CLEAR
Empowering staff to innovate care

NHS England

The National CLEAR Programme

CLEAR women's health neighbourhood transformation programme – embedding pathways into neighbourhood models of care

Expression of interest information pack

June 2026

Welcome to the National CLEAR Programme

Women's health services across the NHS face well-documented challenges: rising demand, workforce constraints, and unwarranted variation in access and outcomes. Conditions such as heavy menstrual bleeding (HMB), urogynaecological (UG) problems, menopause and pelvic pain have been under-served, despite their profound impact on women's quality of life and on the health system more broadly.

Phase two of the CLEAR Women's Health programme, commissioned by NHS England, builds on the learning from phase one to embed four core women's health pathways – menopause, menorrhagia/HMB, urogynaecology, and pelvic pain – into neighbourhood models of care. Through a structured, evidence-based programme, up to three ICBs to work with up to two neighbourhood teams each will be supported to adapt and implement these pathways across neighbourhood teams or places, covering a minimum population of 250,000 patients per ICB, with no more than one ICB per region being included.

The emphasis of this phase is not only on the clinical pathways themselves, but on how they can be operationalised and delivered within neighbourhood models. This includes the practical service, workforce, commissioning, referral, triage and multi-provider arrangements required to support local implementation.

What sets this programme apart is its emphasis on collaboration, practical implementation and sustainability. Each participating system will be supported to use and test the women's health toolkit during implementation, supporting wider spread across places and neighbourhoods. A data-informed and patient-centred approach to pathway and workforce modelling is central to the programme.

This is not a one-size-fits-all solution. The programme will support systems to create the right conditions for neighbourhood level women's health services, including infrastructure, commissioning arrangements, system relationships, referral management, clinical triage and multi-provider working.

We encourage every ICB facing challenges in women's health – and committed to meaningful improvement – to apply. The lessons learned will be of national significance, setting a benchmark for how women's health can and should be delivered within neighbourhood models of care across the NHS.

Dr John Jeans
National Lead, The National CLEAR Programme and CEO, 33n

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Part 1: Information about the Women's Health Neighbourhood Transformation Programme

About this pack

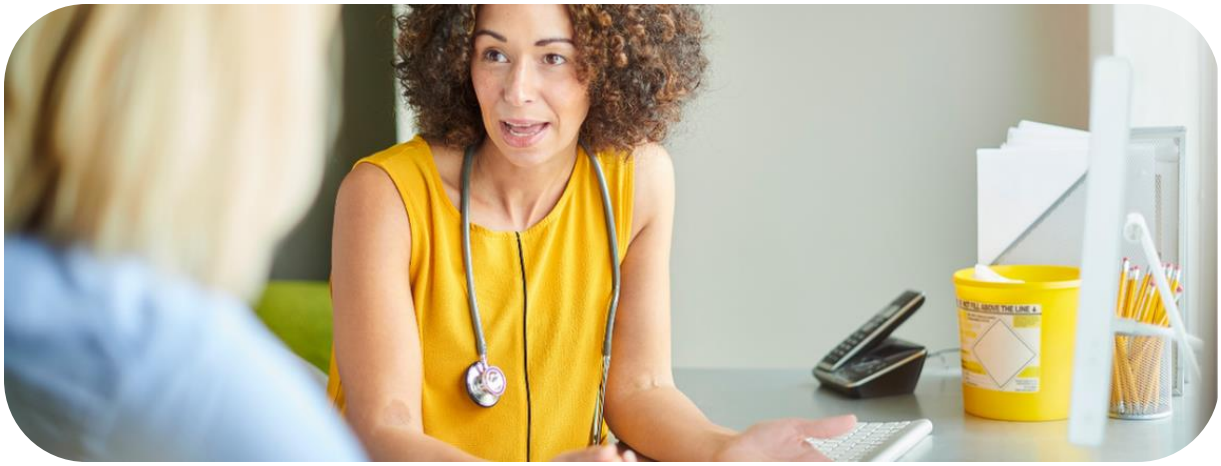
This information pack provides details about the CLEAR Women's Health programme and explains the process for submitting an expression of interest (EOI). We have designed the programme to be as supportive as possible – providing selected sites with analytical firepower and clinical insights to adapt and adopt menopause, HMB, urogynaecology and pelvic pain pathways into neighbourhood models of care. The document is organised into the following sections for ease of reference:

- ✓ Programme overview and scope: What the programme entails, which sites are eligible and the focus areas.
- ✓ Support offer: Clinical expertise including workshops that participating sites will have the opportunity to attend to refine and adapt models of care.
- ✓ Data sharing and IG considerations: How data will be handled and protected.
- ✓ EOI submission process: How to apply, timelines and what to expect during the selection.
- ✓ EOI application form: A form for interested ICBs to fill in as part of the assessment process.

This is a funded opportunity to accelerate improvements in a critical service area with national-level support, however preference will be given to ICBs with match funding. We invite all ICBs nationally to consider applying. If you have any questions about the programme or the EOI process, please contact the CLEAR team at Laura.mcewen-smith@33n.co.uk.

Programme overview and scope of work

Phase two of the programme aims to support up to three ICBs to work with up to two neighbourhood teams each, to embed four core women's health pathways – menopause, HMB, urogynaecology, and pelvic pain – into neighbourhood models of care. This will involve adapting pathways to meet local population need, workforce capacity, and neighbourhood delivery arrangements.



Scope of work

Phase two of the CLEAR Women's Health programme aims to support up to three ICBs to embed four core women's health pathways – menopause, menorrhagia/HMB, urogynaecology, and pelvic pain – into neighbourhood models of care. Each participating ICB is expected to cover a minimum population of 250,000 patients, with up to two neighbourhood teams or places per ICB. The work will support systems to adapt pathway models to local population need, workforce capacity, existing service configuration, and neighbourhood delivery arrangements.

Every ICB with significant women's health service challenges and a commitment to improvement is encouraged to apply. The selection process will ensure we select systems which can best demonstrate the value of this neighbourhood-based approach nationally.

Please be aware that no more than one ICB per region will be selected to participate in this programme of work.

The support offer

Selected sites will receive comprehensive support and resources throughout the project duration including:

Dedicated CLEAR team with Women's Health expertise: The chosen sites will work with a multidisciplinary CLEAR team, including a clinical lead and data analysts. The team will facilitate a system approach to ensuring the new pathways meet local needs.

Tailored insight pack: A summary report will outline your optimal pathway, recommended changes, and expected benefits—such as reduced referrals, appointments or shorter waits.

Implementation guidance: While delivery focuses on pathway operationalisation within neighbourhood models, CLEAR will offer guidance on practical implementation planning, including commissioning arrangements, referral management, clinical triage, and multi-provider working – ensuring your team is ready to take the work forward.

Recognition and strategic alignment: The participating sites and systems will be showcased as leaders in women's health transformation, with outcomes feeding into regional and national strategy and investment planning.

Expected outputs

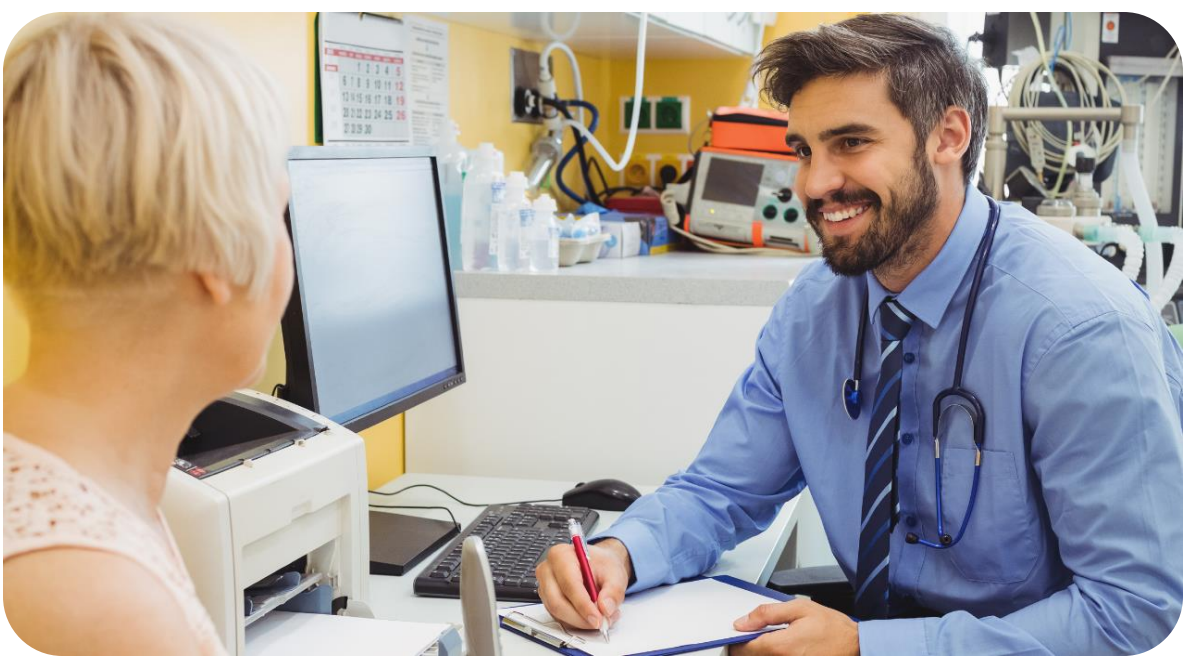
The outputs from this work include:

- Clinical engagement workshops to understand local barriers, enablers and population needs
- Data interrogation to analyse demand, capacity, and inequities
- Workforce modelling across the four core pathways within a Women's Integrated Neighbourhood Service
- Practical neighbourhood-level models of care adapted to local population need, for all four core pathways: menopause, menorrhagia/HMB, urogynaecology and pelvic pain
- Implementation plans for participating systems, including recommendations relating to referral management, triage and neighbourhood delivery arrangements.
- Support for participating systems to use the CLEAR Women's Integrated Neighbourhood Service Delivery Toolkit, enabling wider spread
- Evaluation outputs relating to operational, workforce, financial and clinical impact, to support learning and wider spread and scalability

System-wide opportunities and impact

Expected outcomes for participating systems include:

- Improved access to women's health services and more consistent neighbourhood-based models of care
- Improved workforce utilisation and multidisciplinary working, with reduced avoidable demand on specialist services
- Practical implementation learning to support future spread, stronger strategic alignment across providers and greater clarity on referral pathways



Case study: reducing outpatient follow-up appointments, improving access and shorter waiting times in Derby and Derbyshire

NHS England commissioned CLEAR to deliver a system-wide women's health transformation programme in Derbyshire, aiming to provide more personalised care and reduce outpatient follow-up appointments. Two primary care networks (PCNs) participated, Erewash Health Partnership and PCCO, alongside University Hospitals Derby and Burton NHS Foundation.

Between 2018-2023, menopause attendances increased by up to 320%, with appointment durations often insufficient. Long waits for hospital appointments drove repeat primary care visits, while secondary care time was frequently used for advice and procedures that could be managed in primary care. Pathways were poorly understood, referrals misaligned, and patient education on menopause limited.

The CLEAR team interviewed 49 staff and analysed 65,314 patient records covering 1.9 million primary care appointments and 17,878 hospital attendances over five years to identify challenges and design new ways of working.

Recommendations included setting up women's health hubs with full assessment and management for menopause and heavy bleeding, gynaecologist outreach, and a specialist pharmacist. New clinical nurse specialist roles and additional nurses trained in coil fittings were proposed. PCN staff could receive menopause training with designated menopause champions, alongside group consultations, educational workshops, and videos for patients. Smear test uptake could improve through evening and pop-up clinics, and standardised referral pathways would streamline care.

The model promotes system-wide collaboration, broadens service availability, improves access across primary and secondary care, and speeds up patient care. Waiting times, misaligned referrals, and repeat appointments could be reduced. GP appointments for menopause and coil insertions could drop by 50%, with projected reductions of up to 48% in secondary care referrals for menorrhagia and 90% for menopause.

Forecast system-wide opportunity savings, including secondary care cost avoidance, are up to £365,000. Workforce costs for the new model across both PCNs are estimated at £166,488, covering additional services such as in-reach from secondary care specialists.

Information governance

Information Governance (IG) is central to this project. Data shared by participating trusts will be handled securely, ethically and in line with NHS standards. The analysis will require access to de-identified women's health-related data such as imaging exam details, referral reasons, outcomes, and timing metrics. No patient-identifiable data (e.g. names, NHS numbers, full DOBs) will be included.

Before any data leaves the trust, it must be de-identified, with support from the CLEAR team to ensure appropriate anonymisation. A formal Data Sharing Agreement will be signed between each trust and CLEAR (hosted by East Lancashire Hospitals NHS Trust), and relevant partners. This agreement outlines what data will be shared, how it will be used and ensures GDPR and NHS policy compliance.

Data will be transferred via encrypted channels and stored securely on CLEAR platform, which meets NHS cloud security standards. Access is restricted to approved personnel, with audit trails in place. Optional read-only access to the dataset will be provided to each trust for transparency.

CLEAR will support your trust through the process, providing documentation and responding to any local IG requirements. Patient privacy is treated with the same seriousness as clinical safety.

Time commitment and roles

Each participating ICB and provider will be asked to assign key roles to support the successful delivery of the programme. This includes an executive sponsor to champion the work at a leadership level, an information governance (IG) lead to serve as the primary point of contact for data-related matters, and representatives from neighbourhood team providers to help coordinate and progress the project operationally alongside the CLEAR team.

The selected neighbourhood teams should cover a population of approximately 250,000 people. While pathway changes may be led by either primary or secondary care, it is essential that all providers within this footprint are fully committed to implementing the designed pathways. Strong ICB commitment, is critical to ensure successful scale-up and system-wide adoption of the pathways across the ICS.

Expression of interest process

We are inviting expressions of interest from ICBs nationally to take part in this programme.

The programme begins with a straightforward expression of interest (EOI) process, designed to gather enough information to select a committed and diverse cohort of trusts. Below, we outline how the EOI process will work, details of information webinars to find out more about the support offer and the indicative timeline.

Information webinar

We will be holding a webinar on Wednesday 15 July to provide more information about the programme. Please contact the CLEAR team at Laura.mcewen-smith@33n.co.uk to register your interest in attending.

Application process

Please complete the expression of interest form and submit it by the deadline of **5pm** on **Wednesday 29th July 2026**. The online form is here.

Questions

If you have any further questions, please contact the CLEAR team by email: Laura.mcewen-smith@33n.co.uk

Information webinar	**15 July 2026**
EOI deadline	**29 July 2026**
Sites identified	**Summer 2026**
Onboarding & programme launch	**Aug / Sep 2026**

Project outline

Phase 1: System onboarding and IG agreements: Summer/Autumn 2026

Each system signs a comprehensive IG agreement and is onboarded onto the programme. CLEAR supports systems to prepare for clinical engagement and data interrogation activities.

Phase 2: Clinical engagement and data interrogation: Sep – Nov 2026

CLEAR facilitates clinical engagement with frontline staff, patients and system stakeholders across all four pathway areas. Alongside this, available data is analysed to understand demand, capacity, workforce and inequities.

Phase 3: Pathway adaptation and implementation planning: Sep 2026 – Jan 2027

CLEAR works with each system to co-design neighbourhood-based pathway models and develop practical implementation plans, including commissioning, referral, triage and workforce arrangements. Final outputs and recommendations completed by January 2027, with programme closure in March 2027.

CLEAR Focus – Women's Health Phase Two Workshops

The following workshop dates for the CLEAR Focus – Women's Health Phase Two programme will be confirmed following site selection. Prospective sites should plan for attendance across all four pathway areas (menopause, HMB, urogynaecology and pelvic pain), as participation will be required if the system is selected.

Virtual Workshop 1: Understanding the challenges – date TBC (Autumn 2026)

Face to Face Workshop 2: Designing the pathway – date TBC (Autumn/Winter 2026)

Virtual Workshop 3: Review and refine – date TBC (Winter 2026/27)

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Part 2: Background to CLEAR

Introducing the National CLEAR Programme

What is CLEAR?

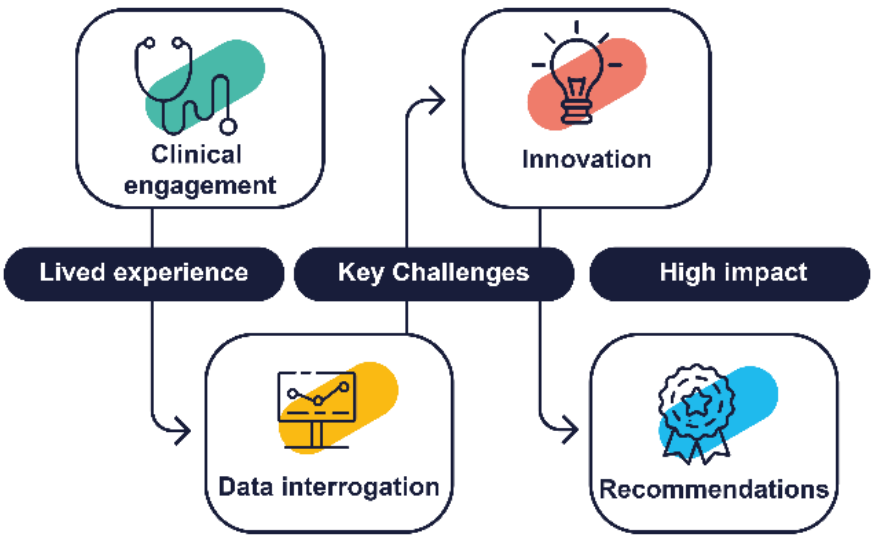
CLEAR supports organisations across the breadth of primary and secondary care in transformation, data analysis and workforce redesign to improve the quality, safety and efficiency of services and deliver sustainable change. Since launching in 2019, we have completed more than 75 projects across key NHS priority areas with productivity gains of more than £50m.

Watch this 90-second animation for a quick guide to CLEAR

Originally developed in partnership with Health Education England and now commissioned by NHS England, regions and systems, the Clinically Led workforcE and Activity Redesign (CLEAR) programme places clinicians at the heart of healthcare decision making and innovation.

CLEAR is hosted by East Lancashire Hospitals NHS Trust and delivered by the trust and 33n - a team of NHS clinicians, educational specialists and data analysts united in their passion to improve services, address workforce challenges and enhance patient care.

Our goal is to provide solutions to the changing needs of the healthcare system, support the sustained recovery of services, encourage staff retention and shape services for the future. The CLEAR approach involves four key stages:



The impact of CLEAR

An independent, economic evaluation of the programme found that CLEAR is cost-effective, encourages retention and is more likely to deliver results than other complex change programmes.

Key findings of the evaluation showed:

- CLEAR recommendations are more likely to be implemented because of significant levels of clinical engagement – and have an average potential return on investment for some projects of £4.19 (potentially up to £14) over 5 years for every £1 invested.
- CLEAR provides more cost-effective delivery of complex change programmes than the alternatives – resulting in a cost saving of £1.90 for every £1 spent.
- CLEAR appears to have a positive impact on staff retention and wellbeing – the cost of a CLEAR project is covered if one medical consultant remains in post for a year or there's 1% improvement in the annual staff retention rate within a site.
- Clinicians taking part in CLEAR develop valuable new skills in clinical engagement, data analysis and interrogation, and project management and leadership. Evaluation shows that 87% felt confident in the design of innovative solutions and 62% said it helped improve their chances of career progression.

> The CLEAR team has energised all those who have been involved, we've seen real engagement with all staff groups and a transformational approach with measurable, realistic and deliverable outcomes which will revolutionise our theatre programme over the next year.
>
> **Kerry Broome** - Deputy Chief Operating Officer, The Queen Elizabeth Hospital (QEH) King's Lynn NHS Foundation Trust

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