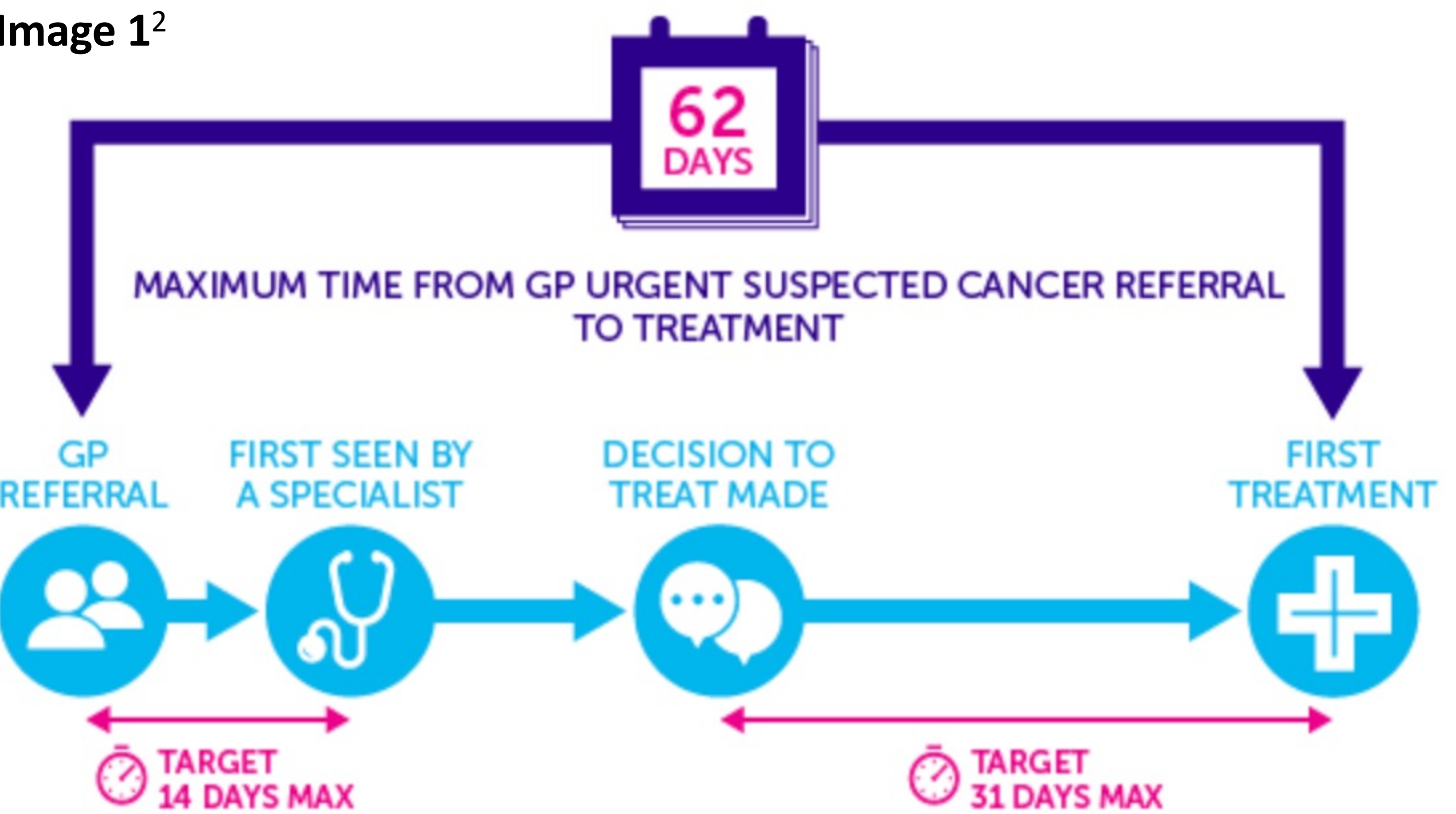


AN AUDIT OF WAITING TIMES FOR GYNAECOLOGICAL CANCERS AT HAMPSHIRE HOSPITALS

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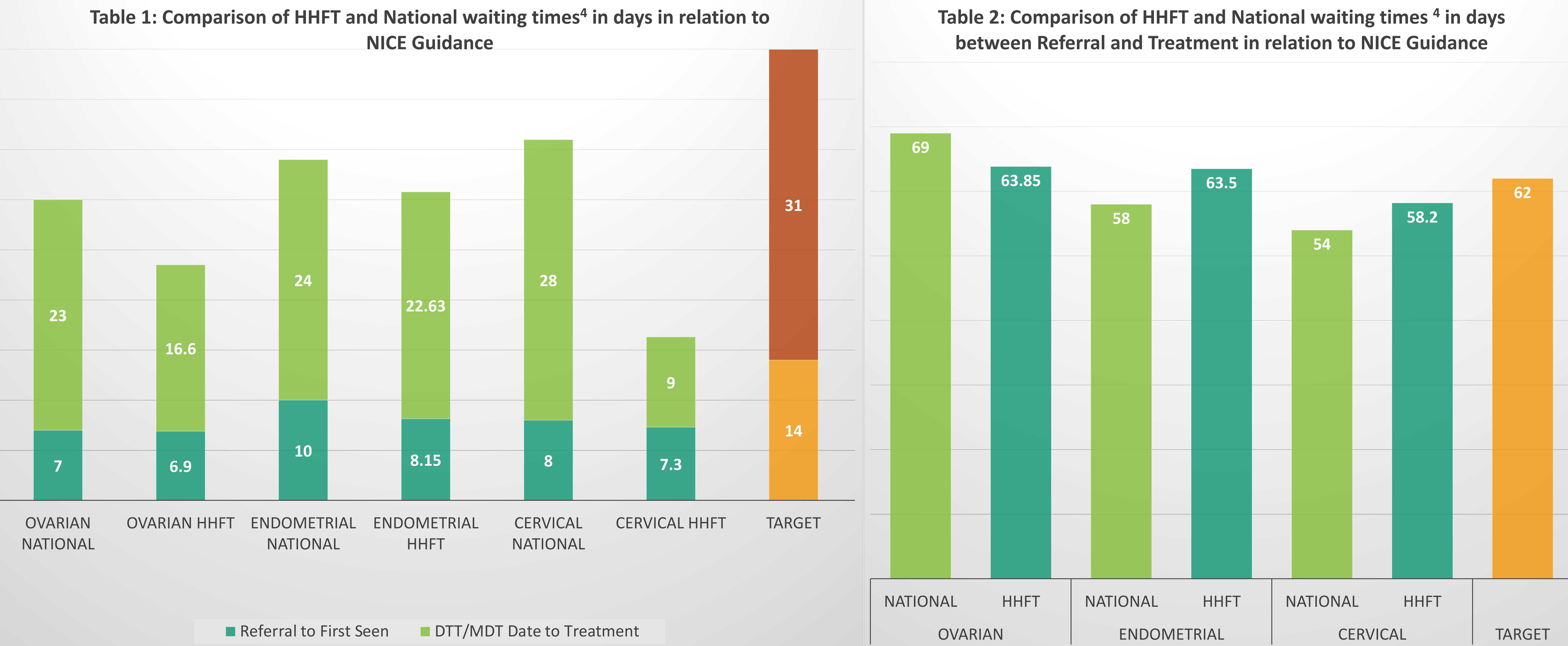
Introduction
Early diagnosis is one of the key determinants in survival from gynaecological malignancy. NHS England sets out well-defined timelines for the investigation, diagnosis and treatment of suspected cancer symptoms.¹ The implementation of a time-limited gynaecological cancer diagnostic pathway has its challenges. Our objective was to audit how closely the guidance set out by NICE³ on the recognition and referral of gynaecological cancer is adhered to at HHFT. The aim of this was to identify patterns of delays and ensure patients are seen, investigated and offered treatment as quickly as possible.



References
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Method
A retrospective audit of all patients diagnosed with gynaecological malignancy between May 2021 and 2022 at HHFT. Electronic notes were reviewed using a patient list obtained from the audit department which yielded 79 cases. If breaches in waiting times were identified, then cases were closely reviewed to determine if there was a reason.

Results



Conclusions

- As demonstrated in Table 1. The intervals between Referral to First Appointment and from DTT (decision to treat) to Treatment are well within target at a national level and locally in HHFT. However, as Table 2 illustrates, the interval between First Referral and Treatment is significantly closer to the target and in the case of ovarian and endometrial cancer was over the target locally.
- Generally, the delay is in diagnosis and at HHFT there were a number of reasons for this. Occasionally, the delays were patient-specific. However, a pattern of prolonged waiting times was seen for MRI (12-day average). Once performed, MRIs were generally reported very quickly (2.7 days).
- Areas for Improvement could include expediting scanning and looking at ways to improve access to gynaecology radiology specialists.