



3 September 2021



Response to a request for official information



Thank you for your request for official information received 6 August 2021 by Nelson Marlborough Health (NMH)¹, where you seek the following information.

- 1. The current wait time for an urgent, semi urgent and routine transvaginal ultrasound (or just ultrasound generally if your data does not make the distinction)***

NMH response: Table One shows average days from referral to examination, by referral priority (National Radiology Priority Codes).

TABLE ONE

Referral Priority	January to June 2021 – Days (average)
4 Hours	0.15
24 Hours	1.20
2 Days	10.09
2 Weeks	37.79
4 Weeks	58.66
6 Weeks	47.10
Planned Care	68.78

- 2. The criteria for evaluating the urgency of a request (general, or ovarian if you have) and include the current Health Pathways criteria for your DHB for ovarian cancer.***

NMH response: Ultrasound Pelvis / Gynaecology Criteria are set out in the Nelson Marlborough *Community HealthPathways* site for registered health professionals practising within their vocational scope, as outlined in Table Two.

¹ Nelson Marlborough District Health Board

TABLE TWO

Ultrasound Pelvis/Gynaecology Criteria		
Arrange acute assessment without investigation		<ul style="list-style-type: none"> Clinically unstable patients – admit under the appropriate specialty Gynaecological emergencies, e.g., suspected ovarian torsion, ruptured ectopic pregnancy
Seen within 24 hours		<ul style="list-style-type: none"> Patients acutely unwell, but haemodynamically stable, with a suspected gynaecological cause e.g., possible acute ovarian cyst complication Possible endometritis post-miscarriage for patients outside the 2 week post-miscarriage maternity funded scan
Seen within 2 to 3 working days		<ul style="list-style-type: none"> IUCD problems with significant pain Possible retained products of conception > 2 weeks post miscarriage or termination. Before 2 weeks see Ultrasound Pregnancy
Seen within 2 weeks		<ul style="list-style-type: none"> Postmenopausal bleeding Pelvic mass – where there is high suspicion of cancer
Seen within 4 weeks		<ul style="list-style-type: none"> When indicated according to the Heavy Menstrual Bleeding or Intermenstrual and/or Post Coital Bleeding Pathways IUCD problems without significant pain Pelvic mass, with low suspicion of cancer e.g., premenopausal woman with a probable fibroid uterus Primary amenorrhoea if no breast development and the presence of a vagina or uterus cannot be confirmed by physical examination
Alternative pathway recommended		<ul style="list-style-type: none"> Dysmenorrhoea in the absence of a pelvic mass PCOS Secondary amenorrhoea Subfertility Suspected endometriosis unless mass present on examination or if pain is consistently localised to the same side
Not funded		<ul style="list-style-type: none"> Follow-up of premenopausal women with simple cysts Screening ultrasound scan for a family history of ovarian cancer (very high risk patients with BRCA mutations are considered under specialist recommendation) Non-acute pelvic pain

This response has been provided under the Official Information Act 1982. You have the right to seek an investigation by the Ombudsman of this decision. Information about how to make a complaint is available at www.ombudsman.parliament.nz or free phone 0800 802 602.

If you have any questions about this decision please feel free to email our OIA Coordinator OIArequest@nmdhb.govt.nz I trust that this information meets your requirements. NMH, like other agencies across the state sector, supports the open disclosure of information to assist the public's 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 feel that there are good reasons why your response should not be made publicly available, we will be happy to consider.

Yours sincerely



Lexie O'Shea
Chief Executive