

Solving the Gynaecology Waiting-List Crisis: A Case for the One-Stop Clinic

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Objectives:

- To evaluate current care pathways in the gynaecology outpatient department (GOPD).

Background:

- Despite the UK government's publication of the Women's Health Strategy in 2022, waiting times in non-cancer gynaecology have continued to rise.
- In 2024, the RCOG described gynaecology waiting-lists in the UK to be in **crisis**, as women routinely waited months-to-years for their appointment.
- As patients report an associated decline in wellbeing, healthcare professionals also feel overburdened trying to meet demands.
- To help shorten referral-to-treatment-time (RTT), the 'Getting It Right First Time' (GIRFT) national programme promotes use of 'One-stop' assessment in several specialties. Our team aimed to explore this locally.

Methods:

- Retrospective review of patients attending the general, non-cancer GOPD at a single tertiary hospital in central London in 2024. Patient lists were sampled from 5 clinics.
- A One-stop clinic with same-day pelvic ultrasound and minor procedures by the consulting clinician was simultaneously piloted, with prospective data collection from 6 clinics.
- Data was collected on presenting complaint(s), waiting times, grade of doctor seen, treatment started, and appointment outcome(s).

Figure 1. **GOPD**: Reason for referral by presenting symptom (n=147)

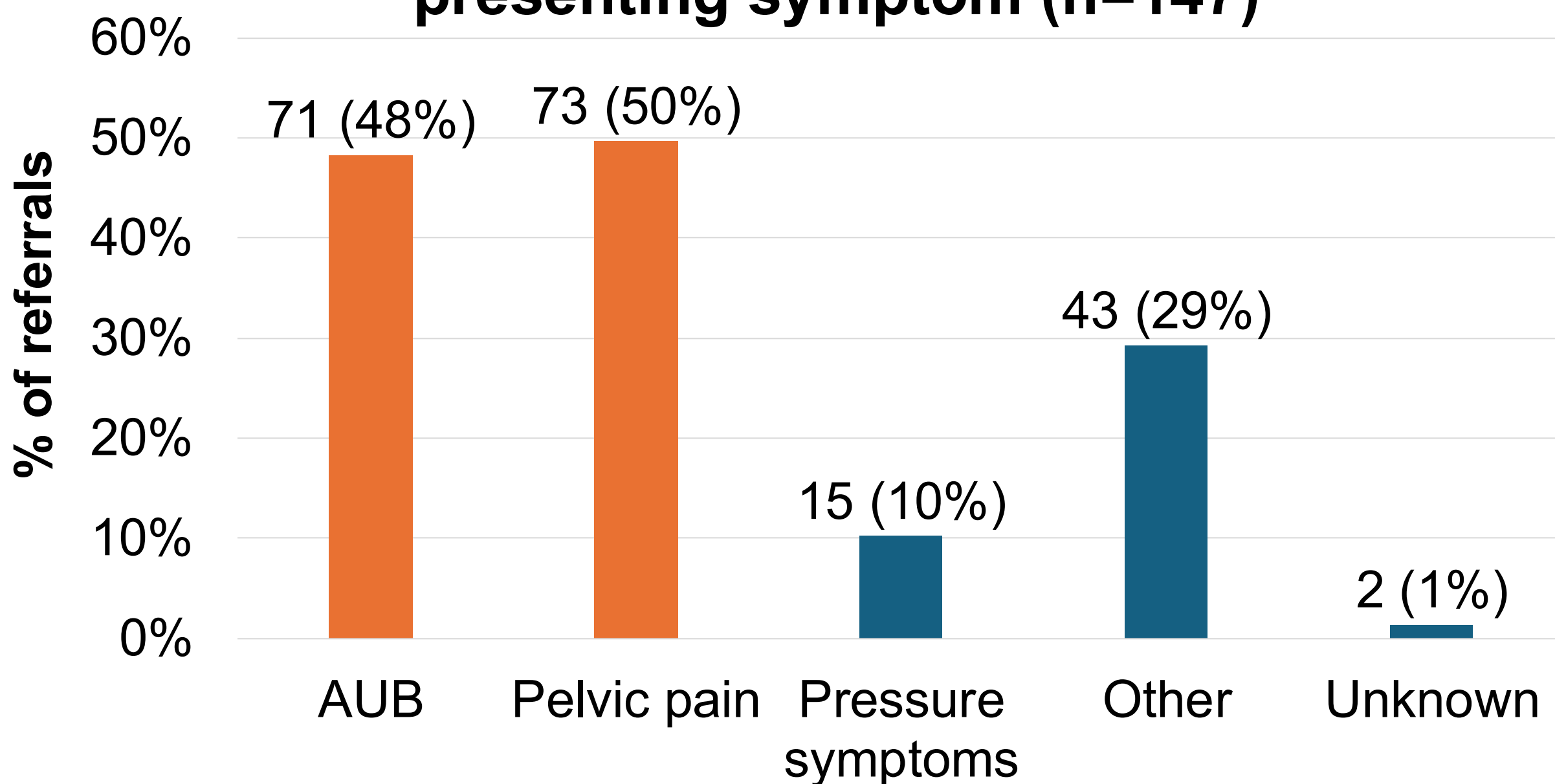


Figure 2. **GOPD**: Number of appointments until discharge (n=96)

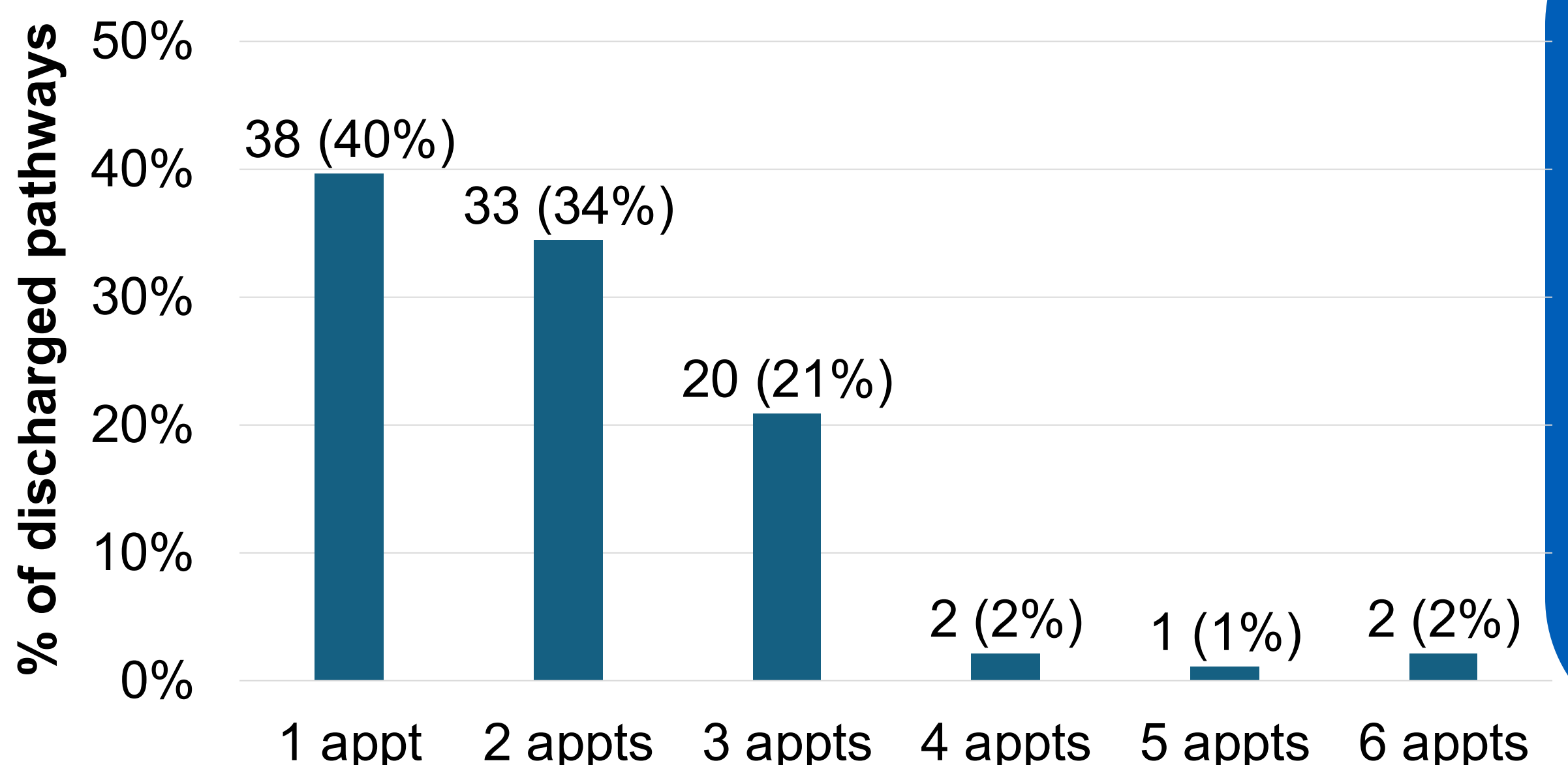


Figure 3. **GOPD**: First appointment outcomes (n=147)

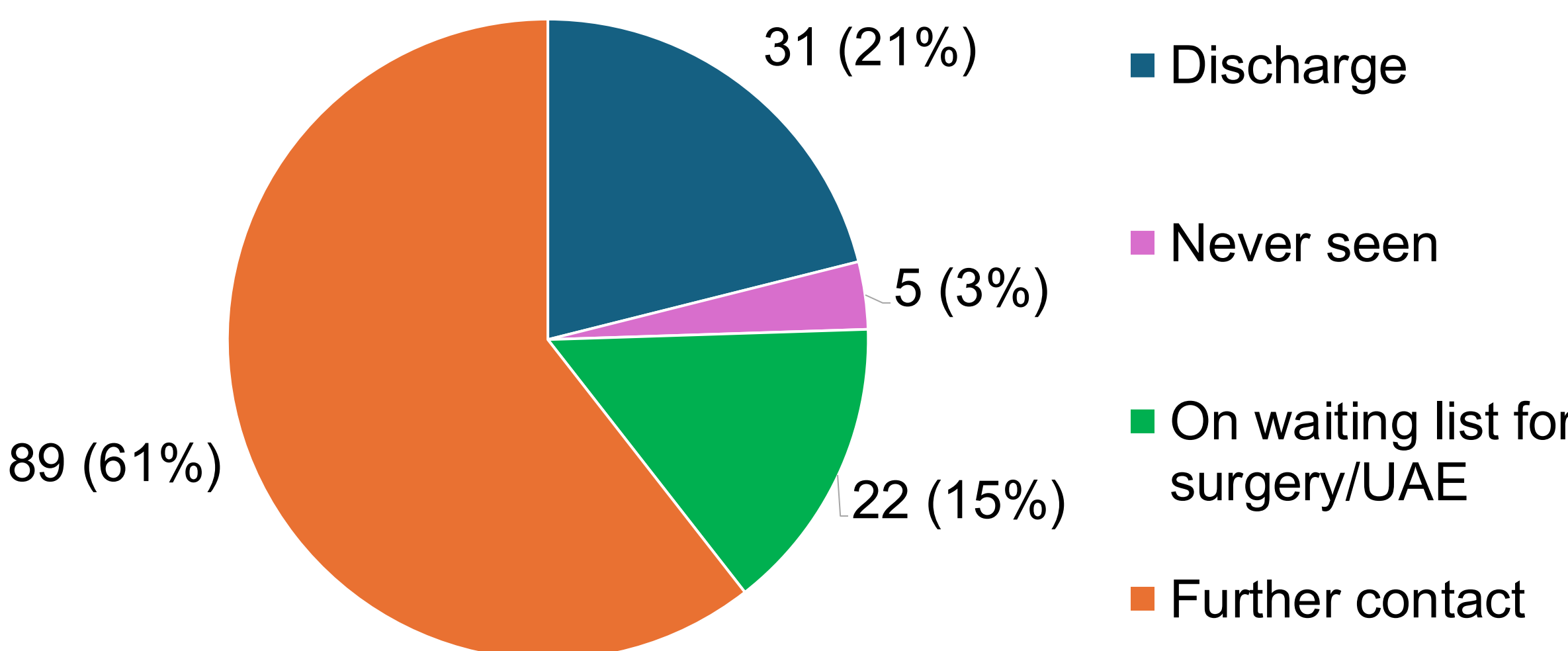
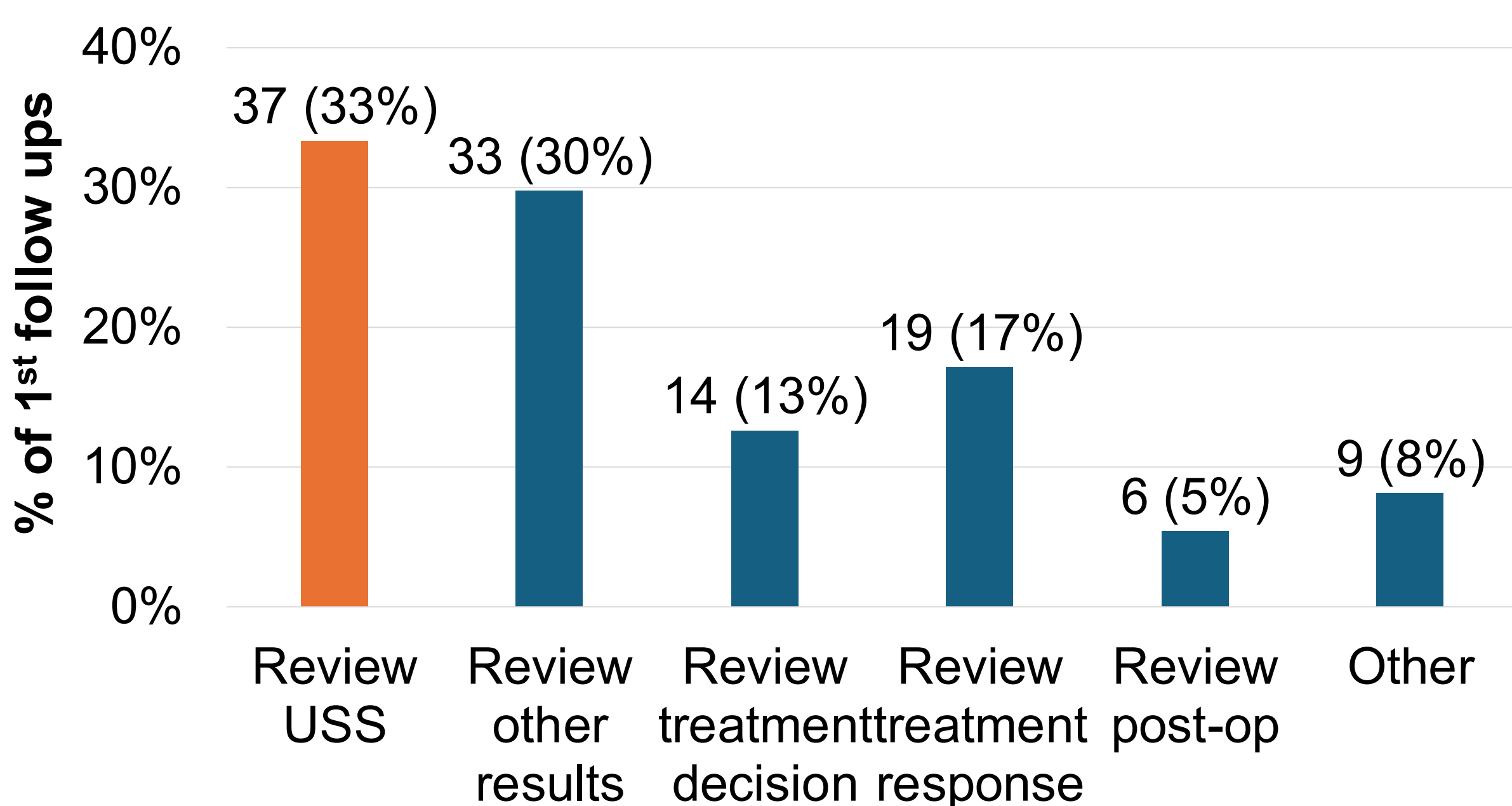
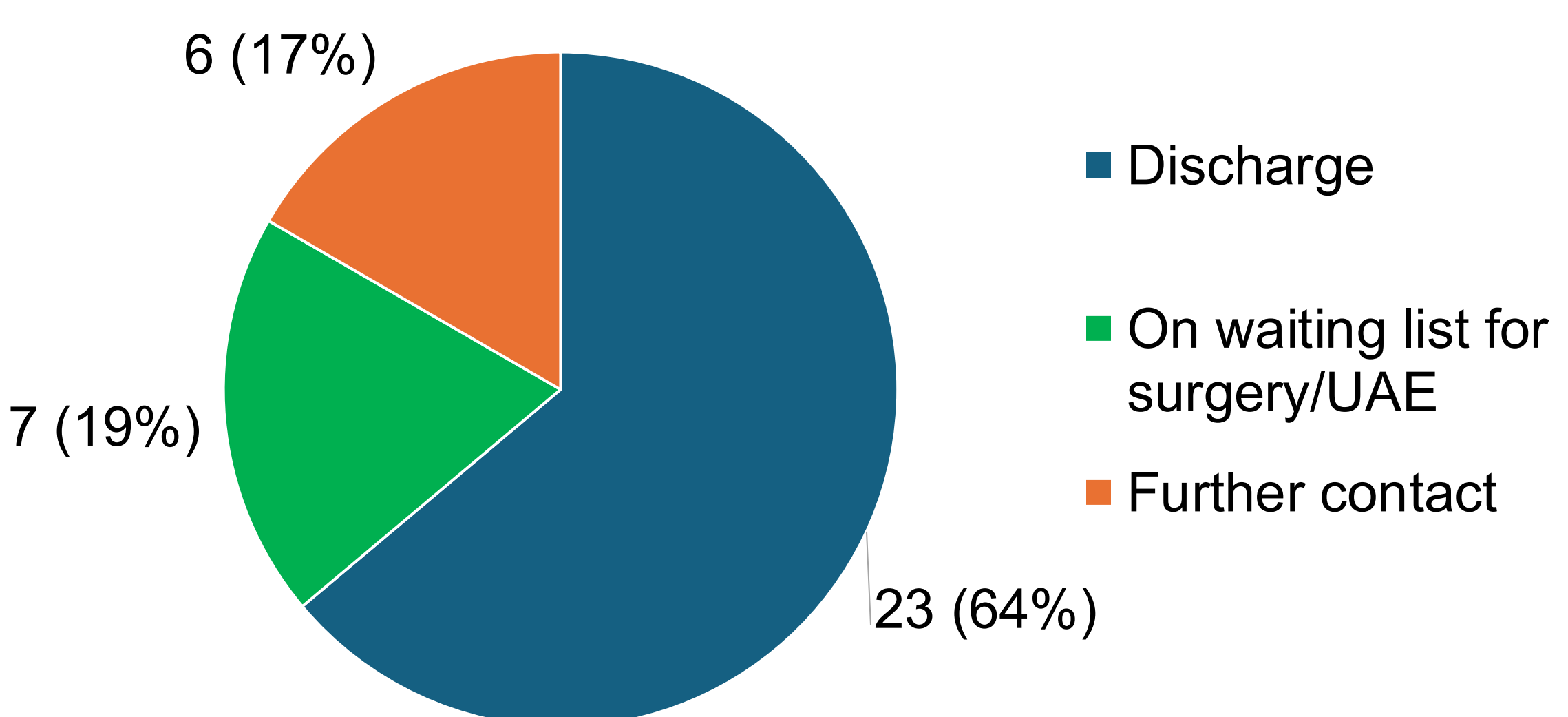


Figure 4. **GOPD**: Reasons for further contact after first appointment (n=111)



Needing an **up-to-date pelvic ultrasound** was the most common reason for requesting follow-up (33% of all follow ups) and not starting treatment (18% of first appointments) in conventional GOPD

Figure 5. **One-stop clinic**: First appointment outcomes (n=36)



Results:

Conventional GOPD:

- 147 patients were referred to gynaecology on routine pathways. 20% were re-referrals back into the service due to new or recurrent symptoms.
- The most common indications for referral was pelvic pain and abnormal uterine bleeding. 34% reported more than one symptom.
- The median (range) time from referral to first appointment was 160 (20–670) days.
- After first appointments, outcomes included: further follow-up (61%), added to surgical waiting-list (15%), or discharge (including PIFU and onward referral; 21%).
- At time of data collection, 65% patients were discharged with median (range) time to discharge of 2 (1-6) appointments.

One-stop clinic:

- In contrast, 36 patients attended the pilot One-stop clinic with pathways evaluated after first appointment.
- Outcomes included: further follow-up (18%), added to surgical waiting-list (19%) and discharge (80%).

Conclusions:

- Ultrasound incorporated into gynaecological clinical consultations **shortens RTT**, with an **improved discharge rate** for new patients compared to conventional clinics.
- Further advantages include **opportunities for ultrasound training** for resident doctors.
- This data strongly supports GIRFT recommendations for a One-stop clinic to improve waiting times for new patients in Gynaecology. Our findings have been used to support local roll-out of a permanent One-stop service.

References:

- GOV.UK (2022), Women's health strategy for England
- RCOG (2024), Waiting for a way forward
- GIRFT (2023), Clinically-led specialty outpatient guidance