

Theme | Electives

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REASON WHY?

Reducing Referral to Treatment (RTT) times in gynaecology is vital to improve patient outcomes, reduce anxiety, and meet NHS performance standards. Delays can lead to worsening conditions and negatively impact patient experience. To address this, we plan to insource theatre lists through the Outpatient Network, increasing surgical capacity and accelerating treatment pathways. This approach ensures timely care, optimises resources, and supports compliance with RTT targets.

PLAN

Proposed approach to reduce RTT in Gynaecology:

Insourcing Theatre Lists: Partner with outpatient providers to run extra theatre sessions and boost surgical capacity.

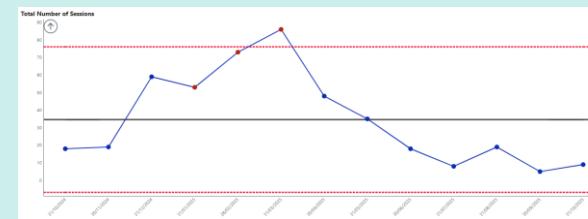
Optimised Scheduling: Prioritise by urgency and waiting time; use data to maximise utilisation.

Collaborative Working: Engage multidisciplinary teams to streamline pre-op processes and minimise delays.

Continuous Monitoring: Track RTT metrics and adjust capacity based on demand and outcomes.

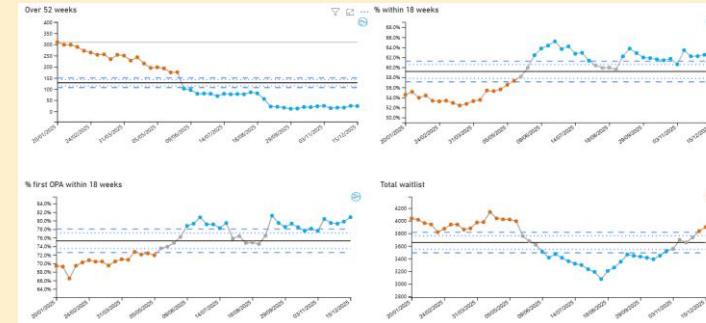
DO

The team agreed that insourcing would be the first focus as it would likely have the biggest impact initially. We implemented insourcing of theatre lists by partnering with the Outpatient Network to increase surgical capacity and run additional sessions. Patients were prioritised based on clinical urgency and waiting times to ensure those most in need received timely treatment. Progress was monitored regularly by tracking RTT performance and patient outcomes, allowing us to adjust plans and maintain improvements. Average cases per list increased from 1.9 to 4.2 by utilising the insourcing company.



STUDY

The data demonstrates a significant reduction in the total waiting list following the implementation of insourcing through the Outpatient Network. Initially, the total waiting list was around 4,000 patients, but after insourcing additional theatre capacity, this figure dropped steadily to approximately 2,800 patients at its lowest point. This improvement coincides with a marked decrease in patients waiting over 52 weeks, falling from over 300 to fewer than 50, and a rise in the percentage of patients treated within 18 weeks, increasing from around 52% to over 62%. Similarly, first outpatient appointments within 18 weeks improved from 65% to over 80%. These trends clearly indicate that insourcing theatre lists has been effective in increasing throughput, reducing long waits, and improving compliance with RTT targets. No adverse patient impacts were observed by increasing the cases per list numbers.



ACT

Since September, we have stopped utilising the insourcing company, and have seen a rise in the waiting list. To address this, we will focus on improving internal processes to increase efficiency and maximise the number of cases completed per theatre list. This includes reviewing scheduling practices, reducing turnaround times, workforce for high flow lists and streamlining pre-operative workflows. By optimising internal capacity and enhancing productivity, we aim to sustain RTT improvements without external support.

ACKNOWLEDGEMENTS & REFERENCES | Donna Moxon