



National
Women & Infants
Health Programme

The role of NWIHP in the evolution Gynaecology services in Ireland

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BMUS meeting October 19th 2024



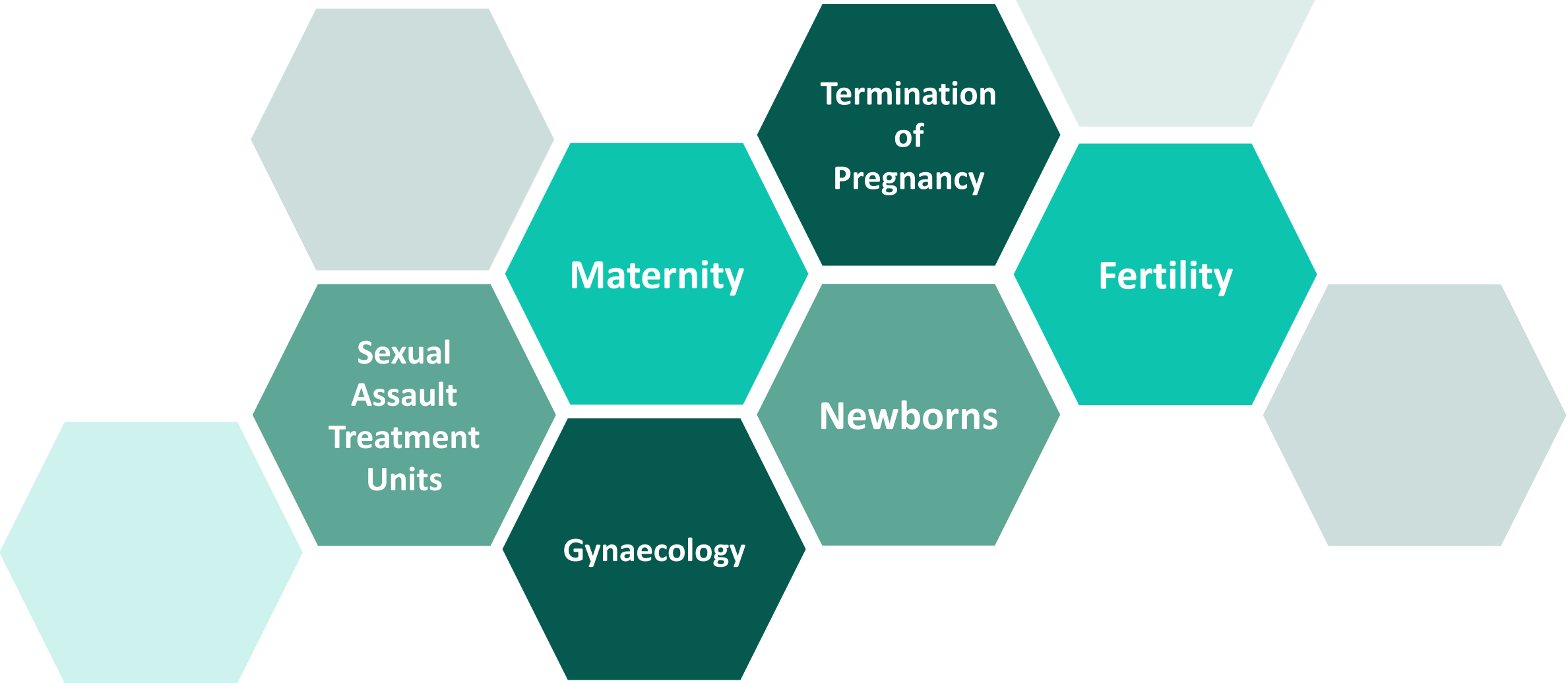
Building a
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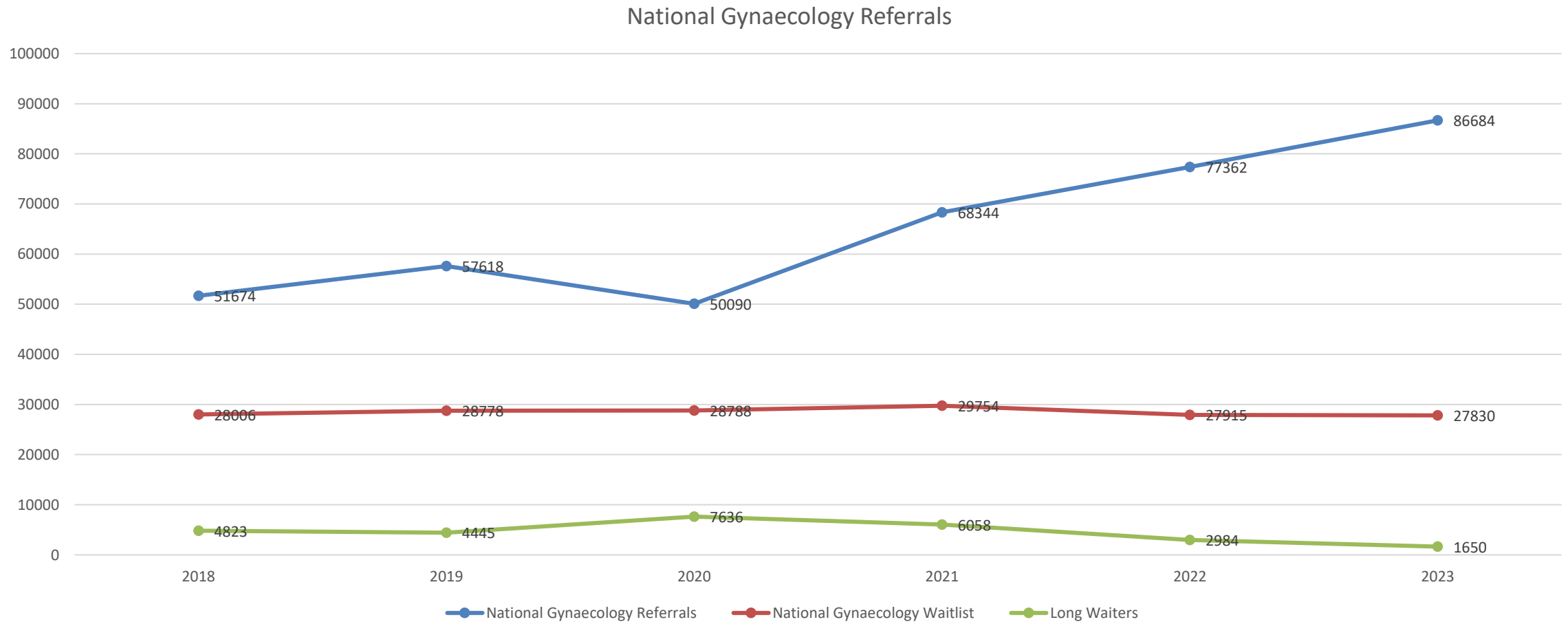
NWHIP Background

- 2017
Maternity, Gynaecology & Neonatal
– Initial focus Maternity Strategy
- 2019 Women's health task force (DOH)

NWHIP Remit



National Gynaecology Referrals



Background

- Many reasons for increase gynae referrals:
 - 8% increase female population 2016-2023
 - 19%↑ age 35+
 - 26.6% ↑ age 65+
- Enhanced public awareness + education women's health

NWHIP Gynaecology

- National Frameworks
 - Ambulatory Gynaecology,
 - Endometriosis,
 - Menopause
 - Fertility
- Alternative front line care pathways eg physio-led
- Development of National Guidelines

Endometriosis

- National Framework Management Endometriosis
- 2 Supraregional Complex Endometriosis centers – Cork + Tallaght
- 5 regional Endometriosis hubs
- Multidisciplinary team



Menopause Hubs

- 6 Specialist Complex Menopause hubs
- Previously unmet need
- 1,150 new patients 2023
- Gp and Consultant- led
- Menopause CNS



Fertility

Regional Fertility Hubs

-  Rotunda Hospital, Dublin
-  National Maternity Hospital, Dublin
-  Coombe Women and Infants University Hospital Dublin
-  Cork University Maternity Hospital
-  Nenagh Women's Health Hub (University Maternity Hospital Limerick)
-  University Hospital Galway



Background- Ambulatory Gynaecology

- ↑Gynaecology waiting lists
- Covid 19 – suspension of services /reduced capacity
- 19 services approved and funded
 - 1 service North Dublin – planning
- 17 AG services ✓



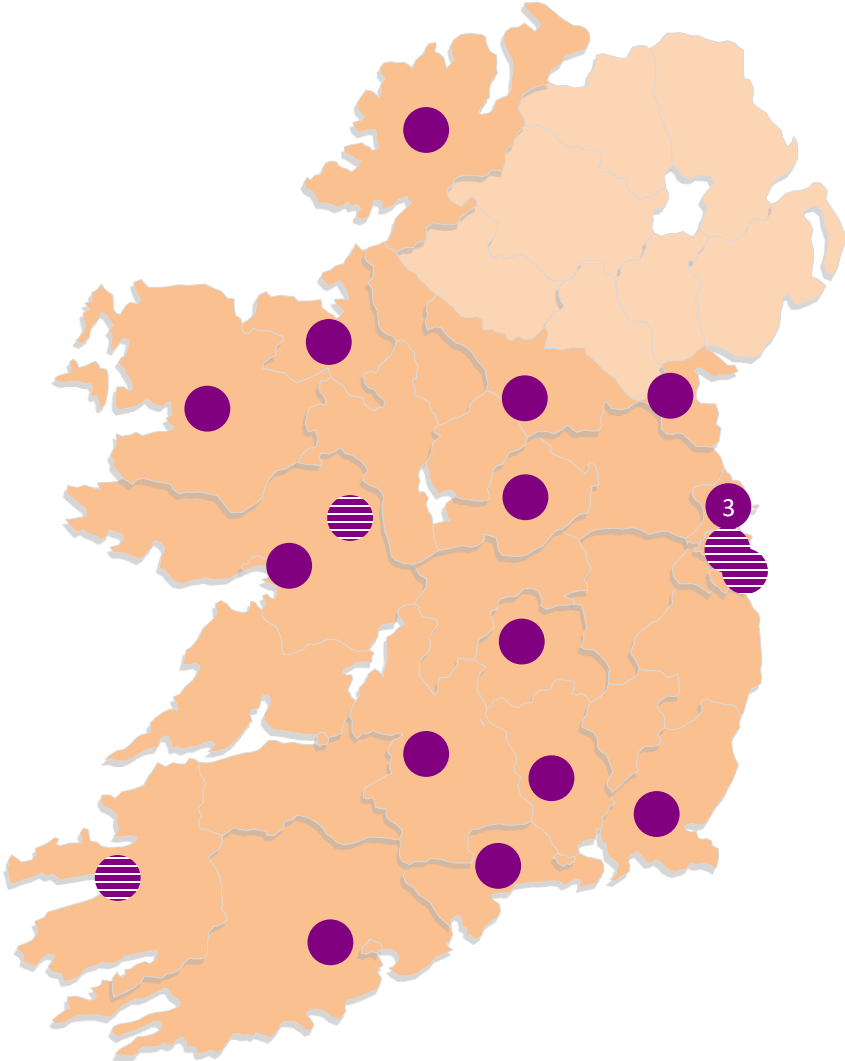
Model of Care
Ambulatory Gynaecology

Improving access to care

November 2020



Ambulatory Gynaecology Services



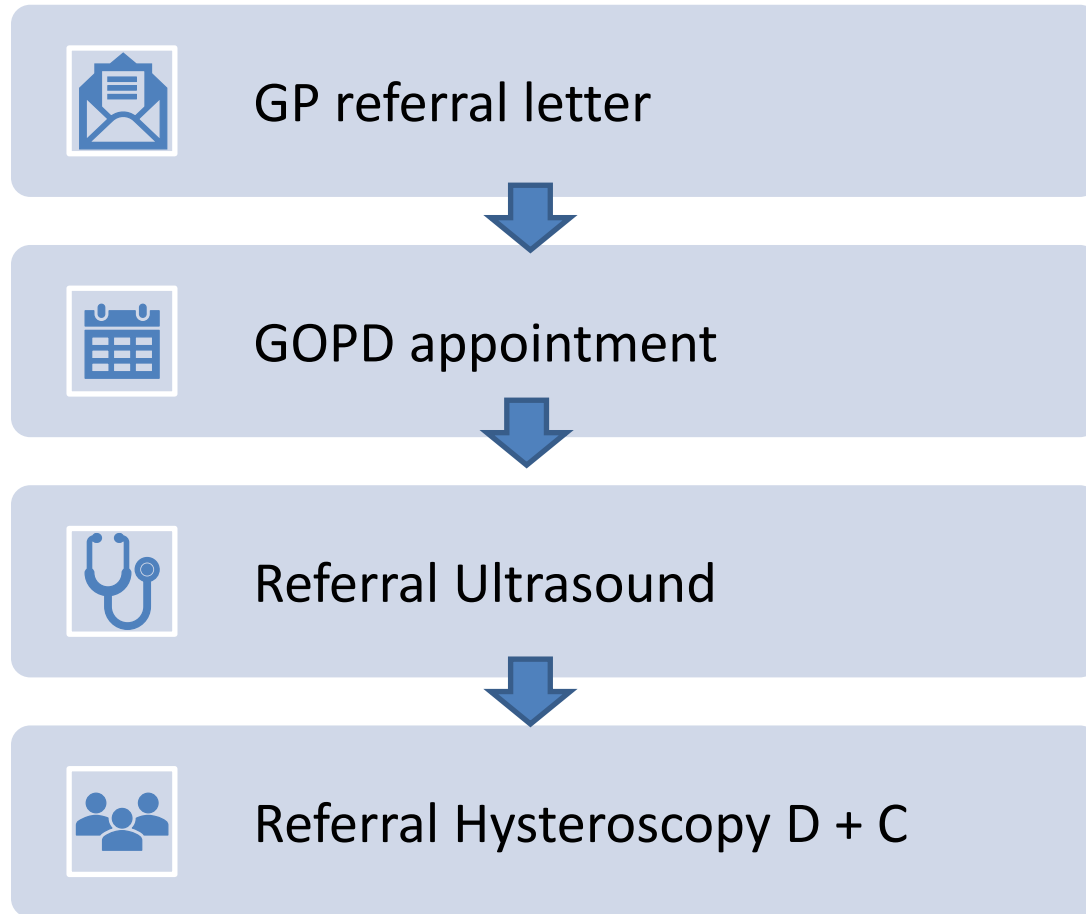
- Ambulatory Gynaecology Clinics
- Planned Ambulatory Gynaecology Clinics

Ambulatory Gynaecology

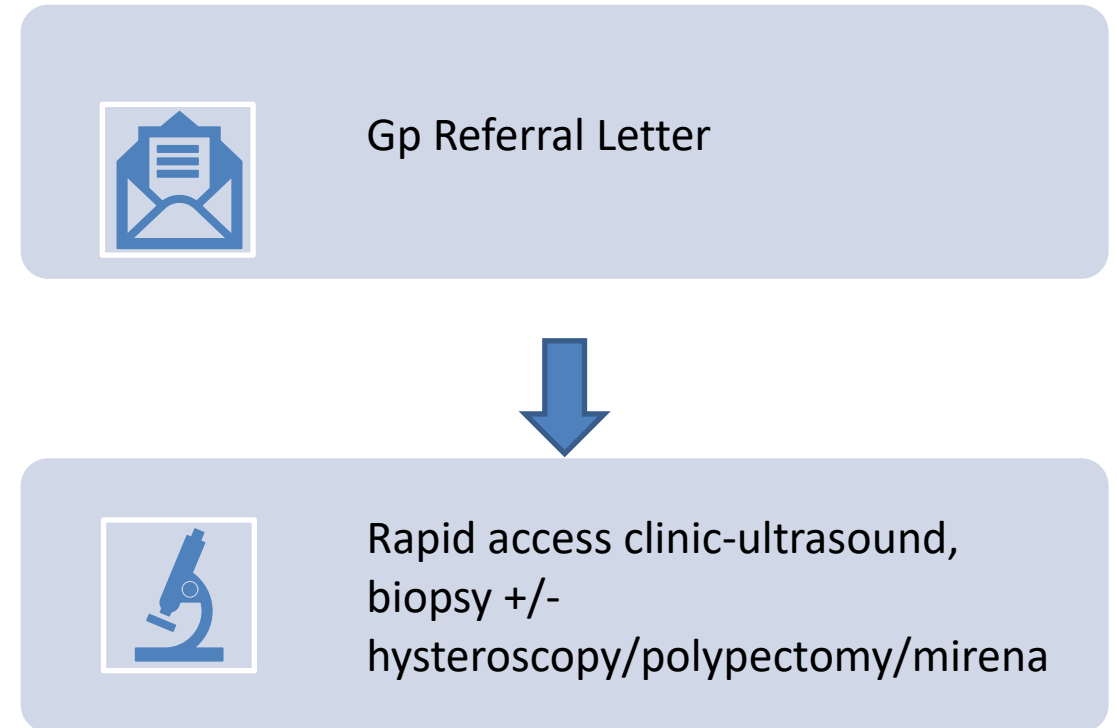
- Assessment, investigations + treatment
- Aim to expedite care
- Expedite detection cancer
- Minimize appointments



Traditional Pathway

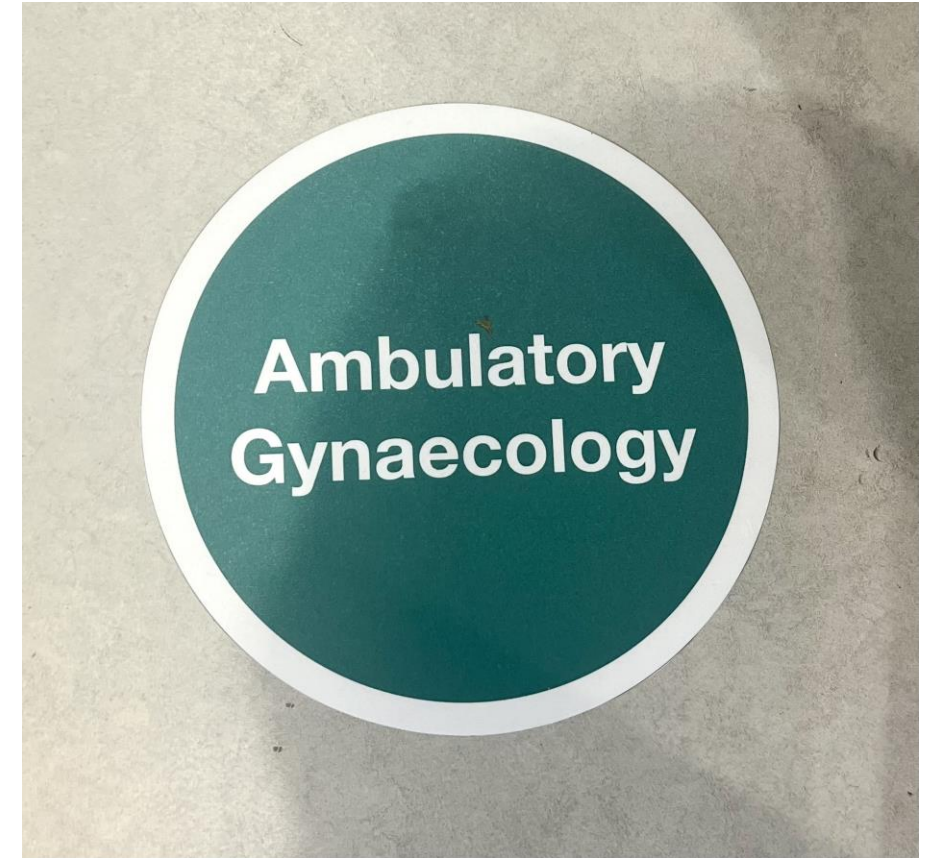


Ambulatory Gynaecology Pathway



Ambulatory Gynaecology

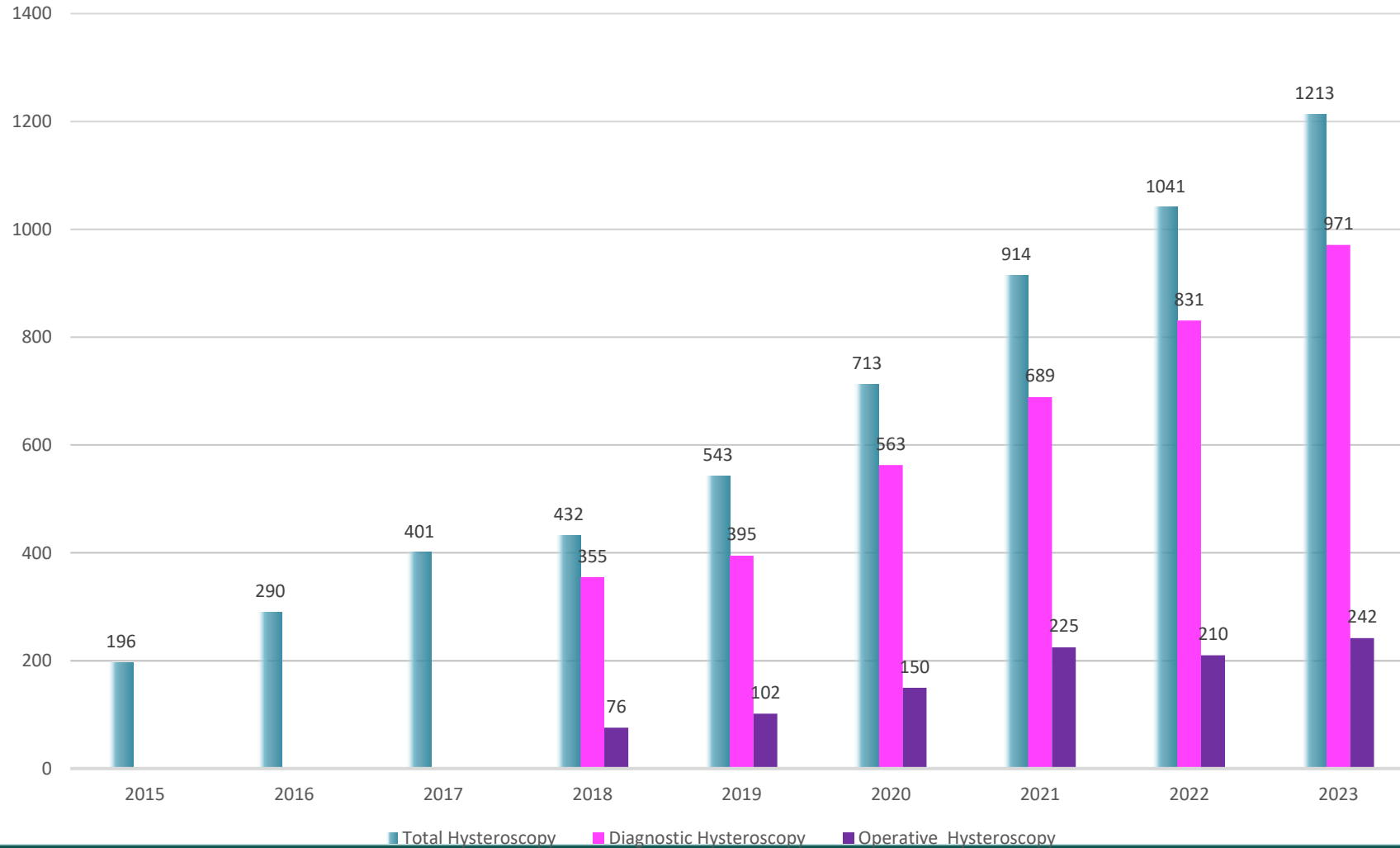
- Huge success
- Approach to care rapidly adapted by staff
- Positive feedback from women



Ambulatory Gynaecology

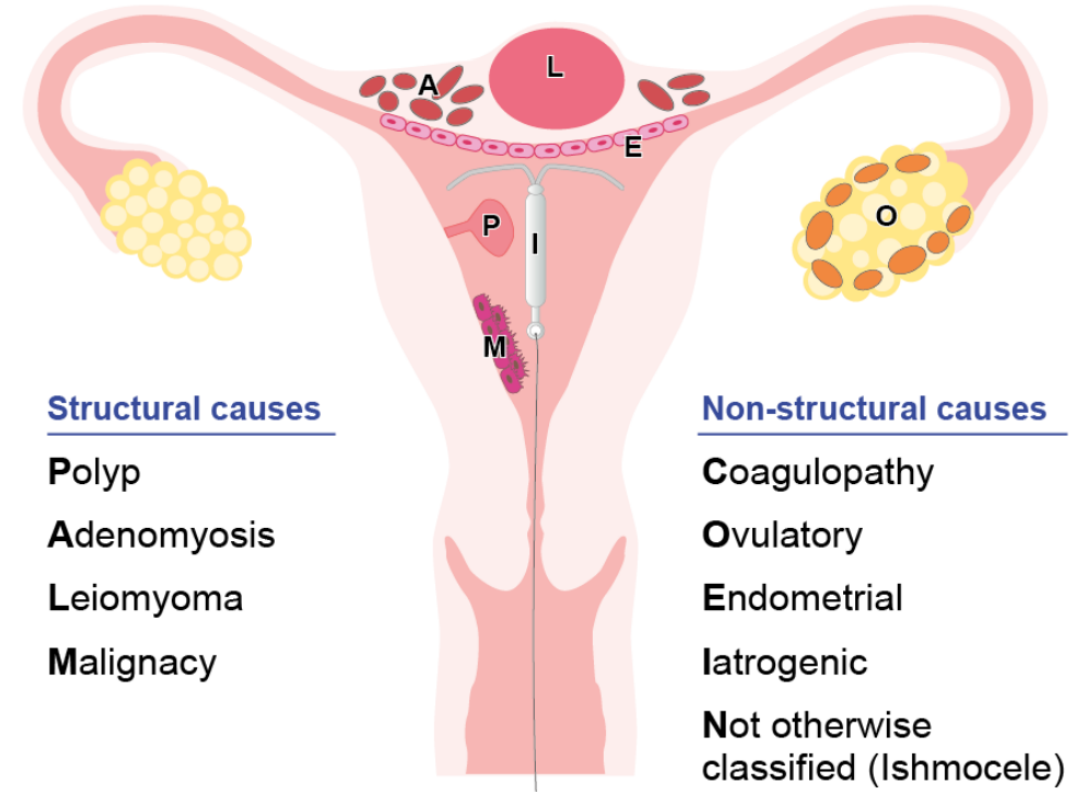
- 2022 approx. 10,000 patients managed in AG
- 2023 approx. 16,000 patients managed in AG 60%↑
- 2024 – 18,000 projected numbers
- Full capacity 20 AG units potential 25,000 per year
- 78%↓ in women waiting >12 months outpatient appt

TRENDS IN AMBULATORY GYNAECOLOGY NMH



Referral indications

- Postmenopausal bleeding
- Abnormal uterine bleeding
IMB, PCB, AUB age 40+
- Endometrial polyp
- Submucosal fibroids
- IUCD insertion/retrieval
- Evacuation Retained products of conception
- Vulval issues
- Urinary problems





NWIHP
Funding

Infrastructure



Equipment



Personnel



Infrastructure/Equipment

- Significant investment in refurbishment
 - Structural- procedure rooms, waiting areas
 - Equipment- ultrasound machines, hysteroscopes



Ambulatory Gynaecology Team

- Staff nurse
 - Advanced Nurse Practitioner or CNS
 - Consultant Gynaecologist
 - Administration
 - Healthcare Assistant
 - Physiotherapist
 - Ultrasonographers
 - Radiologists
-
- NWHIP funded **120** WTE additional staff

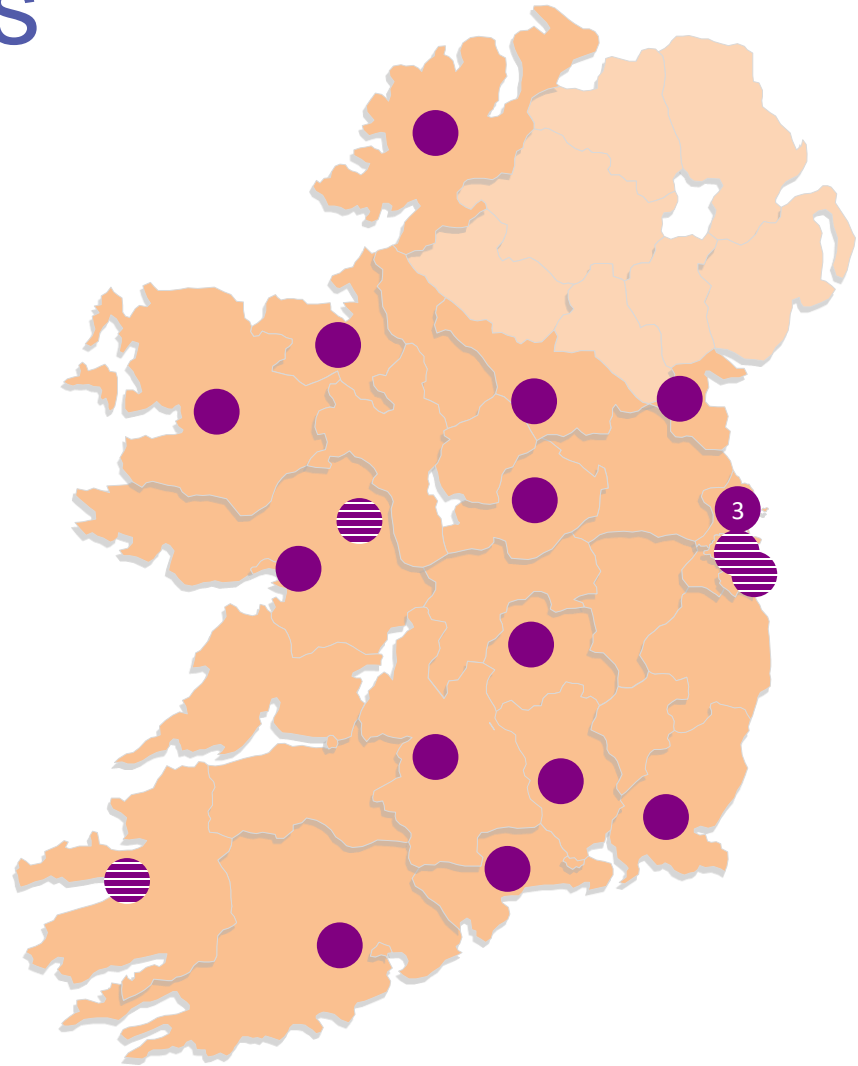


Ambulatory Gynaecology procedures

- Transvaginal Ultrasound
- Diagnostic Hysteroscopy
- Endometrial biopsy
- Operative hysteroscopy
 - Hysteroscopic Polypectomy
 - Hysteroscopic Myomectomy
 - Retrieval of IUCD
 - Removal RPOC
- Cystoscopy
- Endometrial ablation
- Excision Vulval lesion/ Bartholin's



NWHIP Site Visits



- Ambulatory Gynaecology Clinics
- Planned Ambulatory Gynaecology Clinics

NWHIP Visits

- Looked at referral pathways
- KPI's
- Numbers referred and types of referrals
- Equipment
- Tour of facilities
- Addressed concerns

NWHIP Visits

- Good facilities- areas repurposed to facilitate AG
- Mostly 2 procedure rooms
- Some have recovery bay
- All have ANP/CANP, nurse hysteroscopist
- Some up to 11 consultants running AG clinics



NWHIP AG visits

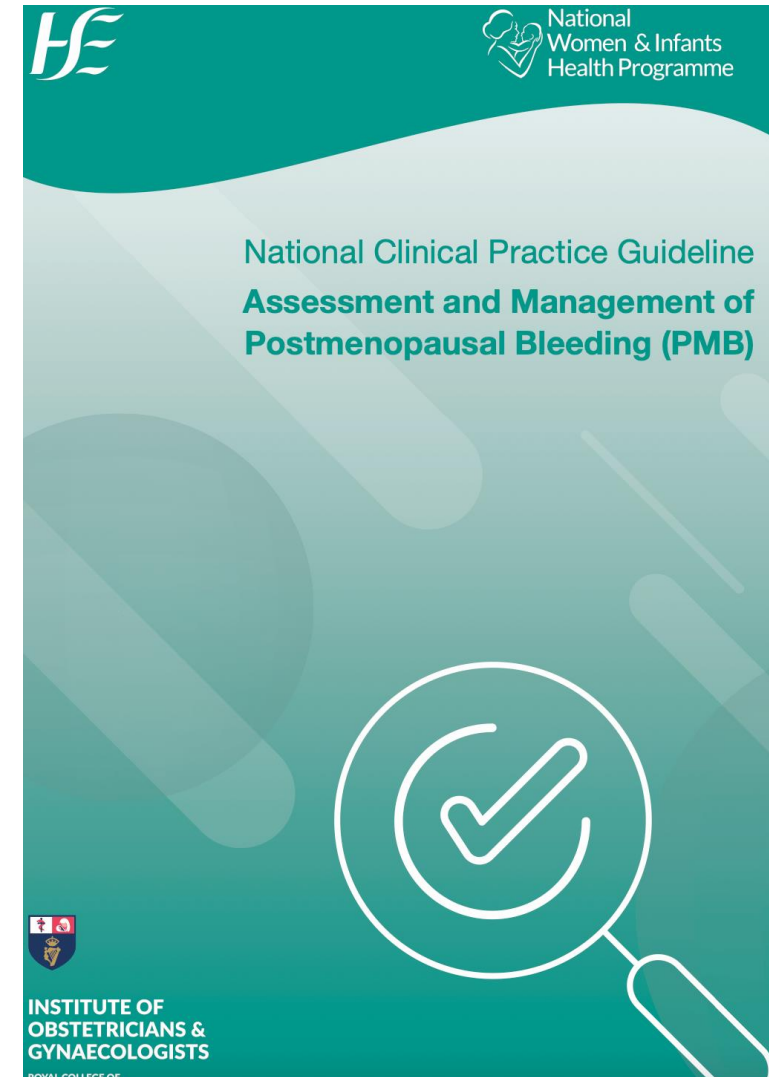
- NWHIP Visits to 16 AG units ✓
- Variation in types of patients seen in AG
 - Some clinics divert 60% of all referrals to AG
 - Include suspicious cervix, all IUCDs, vulval biopsy, AUB all ages, IMB, PCB , Implanon, etc

NWHIP AG visits

- PMB clinics
- Majority offer one stop approach
 - History,
 - clinical exam +
 - Ultrasound
 - +/- biopsy
 - +/-hysteroscopy
 - +/- polypectomy/myomectomy
 - Insertion of IUCD

Postmenopausal Bleeding

- All women with PMB seen within 28 days of referral
- Ideally one stop
- $ET \geq 4\text{mm}$ need endometrial sampling /hysteroscopy
- If OPH not possible –*urgent inpatient GA hysteroscopy 7-10 days*



HSE targets -Investigation Post Menopausal bleeding



% seen within 28 days of referral – **Target 90%**



% receiving results within 28 days of investigations **Target 90%**



% seen and histology received within 12 weeks of referral. **Target 100%**



National
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Health Programme

Access to Imaging – Ultrasound and MRI



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Ultrasound

- Core investigation almost every aspect gynaecology
 - Adolescent gynaecology
- General gynaecology
 - Pelvic pain, ovarian cysts, menstrual dysfunction
- Ambulatory Gynaecology
- Gynae oncology
- Endometriosis
- Menopause

Ultrasound - Challenges

- Staff shortages- difficulty recruiting and retaining staff
- Skill mix
- Long waiting lists- Radiology
- Outsourcing of patients to private radiology

Imaging in Ambulatory Gynaecology

- Who performs Gynae ultrasound for AG clinics?
- Huge variation in practice
 - 1 unit Consultant Radiologist
 - Smaller units – scans done by consultant gynaecologist/ANP/CNS
 - Larger units scans by sonographer
 - 3 have a sonographer in AG
 - Many ANP/CNS scanning qualification- nurse- led clinics

NWHIP visits - Imaging

- Some areas report good access to gynae ultrasound in community
- Generally good back up radiology where repeat scan needed
- Access to MRI variable- long waiting lists
- Oncology patients expedited

NWHIP AG Survey – re Gynae Ultrasound

- Survey ANPs/CANPs
- 15 responses
 - 8 formal qualification in gynae ultrasound
 - 7 no qualification
- Majority UCD module Gynae ultrasound,
- Fertility ultrasound professional certificate UCD
- Diploma in early pregnancy ultrasound UCD

AG survey re Gynae Ultrasound

- 4 planning to complete ultrasound training in near future UCD
- Majority consider competency in gynae ultrasound to be a core part of AG

AG survey – Benefits of Gynae Ultrasound qualification

- ‘Completeness of care, complete full episode of care’
- ‘To enable autonomous practice’
- ‘Specialized skill- years to achieve competency’
- ‘Would be beneficial in terms of meeting PMB 28 day target’

AG survey gynae ultrasound - limitations

- ‘Limited gynae module’
- ‘Should not be mandatory for ANPs- depends on specific service’

AG survey re gynae ultrasound

- Barriers to accessing formal Ultrasound training
 - Time constraints
 - Staffing shortages
 - Difficulty accessing qualified sonographers and ultrasound machines
 - Challenges with Mentorship
 - Workload involved in ANP training- Hysteroscopy course and training, travel abroad, Masters, prescribing
 - Funding

Going Forward

- Education & Training for nurse/midwives/sonographers/doctors
- Refresher courses
- Encourage NCHD training
- Aim to embed gynae ultrasound as a skill in AG clinics- self sufficient
- cANP progressing to proficiency to include gynae ultrasound
- Encourage advanced gynae ultrasound training eg endometriosis
- Work with Radiology colleagues- ensure service provision

NWHIP -What is Next

- Launch Endometriosis framework & guidelines
- Development of nurse- led LARC education and training
- Development of emergency gynaecology pathways
- Gynaecology guidelines
- Digital information resource for AG