



Hospital Services

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4 March 2021

[REDACTED]
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Dear [REDACTED]

Re: OIA request – Women’s health service waiting times and staffing levels

Thank you for your Official Information Act request received 9 February 2021 seeking information from Waitematā District Health Board (DHB) about wait times for women’s health services and staffing levels.

We contacted you on 10 February to clarify the following aspects of your request, which you confirmed the same day:

1. That you were requesting waiting times for women **awaiting surgery**.
2. That you were seeking data about **women only** in relation to colorectal surgery as this is a service for both men and women.

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 DHBs 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 around 8,500 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 can provide the following information:

Can I please request the following from your DHB - on the topic of women’s health:

1. *Waiting times for urogynaecology surgery*

Urogynaecological surgery is provided by two surgical specialities at Waitematā DHB - gynaecology and urology. The speciality allocated is dependent on each woman’s condition and clinical need. The average wait times for each speciality shown in the table below shows that current waiting time for gynaecology surgery is within the Ministry of Health (MoH) guideline of four months and fractionally over for urology surgery.

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.

Table 1: Average waiting times for urogynaecology surgery under gynaecology and urology as at 15 February 2021:

| Speciality | Average wait time |
|-------------|-------------------|
| Gynaecology | 104 days |
| Urology | 122 days |

2. Waiting times for colorectal surgery

There are seven procedures involving colorectal surgery at Waitematā DHB. The MoH target for treating patients with a confirmed diagnosis of a malignant cancer is 31 days. For patients referred urgently with a high suspicion of bowel cancer the target is 62 days. As previously noted, the target is four months for other non-urgent procedures.

Please note that while the table below shows that the wait times for “anal malignant” and “rectal malignant” are outside the 31 day target, the figures provided are ‘averages’. This means that data may be skewed by a patient who chooses to defer their surgery or is unable to undergo their surgery for some reason. For most cases, we are well within the MOH waiting times for these procedures.

Table 2: Average waiting times for colorectal surgery procedures as at 15 February 2021:

| Procedure | Average wait time |
|------------------|-------------------|
| Anal malignant | 33.0 days |
| Colon benign | 34.2 days |
| Colon malignant | 15.3 days |
| Colorectal | 30.5 days |
| Pilonidal | 33.5 days |
| Rectal benign | 19.8 days |
| Rectal malignant | 35.0 days |

3. Waiting times for pelvic physiotherapy

Physiotherapy treatment wait times

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

There are currently 10 women waiting to be seen for postnatal physiotherapy under the maternity service. The longest wait, being six weeks, is a pre-planned appointment scheduled to coincide with the patient’s obstetrics review and aligns with current best practice. It is anticipated that all women will be contacted within the four-to-six week time period.

Patients referred to the general Physiotherapy Pelvic Health/Floor clinic are screened with appointments being booked based on urgency. Urgent cases have an average wait time of six-to-seven weeks and with an average wait time of 16 weeks for non-urgent cases.

4. Staffing levels for gynaecologists/urogynaecologists and physiotherapists

Staffing levels for gynaecologists/urogynaecologists

Information for both the Obstetrics and Gynaecology service has been provided, as it is difficult to apportion staff to a particular clinical area.

Women's Health, which provides obstetrics and gynaecology treatment, has 22.20 FTE (full-time equivalent) budgeted Senior Medical Officers (SMOs). There is currently a 0.80 FTE role which a person has been appointed to and commences with the service in August 2021. The Gynaecology service does not have designated urogynaecology positions but employs SMOs with additional training and/or expertise in this subspecialty.

Staffing levels for urogynaecologists under the Urology service

The Urology service has three SMOs totalling 1.88 FTE. There are currently no urogynaecologist vacancies in the Urology service.

5. Staffing levels for specialist pelvic physiotherapists


The Pelvic Health Physiotherapy Team covers maternity and gynaecological services (inpatient and outpatient) and the Pelvic Health Outpatient Clinic. There are 2.52 FTE allocated across these areas, with all roles currently filled.

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.

Yours sincerely



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