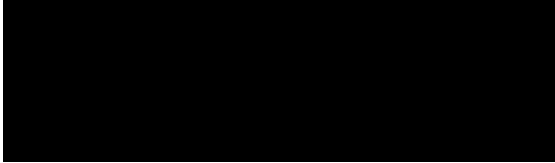




14 July 2022



Dear 

Re: OIA request – Gynaecological services

Thank you for your Official Information Act request received 14 June seeking information from Waitematā District Health Board (DHB) about gynaecological services over the last five years.

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

Waitematā is the largest and one of the most rapidly growing health districts in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing more than 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

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

1. How many people have been referred/requested appointments to Waitematā DHB gynaecology services in the past five years, broken down by the individual year?

Table 1: Number of referrals made to Gynaecology services at Waitematā DHB for the calendar years from 2017 – 2021:

Number of gynaecology referrals to Waitematā DHB	
Calendar year	Total
2017	9,611
2018	9,971
2019	10,232
2020	10,535
2021	11,523

2. Of those, in the past five years, how many referrals, requests have eventuated into appointments, broken down by the individual year?

Referrals to gynaecology accepted for first specialist appointment (FSA)	
Calendar year	Total
2017	8,942
2018	9,076
2019	8,958
2020	9,479
2021	10,869

It should be noted that referral numbers are increasing in-line with the growing population in our district. All referrals are graded by senior medical staff. Those that have not met the criteria for an appointment, for example 'needs a physiotherapy referral first' will be referred back to their GP with advice about next steps to follow.

Referrals are graded with the following criteria:

P1 – target to be seen within two weeks; high suspicion for cancer

P2 – target to be seen within eight weeks; conditions with high risk of clinical deterioration if delayed, such as heavy menstrual bleeding (requiring blood transfusion), conditions with significant impact on quality-of-life or conditions in which risk of cancer is not likely but still needs to be excluded.

P3 – target to be seen within four months; routine appointments for conditions including menstrual disorder (not requiring transfusion), uterine fibroids, ovarian cysts with no features for cancer, prolapse etc.

3. What has been the average wait time for gynaecology appointments at Waitematā DHB for the past five years, broken down by the individual year?

4. What has been the shortest and longest time a person has had to wait for an appointment since 2017?

5. How many people have had to wait over a year for an appointment?

We are providing a combined response to questions 3, 4 and 5. Please note the following:

- the average wait time is for all priority groups combined
- shorter wait times are for those with a high suspicion of cancer
- people waiting over a year are from the priority 3 category.
- COVID-19 lockdowns over 2020 and 2021 led to a reduction in the number of face-to-face appointments, which has affected wait times.

It should be noted that our Women's Health service is increasing the number of clinics and surgeries across specialities to manage waitlists.

Wait times for gynaecology appointments since 2017				
Year	Minimum time - days	Maximum time - days	Average waiting time - Days	Waiting for appointment > 1 yr
2017	1	165	73	0
2018	1	209	77	0
2019	1	287	82	0
2020	1	272	88	0
2021	1	462	94	1

6. How many people are currently on the waitlist for Waitematā DHBs gynaecology services?

As at 22 June 2022, there are 1653 women waiting for a first specialist appointment and 574 waiting for a surgical procedure. Of those waiting for a surgical procedure, 90 are Priority 1 (it is anticipated that all priority 1 patients will be seen within the target period), 148 are Priority 2 and 336 are Priority 3.

7. Have some waitlists for certain gynaecology services increased more significantly more specifically than others, e.g., waiting list for conditions such as prolapse, heavy bleeding or endometriosis?

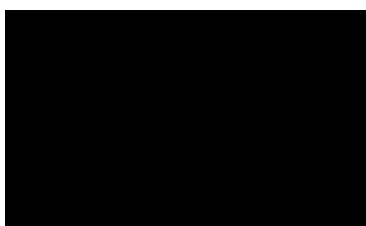
Waiting lists for specialist appointments and surgeries have increased for endometriosis and urogynaecological conditions more than other gynaecological services. There are a number of reasons for this, including the impact of COVID-19 on the provision of clinics and elective surgery. There is also a national shortage of specialist urogynaecologists and gynaecologists with advanced endoscopy skills.

Our Women's Health service is currently recruiting additional staff in these specialities and, as previously noted, is also increasing the number of clinics and surgeries to manage waitlists.

I trust that this information 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.



**Executive Director Hospital Services
Waitematā District Health Board**