Developing the Straight to Vasectomy Pathway

Fred Granville, Mr D Sharma

Introduction

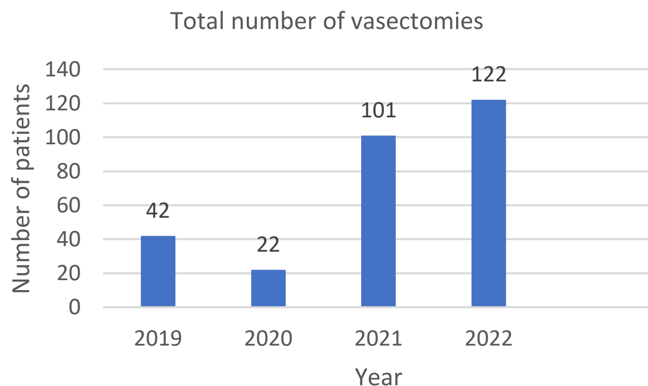
- Long waiting time and low volume of vasectomies despite large referral numbers
- Variance in where and how patients were being referred as no dedicated clinic- patients being booked inappropriately
- Random selection of patients being seen face-to-face
- Inappropriate use of Consultant time

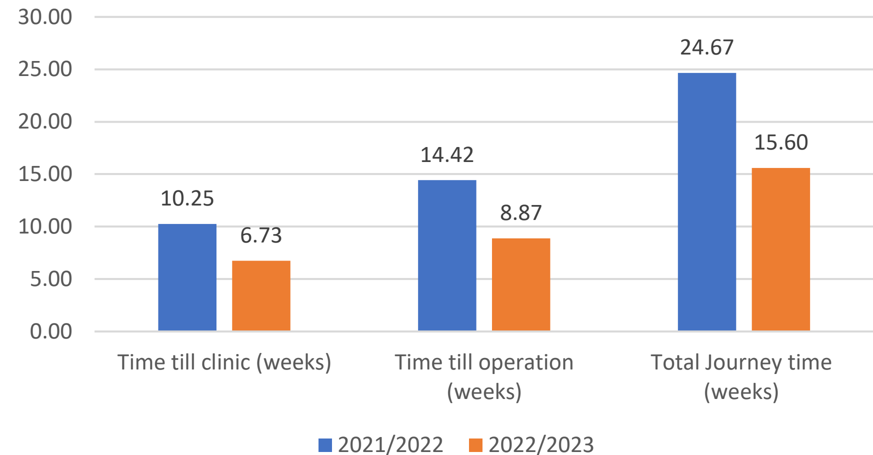
The Change

- Straight to Vasectomy (STV) referral created in 2022 with no triaging required
- Service name within ERS meaning Consultant triaging not required and easy to signpost for GPs
- Specific Physician Associate (PA) specific clinic developed with 5 dedicated Vasectomy slots every week to reduce Consultant workload
- Patient pre-operatively assessed, counselled and listed
- Decision taken to perform all new referrals over phone

Results

- Significant improvement in patient journey time ($p<0.001$)
- 190% increase in procedure numbers from 2019 to 2022





Discussion

- Data still does not truly reflect change, only 60% of 2022-2023 referrals where processed via STV pathway
- Further STV PA only started in October 2022, accounting for 10% of total referrals processed
- PA involvement in all aspects of pathway- on course to be independent in performing Vasectomies in 1 year

Future

- Further audit of data to compare STV PA waiting times
- Qualitative feedback from patients
- Scope for developing further triaging of simple procedures