



Reducing Decision Making Times for Women on the Fertility Pathway

BACKGROUND

Over the last few years the Fertility Services have been developed to create a well recognised service for women. However they were becoming victims of their success. The fertility pathway is sequential, time-sensitive and reliant on other departments to help flow. The Multi Disciplinary Team were struggling to track patients and manage their expectations. The Team were inundated with emails flowing into the inbox by anxiously waiting patients. Complaints received were based around delays and wasted patient time

This Project involved a full process mapping event with the team to:

- Reflect on how the service is working
- Identify what their ideal service would be
- Agree what the Team were willing to invest to make it happen

AIM: To reduce the wait time for first appointment and decrease the time from referral to decision for IVF

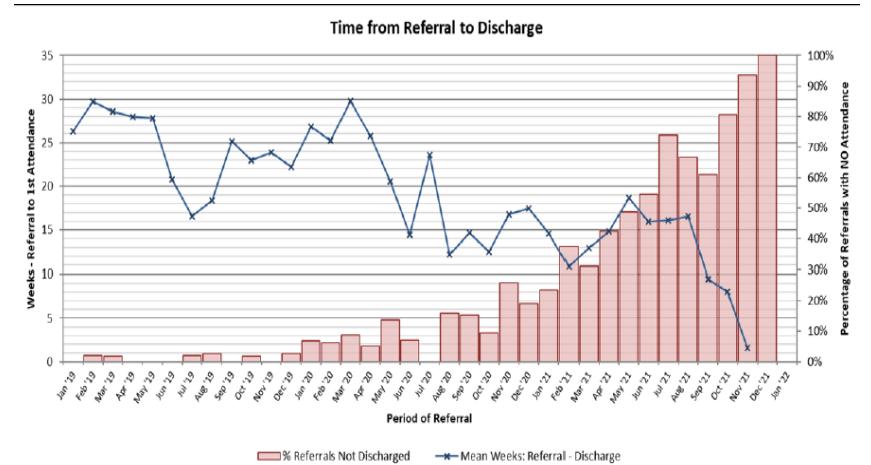
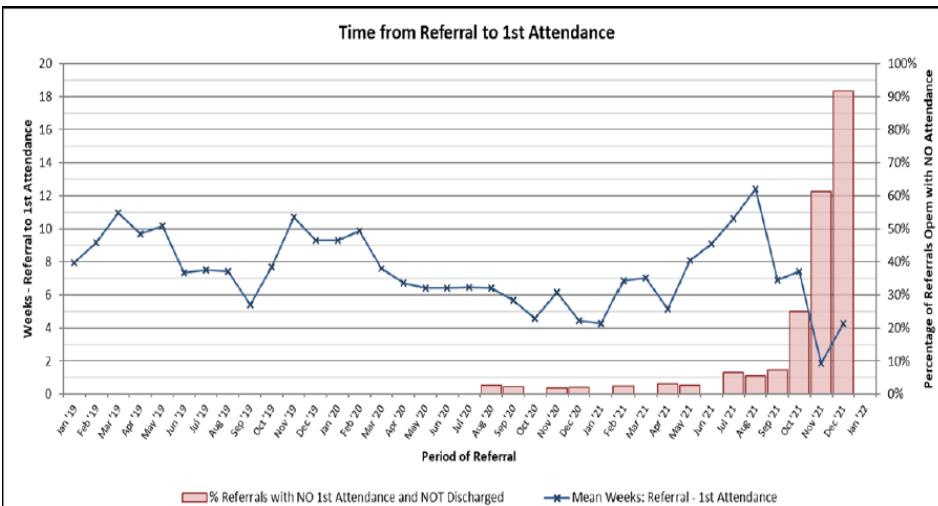
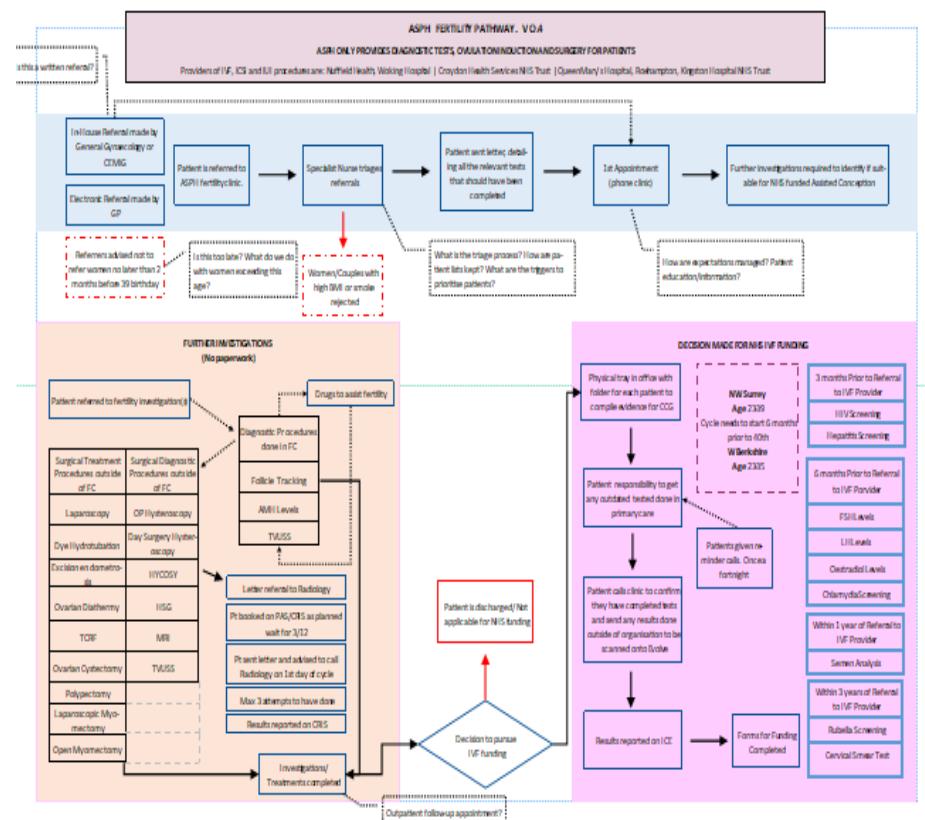
MEASURES:

1. Referral numbers over last 2 years
2. RTT 18 week waiting times for Clinics
3. Slot modelling demonstrated there were sufficient clinic capacity for number of referrals
4. Identified key diagnostics in pathway, targets and wait times.
5. Reviewed all Datix and complaints relating to Infertility/fertility/delayed diagnostics/communication

OUTCOMES: The simple changes led to patients being seen within 8 weeks of referral for Hycosy, down from 12+ weeks which then led to a decrease in wait to first OPA. However the wait times started to increase due to a reduction in Capacity because of 2 Doctors leaving the service.

THE CHANGES

- Agreement and understanding of the full pathway and its variations (see below).
- Rota set up to ensure early and accurate review (workforce dependent)of referrals
- Average wait for Hycosy was found to be 8 weeks rather than 12 weeks which meant that first OPA after the test was completed could be brought forward by 4 weeks.
- Set up a Patient Tracker for all patients on the pathway which allowed easy access and monitoring of information about every patient referred
- Ceased in the use of the Patient access email for queries as this was a potential clinical risk.



THE TEAM: Dr Lilian Ugwumadu, Consultant Lead; Dr Catey Bass, Associate Specialist Mahbuba Sultana, SAS Dr; Ms Martina Boyle and Eileen Gorman, Clinical Office Administrators ;Ms Michelle Forward, Service Manager; RN Anna Nicholas, Fertility CNS, Rohma Butt, Lou Davies and Gill Nelson QI Team and Gareth Jones Business Analyst,