



Methodology of the RCOG's research in *Waiting for a way forward*

LCP Analytics dashboard

To see the methodology and data sources used by LCP Analytics to create the Royal College of Obstetricians and Gynaecologists (RCOG) Elective Recovery Tracker, please see 'Data and Method' on the dashboard [here](#). Our partners at LCP Analytics have used the publicly available data that has been published by NHS England, Public Health Scotland, Stat Wales and the Northern Ireland Department for Health to develop our Elective Recovery Tracker.

The NHS datasets used to create our dashboard record 'pathways' (individual entries on the waiting list) rather than people, which means if a patient is waiting for two procedures on the same wait list this will feature as two pathways. Terms such as 'women', 'people', 'cases', 'pathways' 'appointments' are often used interchangeably when reporting waiting list numbers. In this report, we have used this data to provide illustrative examples to help the reader appreciate the scale and growth of waiting lists across the UK, and how many women are impacted by this.

Survey of women waiting

The Royal College of Obstetricians and Gynaecologists (RCOG) worked with key stakeholders to design a survey to understand and illustrate the impact of waiting for care on women and people waiting. We made it explicit that the responses and findings from the survey would be used for the report and that no identifiable characteristics would be published. The survey was for women and people who are waiting for care for a suspected or diagnosed gynaecological condition that isn't cancer. The survey data in the report is based on a 2085 responses from women and people who are currently on, or who have recently been on, a waiting list for a gynaecology service.

This survey was conducted between 2 April – 9 June 2024 and promoted via RCOG social media accounts, through our Women's Network and Women's Voices Involvement Panel and through other women's health charities and clinical content creators we knew to have a relevant audience. To maximise numbers of respondents and to ensure fair representation across the UK, we used social media paid advertising tools to reach areas and groups with lower initial response rates. The RCOG used qualitative analysis social research methods to code open text responses and findings were quality assured internally for accuracy.

Focus groups with women waiting

Working with the RCOG Women's Network, we asked for expressions of interest from women waiting for gynaecology treatment who were interested in taking part in focus groups. We received over 130 applications. Focus group participants were selected to ensure experiences of waiting were appropriately recent and current and that participants were representative as far as possible across condition area, UK nations and English regions, protected characteristics (e.g. ethnicity, age) and



where in the diagnostic and treatment pathway they are for their gynaecological condition (e.g. waiting for an initial outpatient appointment or waiting for surgery).

The RCOG facilitated three focus groups in May and June 2024, with one focus group held in person and the other two held virtually, with appropriate consent forms in place. The focus groups were co-facilitated with RCOG Women's Network members with lived experience of gynaecological conditions, and were focused on understanding the impact on those waiting for care and what support participants would have benefited from whilst on a waiting list. Participants were paid £75 for their time and participation, alongside relevant expenses. Participants were supported to ensure that they could be involved in a way that was suitable to their needs, experiences and emotional wellbeing.

Expert Group of professionals and key stakeholders convened for the project

The RCOG asked for expressions of interest from professionals across both secondary and primary care to join an Expert Group to support this project. The Expert Group was set up to gain input and expertise from RCOG members and other healthcare professionals from across the UK, working in both secondary and primary care. It was also used to test and shape our policy recommendations. The Expert Group included RCOG members, nurses and allied health professionals working in gynaecology services, GPs, practice nurses, advanced nurse practitioners and professionals working in sexual and reproductive health services. RCOG Women's Network lay members also joined the Expert Group to ensure that the perspectives and needs of those with lived experience was central to these discussions.

Survey of secondary care professionals

The RCOG designed a survey to understand and illustrate the impact of gynaecology waiting times on secondary care professionals. We made clear that the responses and findings from the survey would be used for the report and that no identifiable characteristics would be published. The survey data in the report is based on 211 responses from healthcare professionals working across the delivery of hospital gynaecology care services. The survey was conducted between 10 May – 20 June 2024. To promote the survey, we used the RCOG external communications channels including social media, member communications and blogs/news articles. Respondents were predominantly doctors in secondary care, but we reached a range of secondary care professionals including trainees, Specialty, Associate Specialist and Specialist (SAS) doctors and Locally Employed Doctors (LEDs), nursing staff, specialist nurses, advanced nurse practitioners, administrative and operational staff. The RCOG used qualitative analysis social research methods to code open text responses and findings were quality assured internally for accuracy.

Focus groups with secondary care professionals

We asked for expressions of interest from secondary care professionals working in gynaecology services who were interested in taking part in focus groups. Focus group participants were selected



to ensure representation as far as possible across UK nations and English regions and professions across secondary care. The RCOG facilitated six focus groups in May and June 2024, with some held in person in London and Liverpool, and some held virtually. Appropriate consent forms were in place. The focus groups were designed to understand the impact of growing waiting lists on patient care, on clinical teams, on training and on hospital services more broadly, as well as the barriers to reducing waits and solutions.

Survey of primary care professionals

The RCOG worked with the Royal College of General Practitioners (RCGP) to design a survey to understand and illustrate the impact of gynaecology waiting times on primary care professionals. We made it explicit that the responses and findings from the survey would be used for the report and that no identifiable characteristics will be published. The survey data in the report is based on 108 responses to the survey, which was conducted between 24 July – 12 September 2024. To promote the survey, we used the RCOG external communications channels including social media, member communications and blog and news articles, as well as reaching out directly to professionals in our network. The RCGP supported our communications and promoted the survey via their external communications channels to their members. The RCOG used qualitative analysis social research methods to code open text responses and findings were quality assured internally for accuracy.

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