

Cost-Benefit Analysis of Establishing an Endometriosis Centre at Southend University Hospital

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INTRODUCTION/BACKGROUND

- Endometriosis affects 1 in 10 women and often leads to delayed diagnosis and fragmented care. (1).
- This audit evaluates the financial feasibility of establishing a BSGE-accredited tertiary endometriosis centre at Southend University Hospital.
- By analysing cost differences between local and tertiary care, the study highlights potential savings, improved patient outcomes, and the long-term value of localized, multidisciplinary care.

OBJECTIVES/AIMS

- The aim of this study was to evaluate the Financial feasibility of establishing a British Society for Gynaecological Endoscopy (BSGE)-accredited tertiary endometriosis centre at Southend University Hospital.
- The analysis included a cost comparison of managing patients locally versus referring them to tertiary centres and assessed the potential cost savings and long-term benefits of localizing care.

DESIGN/METHODS

- This was a retrospective audit and quality improvement project analysing data from 104 patients with endometriosis treated at Southend University Hospital between January 2020 and December 2023.
- Patient data were collected from electronic records and coding databases.
- Costs were calculated for outpatient appointments, investigations (e.g., TVS, MRI, diagnostic laparoscopy), medical and surgical treatments, and referrals to tertiary centres.
- The cost of managing patients locally at Southend was compared with the cost of referring patients to tertiary centres (e.g., UCL, Cambridge).

CONCLUSIONS

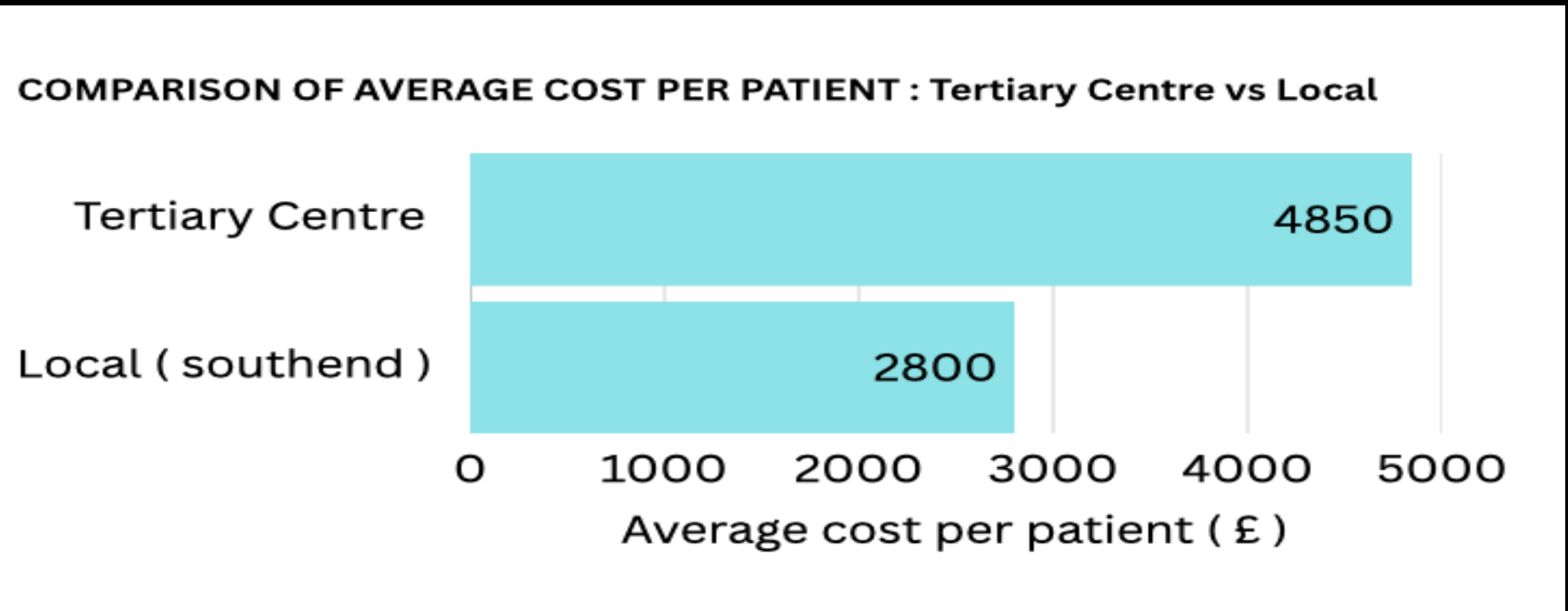
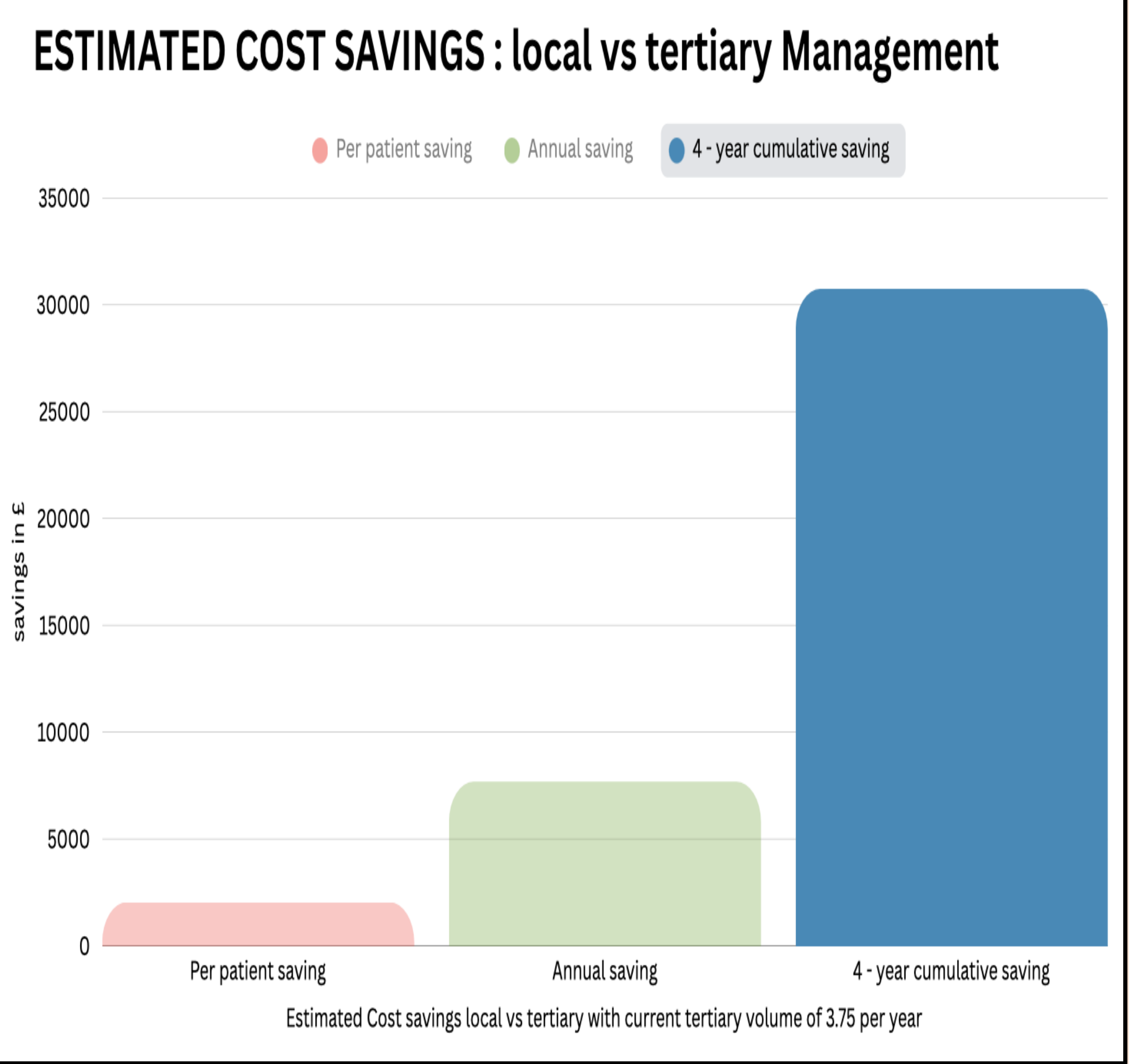
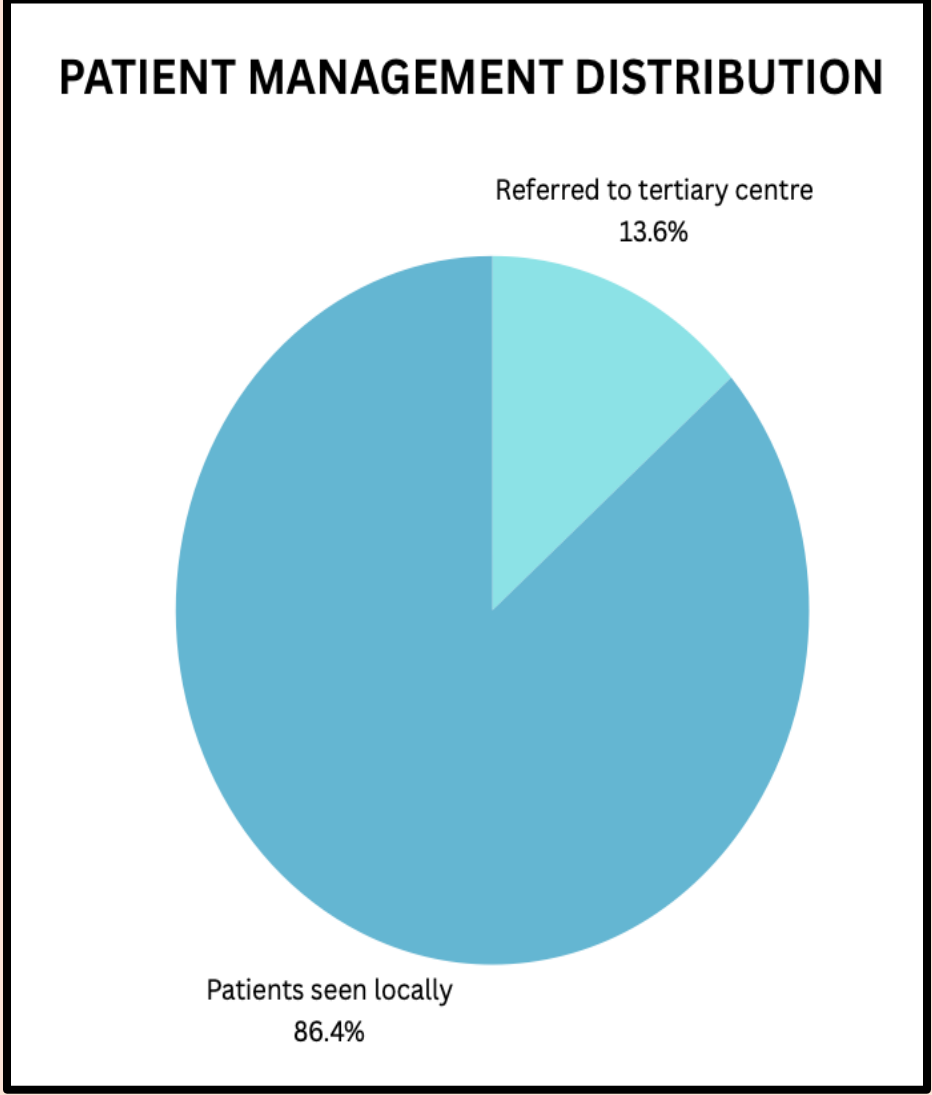
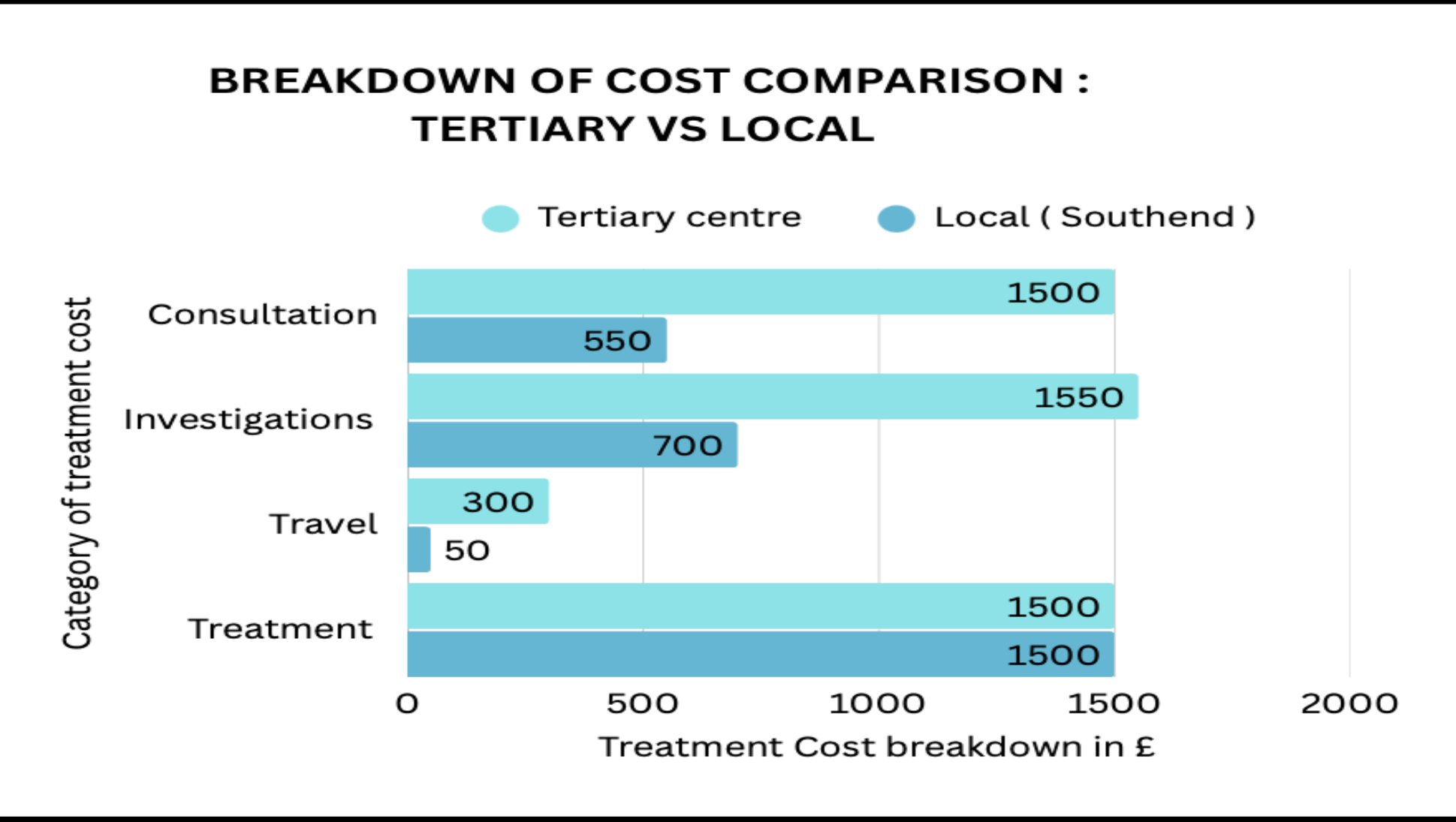
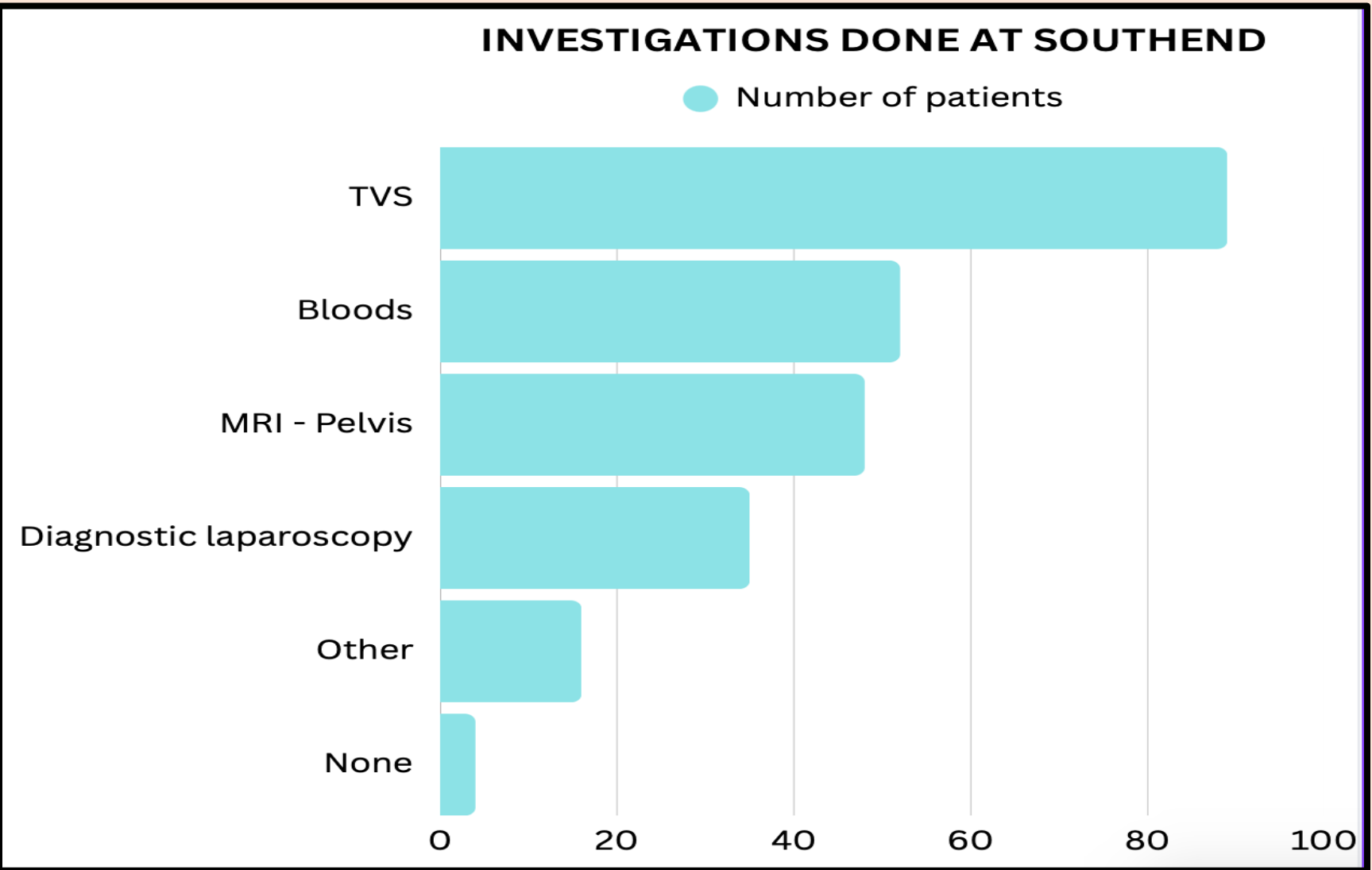
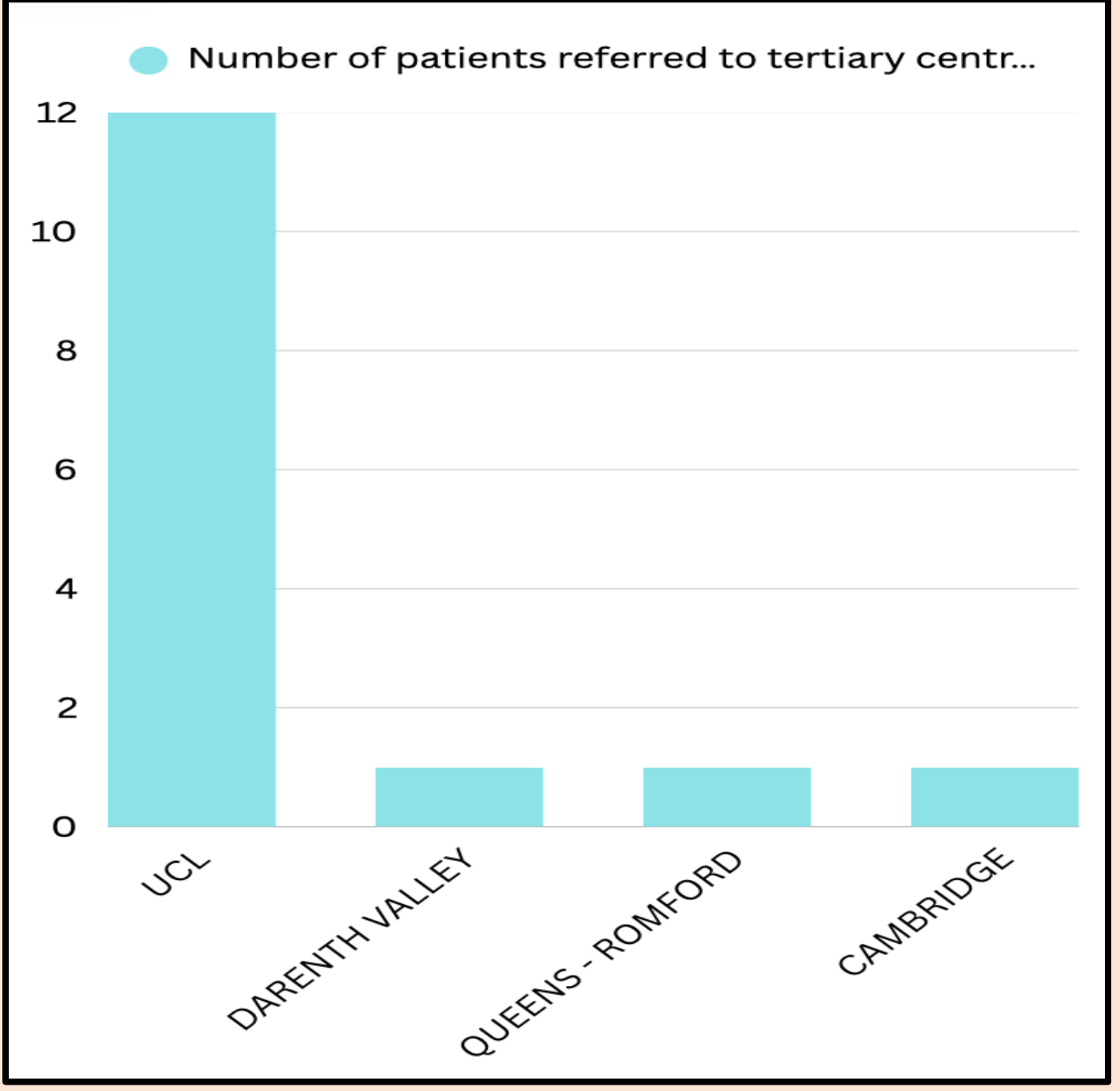
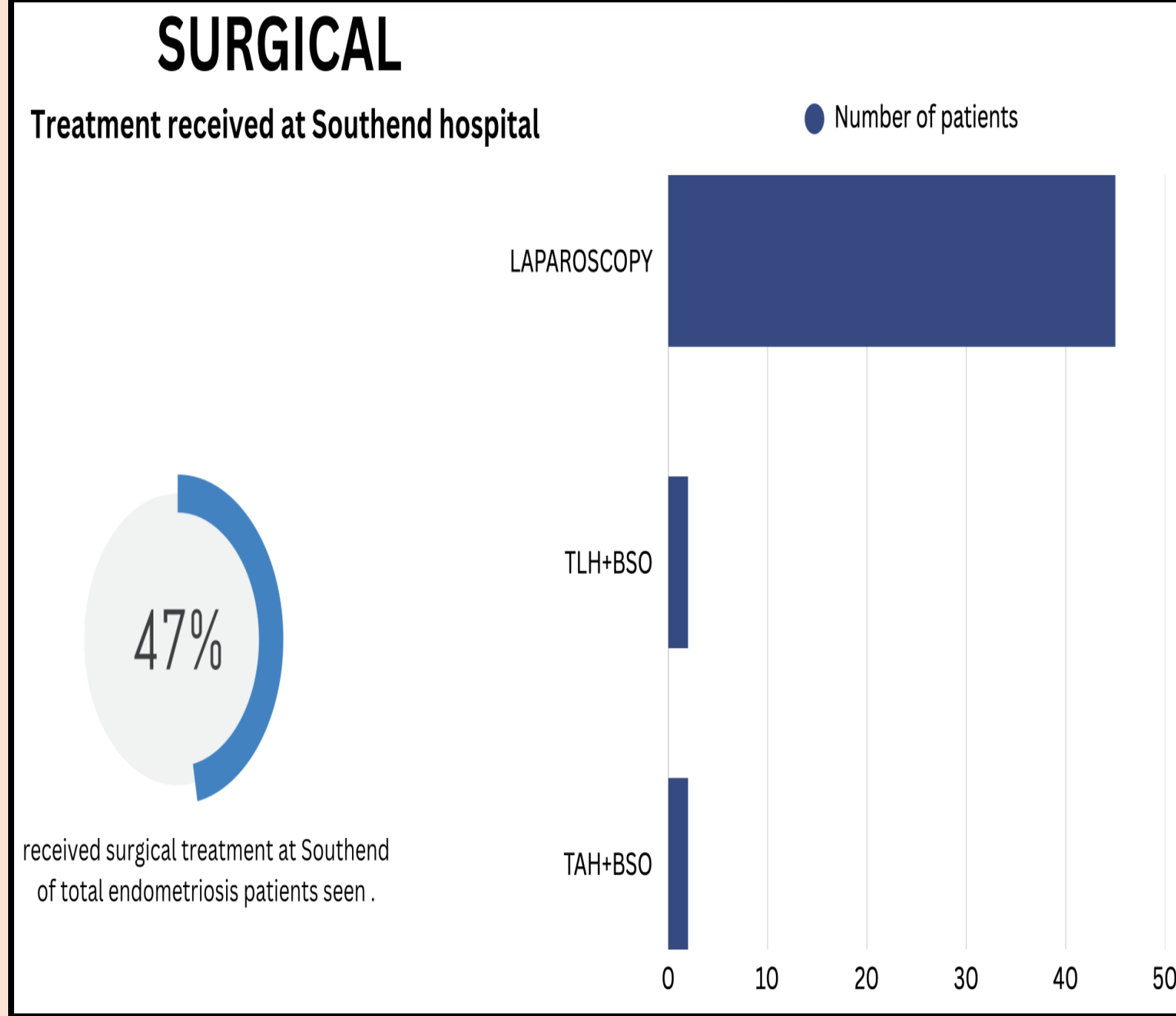
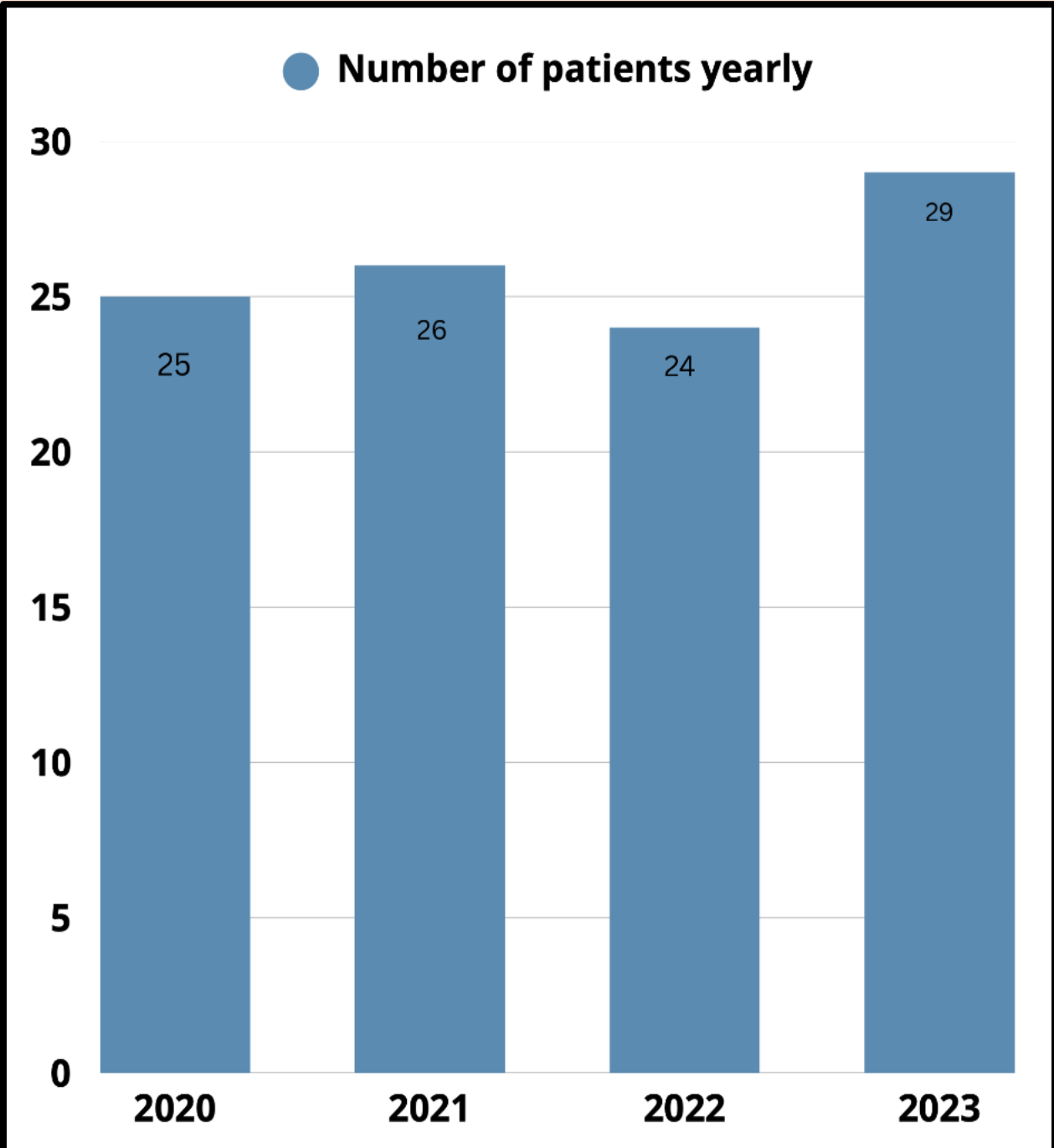
- Establishing a BSGE-accredited tertiary endometriosis centre at Southend University Hospital is financially viable and could lead to significant cost savings by reducing reliance on external tertiary centres.
- The initial investment in infrastructure and staff training, estimated at £150,000–£200,000, could be offset within 5–7 years through reduced referral costs and increased local patient volumes.
- Additionally, localizing care would reduce waiting times, improve access to treatment, and enhance patient outcomes.
- Future steps should focus on developing a detailed business case to support accreditation and ensuring compliance with BSGE standards.
- This project highlights the importance of investing in local services to optimize resource utilization and deliver high-quality care for endometriosis patients

ACKNOWLEDGEMENT

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RESULTS

- Over the four-year period, 104 patients were treated, with 14% (15 patients) referred to tertiary centres at an average cost of £3,500 per patient excluding treatment costs due to variability. However, when a standardized treatment cost of £ 1,500 (equal to local treatment costs) is included for fairness the revised average cost per tertiary centre becomes £ 4,850 (£ 1,500 consultation , £ 1,550 investigations , £ 300 travel and £ 1,500 treatment).
- The total cost of referrals was £ 72,750 over four years (15 patients X £ 4,850), averaging £ 18,188 annually.
- In contrast, managing 89 patients locally at Southend cost an average of £2,800 per patient including all components (£ 550 consultations, £ 700 investigations , £ 50 travel and £ 1,500 treatments).
- The total cost for managing 89 patients locally over four years was £249,200, or £62,300 annually.
- By localizing care and managing referred patients at Southend, an estimated cost savings of £ 2,050 per patient could be achieved, amounting to £ 7,688 annually based on current referral volumes of 3.75 patients referred per year .



REFERENCE

1- The National Confidential Enquiry into Patient Outcome and Death. A Long and Painful Road: a review of the quality of care provided to adult patients diagnosed with endometriosis [Internet]. London: NCEPOD; 11 July 2024. Report based on cohort February 1, 2018–July 31, 2020.

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