

Using patient-reported information to improve NHS Lanarkshire's gynaecology vetting and reduce unnecessary appointments

A focused test of change showed that collecting structured information directly from patients can significantly reduce unnecessary outpatient appointments and support more effective clinical decision-making.

Situation

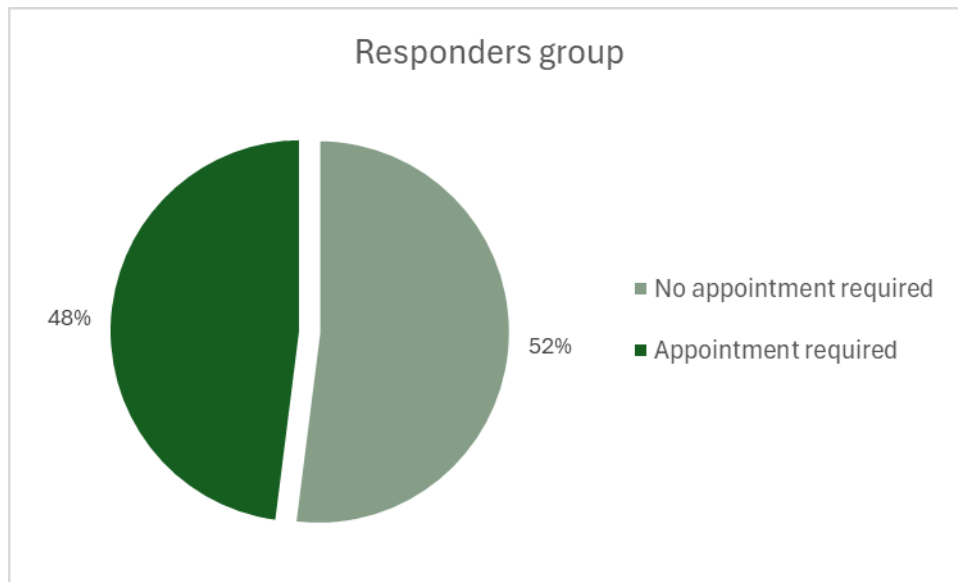
The Lanarkshire Urogynaecology service was facing long waits across their service. The team recognised an improvement opportunity for patients with incontinence symptoms, with many referrals offering limited or inconsistent information. The team wanted to understand whether collecting more detailed information directly from patients could support better vetting decisions, reduce inappropriate referrals, and contribute to their aim of a 20% reduction in the incontinence waiting list. This work also aligned with the service's longer-term ambition for 95% of new urogynaecology patients to be seen within 52 weeks by March 2026. A small multidisciplinary team joined an improvement sprint to test a simple, patient focused approach within existing pressures.

Approach

After completing process mapping, the team were supported with idea facilitation for change ideas. The team developed a tailored letter and questionnaire, including links to patient information materials, and sent it to 199 patients on the incontinence waiting list. Some patients also received the questionnaire via the Connect Me digital platform. Responses were reviewed by clinicians as part of the vetting process, with administrative staff coordinating the workflow alongside routine duties.

Results

The test delivered strong, consistent results. Within three weeks, 111 patients responded. Early analysis of the first 50 responses showed that only 48% required an outpatient appointment.



When adjusted for the full cohort, including non-responders, the team estimated that just 27% of patients were likely to need a face-to-face appointment, and final data showed they were within 0.3% accurate with this estimate. The process also uncovered inappropriate referrals and enabled more individualised management plans aligned with patient expectations. The richer information supported more confident vetting decisions and demonstrated clear potential to reduce waiting times. The team was highly engaged throughout the sprint despite the additional time and resource that went into testing these changes, alongside significant existing clinical and administrative pressures.

The team said:



This was really a sprint, time limitations during very busy times, but it was very useful and we have enjoyed it.

Key learning

The sprint showed that early patient-reported information can transform vetting quality, reduce avoidable appointments, and highlight inappropriate referrals. The approach was simple to run at small scale and aligned well with Realistic Medicine principles. The team also noted that sustaining the process at scale would require clarity about where administrative coordination and clinical review sit within existing roles.

- Keep questionnaires short, focused and patient friendly.
- Use a mix of paper and digital options to maximise response rates.
- Build in time for clinicians to review responses.
- Review referral templates to ensure they are meaningful and clinically useful.

Next steps

As with many services undertaking improvement work, the test highlighted the challenge of sustaining new processes within current capacity. The team is now exploring how elements of the approach could be integrated into existing vetting workflows and future job planning. The evidence generated through the pilot provides a strong foundation for local discussions about how best to embed or scale the work within the service's wider development plans.

The service is considering how this approach could be incorporated into existing vetting or ACRT processes and how referral templates could be improved, ideally through more consistent digital formats. The team is also exploring opportunities to share learning with other specialties and to use the evidence generated to inform local sustainability planning.