



**Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	14 August 2025
TEITL YR ADRODDIAD: TITLE OF REPORT:	Women's Health Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Chief Operating Officer
SWYDDOG ADRODD: REPORTING OFFICER:	Paula Goode Service Director Planned and Specialist Service Care Group Dana Scott Director of Midwifery Professional Governance Lead and Senior Responsible Officer

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

This report provides an update to the Quality, Safety and Experience Committee (QSEC) on the current implementation status, risks, and recommendations relating to the Women's Health Plan.

Cefndir / Background

Hywel Dda University Health Board is required to implement a Women's Health Hub (WHH) in line with the NHS Wales Women's Health Plan by 31 March 2026

Triage of GP referrals could be screened by GP's with appropriate qualifications to determine the appropriate pathway to hub or secondary care. This will ensure referral to the appropriate pathway for women, improving efficiency within the referral process.

Secondary care services are currently progressing an Outpatients Transformation Project; A review of the gynaecology referral list aims to benchmark referrals against established health pathways and identify conditions that are suitable for management within a Women's Health Hub.

The Women's Health Plan Steering Group is currently reviewing the WHH Implementation Guide, including principles of access, scope and appropriate interface between primary and secondary care, as outlined in the consultation document, (Consultation ends August 29, 2025)

A recent local training needs analysis, informed by a skills and confidence survey, has identified notable gaps in clinical competence and preparedness within the primary care workforce to manage women's health autonomously.

Business cases are currently being developed in alignment with final funding cycle deadline of August 29, 2025. The current funding envelope of £300k is available to support training, upskilling initiatives or capital expenditure.

The proposed hubs will be primary care led, county-based hubs with travelling PGwER (Practitioner with extended roles) hosted weekly in local surgeries equipped for gynaecological assessment. Conditions likely to be referred to the hubs include:

- Long-Acting Reversible Contraception (LARC),
- Heavy Menstrual Bleeding (HMB),
- Pre Menstrual Dysphoric Disorder (PMDD)
- Pelvic Pain,
- Menopause
- Vulval dermatitis and
- Poly Cystic Ovary Syndrome

These clinics will be General Practitioner (GP) led with Secondary Care Consultant oversight for clinical support, upskilling and training of primary care team.

A Risks, Assumptions, Issues and Dependencies (RAID) log is in place to systematically record risks, assumptions, issues and dependencies, including mitigation action.

The WHH is a key deliverable of the NHS Wales Women's Health Plan. It is intended to function as a single point of access to integrated, multidisciplinary women's health services delivered outside of the secondary care setting.

Phase 1 clinical priorities include menstrual health, contraception/postnatal contraception, abortion care and menopause care.

The national guidance outlines clear expectations around service scope, data integration, access equity, workforce training, and co-production.

A review of referral patterns and training needs assessments (TNA) were undertaken to inform implementation plans. 49 responses were received for contraception and 31 for menstrual health.

Analysis of the TNA indicates that while a minority of clinicians feel confident managing women's health issues, the majority (approx. 65%) report a need for further training particularly in the management of complex cases such as Long-Acting Reversible contraception (LARC) fitting, Pre Menstrual Dysphoric Disorder (PMDD), and menopause care requiring testosterone initiation. Although it is reported that approximately 50% of GP'S can provide LARC.

A new questionnaire has been developed for a short survey regarding proposed Hubs. This should be concluded prior to Business case submissions by the end of August 2025.

Asesiad / Assessment

The current proposal for a county-led model is well aligned with the local context and population-based care philosophy. However, training gaps and service complexity requirements present a risk to safe and equitable delivery.

The Women's Health Hubs National Implementation Guide, (Currently in Consultation) emphasises co-produced, multidisciplinary care and encourages **collaborative models between primary and secondary care.**

Our local vision aligns well with national strategy in terms of digital integration (Egton Medical Information System (EMIS) Community), equity and coproduction, and emphasis on prevention.

However, capacity limitations and clinical confidence gaps suggest that implementation success is dependent on targeted upskilling, workforce development, and secondary care partnership.

Summary of Training needs analysis Contraception and Menstrual Health.

- A total of 49 responses were received for Contraception and 31 for Menstrual Health
- Respondents were assessed on confidence managing cases independently and need for upskilling.

Key findings

- 35% Confident to manage women's health independently
- 65% would like or need upskilling to manage more complex presentations

Confidence by clinical area

Contraception (49 responses)

- 30-40% confident
- 60-70% require or desire further training

Menstrual Health (31 responses)

- 35-40% confident
- 60-65% would like or need upskilling

Confidence lower in managing complex presentations.

There is a risk of overwhelming WHH with care needs that could be more appropriately delivered within Primary Care. This is informed by the TNA, which identified low levels of confidence within primary care in managing both low and complex presentations.

The Hybrid Collaborative Model will consist of count-based HUBS with travelling clinicians, primarily GPs with extended training, Nurses an HCA, this model will be supported by Secondary care Consultants, to provide guidance, upskilling and training to bridge the skills and confidence gap.

Next steps:

1. Reframe the WHH model as a hybrid collaborative model (primary care-led, with secondary care oversight and specialist input). (implementation by March 2026)
2. Establish a phased workforce development plan targeting contraception, menopause, trauma-informed care and complex menstrual health. (results from Audit by August 25, 2025)
3. Invest in structured education programmes using national e-learning and PROM/PREM data to assess impact. (negotiate with Value Based HealthCare (VBHC) team to understand resource allocation)
4. Develop action plans from PROM/PREM data to drive improvements, (developed for wider discussion with VBHC Team)
5. Ensure WHH service redesign includes outreach, digitally enabled services, and pop-ups to meet the needs of rural and underserved communities., (Travelling clinician agreed funding to be established end August 2025)

6. Bring a revised implementation plan to QSEC for assurance in Q3 2025.

The implementation of the WHH, is monitored by an established steering group, with oversight by Welsh Government Women's Health Programme network. A RAID log is used to manage and monitor all risks associated with the project.

Argymhelliad / Recommendation

The Committee is asked to take assurance from the progress to implement a Women's Health Hub (WHH) in line with the NHS Wales Women's Health Plan by 31 March 2026.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.9 Provide assurance to the Board in relation to improving the experience of patients, including for those services provided by other organisations or in a partnership arrangement.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	2. Healthier communities
Amcanion Cynllunio Planning Objectives	1 Workforce Stabilisation 7 Primary and community strategic plan
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	5. Offer a diverse range of employment opportunities which support people to fulfill their potential

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Steering group oversight and implementations sub group
Rhestr Termiau: Glossary of Terms:	Included within the body of the report

Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Steering Group, CCG,

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Contained within the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Contained within the report.
Gweithlu: Workforce:	Contained within the report.
Risg: Risk:	Contained within the report.
Cyfreithiol: Legal:	Not Applicable
Enw Da: Reputational:	Contained within the report
Gyfrinachedd: Privacy:	Not Applicable
Cydraddoldeb: Equality:	Not Applicable