



23 November 2020

[REDACTED]
[REDACTED]
[REDACTED]

Dear [REDACTED]

Re: OIA request – Women’s pelvic health

Thank you for your Official Information Act request received 30 October 2020 seeking information from Waitematā District Health Board (DHB) about women’s pelvic health.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā DHB serves a population of more than 630,000 across the North Shore, Waitakere and Rodney areas, the largest and one of the most rapidly growing DHBs in the country. We are the largest employer in the district, employing around 8,500 people across more than 80 locations.

In addition to providing services to our own population, we are also the metropolitan Auckland provider of forensic psychiatry, child disability services, child community dental services and community alcohol and drug services.

In response to your request, we can provide the following information:

This is an OIA request into women's health at Waitematā DHB.

Please provide the average waiting period (time between the referral and being seen) after a referral to the:

- **General gynaecology clinic;**
- **urogynaecology clinic; and**
- **physiotherapy treatment related to women’s postnatal health.**

I’d like this for the past two years. For those 10 people waiting the longest, I would like to know the length of time and what for.

I request the number of people currently waiting to be seen by each service.

a) General gynaecology clinic

Referrals to the Gynaecology service can be for urgent/acute or non-acute care and are received from general practitioners, other hospitals, family planning services, sexual health clinics, fertility services and internally from other DHB specialities.

At the point of triage, if a woman requires immediate assessment, they are referred acutely to the Emergency Department at North Shore Hospital. Non-urgent referrals are placed on the waiting list and are allocated a time to be seen according to clinical need.

Between November 2018 and October 2020 the average waiting time for women referred to the Gynaecology service was 68 days, which is within the Ministry of Health (MoH) guideline of four months.

A summary of the 10 women waiting the longest (wait times and reasons) for first specialist assessment (FSA) are detailed in the table below. Of note, all 10 women have a scheduled appointment in either November or December 2020.

Gynaecology service		
Number of patients	Days waiting	Reasons
1	≥ 200 days	Investigation required prior to clinic appointment, which was delayed due to COVID-19
4	151 - 200 days	Appointment rescheduled at patient's request (n=3) Appointment rescheduled as clinician was unwell (n=1)
5	120 - 150 days	Appointment rescheduled to create capacity for urgent referral (n=1) Appointment rescheduled at patient's request (n=1) Appointment rescheduled as clinician was unwell (n=1) Service unable to make contact with patient (n=1) Patient requires appointment with specific clinician (n=1)

On average, the service receives around 700 referrals-a-month. At present, there are 722 women waiting to be seen for a FSA in the general gynaecology clinic. Of these, 684 women are waiting within the MoH guideline of four months and 38 women are waiting outside of the 120-day timeframe. However, all 38 women have an appointment scheduled.

b) Urogynaecology clinic

Referrals to the urogynaecology clinic are for non-acute care. Referrals are received from general practitioners (GPs), services within the DHB, private providers and inter-regionally. Referrals are wait-listed based on clinical need. Women are seen within 120 days of the referral.

At present, there are 21 women waiting for their first appointment. The service currently does not have any women waiting outside the 120-day timeframe.

c) Physiotherapy treatment related to women's postnatal health

Wait times for physiotherapy treatment are dependent on the condition the woman is referred for. Women with a postnatal Obstetric Anal Sphincter Injury (OASIS) perineal tear repair will be initially seen while they are inpatients on the maternity ward and then seen either face-to-face or virtually via a telehealth appointment six weeks later. The service is consistently seeing women within a six-week time frame and has maintained this for the past two years.

Women referred by their lead maternity carer (LMC) or GP with incontinence or pelvic organ prolapse will be offered an appointment within four-to-six weeks. Again, the service is consistently seeing women within this timeframe and has been for the past two years.

At present, there are 11 women waiting to be seen for postnatal physiotherapy. The longest wait is for a woman who was referred on 28 September 2020. It is anticipated that all women will be contacted within the four-to-six week time period.

What percentage of patients referred for a physiotherapy six-week/six-month follow-up are seen within that timeframe? What are the average wait times?

Women who are referred for physiotherapy assessment within the first six weeks postnatally are routinely contacted within the six-week follow-up timeframe by the maternity physiotherapist via a telehealth screening appointment. This allows the physiotherapist to discuss the patient’s condition and assess if a clinic appointment is required and, if so, what the level of urgency is for an appointment to be scheduled.

Women who are referred beyond the six-week postnatal period with bowel/bladder issues are waitlisted to see the pelvic health physiotherapist. The majority are seen within six weeks of referral. We are unable to provide average wait times for patients as it would require the review of individual clinical records of postnatal patients vs. other patients.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

You have the right to seek an investigation and review by the Ombudsman of this decision. Information about how to do so is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

What percentage of patients referred for a gynaecology/urogynaecology six-week/six-month follow-up are seen within that timeframe? What are the average wait times?

a) Gynaecology

As stated above, women referred to the Gynaecology service are waitlisted for an appointment based on their clinical need. This year, wait times have been affected by the COVID-19 pandemic, which has resulted in some women having to wait outside of the MoH’s recommended timeframe. When this occurred, women were reviewed by senior medical officers (SMOs) and any whose urgency had increased were allocated an appointment accordingly. Those whose condition had improved were referred back to their GP.

As highlighted above, the majority of women referred to Gynaecology requiring a non-urgent are seen within 120 days.

At present, only 5% of women on the waitlist are waiting outside this timeframe. The average waiting time for women who attended an urgent appointment in October 2020 was 15 days.

Wait times, by priority, for women referred to the Gynaecology service for an assessment between November 2018 and October 2020			
Priority	Timeframe to be seen	% seen within timeframe*	Average wait time
One	14 days	54%	17 days
Two	56 days	57%	69 days
Three	120 days	61%	110 days

*Timeframes affected by COVID-19 lockdowns.

b) Urogynaecology

Women referred to the Urogynaecology service are seen by an urogynaecologist within 120 days. The average waiting time to be seen is 105 days.

Does Waitematā DHB currently have a full staff roster of gynaecologists/urogynaecologists and physiotherapists? Please detail the number of full-time equivalent (FTEs) for each, and how many are vacant. If jobs are being advertised, how long have they been advertised for?

a) Gynaecology

The table below details the current budgeted and actual SMO staffing across women's health. Please note, SMOs work across both the obstetrics and gynaecology services. As it is difficult to apportion staff to a particular clinical area, the following information is for SMO full-time equivalent (FTE) across *both* services:

Number of senior medical staff – women's health			
	Budgeted FTE	Actual FTE	Vacancies
SMO	22.20	21.10	1.10

Of the 1.1 FTE current vacancies:

- 0.80 FTE - SMO has been appointed but has not yet commenced with the service
- 0.30 FTE – it has been agreed that a part-time SMO will increase their hours.

b) Urogynaecology

The Urology service has three SMO urogynaecologists totalling 1.88FTE. There are currently no SMO vacancies.

c) Physiotherapy

The Pelvic Health Physiotherapy Team covers maternity services (inpatients and outpatients), Gynaecology inpatient service and the Pelvic Floor clinic. There are 2.70 FTE allocated, with no vacancies at present.

How many perineal repair surgeries are done at the DHB each year? How many women are waiting to have them done right now?

Perineal trauma occurs as a consequence of childbirth. The trauma occurs when the perineal tissues are unable to stretch sufficiently to accommodate the diameter of the baby's head. It is a common complication of childbirth affecting around 25% of all births.

In most cases, the trauma is repaired immediately by the midwife or doctor attending the birth. In complex cases, where significant damage has occurred such as to the anal mucosa or bowel, the repair is undertaken in the operating theatre by an experienced obstetrician and, in some cases, by a general surgeon.

There is no waiting list for this surgery, as the repair occurs straight away or within a few hours, at most, from the time of birth.

The number of perineal repair surgeries undertaken between November 2019 and October 2020 is 1,784. The number of births at Waitematā DHB facilities in this timeframe was 6,482.

I trust that the information we have been able to provide is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of

anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

A handwritten signature in black ink, appearing to be 'MS', written in a cursive style.

Mark Shepherd
Director Provider Healthcare Services
Waitematā District Health Board