

# Improving Diagnostic Pathways for Postmenopausal Bleeding: A Retrospective Audit of the One-Stop Clinic Model in University Hospitals Bristol

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## Introduction

Delays in the diagnostic pathway for two week wait post-menopausal bleeding were identified at University Hospitals Bristol, prompting the introduction of a one-stop ultrasound-led clinic. This aimed to streamline diagnosis/exclusion of endometrial cancer by integrating clinical review, ultrasound, and hysteroscopy into a single visit. This audit aims to compare the time taken to diagnose or exclude endometrial cancer under the one-stop clinic system compared to NHS England's Faster Diagnostic Pathways - implementing a timed gynaecology cancer diagnostic pathway.

## Methods and Standards

A retrospective review was conducted for 98 patients seen in the one-stop postmenopausal bleeding clinic between February and March 2024. Data was collected on timelines, outcomes, and compliance with faster diagnostic pathway standards. NHS England's Faster Diagnostic Pathways - implementing a timed gynaecology cancer diagnostic pathway was used as a standard.

| Day from referral:                           | Investigation as per standard                   |
|----------------------------------------------|-------------------------------------------------|
| Day 12                                       | Transvaginal ultrasound scan<br>LA hysteroscopy |
| Day 18                                       | GA hysteroscopy if required                     |
| Within 5 working days of receiving histology | Reporting of histology                          |

Table 1

## Results

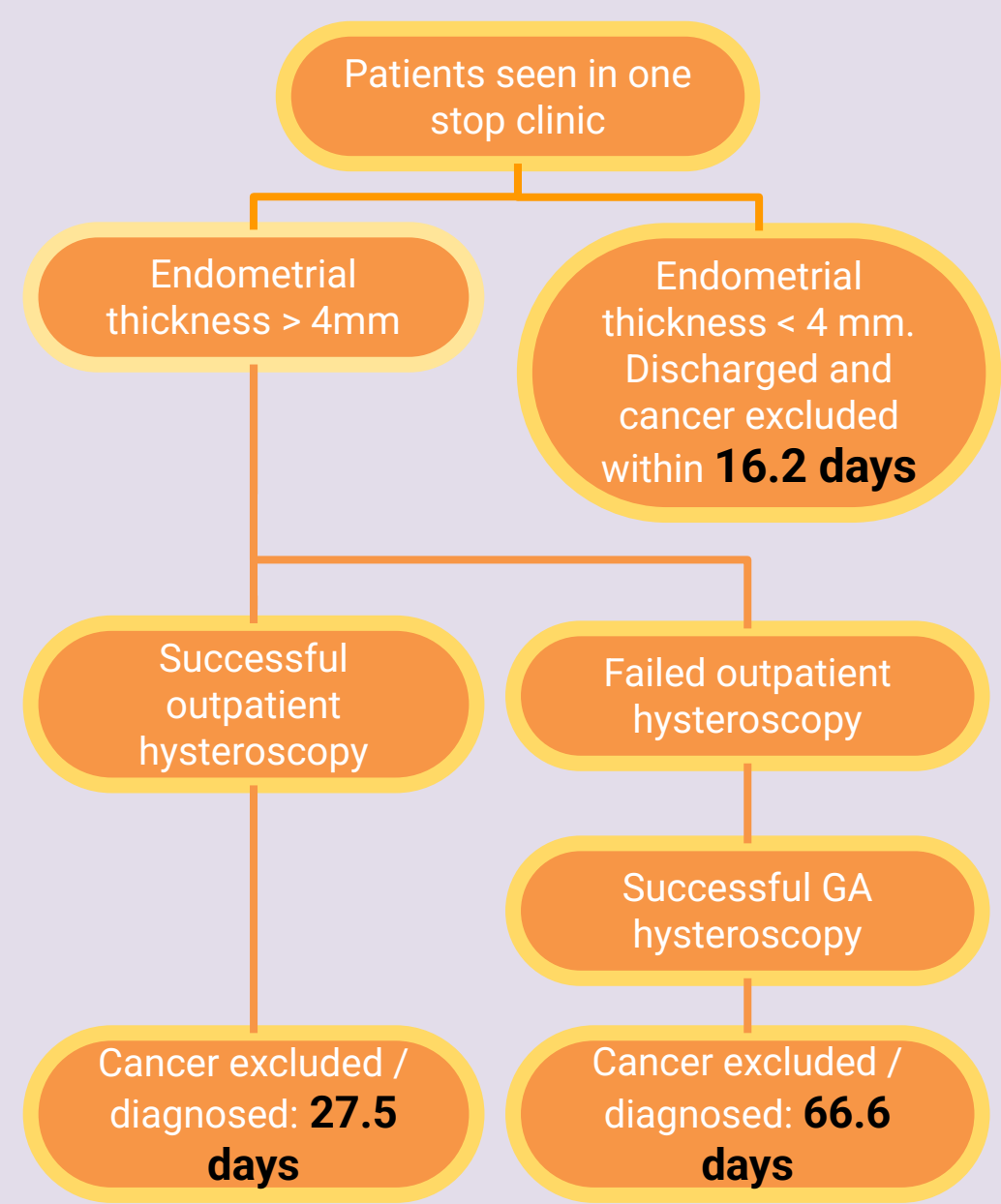


Chart 1: Average time to diagnosis / exclusion of cancer based on pathway followed through one stop clinic

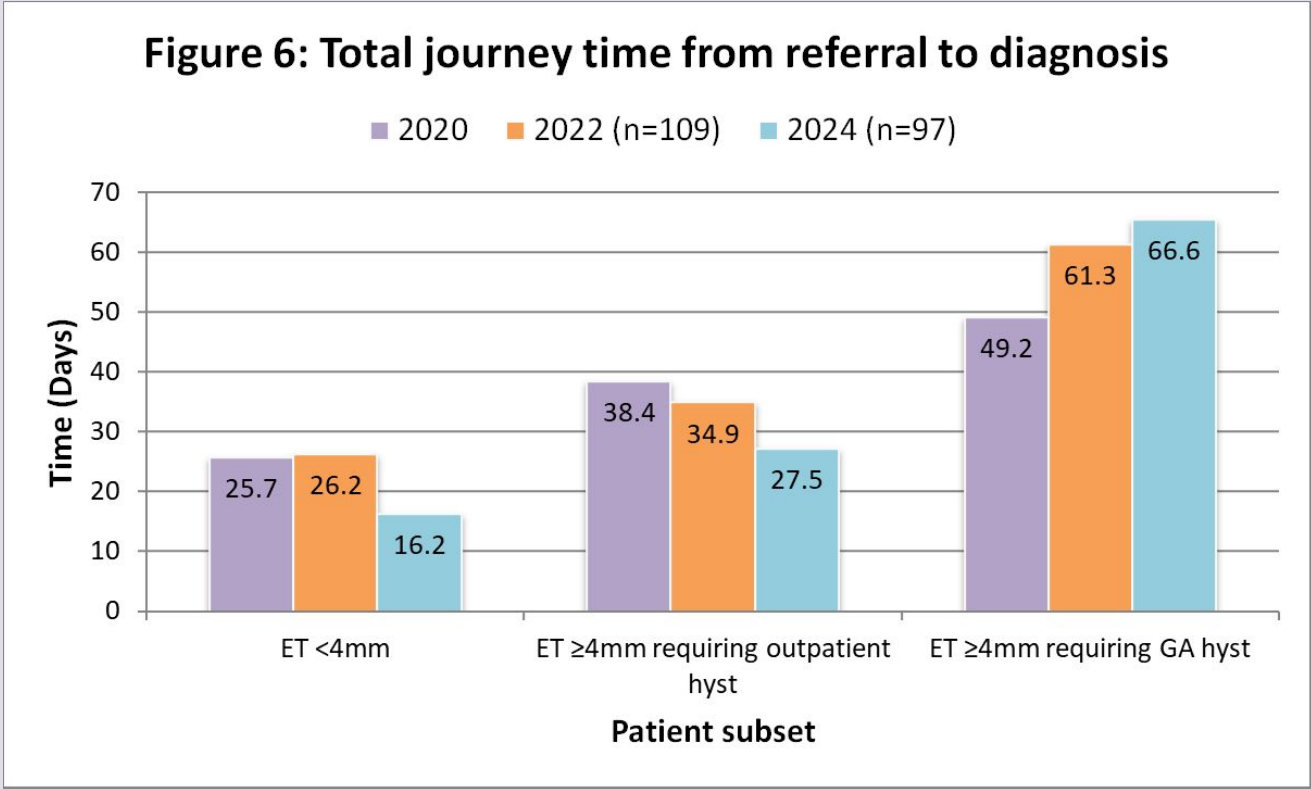
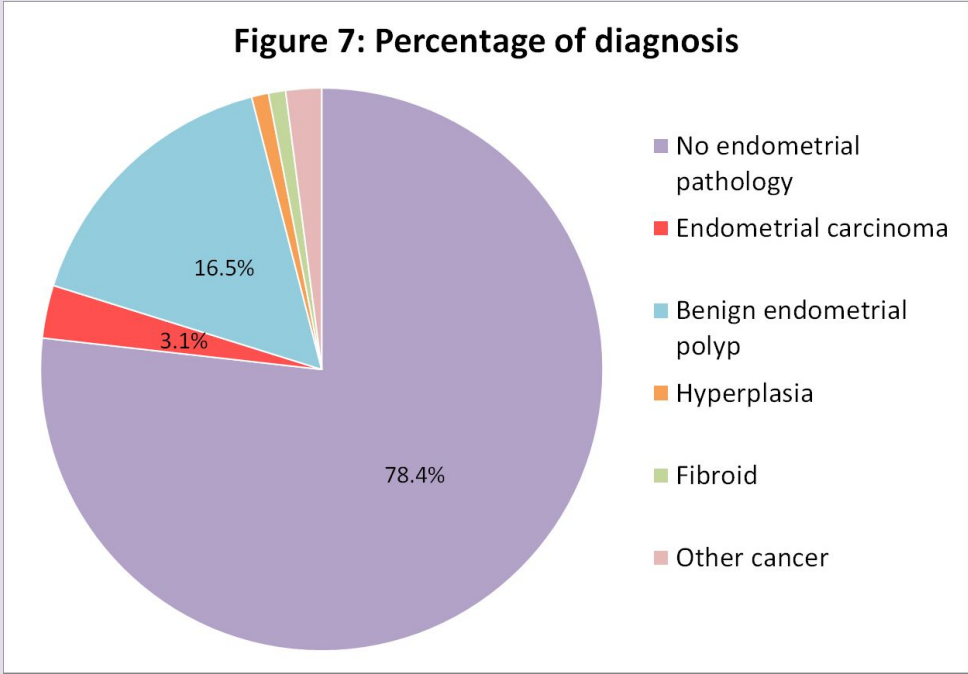
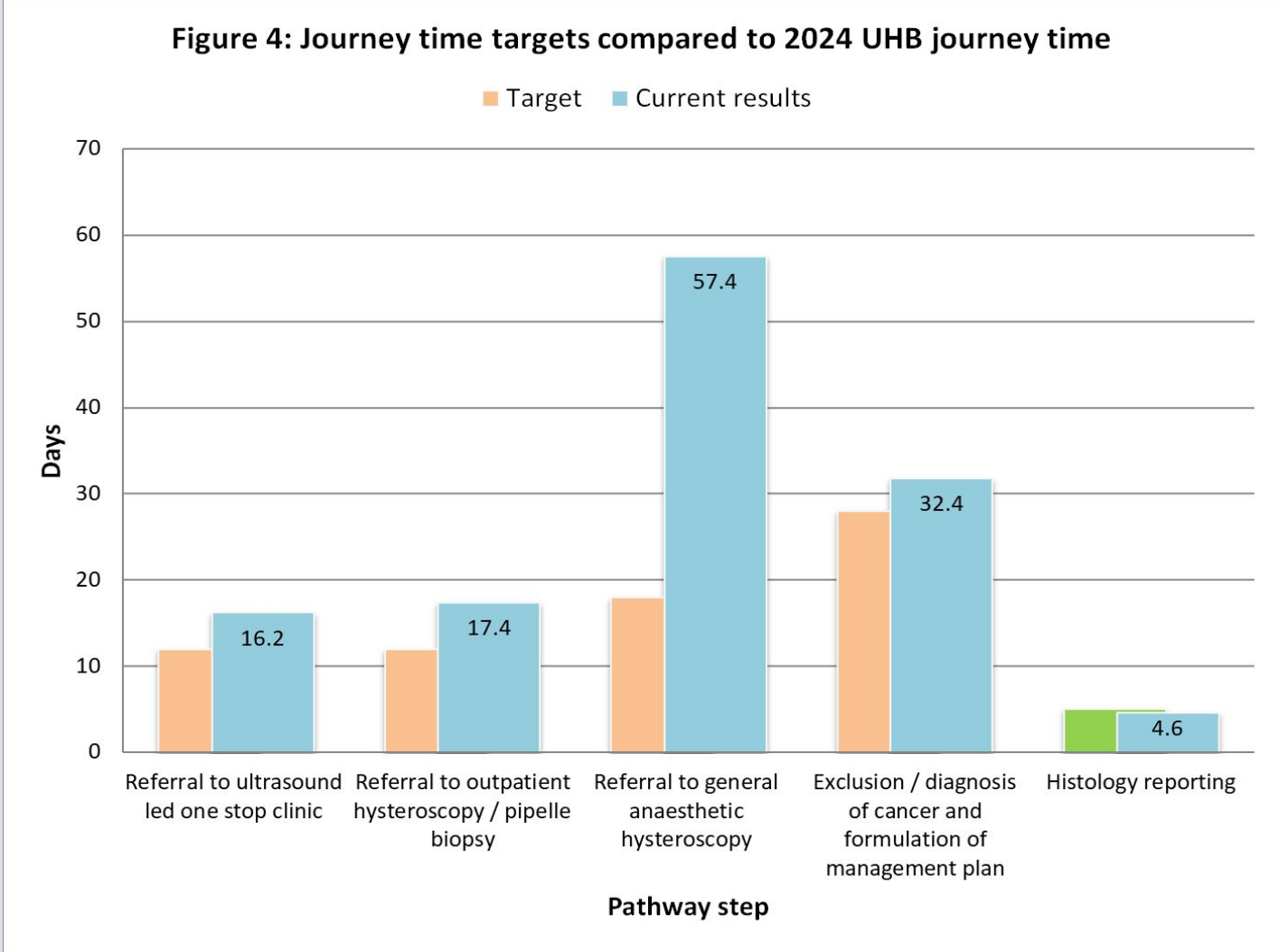


Chart 2: Total journey time from referral to diagnosis in years 2020,2022 and 2024

| Diagnosis                        | Referred with PMB | Referral with unscheduled bleeding on HRT |
|----------------------------------|-------------------|-------------------------------------------|
| Endometrial cancer + hyperplasia | 75%               | 25%                                       |
| No endometrial pathology         | 42%               | 58%                                       |

## Conclusions

The one-stop clinic model has improved diagnostic timelines for select patient groups; however, significant delays persist for patients requiring general anaesthetic hysteroscopy. Recommendations include increasing capacity, improving pre-procedural planning to identify likely failures of outpatient hysteroscopy or improving information for general practitioners surrounding post menopausal bleeding to reduce referrals.