

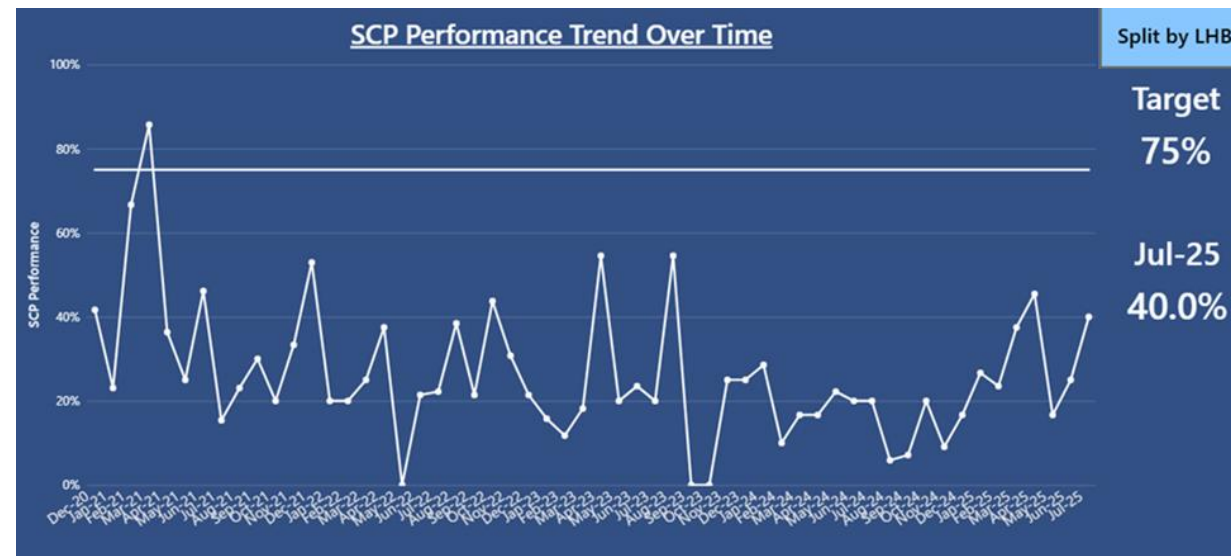
# Improving Cancer Waiting Times: The Introduction of One-Stop Diagnostic Gynaecology Services in Hywel Dda

Lauren Davies & Aimee Bowen-Lewis



# Background

- Patients should be seen and treated on the Urgent Suspected Cancer Pathway within 62 days of referral. This was not happening in the Gynaecology department in Hywel Dda for patients on a post-menopausal bleeding pathway.
- Patients were waiting an average of 178 days for first definitive treatment, which represents a delay of almost three times the target timeframe.
- Performance (Jul 2024 – Jul 2025):
  - Average compliance: 23.3%
  - 40 patients seen within 62 days
  - 132 patients outside the 62-day target



# Pathway Delays & Bottlenecks

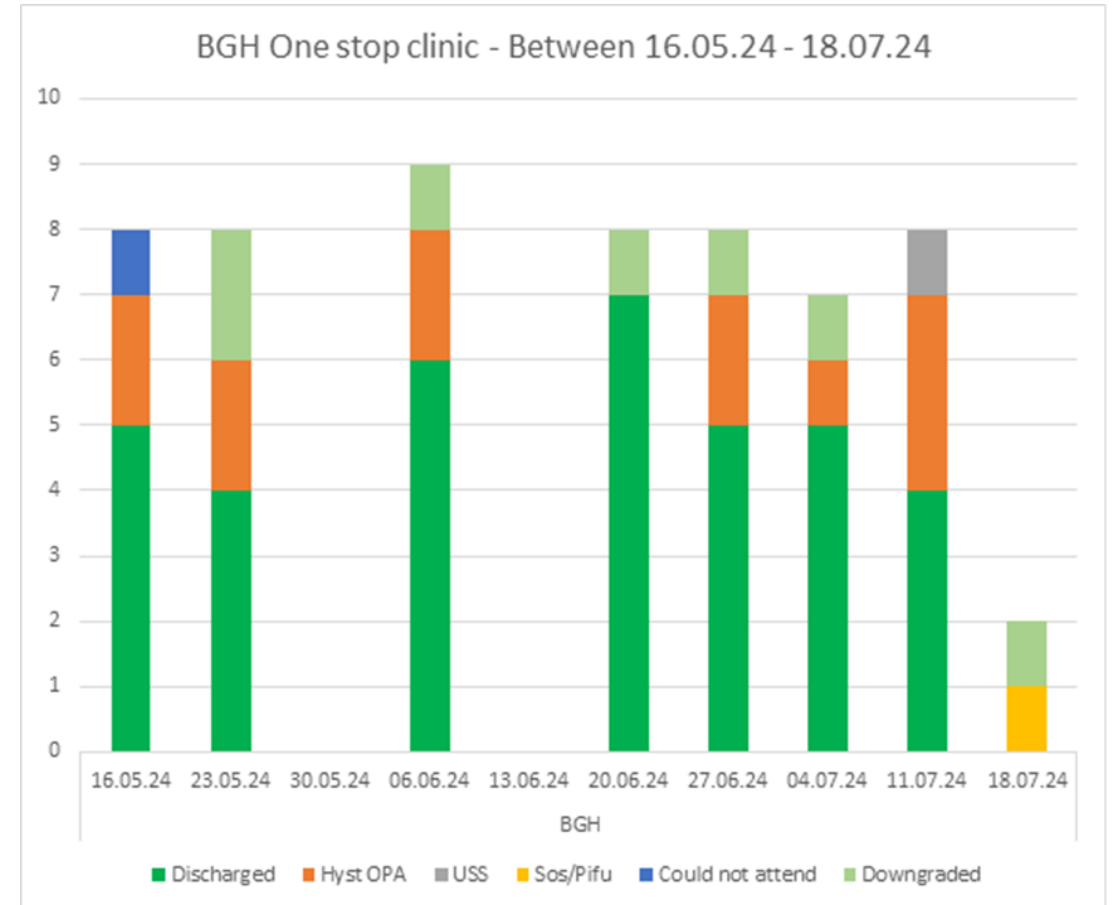


- Average hysteroscopy wait: 75 days
- Key causes of delay:
  - Radiology staff shortages – limited access to ultrasound
  - Increased demand for ultrasound services
  - Delays in histology reporting
  - Limited access to pre-assessment (GA conversion)
- Impact:
  - Significant bottlenecks in the pathway
  - Variation across the 3 acute hospital sites
  - Inequity of access + inconsistent patient experience
  - Extended waiting times for patients

# Improvement Group & Approach

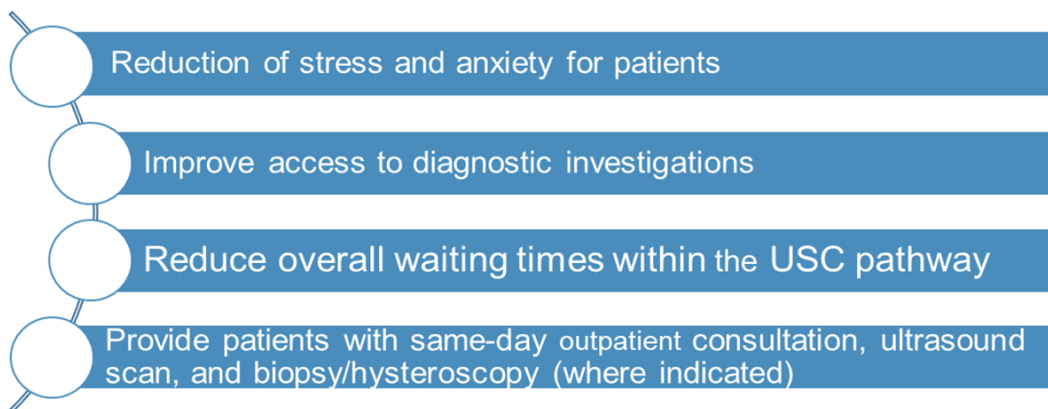
An improvement group was established, membership included-

- The Gynaecology Service team
  - Health Board Cancer Services team
  - HDdUHB Gynaecology Clinical Leads
  - HDdUHB Gynaecology Non-Medical Leads
  - Gynaecology Clinical Implementation Network Clinical (CIN) Lead
  - Colleagues from NHS Performance and Improvement (P&I)
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- Met weekly to redesign & standardise the post-menopausal bleeding pathway
  - Built on lessons learnt from Bronglais One Stop Clinic pilot
  - Agreed to implement the One Stop Clinic model across sites



# One Stop Clinic: Aims & Design

- Aim- Combine 3 key elements of the post-menopausal bleeding pathway into one appointment for the patient
- Designed to:



## Key Change:

Ultrasound is now performed in the Gynaecology Department instead of Radiology

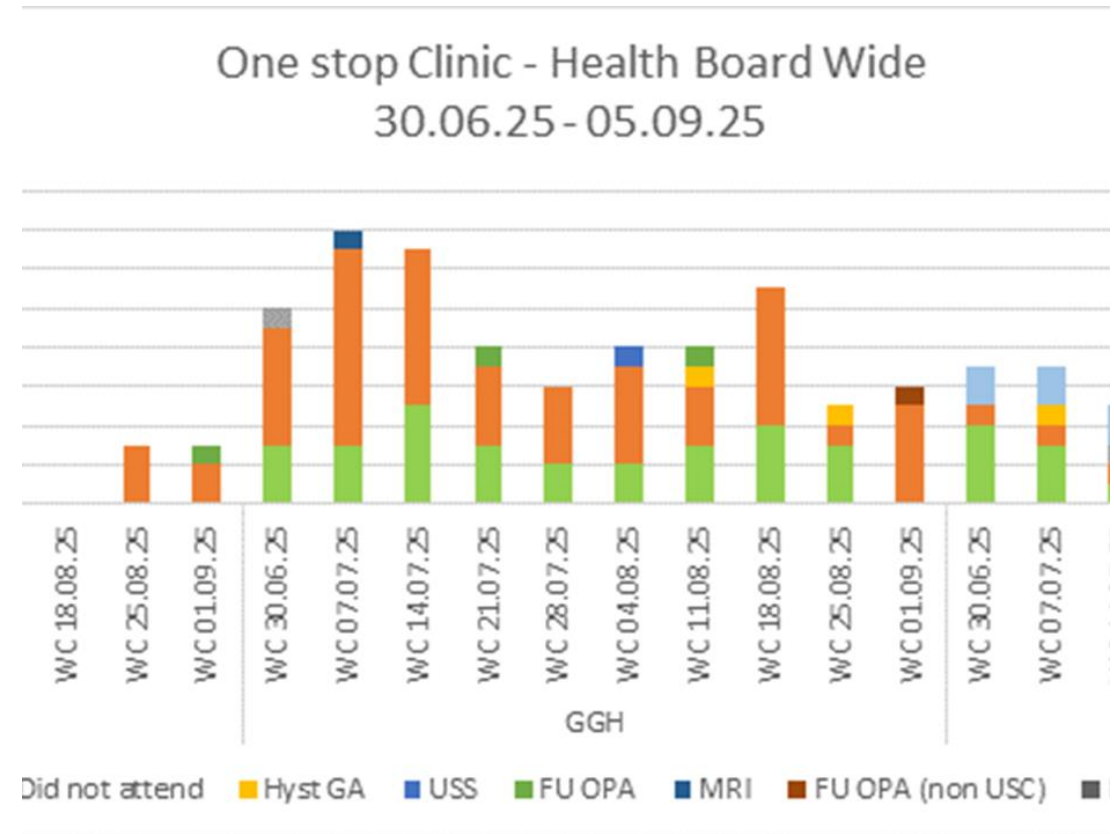
# Implementation



- Pilot – Bronglais General Hospital (May 2024)
- Reduced overall pathway waiting times
- High proportion of patients discharged after ultrasound alone
- Improved efficiency of patient flow
- Expansion – Summer 2025
- Glangwili General Hospital – 3 clinics per week
- Withybush General Hospital – 1 clinic per week
- Impact of Phased Rollout
- Increased capacity across Health Board
- Improved equity of access to diagnostics
- Standardised, streamlined diagnostic pathway
- Creation of 18 protected USC hysteroscopy slots per week

# One Stop Clinic: Early Outcomes (Jun-Sep 2025)

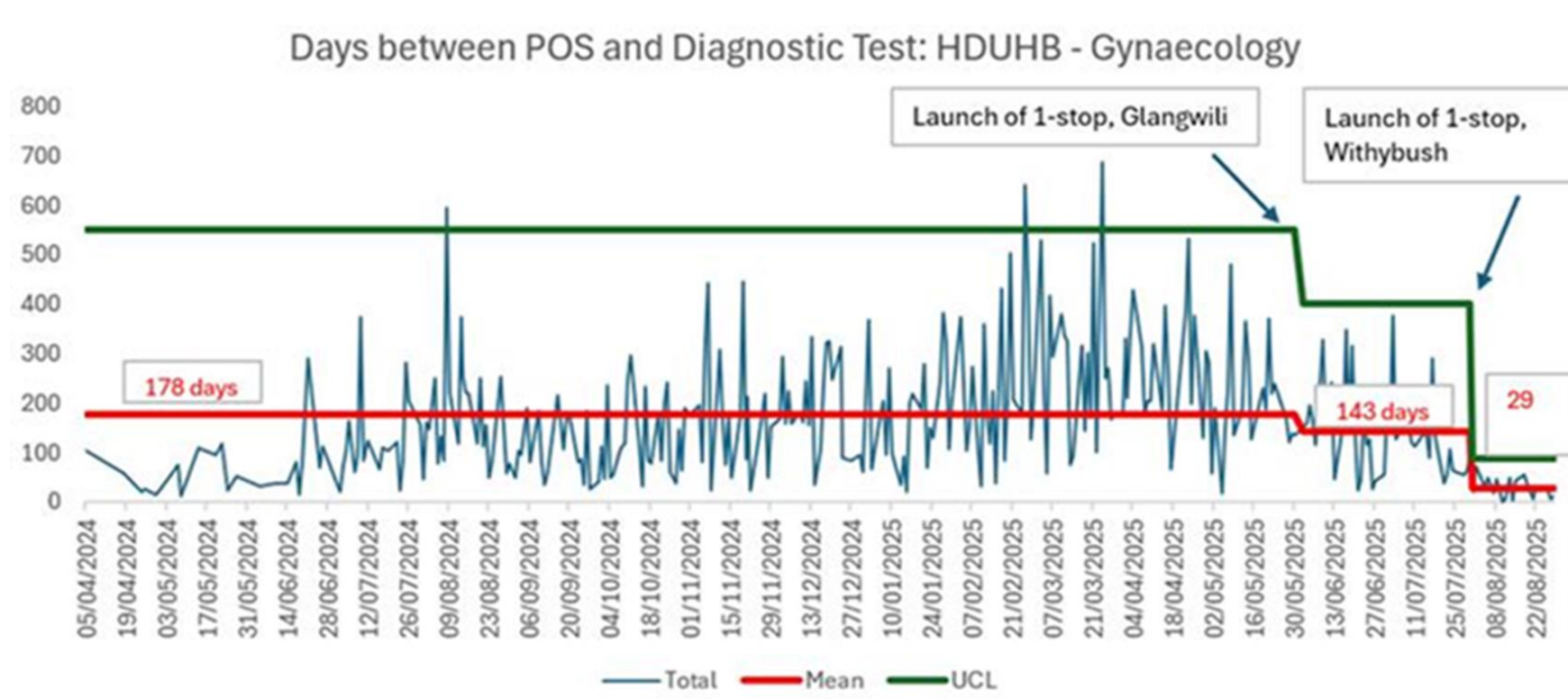
- Between June 2025 and September 2025-
- 160 patients seen across the Health Board
- 36% discharged following their first appointment
- 6% managed via PIFU/SOS (Patient-Initiated Follow-Up / Safety Netting)
- 48% went on to have a hysteroscopy on the same day or next day, in an outpatient setting





# Outcomes & Impact of One Stop Service

- Average waiting times reduced: 178 → 29 days





# Outcomes & Impact of One Stop Service

- Streamlined, patient-centred pathway with faster diagnostics & treatment
- Improved patient experience – less anxiety, quicker reassurance
- Increased discharge efficiency, reducing unnecessary hysteroscopies
- Moving towards compliance with 62-day USC national target
- 6 One Stop Clinics now running weekly across 3 acute sites
- Released ~40 ultrasound slots/week back to Radiology
- Created 18 ring-fenced hysteroscopy appointments for One Stop patients

# Conclusion

- One Stop Clinic has delivered measurable & sustainable improvements to the post-menopausal bleeding pathway
  - Model has proven to be scalable and effective across multiple hospital sites
  - Demonstrates successful service transformation within Hywel Dda UHB
  - Supports both better patient outcomes and greater system resilience
  - Other services within the Health Board are looking to replicate
- The Model has shown improvement in the following:
    - Significantly reduced waiting times
    - Standardised care provision across sites
    - Improved patient experience
    - Enhanced the skills and flexibility of the workforce
    - Released diagnostic capacity within Radiology

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