

9 September 2022

9(2)(a)

RE Official information request ChChD 10941 / HNZ 3004

I refer to your email dated 12 August 2022 requesting the following information under the Official Information Act from **Waitaha Canterbury**. Specifically:

Request related to wait times in your obstetrics and gynaecology department.

- 1. How many FTEs in total are there in your obstetrics and gynaecology department, and how many roles are vacant? Please state this by speciality (gynaecologist, nurse, etc)**

Position	FTE	Vacancy
Gynaecologist ¹	21.75	Nil but 1.5 FTE not commencing until 2023 – recruiting fixed term role/s to backfill
Gynae Oncologist	3.0	Nil
Medical Officer	1.0	Nil
Fellow	1.0	Nil
Registrar	16	Nil
House Officer	10.5	Nil
Senior Nurse	8.0	0.6
Registered Nurse	40	3.5

¹ Gynaecologists also cover Obstetrics

Data provided for questions two, three and four is current to 7 September 2022.

- 2. How many women/people are currently waiting for a gynaecology appointment? Please state how many have been waiting more than four months, and how many have been waiting for more than a year. How many have seen a specialist, and how many have not been seen at all?***

Refer to **Table 1** (below).

Table one: women/people currently waiting for gynaecology First specialist Assessment (FSA) (ESPI-2)

Number waiting for FSA appt	713
Number waiting for FSA more than 120 days (4 months)	416
Number waiting for FSA more than 365 days (1 year)	16

2b. How many have seen a specialist

Please refer to **Table two** (below) for women/people waiting for Gynaecology surgery (ESPI-5)

Table two:

Number waiting for Surgery	337
Number waiting for Surgery more than 120 days (4 months)	137
Number waiting for Surgery more than 365 days (1 year)	5

- 3. a. If your hospital prioritises these cases (urgent, semi-urgent, routine etc) please state these categories, and how many women are waiting in each. Please also give an example/list of how each category is defined (not for every patient, just the types of health issues that would fall into those in general)**

Please refer to **Table 3** (below).

Table 3 women/people waiting for Gynaecology FSA appointment for FSA by priority

Table 2: Priority of cases	
Priority	Number waiting for FSA
Urgent	36
Semi-Urgent	39
Routine	634
Low Priority	4
Grand Total	713

3b. Table 4 - women/people waiting for Gynaecology surgery by priority

Table 4:

Priority	Number waiting for Surgery
Urgent	20
Semi-Urgent	87
Routine	227
Low Priority	3
Grand Total	337

- 3c. Please also give an example/list of how each category is defined (not for every patient, just the types of health issues that would fall into those in general)**

Table 5: examples of gynaecology code description from referral and priority for FSA

Snomed code from Referral	Urgent	Semi-Urgent	Routine	Low Priority
Cervix prolapsed into vagina (finding)		7	71	
Heavy episode of vaginal bleeding (finding)		1	54	
Endometriosis (disorder)		2	52	
Suspected gynaecological cancer (situation)	10			
Gynaecological oncology (qualifier value)	20	1	1	
Disorder of female genital tract (disorder)		1	30	1

4. What is the average wait time, and what is the shortest? Please state the longest five wait times and what they are waiting for (symptoms or issue, eg. bleeding or cancer surgery)

Refer to **Table 6**

Wait time for FSA	
Average Wait time (days)	157
Shortest wait time (days)	2
Snomed code from Referral – five longest wait times	Wait time (days)
Cervix prolapsed into vagina (finding)	643
Heavy episode of vaginal bleeding (finding)	552
Endometriosis (disorder)	531
Cervix prolapsed into vagina (finding)	510
Heavy episode of vaginal bleeding (finding)	509

4b. Table 7

Wait time for surgery	
Average Wait time (days)	106
Shortest wait time (days)	1
Clinical Procedure from Gynaecology Admitting Waitlist – five longest wait times	Wait time (days)
Laparoscopy	459
Insertion of intrauterine device [IUD]	421
Diagnostic hysteroscopy	359
Laparoscopy	328
Laparoscopic total abdominal hysterectomy	310

Please note:

“Longest Wait” times: Longest waits for FSA or for surgery can be influenced any multitude of factors for individual patients. Consequently, this data presented in itself is not meaningful without patient-specific context and cannot necessarily be construed in any way that long wait times for individuals are due to capacity or service constraint. Maximum patient waiting times in the data may be skewed by just a couple of individuals. Waitaha Canterbury often offers a patient a First Specialist Appointment at an outpatient clinic that the patients then decline at their own request, for a range of personal reasons. These patients are not automatically removed from our waiting lists – but rather, their referral is retained as “waiting” on our system until the patient indicates that they are ready to accept an appointment. Delays to appointment may also occur due to patients with multiple referrals to various specialities needing to be respectively seen in turn for other complications or comorbidities as part of a wider context of care. These cases are also included in the data.

Accordingly, the longest wait time apparent in the data cannot be considered a true reflection of actual waiting times that a person may have been left without having been offered an appointment but declined at their own request or deferred to another time better suited to their circumstances.

5. Please outline what your DHB is doing to care for these women or speed up their treatment, including providing copies of any action plans developed.

Our Gynaecology service is undertaking a range of initiatives to assist with the care of these women and speed up their treatment. These include,

- Ongoing review of cases to ensure longest wait/greatest need patients are prioritised
- Utilisation of telehealth options, where appropriate
- Outplacing theatre lists
- Documenting care plans for GPs
- Submitted a business case for additional SMO FTE

I trust that this satisfies your interest in this matter.

Please note that this response, or an edited version of this response, may be published on the Waitaha Canterbury website after your receipt of this response.

Ngā mihi / Yours sincerely,



Ralph La Salle
Senior Manager, OIAs
Waitaha Canterbury / Te Tai o Poutini West Coast.