scale (e.g. primary care network or local authority footprint), commissioning (e.g. joint commissioning or NHS only), leadership (e.g. GP or sexual and reproductive health consultants) and services (e.g. contraception and/or gynaecological care), and no optimum model was identified.

Hubs offered sexual and reproductive health services such as contraception, care for heavy or painful menstrual bleeding, menopause and bladder issues. They did not offer maternity or general physical or mental health care.

The most common types of professional group working in hubs was GPs with a special interest in women's health followed by administrators and healthcare assistants.

Hubs offered consultations (virtual, face-to-face, or in groups), diagnostics, treatment and in some cases education of women and training for staff. Most required a GP referral.

Ways of integrating services varied and involved co-working across organisations and sectors.

Women reported feeling listened to and having time to talk, finding services caring and convenient, but hubs could not always provide everything needed in one visit for some women, and sometimes there were gaps in communication with women, and between other services.

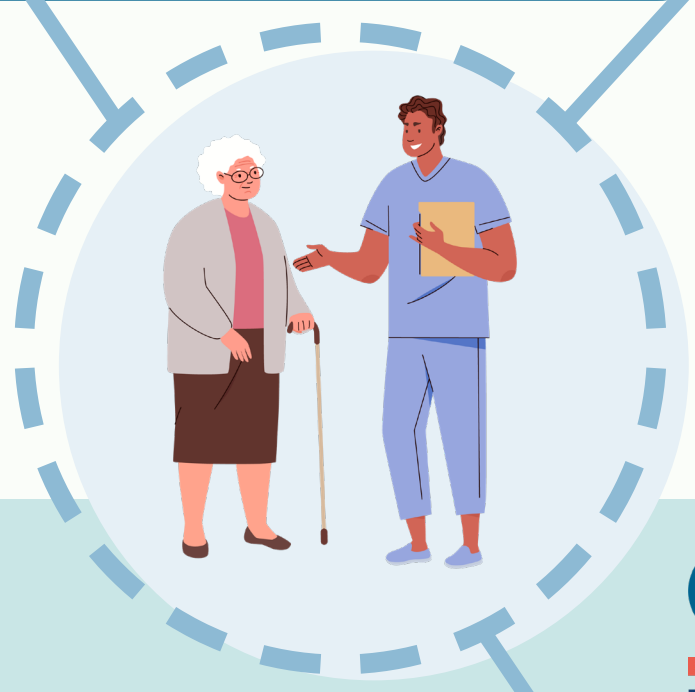
Most hubs were new and emerging and limited data were available. The impact on outcomes and costs could not be accurately measured.

Hub challenges

- Limited dedicated resources and funding
- Finding and training sufficient staff
- IT system interoperability (e.g. automated tasks being completed manually due to challenges linking primary and secondary care systems)
- Commissioning required workarounds (e.g. providing care without full reimbursement) which may be unsustainable

The keys to a successful hub

- Passionate and dedicated leaders who involved the right people
- Supportive policy context
- Additional funding
- Sufficient workforce capacity



Key messages

1. Hubs are being rolled out nationally, but at the time of writing they were rare and definitions vary.
2. Hub models and services were diverse and should be tailored to local needs and resources.
3. Implementation requires time, resources and joined-up and complex commissioning.
4. Needs assessment involving local women and services is necessary to ensure that hubs meet population priorities and avoid duplication and destabilisation of existing provision.
5. Hubs offer opportunities to improve women's health but their impact on outcomes, inequalities and costs, and the benefits of different models is not yet clear.

BRACE Rapid Evaluation Centre

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