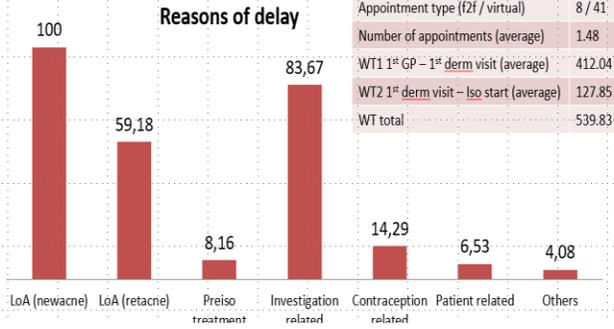


A Multi-Phase Quality Improvement Project for Timely Isotretinoin Access in Acne

Background and Aims : Timely initiation of Isotretinoin for moderate-to-severe acne is essential to prevent permanent physical and psychological morbidity. This Quality Improvement (QI) project targeted delays in the treatment pathway, specifically addressing Waiting Time from GP referral to first Dermatology consultation (WT1), and Waiting Time from first dermatology consultation to Isotretinoin initiation (WT2). Primary aims included achieving a significant reduction in WT2 and reducing the appointment burden.

Audit Results



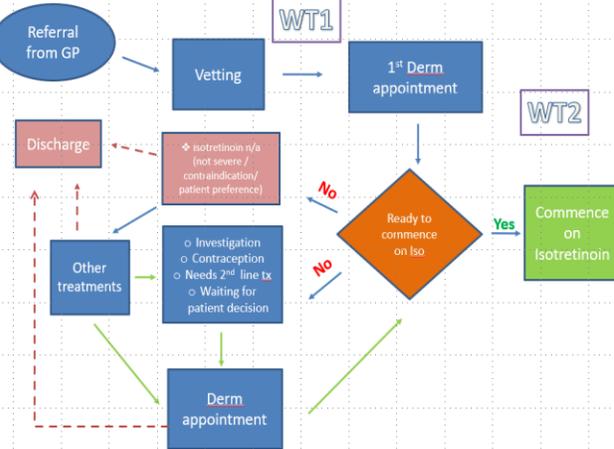
Demographics	
Number of patients (under 18 / Total)	18/49
Age (average)	24.02
Sex (F/M)	31/18
Appointment type (f2f / virtual)	8 / 41
Number of appointments (average)	1.48
WT1 1 st GP – 1 st derm visit (average)	412.04
WT2 1 st derm visit – Iso start (average)	127.85
WT total	539.83

Methods: Using multi-cycle PDSA methodology, baseline audit established the initial delays.

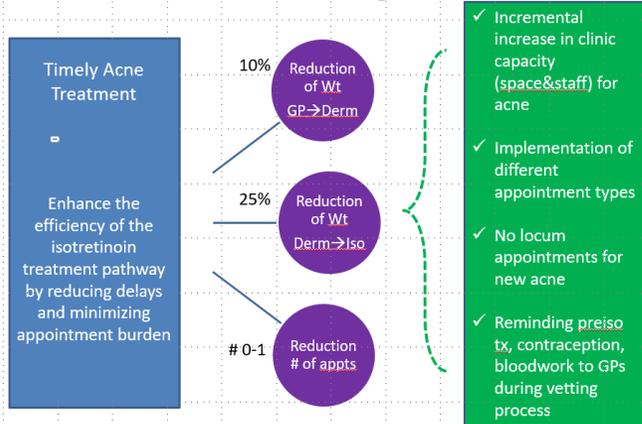
Interventions were phased:
Phase 1 focused on internal pathway efficiency (WT2) by implementing specialized appointment types and removing locum consultations for new acne via a revised vetting process.

Phase 2 focused on capacity increase (WT1), including securing dedicated space and implementing Specialty Doctor/Nurse-led acne clinics to manage the referral backlog. Reminders regarding pre-isotretinoin requirements were also sent to GPs during the vetting process.

Process mapping



Driver diagram



PDSA for next step

Phase 2 focused on capacity increase (WT1) including:

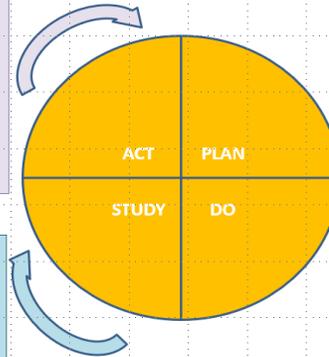
- ✓ Securing dedicated space and implementing Specialty Doctor/Nurse-led acne clinics to manage the referral backlog.
 - ✓ 2nd specialty doctor in training
 - ✓ Full day dermatology outpatient clinic
- ✓ Reminders regarding pre-isotretinoin requirements were sent to GPs during the vetting process.
- ✓ Isotretinoin prescription by nurses -> resolved
- ✓ New acne guidance allows to prescribe isotretinoin for longer than 30 days not for PPP groups n/a , A and B

Needs more work

- Less patients seen than last year
- WT still long

Challenges

- New acne guidelines -> nurse prescription issues
- Requirement of two prescribers for under 18
- Not enough physical space to run extra clinics



Conclusions : This multi-phase project confirms that targeted interventions—specialised scheduling for internal efficiency (WT2) and dedicated capacity increase for backlog management (WT1)—are critical for timely access to isotretinoin therapy.

While internal delays (WT2) are now effectively controlled, the sustained reduction and management of the GP referral waiting time (WT1) remain the focus for future QI cycles to ensure optimal end-to-end pathway performance.

Demographics	2023	2024	2025
Number of patients (under 18 / Total)	18/49	10/34	23/76
Age (average)	24.02	25.20	23.44
Sex (F/M)	31/18	11/23	36/40
Appointment type (f2f / virtual)	8 / 41	30/4	75/1
Number of appointments (average)	1.48	1.08	0.83
WT 1 / GP – 1 st derm visit (average) (min/max)	412.04 (112/620)	501.32 (48/734)	439.83 (13/643)
WT 2 / 1 st derm visit – Iso start (average) (min/max)	127.85 (0/635)	86.64 (0/456)	38.25 (0/295)
WT – total	539.89	587.97	478.08