



Improving accessibility and reducing delays for women with menopause

South East London

Background

There is huge variation in primary care in menopause service provision with long delays for secondary care appointment. Low risk menopause complications may potentially be able to be managed more effectively in primary/community care. There is probable 'unmet needs' in SEL around Menopause care and harder to reach communities.

Aim & Stakeholders

Aim: Reduce waiting times for menopause care, promote self-management where appropriate and support local GPs to manage Menopause well.

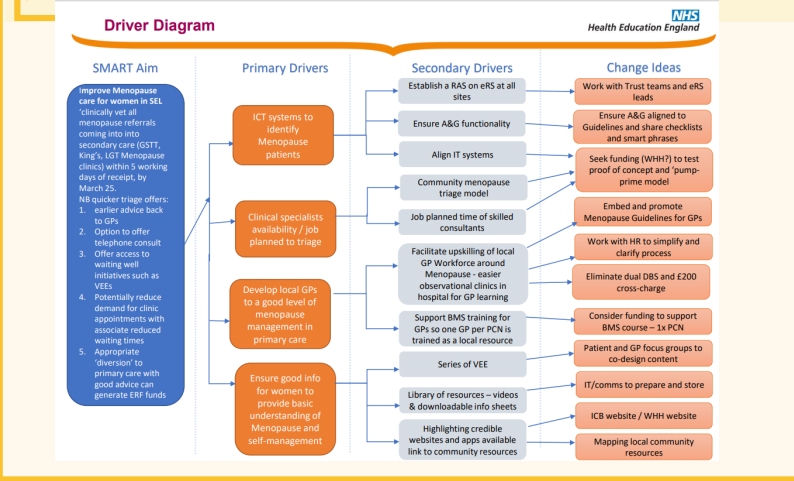
Project team: Primary Care Leads, Leads for SEL Gynaecology Network, General Managers, Business support officer, Registrar in Training, GPs, Consultant

Measurement

1. Improved patient experience on accessibility and care provided (surveys and focus groups).
2. Reduced waiting times for appointments in secondary care – waiting list times for gynaecology.
3. Feedback on effectiveness of information for women to self-manage symptoms and optimise waiting well prior to hospital appointment.

Project developed through the NHS Confederation's primary and secondary care interface improvement programme.

Driver Diagram



PDSA cycles/testing

1. Referral and triage process for menopause referrals into secondary care
 2. Advice and guidance with secured funding to include it in job planning
 3. Identifying Menopause referrals within 'Benign Gynaecology' also measure sensitive enough to evaluate impact – Proxy '0-4 wks PTL on Non-admitted Benign Gynae'
- PDSA Cycle 1 – validation of PTL & Job planned clinical triage Decemer 2024
PDSA Cycle 2 Online 'toolkit' of menopause self-management advice and information
Future PDSA Cycles – Group Consultations & Community Assessment Days

Intended/outcomes

Our main outcome is to reduce waiting times and improve Women's experience of menopause care in SEL To vet all menopause referrals made into SEL secondary care trusts within 5 days of receipt and provide relevant information / access to VEE events / recordings to all women to aid self-management of symptoms whilst waiting by January 2025.

General Reflections

1. Data has been challenging to extract as menopause is grouped under "benign Gynaecology".
2. We have had excellent engagement across both sectors which has helped move the project forward.
3. Concurrent programme of WHH is locality based where the APC covers SEL sector at the interface with secondary care.

Next & sustainability

- Evaluate each cycle using 0-4 ww PTL.
- Establish a Quarterly 'Women's Advisory group'.
- Set up automatic populated data to monitor cycles via ICB data analyst (Dashboard).
- Continue buddy relationship with esneft Kidney team.
- Consider piloting Group Consultations +/- or A community Assessment day for Menopause.
- Patient screening questionnaire and workforce development eg Nurse-led clinics etc.