Reference:	FOI.21210.26
Subject:	Endometriosis tertiary referrals and commissioning
Date of Request:	31 July 2026

Requested:

Under the Freedom of Information Act 2000, I am requesting the following recorded information for the period 1 January 2021 to the date this request is processed in relation to patients with suspected or confirmed endometriosis.

Referrals to specialist services

1. Please provide the total number of referrals made by your Health Board to specialist tertiary endometriosis services, including BSGE-accredited endometriosis centres.

2. Please identify each specialist provider to which referrals were made and provide the number of referrals made to each provider.

3. For each provider, please provide the number of referrals that were:
   a. accepted;
   b. declined or rejected;
   c. returned requesting further information; and
   d. redirected to another provider.

Declined or rejected referrals

4. Where referrals were declined or rejected, please provide:
   a. the recorded reason(s) for rejection (grouped into categories where appropriate);
   b. the number of patients subsequently referred to another specialist provider;
   c. the number of patients who remained under the care of your Health Board;
   d. the number of cases where an escalation or appeal process was undertaken.

5. Please provide copies of any policies, standard operating procedures, referral pathways or guidance describing the process to be followed where a referral to a specialist tertiary endometriosis service is declined or rejected.

Commissioning

6. Please provide copies of any commissioning agreements, service specifications, commissioning policies or referral protocols governing referrals from your Health Board to specialist tertiary endometriosis services.

7. Please identify which specialist tertiary endometriosis services or BSGE-accredited centres your Health Board currently commissions or routinely refers patients to.

Surgical pathways

8. Please provide any recorded documents describing:
   a. the criteria used to determine whether endometriosis surgery is undertaken locally or referred to a tertiary centre;
   b. the criteria used to determine referral for complex excision surgery.

9. Please define what your Health Board considers to be:
   a. superficial endometriosis surgery;
   b. complex endometriosis surgery; and

c. “selected complex excisional surgery” (or equivalent terminology if used).

Governance

10. Please provide copies of any current:
    a. clinical pathways;
    b. referral pathways;
    c. patient pathways; or
    d. standard operating procedures
    e. relating to the diagnosis, referral and surgical management of endometriosis.

11. Please confirm whether your Health Board routinely records the outcome of referrals made to tertiary endometriosis services (for example, accepted, declined, redirected or awaiting decision).
    a. If yes, please identify the system in which this information is recorded.

12. Please provide any audit reports, service evaluations or governance reports relating to tertiary endometriosis referrals produced since 1 January 2021.

Response:

Hywel Dda University Health Board (UHB) is unable to provide you with all the information requested for question 1, as it is estimated that the cost of answering your request would exceed the “appropriate limit” as stated in the Freedom of Information Act 2000 (Appropriate Limit and Fees) Regulations 2004. The “appropriate limit” represents the estimated cost of one person spending 18 hours (or 2 ½ working days) in determining whether the UHB holds the information, and locating, retrieving and extracting the information.

UHB patients requiring specialist tertiary Endometriosis care were previously referred to Cardiff and Vale University Health Board (CAVUHB), via consultant-to-consultant requests. Therefore, in order to provide you with all the information requested the UHB would be required to undertake a manual trawl of all Gynaecology patients’ medical records, for the requested period, to fulfil this part of your request, as not all of this information is recorded centrally.

The UHB is therefore applying an exemption under Section 12 of the Freedom of Information Act (FoIA), which provides an exemption from a public authority’s obligation to comply with a request for information where the cost of compliance is estimated to exceed the appropriate limit.

However, under Section 16 of the FoIA, we are required as a public authority, to provide advice and assistance so far as it is reasonable to individuals who have made a request under the FoIA. Therefore, we have liaised with our Gynaecology Department and provide the accessible information it holds below.

1. The UHB has identified approximately one hundred and twenty-one (121) patients, that were referred for specialist tertiary Endometriosis services, during the period 1 January 2021 to 31 July 2026.

2. Prior to December 2023, patients were referred to CAVUHB. Since November 2024, patients are referred to Swansea Bay University Health Board (SBUHB).

3. As the UHB does not provide specialist Endometriosis services, all patients requiring specialist care are referred on and have been accepted.

4. Not applicable - see response to question 3.

5. & 6. The UHB adheres to the National Institute for Health and Care Excellence (NICE) guidance 'Endometriosis: diagnosis and management'.

   As this information is accessible by another means, the UHB has applied an exemption under Section 21 of the Freedom of Information Act 2000 (FoIA). The guidance is available on the NICE website. For ease, a link to the relevant guidance has been provided below.

   Overview | Endometriosis: diagnosis and management | Guidance | NICE

7. Please see response to question 2.

8. Please see response to questions 5 and 6.

9. The UHB provides the definitions it uses within the table below.

Question	Definition
a. Superficial endometriosis surgery	Superficial Endometriosis involves shallow lesions on the surface lining of the pelvis (peritoneum).
b. Complex endometriosis surgery	Deep Endometriosis forms nodules that grow at least 5mm beneath that lining, often invading nearby organs like the bowel or bladder. Also, patients who have vast adhesions involving other organs that may require Colorectal /Urological team support.
c. Selected complex excisional surgery	Deeply infiltrating Endometriosis grows into vital organs. Removing it carries a higher risk of injury and requires an experienced surgical team with multidisciplinary team involvement, such as Colorectal or Urology teams.

10. Please see response to questions 5 and 6.

11. The UHB does not routinely record the outcome of referrals made to the specialist tertiary Endometriosis service.

12. The UHB does not hold the requested information, as no audit reports, service evaluations or governance reports relating to tertiary Endometriosis referrals have been undertaken during the period 1 January 2021 to 31 July 2026.