

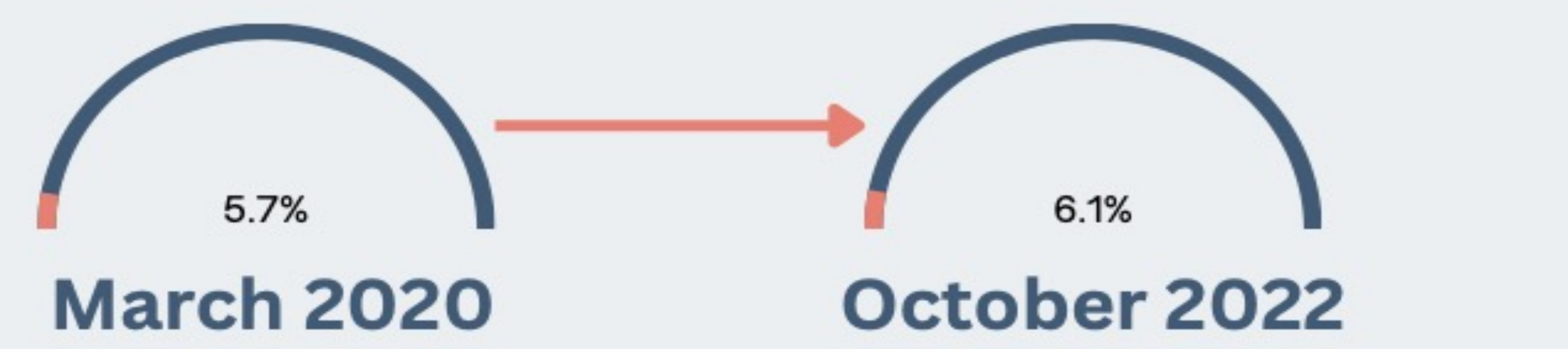
OBJECTIVE

All medical specialties saw increased waiting times for assessment and treatment due to reduced services during the COVID-19 pandemic. With restrictions now removed, one focus across the NHS is to reduce these waiting times back to pre-pandemic levels. The RCOG's document “Left for too Long” highlighted the disproportionate increase in waiting list lengths for gynaecology patients, and proposed a strategy for combating this. The purpose of this study was to examine to what extent this situation has changed in Wales since the pandemic began.

DESIGN and METHODS

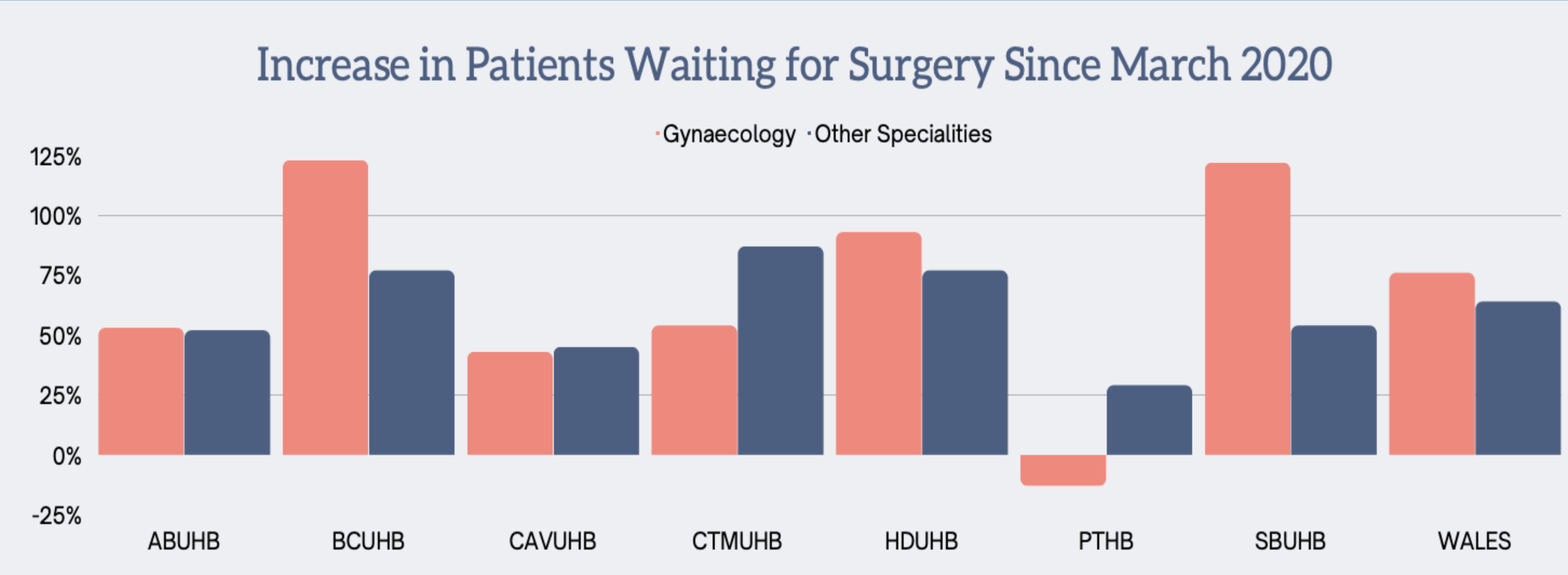
StatsWales data on patients waiting to start treatment were analysed from March 2020 to October 2022. Data for each healthboard were compared to Wales as a whole, and data for gynaecology were compared to other specialities. The Chief Executive for each healthboard was contacted regarding their strategies for reducing gynaecology waiting lists, so that lessons could be learned from those performing well.

RESULTS

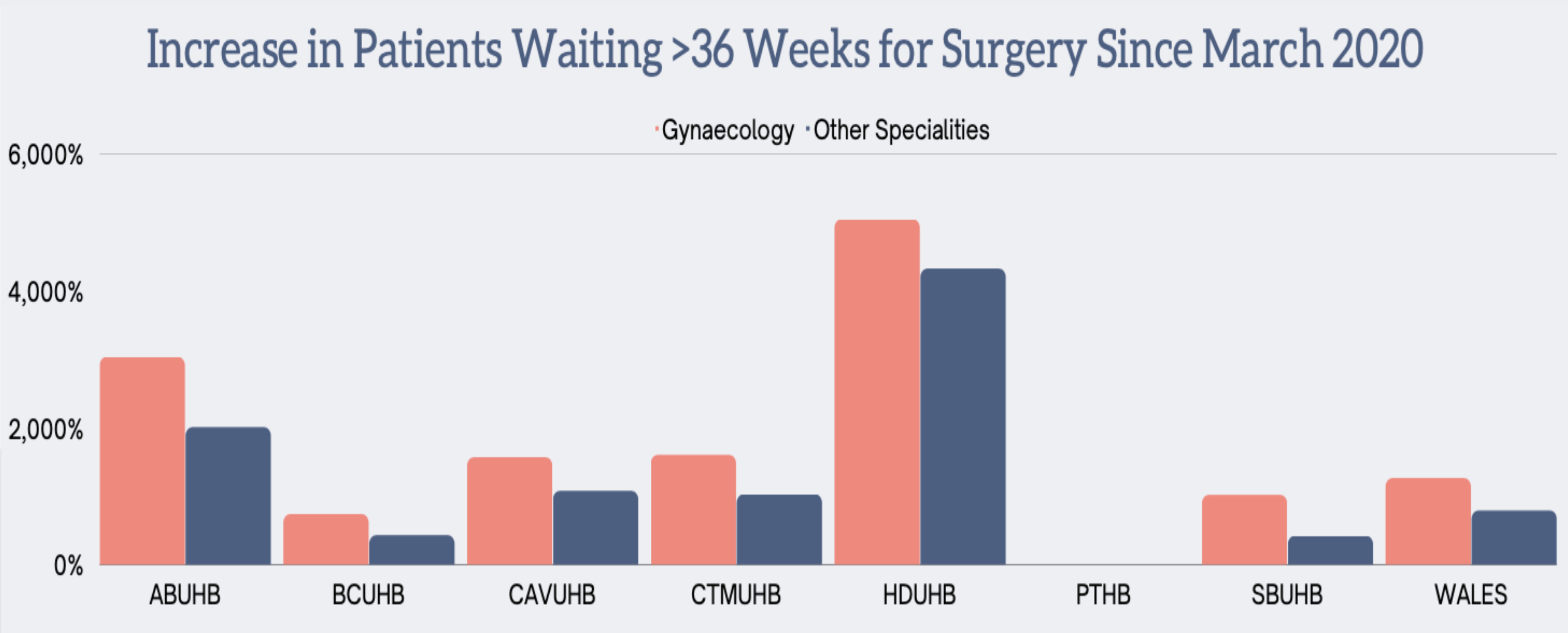


In March 2020, Gynaecology patients made up 5.7% of the total number of patients waiting for treatment across Wales. This had increased to 6.1% by October 2022, an increase of 0.4%. The change varied across Wales, from a 1.4% decrease in Powys to a 2.3% increase in Swansea Bay.

Health Board	Change in Gynaecology Waiting as % of Total
ABMUHB	+0.05%
BCUHB	+1.09%
CAVUHB	-0.07%
CTMUHB	-1.25%
HDUHB	+0.48%
PTHB	-1.37%
SBUHB	+2.27%



Since the beginning of the Covid-19 Pandemic, waiting lists as a whole have increased by 65% across Wales. Gynaecology lists have increased by 76% vs. 64% for all other specialities. The difference is most marked in Swansea bay UHB, with a 122% increase for gynaecology vs. a 54% increase for other specialities. However, in Powys gynaecology lists have decreased by 13% vs. a 29% increase for other specialities. This is the only health board that has decreased their gynaecology waiting lists, but Cwm Taf Morgannwg and Cardiff and Vale have increased their gynaecology waiting lists less than the waiting lists for other specialities.



NHS Wales state no patient should wait longer than 36 weeks for treatment. The difference between gynaecology patients waiting versus those from other specialities is most marked beyond this threshold, with 12.7x as many gynaecology patients waiting this long, versus 7.9x as many patients from other specialities. The biggest difference between gynaecology and other specialities is again seen in Swansea Bay, where 10.2x as many gynaecology patients are waiting over 36 weeks compared to 4.2x as many patients in other specialities. No health board in Wales showed a smaller increase in patients waiting longer than 36 weeks for a gynaecology procedure compared to other specialities, so no matter where in Wales a woman lives, she is more likely to exceed NHS Wales' upper limit of waiting for a gynaecological procedure than for any other operation.

COMMENTS FROM THE CHIEF EXECUTIVES

No response was received from Aneurin Bevan, Betsi Cadwallader, Cwm Taf Morgannwg, or Hywel Dda. Swansea Bay Chief Executive, Richard Evans, was informed that his service was the worst performing across all domains, and responded with 'no comment'. Cardiff and Vale had a plan to increase gynaecology inpatient capacity to 1 bed at Llandough Hospital, a site with no gynaecology cover. Carol Shillabeer, the Chief Executive at Powys, responded with the following: "We have been driving pre-pandemic activity levels [...] with 50% of our secondary care activity outsourced to England [who] have been able to make faster progress due to GIRFT. The movement of more theatre work to day case [and] some day case work to procedure rooms [is a] trade off for fewer, but ringfenced inpatient beds, with no cancellations of gynaecology lists. Through earlier and alternative approaches the need for secondary care interventions is prevented/reduced."

CONCLUSION

The variation between healthboards shows that with effective strategy we can alter the manner in which healthcare has historically failed women, and start to prioritise provision of treatment for gynaecological issues which can be extremely debilitating to our population. There is clear correlation between having a strategy to improve gynaecology waiting times and results being seen. Hopefully other healthboards in Wales, especially those who are failing their gynaecology patients the most, will be able to develop and implement effective strategies.



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