

### Box 3: Site B - Community based gynaecology clinics

A GP with a special interest (GPSI) in gynaecology was becoming increasingly aware that her GP colleagues were making a number of inappropriate referrals to secondary care and in some cases not caring for patients in accordance with evidence based standards; she conducted an audit to confirm the need for improving local practice. The GPSI regularly worked in the hospital gynaecology clinics providing primary care input and thus had very strong relationships with both acute and primary care medical colleagues. She spoke with the hospital specialist and also with other GP colleagues who had a special interest in gynaecology and they decided to try setting up a new specialist led clinic in her community area. As highlighted by a CCG board leader:

*"the whole health system was overspent, so we knew we needed to do something".*

Working closely with the local provider the board agreed to trial the new service and *"put in place lots of monitoring – to find that they were saving money"*. A key challenge was getting GPs across the region to refer to the new service, highlighting the importance of frontline staff engagement in enabling innovative forms of care. Though the new service was considered a success in terms of patient care and financial savings, the board was not easily able to scale the innovation to other network regions; the GPSI and other community based colleagues, formerly members of a PBC group had few ties with medics from other network regions, which had been separate PBC groups previously.